

## **Question responses: Supporting families with parental conflict and alcohol dependency webinar**

### **DWP**

#### **Definition of Domestic abuse and parental conflict**

Conflict in relationships is expressed through many different behaviours which can have an impact on families' lives. When conflict is between parents, it can have negative effects on their children's mental health and wider development.

Disagreements in relationships are normal and not problematic when both people feel able to handle and resolve them. But when parents are entrenched in conflict that is frequent, intense and poorly resolved it is likely to have a negative impact on the parents and their children. This includes but is not confined to when conflict in a relationship is domestic abuse. Where there is domestic abuse there will be an imbalance of power and one parent may feel fearful of the other.

If a concern is identified that could indicate a person is experiencing domestic abuse, local policies and procedures to address this should always be followed.

#### **The Reducing Parental Conflict Programme is focused on addressing conflict below the threshold of domestic abuse.**

The Reducing Parental Conflict programme is supporting practitioners to have more conversations about parental relationships. This will better place them to identify parental conflict and decide what interventions, if any, are best to meet the family's needs.

We recognise that people working with vulnerable families are highly experienced, and are using their expertise to continuously assess whether families are at risk of domestic abuse, in all its forms including coercive, financial and emotional control. When identified, parental conflict below the threshold of domestic abuse can also be addressed effectively. Addressing 'relationship issues' is not new, support such as couple counselling has been available for a long time. The Reducing Parental Conflict programme aims to make more widely available interventions and support to parents that specifically address their relationship conflict.

#### **Key Points**

1. By having conversations about relationships, staff are better placed to identify parental conflict including domestic abuse.
2. When exploring or addressing parental conflict within a relationship, practitioners should continue to be vigilant and confident there are no indicators of domestic abuse, including coercive control.
3. Should any concern be identified that could indicate domestic abuse, local policies and procedures to address domestic abuse should always be followed and the priority should be managing any potential risk of harm.
4. Practitioners should be curious and alert to an imbalance of power within a relationship that adversely affects one person and is used as a form of control; or where at least one person feels fear - this is one indicator of an abusive relationship.

If you would like more information about domestic abuse, please discuss with your line manager, local domestic abuse services or designated safeguarding lead.

**Definition of Domestic Abuse:**

The existing cross-government definition of domestic abuse, which has been in place since 2012, operates on a non-statutory basis. This definition is:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

You can find more detailed guidance here:

<https://www.cps.gov.uk/domestic-abuse>

## **Public Health England**

### **What do we do about parents with alcohol problems who won't engage with alcohol treatment?**

If you are concerned that a parent's drinking may cause significant risk to a child you should, in line with national and local procedures, make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. Practitioners who make a referral should always follow up their concerns if they are not satisfied with the response.

There are many reasons why a parent might be reluctant to engage with alcohol (or drug) treatment, so if you think they would benefit from that engagement it will be important to understand what that reluctance is based on. Having that understanding means you'll be able to work with them to work through what their options are. This might include:

- asking for consent to contact the person again to see how they are doing. This can help build trust and if appropriate, you can raise the issue of treatment again.
- working with people with lived experience of alcohol treatment to reduce anxiety or misunderstandings, and to support the parent to make contact with the treatment provider
- engaging with other local support, such as talking to their GP or attending a local mutual aid group (such as Alcoholics Anonymous)
- getting advice from the local treatment provider to safely support the parent to reduce their own drinking in a controlled manner
- making sure they know about helplines (like Drink Line) which can support their decision making

It is important to remember that just because someone doesn't want to engage when it is first raised doesn't mean that they won't change their mind in the future.

Even if the parent continues not to engage with treatment there are things that you can do to make sure others in the household are supported and safeguarded. This includes ensuring that they know that they can get support independently from the parent with an alcohol problem – for example children who provide care to their parent or siblings should be considered as young carers. Where there is a parent or carer who does not have an alcohol or drug problem, you can support them in caring for the children and in their own right.

## **Rochdale Council**

### **Relationship Champion model**

The relationship champion model is really simple to set up. Practitioners, all across the partnership are provided with additional training to enable them to support couples. We used OneplusOne How to Argue Better Training Programme – however you can use the RPC Knowledgepool training instead as this is free to all local authorities. We promote relationship champions through posters wherever champions work. The posters encourage individuals/couples to speak to a champion if they concerned about their relationship. Champions wear a distinctive badge which is linked to the poster campaign.

### **Health Visitors as relationship champions**

The vast majority of Health Visitors in Rochdale are trained Relationship Champions, meaning that they have received additional training in relation to parental/couple conflict. Therefore HVs would be asking questions about the couples relationships as we know how challenging the first couple of years are bringing up a child together and impact that has on the dynamics of the couple relationship.

### **Continuing to deliver during Covid-19**

Rochdale have continued to deliver one to one and couple support via Zoom but not in groups