

## Report summary

# What about the children?

Joint working between adult and children's services when parents or carers have mental ill health and/or drug and alcohol problems

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This thematic inspection by Ofsted and the Care Quality Commission explored how well adult mental health services and drug and alcohol services considered the impact on children when their parents or carers had mental ill health and/or drug and alcohol problems; and how effectively adult and children's services worked together to ensure that children affected by their parents' or carers' difficulties were supported and safe. The report draws on evidence from cases in nine local authorities and partner agencies and from the views of parents, carers, children, practitioners and managers. Please note that where references are made to 'children' in general terms in this report, this refers to children and young people up to the age of 18 years.

## Key findings

- The extent to which adult and children's services worked effectively together to assess concerns and support and challenge parents and carers varied considerably. Overall, the quality of joint working was much stronger between children's social care and drug and alcohol services than between children's social care and adult mental health services.
- Thinking about the impact of parents' or carers' difficulties on children was more strongly embedded in drug and alcohol services than in adult mental health services. This stronger focus on children by drug and alcohol services has been driven by the requirement for local areas to gather information on the number of adults with children and report on this to the National Treatment Agency for Substance Abuse. Within adult mental health services, while it is expected that the care programme approach considers safeguarding of children, there are no national requirements to gather information and report on the number of parents or carers who have serious mental health difficulties. Therefore, in the absence of any national drivers there is limited scrutiny of this issue within mental health services generally.
- Most adult mental health and drug and alcohol services were not proactive in helping families to access early support, though some drug and alcohol services had begun to promote this. Adult services practitioners were more likely to think

about whether the family needed early support if a question on early support was included in the assessment tool. Young carers were not well identified.

- In almost all areas, clear and generally comprehensive systems were in place to identify if adults who had drug or alcohol problems were parents or carers and there was good consideration of the impact of this on the children. However, mental health services did not consistently consider the impact of the adult mental health difficulties on children. Questions about children were included in recording systems, but the clarity and detail of these varied and they were not always consistently completed.
- Drug and alcohol services consistently made timely and appropriate referrals when concerns reached the threshold for children's social care intervention. When adult mental health services identified concerns about children they also referred these appropriately to children's services. However, in some cases a lack of reflection on, and analysis of, the impact of the adult's mental ill health led to risks not being recognised and referrals not been made at an early enough stage.
- In the large majority of cases, children's social care services responded appropriately to referrals. But in some cases adult services practitioners had to make repeated referrals before children's social care decided to take action. Adult services practitioners did not consistently challenge children's social care when they were not satisfied with the response to a referral.
- In assessments where there were issues of parent or carer mental ill health professionals did not routinely approach the assessment as a shared activity between children's social workers and adult mental health practitioners, in which each professional drew on the other's expertise. As a result, the majority of assessments did not provide a comprehensive and reflective analysis of the impact on the child of living with a parent or carer with mental health difficulties. On the other hand, when parents or carers had drug or alcohol problems, children's social care staff and drug and alcohol services collaborated well together to develop a good understanding of the impact of adult substance misuse on children.
- In most cases seen when parents or carers had been admitted to hospital, joint working was poor in ensuring that plans for discharge took the children's needs into account. As a result, children had sometimes been returned too early to the care of parents or carers who were unable to meet their needs at that time.
- The support and intervention that children received through child protection or children in need plans led to better outcomes in the majority of cases, both in cases involving drug and alcohol problems and mental health difficulties. For some children whose lives had not improved it remained unclear how the planned support and intervention would bring about the change needed.
- In most of the long-term cases there was a history of involvement by children's social care. These cases were complex and challenging. Parents' and carers' difficulties were not easily, and sometimes never, resolved and progress was often not sustained. Cases were opened and closed, and families were supported

for a time, sometimes over substantial periods and sometimes intermittently. This raised questions about the sustainability of change, and the timeliness and robustness of previous decision-making and planning.

- Inspectors identified much stronger oversight of cases involving children by managers and designated staff in drug and alcohol services than in adult mental health services. However the concept of routine joint supervision was not embedded and none of the children's and adult services practitioners had received joint supervision in the cases examined.
- Most LSCBs and senior managers did not systematically evaluate the quality of joint working through analysis of referrals and case file audits. In most local authorities it was difficult to retrieve comprehensive and accurate data about children affected by parent or carer mental ill health. Data about children affected by drug and alcohol problems were more readily available, although they were not always used well in planning and evaluation.
- Senior and strategic managers across adult and children's services and the majority of children's services practitioners had a good grasp of learning from serious case reviews relevant to parent or carer mental ill health and drug and alcohol misuse. This had led to a number of improvements in practice. However, this learning was less well understood among adult services practitioners.

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