



Supporting and Safeguarding Children whose Parents/Carers use Drugs and/or Alcohol

JOINT WORKING PROTOCOL

**Joint Working Protocol between Newcastle Children's Social Care and Adult
Drug and Alcohol Services**

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Part One: Introduction

1.1 BACKGROUND AND CONTEXT

Treatment services have traditionally focussed on supporting the adult engaged in substance misuse when in reality the lives of family members are affected. Research shows that the impact on children's social, emotional and behavioural development is significant.

Not all parents with drug or alcohol problems cause harm to their children, but substance misuse can reduce their ability to provide practical and emotional care. It can have serious consequences for children, including neglect, educational problems, emotional difficulties, abuse, and the possibility of becoming drug and alcohol misusers themselves. It can also cause young people to become carers of addicted parents. Drug or alcohol treatment can help parents overcome their addiction and start to address other issues, and look after their children better.

A third (66,193) of all adults in drug treatment nationally have childcare responsibilities (NTA, 2012) and locally, data for 2012/13 for Newcastle shows that 31% of our parents in effective drug treatment live with children (437 of 1409 engaged in effective treatment) and 28% are parents but do not live with any children (395 of 1409 engaged in effective treatment). Of the 711 adults in alcohol treatment in 2012/13, 33% (235 are living with children) and 66% (469) are parents but not living with children.

Evidence from Public Health England (formerly the National Treatment Agency) shows that treatment is a protective factor for children of drug or alcohol using parents. Parents who enter treatment, and who are retained and successfully complete their treatment, have better outcomes and are less likely to relapse than others in treatment. Also, parents who live with their own children have fewer drug-related issues than others in treatment and are also more likely to complete their treatment successfully.

This protocol seeks to embed good practice a number of key documents (listed below), which have highlighted that children are often invisible to adult services, including substance misuse services where the focus may be on the adult in front of them and seeks to ensure that a family approach is adopted when working with parentd/carers misusing substances. The family Common Assessment Framework (CAF) in Newcastle seeks to support will support this way of working and enable a Team around the Family (across adults, children's and other services) to support the needs of the whole family. The documents below also emphasise and reinforce the important role that Local Safeguarding Children Boards have in monitoring the effectiveness of partner agencies and coordinating multi agency approaches to safeguarding and promoting the welfare of children.

- Munro review of child protection: final report – a child-centred system (2011)¹

¹ www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system

- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (DfE, 2013)²
- 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 (Ofsted, 2013)³
- Silent Voices – supporting children and young people affected by parental alcohol misuse⁴
- Parents with drug problems: how treatment helps families, NTA (2012)
- Hidden Harm: three years on: realities, challenges and opportunities, Home Office (2007)

1.2 STATEMENT OF PURPOSE

Newcastle Safeguarding Children Board (NSCB) is a statutory partnership for ensuring that arrangements to safeguard and protect children and young people in Newcastle are robust and effective.

The purpose of this joint protocol is to strengthen working arrangements to safeguard and promote the welfare of children and young people, including young carers, whose lives are affected by substance misusing parents or carers, and applies to drug and alcohol services and children and family services in Newcastle.

This joint protocol has been approved by NSCB Policy and Procedure Committee.

In producing this document, it is envisaged that we will:

- Strengthen the relationship between drug and alcohol treatment services and children and family services
- Support identifying, assessing and referring drug and / or alcohol using parents
- Support identifying, assessing and referring children who need to be safeguarded
- Clarify referral thresholds and pathways into drug and alcohol treatment services
- Clarify referral thresholds and pathways into children and family services
- Promote more effective communication and joint working arrangements, including sharing information and data
- Promote and facilitate a team around the family approach to parents and their children and families
- Clarify governance arrangements

² <https://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>

³ www.isab.org.uk/thematic-inspection-by-ofsted-and-the-care-quality-commission/

⁴ Office of the Children's Commissioner, 2012

- Consider other support issues that may affect and impact these families, such as domestic violence.

1.3 SCOPE

This protocol is for use by *all* services working with parents or carers of children, who are using or misusing drugs and / or alcohol. There are many voluntary and statutory agencies providing services for drug and alcohol users and their families and it is essential that all of these agencies recognise the importance of working together, considering the needs of families, particularly in assessing the needs of children involved.

All practitioners will be expected to use this protocol when they come into contact with:

- An adult with drug/alcohol issues who is caring for, or has significant contact with a child
- A child whose life is affected by a parent or carer's use of drugs or alcohol.

This protocol applies in all situations irrespective of the race, gender, age, sexual orientation, class, cultural and religious beliefs or disability of those involved.

1.4 DEFINITIONS

Child: For the purpose of this protocol *child* refers to anyone who has not reached their eighteenth birthday, including unborn children.

Young people: Young people are defined in various guidance documents and DfE strategies as being aged between 13-25

Child in need: Children who are defined as '*in need*' under Section 17 of the Children's Act 1989 are those who 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.

Parents/carers: Parent/carers refer to anyone who is caring for or has significant contact with a child.

Young carers: Young carers have also been identified (The Children Act 2004) as an "at risk" group needing support. Under Section 17 of the Children Act 1989, a young carer may be regarded as a child in need if "he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development". The Children and Families Act 2014 places a duty on all Local Authorities to identify, assess and where appropriate provide support for all young carers living in their area. In addition, good practice suggests that for young carers, services should adopt a whole family approach. This means that children's and adult services must have arrangements in place to ensure that no young person's life is unnecessarily restricted because they are providing significant care to an adult with an identifiable community care need.

However, the identification of young carers can be problematic for many children living with family members with stigmatised conditions such as drug and alcohol problems. In many cases, families fear what professional intervention may lead to if they are identified or the stigmatisation of being assessed under children's legislation.

For services to provide effective support for young carers and their families, it is vital that all members of staff working with them begin with an inclusive, wide-ranging and holistic approach that considers the needs of:

- The adult or child in need of personal care
- The child who may be caring and
- The family

Substances: 'Substance' is used to refer to any psychotropic substance (capable of affecting the mind – changing the way we feel, think and or behave) including alcohol, tobacco, drugs sold as 'legal highs', illegal drugs, illicit use of prescription drugs and volatile substances such as solvents (gases, lighter and other fuel) some plants and fungi (magic mushrooms); over the counter and prescribed medicines that are used for recreational rather than medical purposes.

This protocol considers *drugs and alcohol*. This includes use or misuse of the following:

- Illegal drugs
- Prescribed / pharmacological treatment
- Illicit use of prescription drugs
- Novel Psychoactive Substances (so called 'legal highs')
- Volatile substances
- Misuse of over the counter or prescribed medications

And covers individuals who; may be using or misusing drugs or alcohol, who may already be engaged in treatment or harm reduction services, or those who need additional support.

Drug or alcohol use: Drug or alcohol use is drug taking which requires a lower level of intervention than treatment. Harm may still occur through substance use, whether through intoxication, illegality or health problems, even though it may not be immediately apparent. It requires the appropriate provision of interventions such as education and advice, targeted prevention and brief interventions to reduce the potential for harm.

Drug or alcohol misuse: Drug or alcohol misuse is where using drugs or alcohol taking harms health or social functioning. It may cause dependency (physical or psychological). In this context, it may also be part of a wider spectrum of problematic behaviour and will likely require specialist treatment.

1.5 EFFECTS ON PARENTING OF DRUGS OR ALCOHOL

Use of drugs or alcohol by parents / carers does not, on its own, automatically mean that children are at risk of abuse or neglect, but practitioners must recognise that children of those where there is drug or alcohol misuse are a high risk group where drugs and alcohol are rarely the sole cause of family difficulties. It is usually part of a complex web of co-existing problems which can't easily be disentangled from the misuse.

Adults who misuse, or have problems relating to drugs and alcohol, are likely to be faced with multiple problems, including homelessness, accommodation or financial difficulties, difficult or damaging relationships, domestic violence and abuse, lack of effective social and support systems, issues relating to criminal activities and poor physical/and or mental health. There is a correlation between drug and alcohol problems and domestic violence and abuse, where parents or carers who experience domestic abuse may use or misuse drugs or alcohol as a coping mechanism. Drugs or alcohol may also cause or exacerbate abuse within a relationship. New relationships for the parent or carer might also introduce use into the home.

Assessment of the impact of these stresses on the child is as important as the direct impact of drugs or alcohol misuse. It reinforces the need to see the misuse in the context of family life and functioning, and not purely as an indicator or predictor of child abuse and neglect. It is important that all workers should be aware that the term use and misuse covers a range of usage, from minor recreational through to more serious use and physical addiction. In common usage, not all use or misuse by parents or carers leads to risk of significant harm to their children. All cases should be assessed on their individual circumstances.

Intervening early with drugs and alcohol is key before the issues become entrenched or start to damage families. Early identification and intervention is a priority to ensure the delivery of timely support and prevent problems escalating.

Parenting is most likely to be negatively affected where drug or alcohol misuse is uncontrolled or chaotic, and the parent/carer swings between states of severe intoxication and withdrawal, particularly when there is poly use - where drugs and alcohol are mixed / combined.

It could result in basic standards of hygiene being neglected or for parents to neglect their own needs and those of their children, where purchasing drugs or alcohol may become a higher priority than buying essential items. Use / misuse may lead parents to lack awareness of their surroundings and even loss of consciousness, increasing the risk to children's health and safety. It can result in a parent being emotionally unavailable, inconsistent and unpredictable: swinging from 'caring, loving and entertaining to violent, argumentative and withdrawn'. This may cause parents to behave in a way that frightens their children.

It may result in the parent placing their own needs before those of their children, and lead them to being cared for by a large number of other people. There may also be

reduced vigilance by the parent leaving children vulnerable to abuse by visitors to the home

Misuse may result in some parents having difficulty organising their lives. This may result in inconsistent and ineffective parenting and children's attachment to their parents may be disrupted as parents problem drinking can lead them to be impassive, angry and critical of their children. Drug misuse may mean parents have difficulty controlling their emotions. Violent, irrational behaviour and withdrawn behaviour can frighten children and violence toward a child, or domestic violence towards a partner, accompanied by its adverse impact on the child's emotional well-being. It could also lead to the disruption of relationships with the extended family, and as a result, make it less available to the child as a protective factor.

The extreme nature of parental misuse may cause the child's life to revolve around it, and lead to the child taking on responsibilities beyond their years because of their parent's incapacity. Drug misuse may lead to the parent becoming intensely worried about obtaining their next fix, with the result that the child is left alone, or alternatively taken to places which are unsuitable or unsafe.

It may also impact on parents being driven to committing crimes or resorting to prostitution to finance their habit, with the result that the child is left alone, or alternatively taken to places which are unsuitable or unsafe, or ultimately separation from their child by a prison sentence.

Drug misuse may lead to parents being careless about the safe storage of their substitute medication, other drugs, needles and syringes.

While accessing treatment is a positive step for the parent, it may mean children taking on extra caring responsibilities for their parents, practically and emotionally. A potential period of physical withdrawal symptoms and physical or psychological ill health may be extremely stressful for the child. Alternatively, the child might be separated from the adult if there is a need for inpatient or residential treatment.

PART TWO: PARTNERSHIP WORKING

Safeguarding and promoting the welfare of children, and in particular protecting them from significant harm, is dependent upon effective joint working.

It is our expectation that both children and young people's services, and drug and alcohol providers work in accordance with the high level partnership arrangements described in this document as a minimum.

Sharing information is essential to enable early identification to help children young people and families who need additional services to achieve positive outcomes.

The National Service Framework (DoH 2004) recognises that many children have contact with a variety of professionals. If during an assessment, concerns arise that may require support from another agency, it is important for the professionals involved to work in partnership and to share relevant information as required in accordance with confidentiality obligations (*Working Together to Safeguard Children 2013*). Joint working should be conducted within the boundaries of confidentiality however the emphasis should be on working collaboratively with parents and other professionals to maximise the care of children and protect them from harm or risk from harm. The duty of confidentiality to parents is not absolute.

2.1 CONFIDENTIALITY AND INFORMATION SHARING

Questions about childcare and parenting issues are clearly sensitive and can have important implications for substance misusing parents. The need to gain information must be balanced against deterring substance users from accessing appropriate treatment. Whilst parents have the right to confidentiality in most circumstances, society has a duty to protect children who cannot advocate for themselves. While a professional's primary relationship may be with the parent, where there is cause for concern, information must be shared on a 'need to know' basis with the appropriate children's services. This should be conducted within the boundaries of confidentiality. The emphasis should be on working collaboratively with parents and other professionals to optimise the care of children and protect them from harm or risk of harm.

Confidentiality can never be an absolute principle and it is generally accepted that where children need protecting, their needs are paramount and information may be shared without their parents/carers permission. Where a child is not suffering significant harm, however, parental permission is needed for the sharing of information. This should be raised with parents at the beginning of professional involvement, with emphasis on the help and support which can be accessed by the family as a result of sharing information with other agencies.

Practitioners should be aware of any protection plan around family members e.g. Multi Agency Public protection Arrangements (MAPPA), Child Protection Plans, Multi Agency Risk Assessment Conference (MARAC), and identify the need to be involved in those processes.

The circumstances in which information can be legally shared without the service users consent, include:

- Where there is a risk of significant harm to a child or children there is a statutory responsibility to refer to children's social care.
- Where child protection services make enquiries about drug and alcohol misusing parents as part of a Section 47 enquiry or where the child is subject to a child protection plan there is a statutory duty to share information with child protection services.

2.2 CHILD PROTECTION CONFERENCES

Child protection conferences will be conducted in line with NSCB child protection procedures. It is expected that representatives from the appropriate statutory and voluntary agencies will attend, and if they cannot, that they will provide the conference with a written report.

Parents are encouraged to attend conferences. They may be excluded however if they are under the influence of substances at the time of the conference to such an extent that they are unable to participate effectively. Parents are invited to bring someone to support them or an advocate to the conference. Their worker from the Drug/Alcohol Service must always be invited to attend by the social worker and they will be part of the professional network and will be expected to contribute to the decision-making.

If a decision is made that the child protection plan is required, this will be followed by the development of such a plan including the establishment of a core group. It is necessary for members of this group to be clear about their role and that of others.

2.3 CASE MANAGEMENT

Effective inter-agency communication and multi-agency co-operation is crucial to the management of on-going work with parents who misuse substances and their families. When practitioners receive new information that is likely to affect a previous assessment of the impact on substance use problems upon parenting, they must pass this information on to the other agencies involved, so that, if necessary, a reassessment of the situation can be triggered. There must also be clarity with regard to the different roles and responsibilities undertaken by different workers and a decision made regarding coordination, so that this is not left to the parent.

Where a child is the subject of a child protection plan, or is identified as a child in need, it is important to maintain a continuous dialogue between primary care, drug and alcohol services, and children's services regarding treatment objectives. Professionals working directly with such families are expected to participate in child protection core groups, where these are set up to monitor the progress of Child Protection Plans, and to be clear on their role.

2.4 CHILD CARE ISSUES

Consideration should be made to child care issues including for parents to access treatment, especially in school holidays to ensure there are no barriers to treatment and that the child's needs are also being met.

Practitioners should consider:

- Whether the parent needs childcare support to access treatment
- What childcare arrangements need to be in place for the parents to access inpatient or residential rehab
- Who is offering the child support
- Whether the patient needs support getting the child to and from nursery or school
- What the child's understanding is of the parents treatment
- Whether the patient needs support in explaining what is happening
- Whether a referral to a young carers service needs to be considered

PART THREE: PARTNERSHIP EXPECTATIONS

3.1 EXPECTATIONS OF CHILDREN'S AND FAMILY SERVICES

When any referral is accepted by Children's Social Care an assessment will be undertaken which should be planned jointly with other involved professionals, unless the concerns are so urgent that immediate action needs to be taken to ensure the child's safety.

Where information gathered indicates the potential risk of significant harm to the child; child protection procedures must be initiated and the assessment conducted in accordance with these procedures.

Where Children's Social Care are involved with a family where the parent or person with significant caring responsibility for children appears to be using drugs or alcohol in a way which may affect their parenting, the practitioner should discuss with the parent whether they are receiving any support from any other service relating to their drug/alcohol use, and whether they will consent to have information shared with other practitioners. The benefits to the family of sharing information should be explained.

If there are concerns relating to the parent's needs, and no other services are involved, the parent's GP should be contacted by the social worker in the first instance for his/her view of the family situation. Whether a referral for primary or secondary substance misuse services is required should be discussed. This is particularly important where there is an unborn or very young child. Where nursing or midwifery services are being used, they should also be involved.

If the parent is already receiving support from substance misuse services, the children's services practitioner should contact the drug and alcohol practitioner involved, and use their expertise and experience to help assess and review the parent's current and potential capacity to meet the child's needs and develop a joint agreed plan which takes into account both the parent and child's needs.

Consideration and review must also be given to new relationships forming for the parent / carer where substance misuse may be an issue and where this may present a new dynamic to home life.

Children's services practitioners should follow the screening process at **Appendix 2**

Referral processes to drug and alcohol treatment services

Children and family services should identify a named substance misuse lead (single point of contact) that provides a direct liaison and facilitates joint working with drug and alcohol services.

Where there are linked factors of domestic violence and mental illness, consideration must also be given to how the substance misuse and treatment impacts on the adults mental health and any medication he or she might be taking. The relationship between substance misuse and domestic violence must be considered – whether the

perpetrator is likely to become more irritable during the treatment process, leaving the victim potentially more vulnerable.

Referral to drug and alcohol treatment services should be made if drug or alcohol misuse is affecting parenting capacity, or is likely to and the service user consents to seek treatment. A referral to an appropriate specialist or local service should be made using the **Common Referral Form at Appendix 1**.

Referrals from children and family services should be treated as priority referrals by treatment providers. There is an expectation that everyone referred to drug and alcohol treatments services should be able to access services within one week. Referrals from children's and family services should be treated as a priority, due to the potential risk of harm from their parent's drug and alcohol misuse.

Children and families services, and drug and alcohol treatment providers should work together to deliver effective interventions of families affected by substance misuse. Once the parent starts treatment, it is recommended that the care plan developed with the parent is inclusive of the needs of the children, and should be shared with children and family services keyworker, where possible, with their consent. Providing clear, multi-agency working to support the parent and their family members and is more likely to have more success and achieve long term recovery.

Children's services practitioners should be aware that substance misuse services can also provide specialist input for safeguarding assessments when requested. This includes attendance at meetings, reports, advice about drugs and alcohol, their effects and impacts. This is also important in understanding pharmacological prescribing interventions and issues around dosage – what is appropriate, safe and any reduction plans. They may also provide drug or alcohol testing. This is usually only completed as part of a wider package of treatment and with the consent of the user. It is important that the treatment and recovery plan is understood by all parties involved in their care.

Details of treatment and recovery service provision in Newcastle can be found at: www.hiwecanhelp.com

Children's services good practice checklist

Children's services are expected to:

- Employ a policy of openness with families where information from other agencies impacts on planning for the child.
- Seek consent from family members to share information with other agencies in the best interests of the child (only when it will not place a child at increased risk of harm).
- Be clear whether an assessment using the Common Assessment Framework (CAF) has been undertaken, and if so, what the outcomes were.
- Assess the unborn child's needs and identify desired outcomes for the child.
- Provide a child focused service to families with whom they are involved.
- Ensure the wishes and feelings of child are ascertained.
- Ensure the child is given the opportunity to be seen/heard, on their own.
- Liaise with substance misuse services where parents are in treatment.
- Ensure that substance misuse of all parents (carers) is covered in the assessment.
- Consult with Substance Misuse teams for information to support assessment of parenting capacity, and for realistic assessment of any risk even where there are no apparent Safeguarding issues.
- Invite representatives from Substance Misuse services to Child Protection Conferences where they are involved with the family giving maximum timescales possible to facilitate attendance.
- Provide a representative or written report to review meetings where at all possible.
- Share assessments, verbally and in writing, with parents and, with parental permission, practitioners working with the family.
- Identify and address any caring responsibilities a child or young person is undertaking with the parent/carer.
- Together with relevant agencies, identify roles and responsibilities for any ongoing work with the family: a meeting is preferable where decisions need to be made and owned.
- Know the name of each safeguarding lead within the treatment services and understand the range of drug and alcohol provision, and how to access or refer to them.
- Consider and review new relationships particularly where substance use is known.

3.2 EXPECTATIONS OF ADULT DRUG AND ALCOHOL TREATMENT SERVICES

Drug and alcohol treatment providers are required to identify whether service have children.

For *structured* drug and alcohol treatment services (which applies to tier 3 or tier 4 interventions⁵), service providers are required to input information onto the National Drug Treatment Monitoring System (NDTMS). This collects a number of information fields in relation to parental arrangements, including:

- Parental status
- The number of children living with the service user
- Whether the service user is pregnant
- Whether parenting support is provided as part of the overall recovery package.

All drug and alcohol commissioned services (across all tiers) are required to comply with this protocol, including the arrangements described in Appendices, which together sets out the requirements for working with parents in treatment (including parents to be) with the aim of ensuring a coordinated and consistent response by all services.

Where there is pregnancy or a child involved, providers are required to work in accordance with the Signs of Safety Assessment and Planning Process as set out in Appendix 3 and Appendix 4 of this protocol. Providers should also comply with these processes to capture information where service users do not have their own children, but live with someone else's children. This applies to both *structured* (tier 3 and tier 4) and *unstructured* (tier 2) service provision.

Information on drug and alcohol service provision in Newcastle can be found at t: www.hiwecanhelp.com

Newcastle upon Tyne Hospital Foundation Trust also provides a specific drug and alcohol liaison midwife in Newcastle, based at the Royal Victoria Infirmary. This role seeks to ensure coordination for women where drugs or alcohol misuse is a factor, particularly focussing on women who are on opiate based substitute medication or alcohol / benzodiazepine detoxification, working closely with the pharmacological service and also engaging and supporting with community midwives, health visitors and other treatment providers. Pregnancy can provide a significant motivation to change, which treatment providers will be in a position to maximise. Early access to antenatal care and joint care planning is facilitated through the specialist midwife role to reduce the risk to unborn children. It is also an important link to child protection.

Referrals to children and family services

Service managers and / or safeguarding leads of treatment agencies are required to ensure compliance with this protocol. This may include reviewing information gathered as part of the assessment process and throughout the treatment journey in order to monitor the need for onward referral either to universal children and family

⁵ Models of Care, Department of Health, 2004

services or to children's social care. Substance misuse staff should understand and adhere to the requirements set out in this protocol.

Treatment agencies' safeguarding leads are likely to be the main contact for referrals between treatment services and children's social care and other children and family services, and would be expected to represent the service in relation to safeguarding issues at external meetings and forums.

Children's services responses to referrals

'Working together' stipulates that within one working day of a referral being received, local authority children and family services should make a decision about the type of response that is required and acknowledge receipts to the referrer. If there are differences of opinion between children and family services and substance misuse services, this should be dealt with through management discussion to ensure that the needs of the child are being met appropriately.

Drug and alcohol treatment provider good practice checklist

We expect that all services:

- Ensure when assessing the needs of adults who misuse substances that the signs of safety assessment and planning form is completed
- Ensure that any support they may need with parenting is taken into account
- Ensure that parents in treatment receive harm reduction information in relation to their parenting, including appropriate service provision. This should involve strengths based discussion as well as written information around a number of risky lifestyle areas, such as:
 - the impact of substance misuse on children and family
 - protective factors for children
 - storage of medication
 - safe storage and disposal of needles and paraphernalia
 - And what to expect from drug and alcohol treatment services working in c collaboration with children's services.
- Consider the impact of parental substance misuse on the unborn child when working with pregnant women, and follow through with an appropriate course of action
- The assessment takes into account the impact of parents (carers) substance misuse on children and young people and support is offered for the child, where necessary or appropriate
- The assessment takes into account the impact of kinship carers and support is offered to them in conjunction with the local service Newcastle PROPS
- Ensure that service users receive clear and accurate information in respect of safeguarding and that they understand the impact of their substance misuse on their child(ren)
- Referral to children's services will be made when it appears a child may be at risk of significant harm

- Staff are aware of the impact of Parental Substance misuse in children and young people
- Staff are trained in safeguarding procedures to an appropriate level in accordance with the expectations of Newcastle's Safeguarding Children's Board and Newcastle Adults Safeguarding Board and are clear what kind of referral they need to make, with staff trained around the thresholds.
- Follow Newcastle's Safeguarding Children's procedures
- Where appropriate, convene and make staff available to attend Team around the Child meetings
- Where appropriate, convene and make staff available to attend Adult Safeguarding meetings if the parent (carer) is at risk of harm or self-neglect.
- All pregnant women are referred to the Drug and Alcohol Liaison Midwife as early as possible, and services will work proactively within the plan of care around the woman.
- Services regularly ask routine enquiry questions in relation to domestic violence, and follow the Managing Risk Protocol for identifying and managing domestic violence for clients of drug and alcohol treatment.
- Assessments should also give consideration to other important issues that may be affecting the family such as housing, benefits or mental health.
- Have a safeguarding lead who coordinates and oversees referrals to children's and social care services.
- Ensuring that questions around children or pregnancy, including for males who might create new relationships with mothers, that these are taken into account through a regular 12 weekly care coordination process.

APPENDIX 1: Common Referral Form for drug and alcohol treatment and recovery

| Referral Information | | | |
|---------------------------------------|-----|---------------------------------------|--|
| Date Referral received: | | Referral Source (i.e. agency/self) | |
| Referring agency details | | | |
| Agency name: | | Contract name: | |
| Address: | | | |
| Postcode: | | | |
| Telephone Number: | | FAX: | |
| e-mail: | | | |
| Is this client aware of the referral: | Y/N | Other agencies involved: | |

| Client Details | |
|-----------------|------------------------------|
| Name: | Date of Birth: |
| Nationality: | First Language: |
| Gender: | |
| Address: | |
| Postcode: | |
| Contact Number: | Preferred method of contact: |

| Drug Use Profile | | | | | |
|----------------------------------|-----------------|--------------|-------|-----------|----------------|
| Drugs Use | Currently using | Historic Use | Route | Frequency | Other comments |
| Heroin | | | | | |
| Methadone | | | | | |
| Other opiates | | | | | |
| Crack | | | | | |
| Cocaine | | | | | |
| Benzodiazepine | | | | | |
| Cannabis | | | | | |
| Amphetamine | | | | | |
| Alcohol | | | | | |
| Steroids | | | | | |
| Novel Psychoactive Substances | | | | | |
| Other | | | | | |
| Additional Drug use information: | | | | | |

| GP Details | |
|-------------|----------------------|
| GP name: | GP Telephone number: |
| GP Address: | |

| Personal Information: | | | | | |
|---|------------|-----------|---|----------------|----------------|
| Risks | | | | | |
| Are there any known risks to: | Yes | No | Historic | Current | Details |
| Children | | | | | |
| Public | | | | | |
| Known Adult | | | | | |
| Staff | | | | | |
| Self | | | | | |
| Risk Assessment attached: Y/N (Please highlight any risk issues i.e. violent history) | | | | | |
| Safeguarding Issues: i.e. Child protection/Vulnerable adult/ Domestic Violence – past/present? | | | | | |
| Dual Diagnosis: | Y/N | | Mental Health Issues: | Y/N | |
| Please provide brief details on Mental Health Issues: | | | | | |
| Addiction Treatment History: | Y/N | | Involvement with DIP/Criminal Justice: | Y/N | |
| Brief details: | | | Brief details: | | |
| Accommodation Status: | | | Family situation (i.e. children/partner) | | |
| Date of Last TOP's | | | Last TOP attached: | Y/N | |

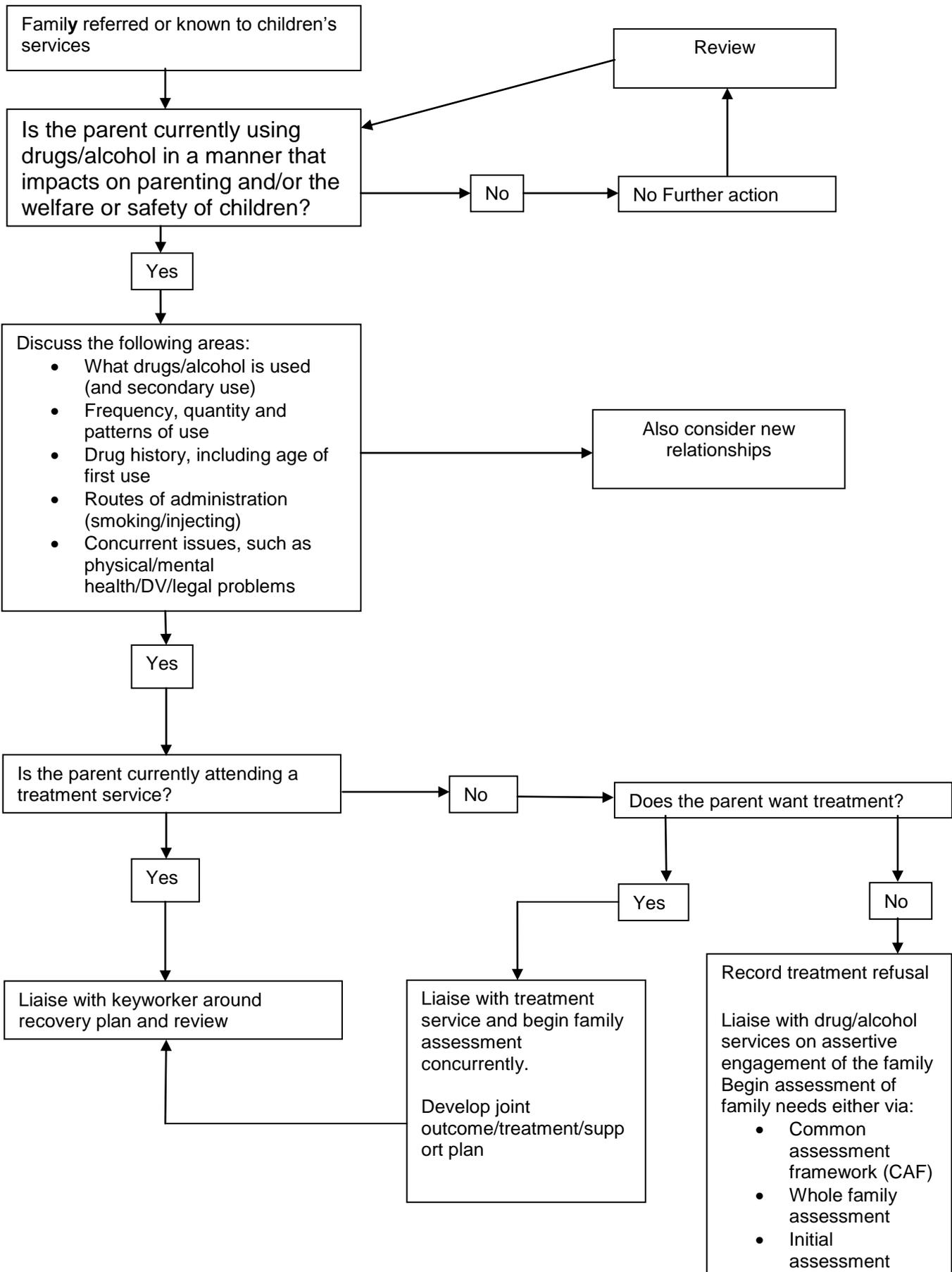
| Support Requirements |
|--|
| Disability and additional support: is there any support mechanisms/adjustments the client requires as part of treatment within the service? Y/N |
| Mutual Aid /Peer support: Does the client have access to mutual aid and/or peer support? Y/N If yes please provide details i.e. what, where. If no would the client like further information or a referral to mutual aid/peer support? Y/N |

| Clinical Information: |
|---|
| Physical Issues: i.e. Pregnancy Y/N |
| Forensic Issues: Y/N |
| Current Medication: |

| Additional Information | | | |
|---|-----|---------------------|---------------------------|
| Current status | | | |
| Is the client currently | | | |
| | Yes | No | Details |
| Unemployed | | | |
| In Education | | | |
| Training | | | |
| Volunteering | | | |
| Employed | | | |
| Finances | | | |
| Main source of income: wages, JSA etc. | | Details | Amount per week |
| | | | |
| Other income | | | |
| | | Total weekly income | |
| Client Availability | | | |
| Please indicate clients availability (✓ all that apply) | | | |
| | Am | Pm | Evening (after 5pm) |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |
| Please provide any additional information you think would be of use to the referral agency: | | | |
| | | | |

| Receiving Agency Section | | | |
|---------------------------------|--|--|--|
| Referral Outcome Accepted:(Y/N) | | Referring agency informed of referral outcome: Y/N | |
| Date allocated: | | Assessment date offered | |
| Additional Information: | | | |
| | | | |

APPENDIX 2: Screening process for cases known to children’s services



APPENDIX 3: Signs of Safety Assessment and Planning Form

Family/Childs Name:

Worker:

Date:

| What Are We Worried About? | What's Going Well? | What Needs to Happen? | |
|--|--------------------|-----------------------|--------------------|
| | | Family View | Worker/Agency View |
| | | • | • |
| Safety Scale: Rate the situation on a scale of 0 – 10, where 0 means things are so bad the family can no longer care for the children and 10 means that everything that needs to happen for the children to be safe in the family is happening. | | | |

APPENDIX 4: Signs of Safety Assessment questions

| <i>Thinking about a child/teenager in your life that you feel a worried about:</i> | | |
|---|---|--|
| <i>What are you Worried About?</i> | <i>What's Working Well?</i> | <i>What Needs to Happen?</i> |
| <p><i>What has happened, what have you seen, that makes you worried about this child/teenager?</i></p> <p><i>When you think about what has already happened to ____ what do you think is the worst thing that could happen to ____ because of this problem?</i></p> <p><i>Are their things happening in ____'s life or family that make this problem harder to deal with?</i></p> | <p><i>What do you like about ____ what are his/her best attributes?</i></p> <p><i>Who are the people that care most about ____? What are the best things about how they care for ____?</i></p> <p><i>What would ____ say are the best things about his/her life?</i></p> <p><i>Who would ____ say are the most important people in his/her life? How do they help ____ grow up well?</i></p> <p><i>Has there been times when this problem has been dealt with or was even a little better? How did that happen?</i></p> | <p><i>Having thought more about this problem now, what would you need to see that would make you satisfied the situation is at a 10?</i></p> <p><i>What would ____ need to see that would make them say this problem is completely sorted out?</i></p> <p><i>What do you think is the next step that should happen to get this worry sorted out?</i></p> |
| <p><i>On a scale of 0 to 10 where 10 means this problem is sorted out as much as it can be and zero means things are so bad for the young person you need to get professional or other outside help, where do you rate this situation today? (Put different judgment numbers on scale for different people e.g., you, child, teacher etc).</i></p> | | |
| 0 | | 10 |

APPENDIX 5: Flowchart for supporting children of substance misusing parents engaged with adult drug and alcohol services

Working together to support families and respond to Hidden Harm

NB: This protocol should be undertaken with all clients who are assessed and reviewed within Adult Drug Services

BOX 1
Information to be collected at adult drug assessment should include;

Do you have children?
How many?
Do they live with you?
If not, who do they live with?
Do you have access?
Ages? Names? GP? Health Visitor? School?
Would you like any support or information on services or activities for yourself, your family or the children living with you?
How do you think your drug/alcohol use, impacts upon your family?
Do you feel you or your children would benefit from any other support (housing, finance, behaviour etc...)
Is there anyone else working with you or your children at the minute? (Surestart, School, YOT etc...)

BOX 2
At Reviews, changes in circumstances around children should always be ascertained.

- if clients have moved
- have a new partner
- there are now children in their home
- whether they are now living with someone who has children

NB: The CAF is voluntary, which means parents and children choose to be involved or not. If the family chooses not to consent to CAF, you should still offer any appropriate family/parenting support alongside other provision, or where appropriate, follow local safeguarding process

Significant concern to health and emotional wellbeing

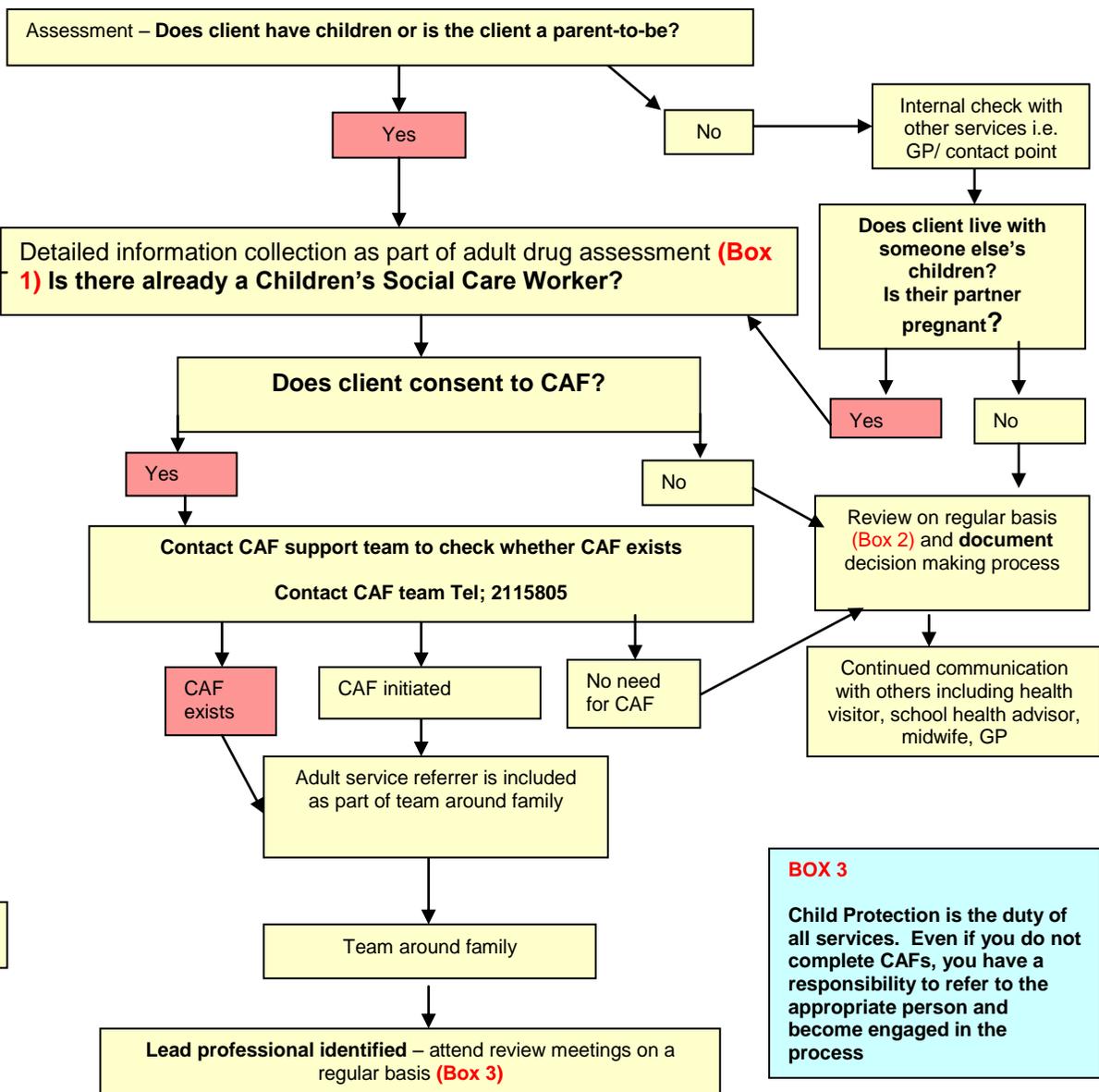
Discuss with manager / multi-disciplinary team and follow safeguarding procedures

Always

- Communicate serious concern immediately
- Document
- Agree process, follow up feedback

Initial Children's Social Care contact

Children's Social Care Assessment No further action with Children's Social



BOX 3
Child Protection is the duty of all services. Even if you do not complete CAFs, you have a responsibility to refer to the appropriate person and become engaged in the process

APPENDIX 5: Flowchart for supporting children of substance misusing parents engaged with adult drug and alcohol services

Working together to support families and respond to Hidden Harm

Safeguarding procedures

If you think that a child may be at risk please contact the Social Care Initial Response Service on **0191 2772500**.

Risk requiring immediate response – Call 999

Newcastle's Service Directory

Newcastle has developed an online Service Directory for families. It can be accessed by children, young people, parents, carers and practitioners. It is a good starting point to identify services a family may need and you can search on key words such as mental health, childcare or bullying. The address is; www.newcastle.cyp-directory.org.uk/

Additional Support Surestart

Where additional support/ need is identified, ensure referrals are made to the local Surestart Children's Centre (Pre birth - 5yrs) www.surestartnewcastlecc.org.uk

For further advice and support around services for older children and young people contact the CAF Team on; 2115806

CAF Support

0191 2115805

CAF@newcastle.gov.uk

If adult drug or alcohol workers support substance using parents, ringing the CAF team will mean:

- Clarification on whether a CAF is needed or in place
- Support with the initial CAF checklist
- Access to training and support
- Coordinated support for the family

All paperwork relating to CAF, including documentation and pre CAF checklists are available on

www.newcastlechildrensservices.org.uk

Follow the link to CAF training

Young Carers

Please remember that children and young people may be adversely affected by taking on responsibilities of care that are not always obvious – e.g. emotional support, caring for siblings, tending to an inebriated parent. Support for these children and young people and their families can be requested from **Barnardos Young Carers, Newcastle on: 212 0237**

Newcastle Thresholds Model

A new framework outlining the thresholds for different levels of intervention from Children's Services is now available at; www.newcastlechildrenservices.org.uk then search for **thresholds**

Signs of Safety Model

The Signs of Safety is an innovative strengths-based, safety-organised approach to child protection casework.

The Signs of Safety model is an approach created by practitioners, based on what they know works with difficult cases. We will be using the model across Children's Services in Newcastle in a range of ways which include helping the Team around the Family become 'unstuck' on difficult cases and in Child Protection conferences.

For more information on the model please check www.signsofsafety.net/ and details of training can be found on the Newcastle Children Safeguarding Board

www.newcastle.gov.uk/ssacpc.nsf/a/trainingplan?opendocument