

Multi-agency working: guidance for professionals working with problem drinking parents



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The Parenting & Alcohol Project



Multi-agency working: guidance for professionals working with problem drinking parents

During November 2005 several consultation events were held with professionals from both the alcohol and children and families fields. One of the main issues that arose, where professionals wanted further guidance, was *multi-agency working*.

Much work has already been carried

out on multi-agency working, especially within the *Every Child Matters* agenda. This paper therefore incorporates much of the available guidance, but in response to requests from professionals, uses specific examples of multi-agency working around the issues of parental alcohol misuse to illustrate its points.

1. Introduction

1.1 About this guidance

This document will guide the alcohol and children and families fields in determining how best to develop multi-agency working protocols. It outlines principles of good practice, using examples of current practice where multi-agency working has enhanced and facilitated the process of tackling parental alcohol misuse and its impact on children.

1.2 Who it is for

The guidance is primarily aimed at:

- Alcohol service managers and staff
- Parenting support and education managers and staff
- Health and social care managers and staff

It will also be of value to:

- Professionals who are responsible for developing and co-ordinating multi-agency working locally
- Commissioners

1.3 Note on terminology

Where the word parent is used, this is taken to mean anyone with a primary responsibility for caring for a child.

1.4 What is multi-agency working?

Existing models of integrated working are diverse and varied, ranging from multi-professional teams based in one site to multi-agency working practices involving joint commissioning and service planning by health and local authorities, the private and voluntary sectors.

The Department for Education and Skills (DfES, 2006, p.9) have defined three main ways of structuring frontline multi-agency services:

- *Multi-agency panel*: Members remain with their agency but meet regularly to discuss children with additional needs who would benefit from multi-agency input. Panel members might do case work or take a more strategic role.

- *Multi-agency team:* Members are seconded or recruited into the team with a leader and common purpose and goals. They may still get supervision and training from their home agency, but have the opportunity to work with a range of different services.
- *Integrated service:* Different services such as health and education are co-located to form a highly visible hub in the community. Funded by the partner organisations and managed to ensure integrated working, they are often based in schools or early years settings, e.g. Sure Start children's centres and extended schools.

1.5 Why have multi-agency working?

Policy documents at local, national and international level continue to call for greater integrated working. This stems from research into multi-agency working, which has identified the following outcomes for children and families (Atkinson et al, 2002):

- Access to services not previously available, and a wider range of services
- Easier or quicker access to services or expertise
- Improved educational attainment and better engagement in education
- Early identification and intervention
- Better support for parents
- Children's needs addressed more appropriately
- Better quality services
- Reduced need for more specialist services

Outcomes for professionals include (Atkinson et al, 2003):

- Less replication between different service providers
- Better links between service providers, including a greater understanding of their practices
- Professional development and career progression opportunities
- More involvement in community development
- Improved awareness of different services and changed public perceptions of service providers

2. Policy context

Policy is beginning to recognise the impact of parental alcohol misuse on children and families and the importance of agencies working together to tackle this issue. However, this policy is currently fragmented across government departments.

Most of the current multi-agency working drive stems from the *Every Child Matters* agenda (DfES, 2003a; b). This places a duty on all professionals who come into contact with families to 'safeguard children, promote their well-being and work together through partnership arrangements' and to 'help



secure a consistent response to children and families' needs'. Toolkits on multi-agency working for practitioners and managers, guidance on information sharing and on using a common assessment framework have been produced to support professionals in achieving this and can be found at www.ecm.gov.uk. Training materials to support integrated working can be found at www.ecm.gov.uk/iwtraining. The *Every Child Matters* agenda has also produced an updated version of *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*, which can be found at www.ecm.gov.uk/workingtogether

The specific impact of parental alcohol (and drug) misuse on children and families, the need to assess for this impact and to address this issue through coordinated interventions have been highlighted in *Hidden Harm* (Advisory Council on the Misuse of Drugs, 2003), the *Alcohol harm reduction strategy for England* (Cabinet Office, 2004), and *Models of care for alcohol misusers* (MoCAM; National Treatment Agency, 2006). However, no integrated care pathways have been produced as yet.

Scotland has, however, produced several guidance documents that tackle the issue of multi-agency working around parental drug and alcohol misuse:

- *Getting our priorities right: good*

practice guidance for working with children and families affected by substance misuse (Scottish Executive, 2003)

- *Lanarkshire protocols and operational procedures for inter-agency working with children and families affected by substance misuse* (North Lanarkshire Council, 2004)
- *Protecting children living in families with problem substance use: guidelines for agencies in Edinburgh and the Lothians* (City of Edinburgh Council, 2005)

When developing local multi-agency working protocols, there are standards for work in the drug and alcohol and parenting fields to act as a guide that include guidance and minimum standards for multi-agency working: *Drug and alcohol national occupational standards* (DANOS) (Skills for Health, 2002) and *National occupational standards for work with parents* (Parenting UK, 2005). (See Appendix 1 for specific standards)

However, further action is needed to increase the effectiveness of several areas of multi-agency working. These areas include assessment of drug and alcohol misusers with children, communication between agencies, efforts to break down barriers to sharing information, more effective identification of children at risk and re-training of staff in child protection (Scottish Executive, 2006).

3. Practice examples and services' findings

Practice example: A multi-professional service based in one site

BASE 10 is a tier 2 young persons' drug and alcohol service that works on a harm minimisation basis with young people who are affected by substance use. The UP Project at BASE 10 works with young people who are affected by parental drug or alcohol use and there is a Parenting Support Worker who can work with their parents.

BASE 10 has devised an information sharing policy for situations where different practitioners in the service are working separately with the parent and

their child. The policy allows workers to discuss amongst themselves or with partner agencies, but not other family members, their work with either the parents or the young person in order that the workers hold all of the appropriate, available information and so can engage most effectively with their clients. This was created specifically to avoid alienating young people from the service while being able to engage the parents with the aim of improving the outcomes for those young people. Family members are shown this policy when they first enter the service to allow them to engage with confidence about what will be done with the information they disclose.

Practice example: A flexible multi-agency intervention

Dorset Youth Offending Team (YOT) has devised an intensive, one-day intervention with young offenders and their parents to improve communication within families (a known protective factor against offending) and so reduce conflict in the home: the Living with Parents programme. Many issues around misuse of alcohol within families come up during the workshops, as it is a significant risk factor for young people offending.

The programme is activity-based and adaptable to suit clients' differing

needs. Two YOT parenting workers carry out each workshop in conjunction with two facilitators from partner agencies, which have so far included anti-social behaviour co-ordinators, Connexions personal advisors, CAMHS and the Police. Facilitators are matched to the client group according to their different skills and areas of expertise. Grouping a range of specialists into a multi-agency team of facilitators is necessary to effectively respond to families with complex needs, as it ensures that the support offered to the family is better informed by professionals who are able to learn from each other.

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No formal arrangement for this joint agency working currently exists, but the programme is managed by the YOT and the partner agencies pay their own staffing costs, valuing that their contribution to this programme will help reduce youth offending and so benefit their own agency in the long

term. Facilitators from all agencies have at least one pre-programme meeting to plan the day and it is intended to also have de-briefing time after the day so that the facilitators can reflect on the day and share their learning. However lack of debriefing time has been a recurring problem.

Practice example: Developing a multi-agency partnership

***Barnardos SMART**, a project supporting children and young people affected by parental drug and alcohol issues, has developed a successful working partnership with school nurses. SMART's project workers initially approached school nurses by attending school nurse meetings. They then designed and ran training sessions for the nurses on topics such as 'how do you think children/young people affected by parental substance misuse will present?'. Building a relationship in this way has enabled SMART to offer a drop in service for children in the school as school nurses have provided them with the room and time to do this. The project workers and school nurses also offer joint drop in sessions, and are collaborating on a joint education package.*

A lesson that the project workers have learnt from their work with schools is that partnership working is more likely to succeed if the most appropriate professional within an agency is identified, ie. the professional who most understands the need for this work and has the ability to instigate or influence change. SMART workers found that school nurses were the most appropriate contacts, not head teachers who often had too little time to investigate ways of joint working or welfare coordinators who were not at a professional level to instigate any changes.

The local Heads Inclusion Panel is currently promoting SMART's work in schools and has in particular highlighted their work above as a model of good practice.

3.1 Experiences of multi-agency working: the benefits

Agencies that work with the issue of parental alcohol misuse have found that multi-agency working creates new opportunities and benefits. These include:

- All practitioners involved in multi-agency working have a central focus on the child, enabling collaborative working to function effectively as all professionals are 'working from the same page', but with the different workers approaching the situation from different angles, this way of working allows a wealth of different skills and knowledge to be brought together to benefit the client's situation
- Multi-agency working allows support to be very needs led, ie. where a client's needs are outside of that particular service's remit, joint assessments and/or partnership working enable clients to be easily and appropriately directed to services most able to cater to their needs
- The development of networks encourages safe working practice - members of the network are able to provide advice and support to each other and this also helps services to realise their own limitations
- Resources can be pooled, eg. the ability to access rooms in other agencies, share resources, files and information
- Multi-agency working enables all professionals involved to share their learning
- Multi-agency teams that work with both the children and their problem drinking parents can enable the change that children are making to be supported at home by their family, making change more effective and long-lasting
- Having workers in a service for children who can work with the children's parents means these parents, who can otherwise feel quite isolated and judged, can become involved in this and other services that can support them, which can then help the outcomes for their children
- Multi-agency working often enables agencies to have direct access to clients they would otherwise be unable to reach
- By opening up communications and joint working between agencies, it offers a means to dissipate good practice
- The key messages around the issue of parental alcohol misuse can be raised higher on the agenda, eg. by raising the key messages in meetings with partner agencies



Practice example: Working together to get the message across

Barnardos SMART, along with three other 'Hidden Harm' providers, has created a practitioner-led Hidden Harm Forum in Staffordshire to share good practice, to develop guidance and to have a stronger influence when acting

in unison. The group has so far been effective in getting Staffordshire County Council to consider the Hidden Harm issue within the adult plan, where previously it was only on the children and young person plan. There are also plans to develop a multi-agency event to promote the Hidden Harm agenda across the county.

3.2 Experiences of multi-agency working: the barriers

Agencies have detailed existing barriers to multi-agency working that need to be overcome. These include:

- Conflicting demands, agendas and priorities between different agencies, and especially between funders and the evidence base, eg. the evidence base suggests the need for adult drug and alcohol teams to have Key Performance Indicators for children of problem drinkers, but this is not often the case
- Uncertainty about roles and responsibilities of other agencies and professionals
- Confidentiality can be perceived differently by different workers in different agencies - clear guidelines are needed on what information can be shared, under what circumstances and the reasons why this information is needed
- Conflicting policies on information sharing, e.g. adult drug and alcohol services are not as open

to information sharing as children and young people services

- Alcohol is often seen from different perspectives by alcohol and children and family workers, with the latter expecting more immediate changes in the client's alcohol use than an alcohol treatment service would expect
- Multi-agency working is often reliant on individual personalities, ie. whether a particular person within an agency is interested and willing to take it on
- Lack of leadership from commissioners can result in no-one taking responsibility for developing and encouraging multi-agency working
- Different funding streams

3.3 Criteria for successful multi-agency working

These can be grouped into four categories (taken from

www.ecm.gov.uk/multiagencyworking):

- *Strategic* - shared goals and common targets, adequate lead-in time to

establish service, governance arrangements in place to ensure accountability, build on existing partnership working, common administrative boundaries, baseline and monitoring data to measure impact, regular monitoring and review

- *Operational* - clarity of shared vision and purpose, clear definition of roles, equivalent pay and conditions, joint training to appreciate and build on different contributions, common line management systems, recognition of staff's multi-agency skills, documenting partnership agreements, mutually agreed referral systems, agreements on what information can be shared and how this is recorded, a focus on an end point for time-limited initiatives

- *Community and voluntary sector involvement* - an established voluntary sector representing groups who are most in need, mechanisms for consultation and feedback, removal of 'external' barriers to voluntary sector involvement such as public bodies limiting their access to funding, removal of 'internal' barriers to voluntary sector involvement such as inadequate leadership and management skills
- *Evaluation* - collaboration between project staff and external evaluator (ensuring the latter's objectivity), mixed qualitative and quantitative methods, coordinated evaluations across project areas to allow for comparisons.

4. Guidance

4.1 Roles and responsibilities

The needs of children must be paramount for all agencies working with children and/or adults. This will help both alcohol specialists and professionals working with children and families to develop a common approach to multi-agency working. Shared responsibility for families sits within all frameworks, meaning that all agencies have a role to play in identifying, referring and/or supporting problem drinking parents and their children as early as possible, including:

Health services - eg. maternity and neonatal services, health visitors,

school nurses, general practitioners

Social work teams - eg. children and families teams

Alcohol and drug misuse services - should ask if the service user has children, where and with whom they are living. Drug and Alcohol Action Teams (DAATs) are responsible for co-ordinating policy and preparing local strategic plans for services for people with, or affected by, alcohol misuse.

Police and criminal justice agencies - should assess the risk to and safe-



guard the welfare of children of parents with whom they will come into contact

Education - e.g. schools, early years organisations, nursery schools, are well placed to observe signs of need from children, or information about parental alcohol misuse

Housing - visits to family homes may point to alcohol misuse and its effects

Childcare services - observation of children

Youth services - observation of young people

Voluntary agencies

Parents and families - should be seen as partners in the multi-agency process.

The above agencies should also be involved in developing locally agreed protocols for referral, information sharing, case review and putting plans in place for emergencies, spelling out what each agency's role is and why. It is important that professionals gain an understanding of how and why other agencies involved with the family work in the way that they do, as well as being clear about their own role and responsibilities. This includes responsibilities for knowing which other agencies are involved with

the family and consulting with these professionals. This shared understanding will facilitate multi-agency service planning and delivery to be consistent and continuous, ensuring that new joint working initiatives build on, rather than duplicate, existing work.

4.2 Screening

Alcohol specialists have a responsibility to safeguard their clients' children and agencies' routine screening questions should include questions about whether the client is a parent or an expectant parent, their family circumstances and the extent of the family's contact with other agencies. Parents using alcohol services should be asked routinely about how they are coping with parenting responsibilities.

All agencies have a responsibility to identify and support children affected by parental problem drinking. Professionals working with parents should screen for alcohol use and gather information on whether parental drinking is impacting on the parent's ability to care for the children. Those agencies working with children should gather information on the impact of parental problem drinking on children's health, emotional and behavioural development, identity, family and social relationships, self-care skills and learning.

Practice example: Identifying the hidden children

Barnardos SMART is working with schools on how to identify those children of problem drug and/or alcohol users who are not easily identifiable, involving speaking at school assemblies in an effort to encourage children to approach them.

4.3 Referral

Identifying and developing appropriate referral routes capable of supplying the right type and number of clients is critical. Joint working agreements, detailing local referral protocols, will help to avoid misunderstandings on the part of referring agencies regarding the work of the service, which could lead to clients being referred inappropriately.

Families should find one point of entry for services, which if necessary offer support and/or make appropriate referrals to other agencies.

4.4 Multi-agency assessment

A multi-agency assessment should be

undertaken on all parents and expectant parents with alcohol misuse problems where there is a level of concern about the welfare or safety of the children.

There is now a common assessment framework that can be used by all practitioners at the earliest onset of problems (see www.ecm.gov.uk/caf). This can be used to identify children's needs, the needs of family members, risks to children, ways of tackling problems to ensure that children's needs are met, and to determine what help or services the agencies should provide (see Alcohol Concern's (2006) briefing on *Parental alcohol misuse and the common assessment framework*).

Practice example: Assessing parental alcohol misuse

Barnardos SMART carries out family assessments if possible, with separate assessments for children/young people and for adults. The assessment tools were designed in light of the Common

Assessment Framework (CAF) and SCODA guidelines on assessing parental substance misuse. Joint assessments and casework are often carried out with Social Services and drug and alcohol services. Together, the project worker and client will develop a plan of support.



Multi-agency assessments can help practitioners to develop trust in other agencies' judgments. All professionals working with the parent and/or child at all stages of the assessment must be aware of their respective roles, formulate work plans together, share regular updates and ensure clarity for parents. Agencies should have information sharing policies in place that ask people to name specific agencies or professionals with whom they can share information. At assessment this policy needs to be outlined in detail to the family, with an explanation that all agencies are part of a team working to support the family's welfare, meaning that they will need to meet regularly to review the case and revise the care plan. This can then act as an information sharing agreement between the professional and family member.

Ideally a lead professional, agreed by all agencies involved to be the person with the most knowledge, skills and confidence, should be appointed to manage the assessment process, request and collate information from a range of agencies and coordinate care pathways. All agencies involved should cross-reference their assessment tools to ensure that families do not have to repeatedly answer the same questions. Different professionals will still need to ask assessment questions on their own

speciality area. This process should be completed within four to six weeks and should include at least one home visit. The multi-agency assessment should be fully recorded and kept in the client's case file. Copies of the assessment and its outcome should be sent to all practitioners involved with the family.

Two possible outcomes from multi-agency assessment:

- Needs identified: the family would benefit from coordinated support, and a family care plan may be devised and, ideally, coordinated by a lead professional
- Risk identified: concern about the child's welfare merits an initial response between the key agencies under child protection guidelines

4.5 Family care plan

When different agencies are working with members of the family, a multi-agency family care plan should be agreed. This should include a plan for family support, a description of the respective roles and responsibilities of professionals involved in delivering services to and monitoring progress of the family and, ideally, a lead professional to coordinate the process. The plan should be reviewed regularly with the family and all contributing agencies as the family's situation and services they are in contact with can change frequently.

Practice example: Continuity of care

A client's contact in the Social Services department can change as they move between teams, eg. from the Initial Response Team to the Children and Families Team to the Family Support

Team, but the contact at ASCA's Women's Substance Misuse Service, where they receive support for alcohol-related problems, remains constant. This provides a sense of continuity and stability to the client through the stages of their care plan.

The lead professional should take responsibility for documenting the multi-agency family care plan and should ensure that a review date is set. Ideally, multi-agency case review meetings should take place every month, but they should be tailored according to the needs of the client and any local agreements. Copies of the family care plan should be sent to the parents and all agencies involved with the family.

Alcohol treatment services and local authorities should collaborate to make sure that problem drinkers have access to appropriate childcare when they attend services, and should build assessment and support for children into problem drinkers' care and treatment plans.

4.6 Information sharing

Information sharing systems are central to providing a seamless, integrated service that can best meet the needs of children and families with complex problems. Agencies should have outlined their information sharing policies to the family

at the start of the assessment process, detailing what information can be shared, with whom and for what purpose.

The needs of the children should be paramount when agencies decide how best to share information. Systems should be in place to record all decisions about information sharing, reasons for them and what information is shared. This needs to be signed and dated by the relevant professional.

On receipt of a request, practitioners should consider whether they have information to contribute that may be relevant to the issue of risk to children or enable another professional to offer appropriate help. If there is reasonable cause to suspect or believe that a child is at risk of harm, then practitioners should request the family member's permission to share this information with Social Services, explaining that they need to inform appropriate agencies for the child's benefit, even though the service user may not agree that the information should be shared.



Practice example: Clear guidelines on what information can be shared

ASCA's Women's Substance Misuse Service shares information that is relevant to client and child safety, not the content of their discussions with the clients. However confidentiality can be perceived differently by different professionals and so having a clear outline of what information can be

shared is essential. There have been situations where individual social workers have put the Women's Service workers 'on the spot' with regards to confidential issues in the middle of a child protection case conference, encouraging the workers to divulge too much. The Women's Service can manage this process by choosing to write a report for the case conference in place of attending in person.

4.7 Child protection referral and procedures

Every agency must have a child protection policy, stating the agency's

commitment to child protection, the roles and responsibilities of practitioners within the agency and which agencies to refer cases to.

Practice example: Child protection as a shared responsibility

Alcohol and Drug Services' Bridge House, an abstinence-based, residential alcohol rehabilitation unit incorporating parenting support, view child protection proceedings as a team-based effort.

Issues can come up in sessions with either the alcohol counsellor or the children and families worker and so both possess the skills and confidence to tackle these issues. The children and families worker takes a lead on any child protection cases, but each worker offers support to the other.

If any practitioner has concerns about a child's welfare, practitioners should first discuss this with their manager, and this should continue up the hierarchy of management as dictated by the seriousness of the concerns. *Models of care for alcohol misusers* (NTA, 2006) states that if professionals have concerns about the safety or welfare of the children of parental problem drinkers, professionals should follow local joint

working arrangements as agreed by the local safeguarding children boards (LSCBs), which would normally mean involving Social Services. Some local areas have now developed specific protocols for working with drug and alcohol misusers, agreed by the LSCBs.

If a problem drinker has raised an issue that merits child protection concerns, the practitioner should explain their

concerns to the parent, inform them of what they have to do with this information (ie. make a child protection referral) and keep them updated as this process progresses. Social Services should decide whether to directly implement child protection procedures and/or to conduct a multi-agency assessment to

investigate further the issues involved. In the event of the latter, a social worker will lead the assessment process. Each agency's role will be agreed on, information will be fed back as it is gathered, and a date will be agreed for a child protection case conference.

Practice example: Alcohol service involvement throughout child protection procedures

ASCA's Women's Substance Misuse Service works closely with the Social Services' Children and Families Team and the bulk of this work is centred on child protection issues. The Women's Service is involved right from the start of a woman's contact with Social Services as they are partly based within the Social Services' Initial Response Team. Social Services conduct an initial risk assessment and if a specific drug and/or alcohol need is identified, ASCA is called in to conduct a full assessment

usually within a few days. The Women's Service signs up clients for an initial six sessions, but work may be longer-term if the client is subject to a child protection order, based on the condition of the child protection case. The client's situation is reviewed after the fifth session and following this, if needed, further sessions are offered in four-session groups with review after the third session. The Women's Service liaises with Social Services at the time of these review periods. This routine aids multi-agency working by ensuring that the agencies know when further information will be received and the timeline helps focus the work and so helps the client.

A child protection case conference is a multi-agency meeting at which information relevant to concerns about abuse or risk of harm is shared and considered. Any practitioner actively involved with the child or parent, and the parent themselves, should be invited to attend. The case conference will review decisions made at the initial referral stage, decide whether the child is believed to be at risk of abuse and/or neglect (and if so place

the child's name on the child protection register), consider whether the child can go home with the parents, consider whether compulsory measures of supervision are necessary, agree on a child protection plan and appoint a Social Services representative to be case coordinator. The case conference must also convene a 'core group' of professionals to ensure the child protection plan is implemented and reviewed.



Practice example: Information sharing through the core group

ASCA's Women's Substance Misuse Service is often involved in child protection case conferences and engaged in the core group. The core group is responsible for developing and implementing the child protection plan as a detailed working tool, taking forward the plan that was agreed at

the initial child protection conference. The key worker for the core group is usually the social worker. An important function of this group is to ensure that information is shared among the professionals involved, such as social workers, midwives, head teachers and health workers, and each professional will receive a copy of the child protection plan. The mother and father, if possible, are involved in this group.

Statutory agencies that contract alcohol services from the independent sector should ensure that any contract includes agreed child protection procedures.

4.8 Alcohol use in pregnancy

Screening

A range of practitioners may be aware of women with alcohol misuse problems who are pregnant. All practitioners should ensure that a referral is made to the local midwifery team, including reported alcohol consumption.

Practitioners providing antenatal care for pregnant women should ask sensitively, but routinely, about alcohol use.

Information on social problems, including alcohol, which could affect medical or social outcomes of pregnancy should also be communicated.

Training and support

All maternity and primary care staff require training so that they have the knowledge and skills to identify alcohol

misuse in pregnancy, assess its severity and refer women to specialist services.

Staff in specialist services, including obstetricians, midwives, health visitors, social and alcohol workers, require ongoing training and support in caring for pregnant women with alcohol misuse problems.

Maternity care

All pregnant women who have a significant alcohol use problem should receive care from a full range of multi-disciplinary staff, including maternity services, neonatal services, primary care, social work, and specialist alcohol agencies. If alcohol misuse is detected, practitioners should ensure that the pregnant alcohol user is already in contact with/or refer her to the specialist midwife in substance use and to the local DAAT, where the expectant mother should receive immediate assessment and care for the alcohol problem. There should be a

multi-agency meeting to plan management of antenatal care and alcohol use, setting up an ongoing programme of support, and to ensure regular liaison and monitoring. The named midwife should ensure that a copy of the family care plan is in the woman's maternity notes so practitioners who engage with the woman and her baby during and after childbirth have access to this information.

The specialist midwife in substance use in partnership with the woman should maintain links with the primary care team, and the alcohol service, ensuring the woman accesses all antenatal care and alcohol appointments. Repeated non-attendance for antenatal care should trigger follow up and referral to Social Services if necessary.

Postnatal care in the community

Hospital staff should ensure that the lead professional, community midwife, health visitor, alcohol service and GP know that the mother and baby have been discharged home, and that they receive a copy of the neonatal discharge summary. Copies of the family care plan or child protection plan should be sent to all professionals involved with the family. The community midwife should visit the family at home and ensure an appropriate handover of care to the health visitor. Support should also be received from the alcohol agency.

4.9 Developing a framework for multi-agency working

DAATs and LSCBs should work together to ensure that all relevant local parties agree a framework of common policies and protocols based on this, and similar, guidance for work with families in which parents have alcohol misuse problems (see *Resources* section). This can help to consolidate much of the good practice already in place.

The framework should include (primarily drawn from Scottish Executive, 2003, p.56):

- A commitment to multi-agency working to promote children's welfare, encompassing all agencies in contact with alcohol misusers and their children
- A description of the roles and responsibilities of all services working with problem drinking parents and/or their children
- Policies and protocols for sharing information between local agencies
- Local protocols for the assessment and care management of pregnant women who misuse alcohol, setting out the roles and responsibilities of different professionals and agencies delivering ante- and post-natal care
- Local arrangements for practitioners working with problem drinkers and/or their children to obtain specialist advice and training
- Arrangements for joint commissioning and access to services providing



- adult or family treatment and rehabilitation of problem drinking
- Arrangements for joint commissioning of support services for children of problem drinkers
- Regular meetings between managers of services for problem drinking parents and/or their children and commissioners regarding joint working arrangements
- Links between DAATs' action plans, local alcohol strategies and local children's services plans - all should take account of the needs of

- children of problem drinkers
- Where Local Area Agreements (LAAs) exist, an outcome within LAAs for supporting problem drinking parents and their children, including key performance indicators such as reducing by half the number of child protection cases where parental alcohol misuse is an issue
- Arrangements for consulting with problem drinking parents and, where appropriate, their children, to inform future policy and practice

Practice example: Joint commissioning and service planning

*The issue of drug and alcohol misuse within families in Tamworth and their need for support were identified through the Tamworth community safety partnership strategy (2005-8). Barnardos, in liaison with the Staffordshire DAAT, developed a service to support children and families affected by parental substance misuse: **Barnardos SMART**. The service is*

funded by Barnardos and through Staffordshire County Council Social Services - Children and Lifelong Learning. The SMART premises are a contribution from Tamworth Borough Council. The service is also guided by a multi-agency steering group, with members from the DAAT, school nurse representative, treatment providers, Heads Inclusion Panel, CAMHS, Social Services, Home Start, Sure Start and Tamworth Borough Council.

4.10 Guidelines for developing policy and practice

These include (primarily drawn from Templeton et al., 2006):

- A clear ownership of responsibilities within the multi-agency partnership, and that named individuals have specific roles and responsibilities
- A strategic plan that includes how changes will be implemented and lessons learnt
- A long-term financial strategic plan
- Funding in any budget that covers evaluation and good quality external supervision

Practice example: Evaluating multi-agency working

Barnardos SMART has developed measurable outcomes, which were designed in line with outcomes for Every Child Matters, Staffordshire DAAT and Barnardos. All interventions provided by SMART are mapped to these outcomes for evaluation purposes. Partnership working is one of the service's outcomes. However it is difficult to measure, to isolate whether one

aspect has been effective, when clients are receiving support from various agencies. An example of how they have attempted to measure effectiveness is by measuring the number of referrals received before and after an awareness raising session with school nurses. Furthermore, needs analysis documentation has now been developed for families to measure their own progress within a measured scale of improvement and identified need.

- A commitment to quality assurance on the part of all agencies, with coordinated, complementary accountability arrangements
- The promotion of safe practice for practitioners, parents and their

children, which involves good supervision, good management support and clear definitions - tools that will build a working framework that is flexible

"The development of networks encourages safe working practice - members of the network are able to provide advice and support to each other and this also helps services to realise their own limitations." Children's Services Manager, Barnardos SMART

Guidelines with specific relevance for multi-agency working based in one site include (Templeton et al., 2006):

- A manager who has the required skills and expertise to bridge any gaps where a team/service spans more than one key area of service provision
- Job descriptions and internal

structures that reflect the needs of the team/service, not the originating or managing partner agencies

- In as far as possible, working arrangements including terms and conditions (such as holiday entitlement, sick pay, pension arrangements, etc.) unified to meet the needs of the multi-agency service



4.11 Training and support

Training is an important factor in developing good practice and improvements in joint working between agencies. Training should underpin the implementation of protocols for multi-agency working at all levels. Multi-agency training initiatives should seek to (Scottish Executive, 2003, p.57):

- Clarify the different roles of agencies involved with problem drinking parents and/or their children, and improve communication between them
- Enable the appropriate transfer across professional groups of knowledge and skills in working with alcohol misusers and with children, including developing a better

understanding of how alcohol misuse affects parenting, childcare and development, and improving risk assessments for children

- Challenge stereotypes and prejudice which might hinder honest communication with parents who misuse alcohol
- For non-alcohol specialists, explore concepts of harm reduction, and methods of care and treatment for alcohol misuse
- Recommend frameworks of good practice in assessment and inter-agency collaboration and joint working

Management needs to both value and support, with time and resources, good multi-agency working practice.

Practice example: Management support

ASCA's Women's Substance Misuse Service, when working closely with

Social Services, has benefited from the Social Services team leader offering an 'open door', a form of supervision, to the Women's Service workers. "This has been a huge asset." Service Manager

Multi-agency working practices need to be reviewed regularly and informed by current good practice. Reviews will allow local services to determine how well multi-agency working is functioning and this information can be used to inform the DAAT and the LSCB of local multi-agency training and support needs.

4.12 Spreading good practice

It is essential that examples of good practice are shared so that they are not lost if, for example, a service is forced to close or practitioners lose their jobs because of funding difficulties. Multi-agency working is in itself a way of spreading good practice.

'Practice example: Practice example: Evaluating multi-agency working

The children and families worker at Alcohol and Drug Services' Bridge House will soon be linking up with another local ADS service to start a new parenting programme, building on the current programme at Bridge House. Unlike at Bridge House, the clients who attend this service may be

current drinkers and so the programme will have an educational focus on protective parenting. The children and families worker will co-facilitate at first, with the aim of training others to run this programme. This process will act as a pilot, with the hope of rolling out this programme more widely in line with the government's green paper Every Child Matters.

5. Resources

5.1 Policy and guidance

Children and families policy and guidance

Department for Education and Skills (2003a) *Every Child Matters*, London, The Stationary Office.

Department for Education and Skills (2003b) *Every Child Matters: next steps*, London, The Stationary Office.

Every Child Matters: Change for Children guidance documents:

Multi-agency working -

www.ecm.gov.uk/multiagencyworking
Information sharing -

www.ecm.gov.uk/informationsharing
Common assessment framework -

www.ecm.gov.uk/caf

Lead professional -

www.ecm.gov.uk/leadprofessional

Training to support integrated working -

www.ecm.gov.uk/iwtraining

Working together to safeguard children -

www.ecm.gov.uk/workingtogether

Alcohol and families policy and guidance

Alcohol harm reduction strategy for England (Cabinet Office, 2004)

www.strategy.gov.uk/downloads/su/alcohol/pdf/CabOfficeAlcoholHar.pdf

Models of care for alcohol misusers (National Treatment Agency, 2006)

www.dh.gov.uk/assetRoot/04/13/68/09/04136809.pdf

Hidden Harm (Advisory Council on the Misuse of Drugs, 2003)

www.drugs.gov.uk/publication-search/acmd/hidden-harm?view=Binary

Hidden Harm next steps: supporting children - working with parents (Scottish Executive, 2006) www.scotland.gov.uk/Resource/Doc/114027/0027764.pdf



guidance for working with children and families affected by substance misuse (Scottish Executive, 2003) www.scotland.gov.uk/Resource/Doc/47032/0023960.pdf

Lanarkshire protocols and operational procedures for inter-agency working with children and families affected by substance misuse (North Lanarkshire Council, 2004) www.northlan.gov.uk/your+council/policies+strategies+and+plans/child+protection+committee/gopr+protcol.pdf

Protecting children living in families with problem substance use: guidelines for agencies in Edinburgh and the Lothians (City of Edinburgh Council, 2005) http://download.edinburgh.gov.uk/protecting_children_report.pdf

Drug and alcohol using parents: Practice guidance for all agencies (Nottinghamshire and Nottingham City ACPCs, 2004) www.nottinghamshire.gov.uk/substance+abuse.pdf

Families that have alcohol and mental health problems: A template for partnership working (SCIE, 2003)

www.scie.org.uk/publications/resourceguides/rg01.pdf

5.2 References

Department for Education and Skills (2006) *Making it happen: working together for children, young people and families*, London, DfES.

Atkinson, M., Wilkin, A., Stott, A., Doherty, P. and Kinder, K. (2002) *Multi-agency working: a detailed study* (LGA Research Report 26), Slough, NFER.

Atkinson, M., Kinder, K. and Doherty, P. (2003) *On Track: a qualitative study of the early impacts of services* (DfES Research Report 473), London, DfES.

Templeton, L., Zohhadi, S. and Velleman, R. (2006). *Working with the children and families of problem alcohol users: A toolkit*. Bath: University of Bath. A user-friendly and practical resource for professionals, designed to provide all the guidance needed to set up and maintain a service or dedicated post for the children and families of problem alcohol users. See: <http://www.bath.ac.uk/mhrdu/Toolkit/index.htm>

6. Appendix 1

6.1 Standards for multi-agency working in the drug and alcohol fields:
Drug and alcohol national occupational

standards (Skills for Health, 2002) www.skillsforhealth.org.uk/danos

Standards relating to multi-agency working:

- AC3 *Contribute to the development of the knowledge and practice of others*
- AG3 *Assist with the transfer of individuals between agencies and services*
- B14 *Represent agency at a formal hearing*
- B17 *Participate in inter-disciplinary team working to support individuals*

6.2 Standards for multi-agency working in the parenting field:

National occupational standards for work with parents (Parenting UK, 2005)

www.parentinguk.org/2/standards

Standards relating to multi-agency working:

- WWP 201 Contribute to building relationships in work with parents
- WWP 401 Develop and undertake inter-agency, cross-sector working
 - 401.1 Promote integration and cross-sector strategies
 - 401.2 Communicate and liaise effectively with other agencies/sectors
 - 401.3 Establish boundaries and define agency roles

The Parenting and Alcohol Project aims to protect and improve the quality of life and opportunities of children parented by someone who misuses alcohol. It aims to achieve this by:

- developing the capacity of alcohol treatment services to offer parenting support to their clients who are parents
- developing the capacity of parenting professionals to work effectively with parents who have alcohol-related problems

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Alcohol Concern Is

- The national agency on alcohol misuse
- Working to reduce the level of alcohol misuse, and to develop the range and quality of helping services available to problem drinkers and their families
- England's primary source of information and comment on a wide range of alcohol related matters

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