



Leeds  
Safeguarding  
Children Board



Leeds Safeguarding  
Adults Board

**Safer Leeds**  
*tackling drugs and crime*

# Think Family, Work Family

**A JOINT SAFEGUARDING PROTOCOL FOR  
CO-ORDINATING THE SUPPORT FAMILIES RECEIVE  
FROM SERVICES WORKING WITH CHILDREN AND  
ADULTS, WHERE PARENTING CAPACITY IS IMPACTED.**

## **Think Family – Work Family: Renewing our support for families in Leeds**

---

We want Leeds to be the Best City in the UK, a Child Friendly City. To achieve this we need to think and work in new ways with families, because families are the foundation of a good life and better outcomes for all the children, young people and communities of Leeds.

This document was commissioned by the Leeds Safeguarding Children Board, the Leeds Safeguarding Adults Partnership and the Safer Leeds Executive, because each recognised that there is a need to work together better, and to find new ways of working if we are to solve some of the biggest problems for children, adults and families across the city.

A different approach is needed because we know that to improve the lives of those children facing the biggest challenges, we need to identify, understand and resolve the problems of the adult parents. A small minority of families struggle with a long, intergenerational history of linked and complex problems such as mental illness, abuse, learning disabilities, domestic violence or substance misuse and the evidence shows that traditional approaches cannot make the difference – a joined up approach that helps both the children and adults is needed. Without a new way of working these families will continue to have poor outcomes, their next generation are likely to suffer a similar fate and these families, their communities and local services will continue to pay a high price for failure to provide the right help.

Many adults have additional needs, for example issues relating to learning disability, substance use, mental health problems and domestic violence, and may need the support of a range of services in order to meet those needs. Adult behaviours and health problems are central to understanding parenting capacity, which can be impaired to a greater or lesser degree by their specific needs, risks and protective factors. It is therefore important that services are able to recognise both the wider needs of the family, and the relationships and roles of individuals within it. If services fail to work together, focusing on single issues or on meeting only the needs of individual family members rather than complementing what other services are providing, this may make the situation more stressful for families and could undermine the support being offered by other practitioners.

Leeds has been working hard to improve joined up working for children, young people and families over recent years, but there is more to be done. The first Leeds 'Think Family' protocol was produced in 2010 and since then there has been a lot of progress. However, whilst some key outcomes for children, such as the number of children needing to enter care or school attendance are improving, the data show continuing high levels of need for some families and a continuing gap in outcomes between different parts of the city.

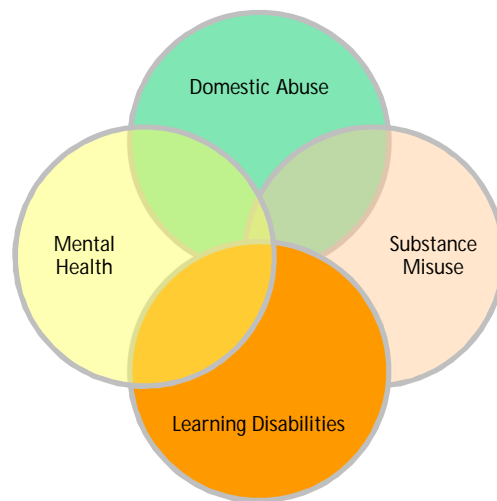
This document, and the supporting Practice Guidance, sets out how services across the city can work together better, to 'Think Family, Work Family.' To 'Think Family' means that all front line staff need to remember to identify and assess the needs of the wider family when they're working with a child or parent. To 'Work Family' means that all staff and services need to talk more, work together more and make sure that all the people working with the children and adults in a family plan and coordinate their work together.

## Purpose of this document

---

The purpose of this document is to set out how services that work with adults and services that work with children can work together better to safeguard children and vulnerable adults through more joined up support to help families help each other better. It builds on existing good practice across agencies and replaces the Leeds Think Family Protocol of 2010.

The document, and the supporting Practice Guidance, is intended for all organisations that work with children, adults and families, but specifically focuses on responding to the needs of families where substance misuse, learning disabilities, domestic abuse or parental mental ill-health are evident. Children are more susceptible to risk and harm where they are living with an adult who has one of these vulnerability factors. The risk increases if more than one vulnerability factor is present, or pertains to more than one parent, although a non-affected partner can provide a protective factor.



This guide is intended for the use of frontline practitioners and managers, but will also have relevance for those commissioning services, as well as those developing policy and strategy. The protocol outlines the importance of taking a Think Family approach, and ways in which this approach can be translated into practice.

Those commissioning services should ensure that the commissioned provider is adopting a Think Family approach.

## Working within a Whole Family Approach

---

A proportion of adults known to the mental health, substance misuse, physical / sensory and learning disability services have children. In Leeds we recognise that, common with the population as a whole, most of these parents are committed to their children and want what is best for them. The presence of additional vulnerabilities for adults as parents/carers does not automatically preclude the possibility of good parenting. It is important, therefore, that when a practitioner is working with an individual within a family, child or adult, they need to take a holistic approach. This considers the individual as a member of the family who will be affected by their behaviours and who, in turn, will have an impact on each family member. These impacts may be positive and supportive or negative. When considering any vulnerabilities or risks that they have identified practitioners should consider the support available to the individual and family from extended family and the wider community.



## Think Family – the case for change

---

A new approach is needed for working with children and families in Leeds for four main reasons:

- *Think Family works*
- *High levels of need*
- *Shared legal duties*
- *The high cost of failure*

### Think Family works

Research suggests that a multi-agency, 'Think Family' approach can be effective in helping families, even for those who have not benefited from traditional service approaches. The summary of the Centre For Excellence and Outcomes research report on supporting families with complex needs is summarised as follows:

- Multi-agency, flexible and coordinated services, with an underpinning 'think family' ethos, are most effective in improving outcomes. This includes staff in adults' services being able to identify children's needs, and staff in children's services being able to recognise adults' needs. Such services are viewed positively by families and professionals alike.
- Early intervention prevents problems becoming entrenched; the practical help, advice and emotional support which many parents value can often be given without referral to specialist services. Children and young people also prefer an informal approach.
- In order to access services, parents must feel reassured that they are not being judged or stigmatised, and be helped to overcome their fears of having their children removed. 'I do have a sort of feeling of being ashamed of having difficulties. It's not something I talk about'

### High levels of need

Research and data show that many families face multiple, entrenched and serious problems that will have a serious impact on the children, young people and adults within the family. Key points to consider include:

- *One in fifty families is likely to have complex, multiple needs.* National government research suggested that around 2% of families – or 140,000 families across Britain – experience complex and multiple problems.
- *Some families are more at risk:* More families in deprived areas are likely to experience multiple, complex problems– up to 5% or one in twenty. Other families more at risk of these problems are those living in social housing, families where the mother's main language is not English, lone parent families and families with a young mother.
- *Parental problems lead to safeguarding concerns about children:* Substance misuse, domestic violence and parental mental health are key factors in referrals for

Children's Social care services in Leeds. Domestic violence is the most common reason for referral to Social Care; in 2012 there were 3,628 referrals to Children's Social Work Services relating to domestic violence, this represents 31% of the total number of referrals.

- *Parental problems a key factor in children's entry to care:* A recent study of 38 babies under the age of one who became looked after in Leeds at the beginning of 2013 demonstrated the impact of parental needs on outcomes for children. The study found that 87% of families who had had babies removed included adults with issues relating to one or more of: substance misuse; mental health problems; domestic violence; and learning difficulties. In more than eighty percent of families where one of these parental factors was present, there was at least one other factor also present.
- *Parental problems a common factor in child deaths.* The biennial review of Serious Case reviews for 2009-11 indicated that almost 9 in 10 involved at least one of the following factors; parental mental ill health, domestic violence or misuse of alcohol and drugs. Many cases involved a combination of these factors and this combination is particularly 'toxic'
- *Many children live in families affected by drugs or alcohol.* The Health Survey for England and the General Household Survey have both estimated that 30% of children aged under 16 years in the UK lived with one binge drinking parent. The British Crime Survey and the National Psychiatric Morbidity Survey indicated that 8% of children lived with an adult who had recently used illicit drugs. A third of adults in treatment (National Treatment Agency for Substance Misuse, 2012) lived in a household containing children.
- *Nearly 1,500 local parents are in treatment for serious drug problems.* Local data is available on the number of parents or people living with children that are in treatment for drug or alcohol abuse. However, this will only provide a partial picture as it only includes those that are in treatment. The National Drug Treatment Monitoring System indicates that in 2011/12 there were 1,429 parents in Leeds in drug treatment, 277 of which had been in treatment for over 4 years.
- *Roughly one in fifty children live in a household with a high risk of violence and abuse.* In 2009, Lord Laming identified that 200,000 (1.8%) of children in England live in households where there is a known high risk of domestic abuse and violence. For the under 5 age group this would equate to over 850 children at high risk of being affected by domestic violence in Leeds, both physically and through the impact of domestic violence on parenting.
- *There were over 13,000 domestic violence incidents reported in Leeds in 2012/13.* In 2012/13, the police recorded 13,348 incidents of domestic violence. However, it is widely acknowledged that a true measure of domestic violence incidents and crimes is unknown as victims often suffer in silence and the abuse goes unreported. In last two years, 1487 cases have been discussed through Domestic Abuse MARAC arrangements and there were 10 domestic homicides in the city. There is distinct geographical clustering of incidents. Over half of all recorded domestic abuse incidents in 2012/13 have occurred in 9 wards
- *Mental illness will affect up to a quarter of families of Leeds.* Whilst evidence is limited, the research suggests that as many as 25% of children aged 5-15 have mothers classed as at risk for common mental health problems. Applying this prevalence to the child population in Leeds would mean over 20,000 children aged 5-14 could be living with a parent with mental health problems.
- *About one in fourteen adults with learning disabilities are parents.* Around 7% of adults with a learning disability are parents, but most have a mild to borderline impairment, which may make it difficult to identify them as they will not have a formal diagnosis.

- *Parents with learning disabilities are more likely to have their children taken into care.* Around 40% of parents with a learning disability do not live with their children. The children of parents with a learning disability are more likely than any other group of children to be removed from their parents' care.

## Shared Legal Duties

### **Children and Young People**

The law requires a range of children's and adults' services to co-operate in order to protect and safeguard children; for some agencies, there are explicit legal duties in relation to this.

#### **Children Act 1989**

The core principle of the Children Act is that the welfare of the child should be the paramount consideration, whenever agencies are working with children and young people and / or their families. The act defines both children in need (section 17) and children suffering or at risk of suffering significant harm (section 47); there is a requirement for services to provide family support for children in need, and a duty to investigate and assess where there are concerns about significant harm.

The Act defines **children in need** as those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services.

**Significant harm** is the threshold at which services can intervene in family life on a statutory basis, in the best interests of the child or young person. Harm is defined as ill-treatment or impairment of health or development; including impairment resulting from witnessing or hearing the ill-treatment of another person. Whether the harm is deemed to be 'significant' is determined by comparing the child's health and development with that which could reasonably be expected of a similar child. There is no absolute criteria to determine what constitutes significant harm, which may be the result of a single traumatic event or, more often, an accumulation of events.

#### **Children Act 2004**

The Children Act 2004 provided the legislative framework for reforms of the child protection system following the death of Victoria Climbié, and the subsequent investigation by Lord Laming. The Act defined the wellbeing of children in relation to the five outcomes of the Every Child Matters agenda which included "staying safe".

#### **Working Together to Safeguard Children (2013)**

Working Together provides statutory guidance on inter-agency working to safeguard and promote the welfare of children, and was updated in 2013 to incorporate recommendations made by Professor Eileen Munro in her review of the child protection system. The Department for Education state that the guidance should be followed not only by those statutory agencies working with children (e.g. children's social work services, schools) but also adult services, the police, and third sector agencies working with children and families.

Working Together 2006 introduced the concept that 'safeguarding is everybody's responsibility' and the 2013 update states that "Everyone who works with children or with adults who have children in the family has a responsibility to keep them safe and to share information in a timely way."

Safeguarding and promoting the welfare of children is defined in Working Together 2013 as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

## ***Adults at Risk***

### **The Care Act 2014**

The Care Act 2014 introduced legislation to provide protection and support to the people who need it most and to take forward elements of the government's initial response to the Francis Inquiry. The Bill pulls together threads from over a dozen different Acts into a single framework for care and support, fundamentally reforming how the law works, prioritising people's wellbeing, needs and goals.

Within it The Care Act 2014 requires enquiries to be undertaken for an adult who has care and support needs, is at risk of abuse or neglect and cannot protect themselves due to their needs. The purpose of such enquiries is to establish what, if any, action is required in response to the concerns raised, and the following issues need consideration when determining the appropriate response:

1. Where adults pose a risk to children in their care, due to their own needs for support or care. In these situations, services with responsibility for protecting a child should work with services with responsibility for supporting the adults, to ensure that care planning and support includes specific support for the person to parent their children safely.
2. Where adults are themselves at risk of harm from others, and are unable to protect themselves from abuse or neglect, due to their own care and support needs.

This could include the parents of children at risk of harm, but could relate to other adult family members in a household, such as adult siblings, uncles, aunts or grandparents.



## The high cost of failure

Failure to help families in need has an immediate human cost on the individual children and adults in those families, but failure to provide the right help at the right time can lead to escalating costs for services and the city as a whole. All the evidence suggests that effective early help is far more likely to work, and to be far cheaper than expensive and intensive interventions when crises occur. As can be seen in the statistics above, failure to help families leads eventually to the need for referrals to social care and in some cases, for children to be taken into care.

Government data collected in October and November 2011 estimated that £9 billion is spent annually on troubled families – an average of £75,000 per family each year. Of this, an estimated £8 billion is spent reacting to the problems these families have and cause with just £1 billion being spent on helping families to solve and prevent problems in the longer term.

The costs of failure fall on all services, not just those in social work. Research shows that much of the costs of issues such as families' substance misuse or domestic violence will fall on the police, criminal justice system and NHS.

## Think Family, Work Family – our approach

---

This protocol does not require complicated change or for everyone to be an expert in every facet of family life. The key elements of what children and families need is quite simple:

### Safeguarding first

To ensure healthy happy families all members need to feel safe. This includes being kept safe by immediate family members, those within their wider community and services working with them. It must be remembered that in law the needs of the child are paramount and therefore any concerns about their safety and welfare must be responded to by any practitioner.

### Permanency

The majority of Children (and families) want to stay with their families wherever possible, although this may be families in widest sense. Where this is safe to do so we should provide support to allow this to happen, increasing the opportunities for better outcomes. It isn't about insisting on perfect parenting, but recognising and supporting good enough parenting.

### Relationships

When working with an individual child, young person or adult it is important to think of their relationships with their family and their wider context such as friends and local community. No-one exists in isolation and people can only be properly understood, and only effectively supported by understanding and working with their family and wider networks.

Relationships between the worker and the family are also important, as research shows that this relationship is key to making change.

*"All of what we do turns on something very simple: the relationship between the worker and the family. ... None of us changes because we are given a report or an analysis. We have to feel that we want to change and know how to change. The difference with family intervention is that they make people believe in themselves. ... Remember the humanity in it. Forget which agency you are from, and remember the human being (Louise Casey, 2013)*

### **Right conversation, right people, right time**

Leeds is promoting a more people focused, flexible and collaborative approach to safeguarding. The Leeds Safeguarding Children Board is advocating a shift from inflexible and mechanistic ideas of thresholds and checklists towards encouraging people and practitioners to talk more. The advantages of this approach are:

- Founded on collaboration and conversation
- Promotes shared responsibility and flexibility
- Recognises complexity of unique needs of each individual child and family
- Reduces bias of individual professional and agency decisions through debate

### **Restorative Practice**

Restorative Practice is a key element of the Leeds approach to working with children and families. Restorative Practice is underpinned by values of empathy, respect, honesty, acceptance, responsibility, and mutual accountability and seeks to make change working on the premise that:

‘People are happier, more cooperative and productive, and more likely to make positive changes when those in positions of authority do things with them, rather than “to” them or “for” them. ‘

Restorative Practice aims to work on empowering individuals and communities to take control, and to build empathy to build better relationships. It is clear that this approach has obvious value both in working with families and in encouraging families to take control and support each other.

Therefore the Think Family, Work Family principle should be embedded within practitioners day to day work, and is reflected in a range of approaches within Leeds including the Families First Programme, Kinship Care and Family Group Conferencing.