SAFEGUARDING GUIDANCE FOR SUBSTANCE MISUSE SERVICES

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This guidance has been produced to help Social care teams and substance misuse providers understand that although their roles within a family intervention may differ, they are very often working for the same cause and outcomes for the family.

Parental substance misuse is widely recognised as one of the factors in putting children most at risk of harm. From 10 June 2010- 31 March 2014, 302 serious case reviews (SCR's) were commissioned in England. An analysis of the 139 Serious Case Reviews in England from 2009-2011, where the overview report was available, found that 42% involved substance misuse and neglect was present in 60% of them. 21% of the 139 cases had **never** been referred to Children's Social Care.

This guidance encompasses the wider definition of substances to include consideration of both parental problem drug **and/or** alcohol use. The guidance should be applied when considering where parenting is thought to be impacted by the use of prescribed or over the counter medicines (e.g. benzodiazepines, codeine based pain killers).

Problem alcohol and drug users generally aspire to be good parents but their efforts may be impaired. Whilst parental substance misuse increases potential risk to the child, it is important to note that children should not be routinely viewed as being at risk of abuse solely because their parents use substances.

For various and different reasons problem alcohol or drug use is often hidden. The determination of risk is a complex matter taking account of the environment, the age of the child, the age of the parent, along with parents' behaviour resulting from the problem substance use.

The contribution that substance use makes to this judgement is more to do with the impact rather than the exact quantities and pharmacological effects: A fuller safeguarding checklist is available as Appendix ii

- Is the parent incapacitated through intoxication?
- Is the family budget spent on drink or drugs?
- Did the mother attend ante-natal appointments?
- Are there other users in the home?
- Are substances or paraphernalia left lying around?

Parents who neglect their children because they are focused on their substance misuse raise the most concern, putting their children at risk when acquiring substances or using substances; putting money, time and effort into using substances rather than caring for their the children; not being available to their children when required; poor behaviour management, lack of routine, poor school attendance; poor state of the home, access to drink and drugs and drugs paraphernalia.

There is evidence from serious case reviews and child deaths that parents may use substances on their children (including very small babies) to relieve pain and attempt to calm them. There are considerable risks associated with this practice including breathing problems, Sudden Infant Death Syndrome (SIDS), addiction, withdrawal symptoms and death.

Concerns should be raised if it is thought that children are being brought into contact (if not left with) adults who are unsuitable to be around children or who may be a risk to children.

Substance misuse is often associated with other significant risk factors, including violence, domestic abuse, mental health issues and parents with learning difficulties. Evidence from serious case reviews demonstrate that risks to children are significantly increased if one or more of these factors are a feature in a child's life.

Practitioners must make a referral to children's services if they suspect that children may be at risk in any of the ways described above.

Good practice points:

1. Problem substance users normally want to be good parents.

2. Problem substance users should be treated in the same way as other parents whose personal difficulties interfere with their ability to provide good parenting.

3. Base your judgements on evidence, not optimism.

4. There will be many aspects of the child's life that are nothing to do with drugs or alcohol and may be equally or more important.

5. Recognise that the parents are likely to be anxious. They may be worried that they could lose their children. Children, especially older ones, may also share similar anxieties.

6. Do not assume that abstinence will always improve parenting skills.

7. The family situation will not remain static. Assessment should be revisited every six months or whenever new concerns arise, whichever is sooner.

8. Managers of drug services should be informed of core group meetings and a request for attendance by a representative from drug services should be made.

Issues for a practitioner to consider when assessing parental substance use

Do not ignore substance use.

As a matter of routine, all child protection assessments should consider whether substance misuse is a contributory factor. **Open questions** such as ‘Can you tell me about your use of alcohol and drugs?’ are more likely to prompt discussion than closed questions such as ‘Do you use illegal drugs?’

Use pre-birth assessments.

These can provide a **valuable opportunity** to engage expectant parents, who are often very highly motivated to make changes in their lives. Exposure to drugs during pregnancy may have had an effect on the child’s health before and after birth. Has the mother attended ante-natal appointments and followed advice to reduce the potential risk to the baby?

Remember that most substance users want to be good parents.

Be aware that their aspirations **may** be too high, that expectant parents may want the child to compensate for past unhappiness or provide an incentive to remain substance free. They **may set themselves unrealistic goals**. Any expectation that a baby will make things better is flawed; the stress of caring for a baby may increase drug/alcohol consumption. It may lead to attempts to become abstinent too rapidly, with considerable risk of relapse. **Detoxification whilst pregnant requires specialist interventions.**

Consider the importance of substance use in the parent’s life.

If a parent’s primary relationship is with a drug or alcohol, then it will adversely affect their relationship with others including children. If household resources, financial, practical and emotional are diverted to substance use, there will be deficits for the children.

Ask for details of the drug and alcohol use and their effects.

‘Drug use’ or ‘Drinking’ are not single phenomena but include a wide range of behaviours. The parent, who consistently drives under the influence with their child in the car, may be seen very differently to a parent leaving a ten year old in charge of the home whilst going out to buy drugs. This in turn could be viewed differently to being physically present but incapable through intoxication. There is no easy scale. Specific information about the nature of substances used, and the lifestyle implications of such

use, is needed in order to assess the impact on parenting. The use of one substance does not preclude others: a range of illicit drugs, prescribed medication and alcohol. Also being in receipt of a prescription (e.g. methadone, subutex etc) does not always lead to stability or exclude use of other substances. **Substance users are experts in substance use: if in doubt ask them to explain.**

Do not assume that abstinence will always improve parenting skills.

Substance use may serve a function as an emotional or psychological crutch. There may be risks of relapse, or parents may struggle to adjust to a substance free lifestyle or relationship. Where applicable, stability in treatment might be a more realistic option.

Find out whether substance use is the only parental problem.

If so, then prospects for success are higher. Substance users face the same challenges as the rest of the population. Substance misuse makes all other problems worse. Where there are multiple parental problems (e.g. mental health difficulties, domestic violence), then prospects of being able to offer safe and long-term care to children are significantly reduced. Would a joint visit with **any other** relevant agency assist in the decision making of the safeguarding of the child/ren/unborn child? I.e. social worker/midwife/drug worker.

Consider age related risks.

A child born to a drug or alcohol dependent mother may need to be followed up to monitor any special health needs. It is important to consider these needs and the parent's ability to meet them. Drugs and needles are a potentially serious hazard to young children. A number of very young children die each year from taking their parent's methadone. It is therefore important to establish what substances are being taken, are needles used, where everything is stored and are they locked away securely.

- Are the children aware of where the substances are kept?
- At the older end of the age spectrum, are any of the child's siblings using substances? This may increase the likelihood that the child will themselves become involved in substance use.
- What is their role, are they being cared for or have they become carers for siblings and/or parents?
- What are their hopes and fears?
- Who can they turn to? How does the child relate to other children?
- Do they have friends outside a drinking/drug using subculture?

- Children may be inhibited from developing relationships with other children or embarrassed by their parent's behaviour. Friendships can provide vital support and a source of sanctuary from problems at home.

Base your judgements on evidence not optimism.

If substance use is enduring and chaotic, and there is no evidence of improvement, this will undermine other interventions or support offered. It is better to be realistic from the onset. Creating plans that are not fulfilled promotes a sense of failure in the parent. Setting goals and dates with the client and other professionals will help to show if any change has been achieved and allows everyone to challenge any loss of traction in desired outcomes. Professionals must feel able to challenge information when goals have not been achieved whether from the parent/carer, relative or other professional in order to establish fact from hearsay or opinion. A review of the circumstances should be implemented if goals are not met within set time limits and full explanations and actions should be noted. Professional disagreement is a positive sign of a healthy safeguarding system and should be viewed this way by all involved.

Be aware of your own views and feelings about substance use.

Consider how these might affect your judgements. If you are unfamiliar with drug use and users, it may help to think how you would respond to an alcohol user or a smoker trying to change their behaviour. It is reported that one in three women continue to smoke during pregnancy and that 90% of professionals drink, so inevitably some will themselves have problems (BBC 1999). Assessments must be against evidence.

Recognise that parents are likely to be anxious.

Drug users in particular will worry about losing their children. This "fear factor" is likely to lead to reluctance to seek help or a denial or minimisation of problems. Children may share this fear of being separated from their parents.

Include family members

Include fathers, partners, significant others and relevant members of the extended family. Assessment can sometimes focus on mothers, but others may have an equal impact on the children.

Explore the child's point of view

If the child is able to express there comments, effort should be made to include their thoughts and feelings regarding the assessment. If the child is young, observation about the impact that any substance misuse is having on the child should be noted

within the assessment. Notes should be included about any contact that workers have with the child/ren regarding their demeanour and if there are any concerns, this should be raised with the safeguarding lead within the organisation in the first instance and escalated to the Council safeguarding lead if necessary.

Young people who misuse substances

If the substance misusing parent/pregnant mother is under 18 years of age, a child is problematically using substances or is believed to be at risk of exploitation, services must engage young people's drug and alcohol services (Referrals can be made through First Point 01454 866000).

Care planning

Working together

Managers of drug services should be informed of core group/social service meetings and a request for attendance by a representative should be sought.

Concentrate on the child, not the substances.

Your primary concern is the welfare of the child; substance use is one factor impacting on this. Does a focus on the substances presuppose that if the parent became abstinent there would be no need for social care involvement?

Be realistic about the prognosis for the future.

The birth of a new baby or the initiation of care proceedings may well be a catalyst for change, but substance use is often a chronic and relapsing condition and it is important to review the evidence and avoid unfounded hopes that the situation will improve.

Planning for young children needs to reflect their needs and time-scales.

These may be incompatible with adult time-scales for demonstrating stability of drug use or abstinence: the needs of the child are paramount.

Whose needs will be met by continuing contact?

Contact can be fraught if parents continue to use drugs; particularly if their use is unstable. Clear observations should be included in any session report regarding parents who have children placed in care other than their own. If the contact is causing detrimental impact on the parents substance misuse, this should be explored further and a discussion with the client about this needs to be had.

Professional discussions and disputes regarding the care of the child.

Parents and children need to know that services are working with their best interests at the core of their duty. Professional discussions between agencies regarding the sharing of information and any consequences of them should be made clear to clients at all times, with the clear understanding that it is the child's safety that is paramount. The council's 'resolution of professional differences' document should be used to assist in resolving disputes either worker to worker or with the appropriate levels of management involved to broker discussion with families. If you believe a decision should be challenged and you have on-going concerns about a child/ren, either at the child protection conference or as a result of the single assessment you should use the same document to follow the escalation of concerns procedure. Evidence of your decision whether to share information and/or the rationale behind your decision not to share information should be clearly noted on the file of the parent/s.

Any agency that has any queries regarding the sharing of information should speak with the Drug and Alcohol Treatment Coordinator on 01454 868766.

References

This document uses the South West Child Protection Procedures (SWCPP) as its guide and further details can be found at:
http://www.online-procedures.co.uk/swcpp/procedures/knowledge-hub/parenting-capacity-families/substance-misuse/#guidelines

Appendix i

Drug and Alcohol Services Safeguarding Flow Chart

Does the client have their, or anyone elses children, living with them?

Yes

Record the following information:
Name of child/ren / Date of Birth
Main Carer
Place of residence
School
SAFeh/Child Protection Plan/Child in Need?
Any Social Service involvement?
Are they a Young Carer?
Drug Service involvement

No

Do they have significant contact with someone else's child/ren?

Yes

No

Is the client or client's partner pregnant and misusing substances or has a mental health concern?

No

Yes

No further safeguarding action required

Refer to South Gloucestershire Specialist Drug and Alcohol Services on 01454868750

Are Social Services involved?

Yes

No

Assess impact of substance misuse on parenting capacity. Discuss with manager/safeguarding lead.
Are there concerns?

Contact service and discuss possible joint working/support plan for child/ren and adults. FirstPoint contact telephone number 01454 866000

Yes

No

If the child/ren is not at risk of significant harm contact First Point for advice. FirstPoint contact telephone number 01454 866000

If a child is at risk of significant harm use contact the Police on 999. Contact FirstPoint on 01454 866000 to explain concerns. Out of hours contact 01454 615165

Agree a joint assessment, future joint working management or Single Assessment Framework (early help) procedure.

Appendix ii

Safeguarding checklist

Is a named social worker engaged with the family	Yes/No
Is the parent incapacitated through intoxication?	Yes/No
Is the family budget spent on drink or drugs?	Yes/No
Did the mother miss ante natal classes?	Yes/No
Are there other substance misusers in the home?	Yes/No
Have the children missed substantial time at school/education facilities?	Yes/No
Have the schools/education facilities expressed any concerns for the children's wellbeing?	Yes/no
Are there other risk factors to consider? i.e. mental health or domestic abuse	Yes/No
Are substances stored securely and away from reach of children living in the home?	Yes/No
Has a safe storage device been offered to the household? If no, contact 01454868750 to request one.	Yes/No
Have you as the worker seen the storage site? If no, ask to see the location of the safe storage device.	Yes/No
Have the risks of ingestion of opiates/other medication by children been explained to the parent/s? Call 01454868750 for leaflet 'Keeping your child safe around medication'	Yes/No
Do the risks of co sleeping need to be explained to all adults who look after the children?	Yes/No
Are there any new members of the household (partners/frequent non family visitors)since your last visit?	Yes/No
Are there any increased stress points which may impact upon substance use?	Yes/No
Has the family missed any appointments with agencies/treatment providers since your last visit?	Yes/No
Does the substance misuse of either parent cause you to feel there is an increased safeguarding risk for the child/ren?	Yes/No

If you have answered yes to any questions, please seek clarification from your line manager

Appendix iii

Safe Storage of Medication

- Medication must only be taken by the person for whom it is prescribed. **There may be legal implications if you give/allow another person to take your medication.**
- Keep all medicines in a safe place which is out of sight and reach of children.
- Any old or unwanted medication should be returned to the pharmacy.
- After taking your medication, make sure it is immediately returned to a safe place such as a locked storage box. Never store methadone in the fridge.
- A lockable storage box will not make your medication secure from children but will help you to store your medication more safely. Ensure you keep the box out of sight and reach of children.
- Methadone, buprenorphine (contained in Subutex and Suboxone) and benzodiazepines can kill.
- Methadone, buprenorphine and benzodiazepines should not be taken with alcohol.
- Wash out empty bottles and dispose of them in your dustbin. Do not leave empty bottles where children might find them.

The safety of children in your care and the storage of medication is your responsibility. You are responsible for keeping it out of sight and reach of both children and other adults.

I have read the above and understand the dangers of not storing medicines safely and agree to follow all the precautions outlined above for the safe storage of my medication. Client's name: ………………………………………….. Date: ………………… Client's signature: ……………………………………
I confirm that the above named person has read this document thoroughly in my presence and that we have discussed safe storage of medication. I am satisfied that they have understood their responsibilities with respect to the safe storage of medication. Keyworker: ………………………………………………. Date…………………

Signature: …………………………………………………...

Appendix iv

Safe Storage box guidance

The following are the guidelines that would improve the safety of the safe storage box, please talk through the available options with your key worker.

Gold
• Secured in place by the Handy Van (DHI worker can organise at no cost to service user) • Box placed on a shelf above 1.20 metres high • Shelf located in a cupboard or hidden area • Keep all of your medications in one place and out of reach of children. • Keep track of the amount of medication you have frequently to make sure no else is taking • Medication stored in bottles with child resistant lids

Silver
• Box placed on a shelf above 1.20 metres high • Shelf located in a cupboard or hidden area • Keep all of your medications in one place and out of reach of children. • Keep track of the amount of medication you have frequently to make sure no else is taking • Medication stored in bottles with child resistant lids

Bronze
• Shelf located in a cupboard or hidden area • Keep all of your medications in one place and out of reach of children. • Keep track of the amount of medication you have frequently to make sure no else is taking • Medication stored in bottles with child resistant lids

I have been advised that the Gold Standard is the option which will mean that the box is more secure that the Silver or Bronze option.

I choose to store the box using guideline ☐ Gold ☐ Silver ☐ Bronze

I have read the above and understand the dangers of not storing medicines safely and agree to follow all the precautions outlined above for the safe storage of my medication.

Client's name: ………………………………………….. Date: ……………………………..

Client's signature: ………………………………………

I confirm that the above named person has read this document thoroughly in my presence and that we have discussed safe storage of medication.

Keyworker: ………………………………………………. Date…………………
Signature: …………………………………………………...