Health and Social Care Board

Public Health Agency

Regional Joint Service Agreement - Hidden Harm

January 2013

“By working together, services can take many practical steps to protect and improve the health and well-being of children affected by alcohol and substance misuse.”

Hidden Harm Responding to the needs of children of problem drug users The Report of an Inquiry by Advisory Council on the Misuse of Drugs, 2003

Contents

References

1. Introduction

In recent years, children affected by the problem alcohol or drug use of their parents and carers have been the subjects of research and public attention. *Hidden Harm, The Report of an Inquiry of the Advisory Council on the Misuse of Drugs (2003)* highlights the problems experienced by children in families where substances are being misused.

The ACMD's follow-up report, *Hidden Harm 3 years on* notes that:
"The critical point, in the ACMD's view, is the need for all areas in the UK to have in place agreed multi-agency arrangements and protocols, aimed at improving outcomes for children of problem drug and alcohol users." Chapter 4, para. 4.70

This protocol supports the development of effective interagency collaboration to ensure the well-being of children affected by parental substance misuse. In the first instance, the Protocol will affect the working relationship of HSCT staff working at the childcare/addiction interface. However, it is presented as good practice for other disciplines and agencies working in this area.

This protocol aims to set out how services should respond to both child protection issues and to situations where it is deemed that a child is in need of support. This includes the needs of young parents who may be children themselves. It emphasises that alcohol or drug misuse by parents/carers should be seen in the context of family life and functioning, not purely as an indicator or predictor of child abuse or neglect.

The context in which this work will be undertaken is that of safeguarding within a family support environment. Families affected by parental/carer substance misuse may benefit from the provision of support and intervention at an earlier stage, thus preventing children becoming 'at risk'.

This protocol should be used within the context of the Northern Ireland Family Support Model as outlined in the Children and Young People's Plan, and the Regional Child Protection Policy and Procedures produced by the four Boards Area Child Protection Committees. These will be

replaced by a Safeguarding Board for Northern Ireland and by Trust Safeguarding Panels.

Although this protocol primarily concentrates on parental/carer alcohol and drug misuse issues it can easily be transferred across all childcare interfaces including those with Mental Health and Disability services eg Think Child, Think Parent, Think Family. In addition this protocol responds to the needs of children as carers/young parents

In support of the development of interagency collaborative working practice reference is made in the paper to the development of locality Family Support Partnerships (Hubs) at the Early Intervention level. These will provide a focus for integrated assessment and service delivery for children who are vulnerable because of parent/carer alcohol or drug use but who do not meet the threshold for statutory social work intervention.

2. Aims

- To ensure that children living in families affected by alcohol/drug use have access to an appropriate range of support services to promote their well-being in keeping with the 6 Outcomes (see below) in the Children & Young Peoples Strategy.

- To increase understanding among staff of the impact of a parent/carer's problematic alcohol and substance use on the lives of children.

- To ensure that professionals are aware of the need to provide support to children living with parental problematic alcohol and drug use, and where and how this support can be accessed.

- To ensure effective co-operation and collaborative decision-making between services.

- To promote effective management of risk while providing co-ordinated, responsive services which are sensitive to the needs of families in which there are dependent children of parents or carers who are using substances problematically or where there is a pregnant woman using substances in a problematic way.

- To ensure that professionals are aware of their role and responsibilities in safeguarding and promoting the welfare of children.

- To ensure that universal and specialist services improve the early identification of children in need of support and help them to access the most appropriate range of services to improve their well-being.

OUTCOMES

"Our Children and Young People – Our Pledge" the 10 Year Strategy for Children and Young People outlines the following Outcomes. We want our children and young people to: -

- Be healthy;
- Enjoy, learn and achieve;
- Live in safety and with stability;
- Experience economic and environmental well-being;
- Contribute positively to community and society; and
- Live in a society, which respects their rights.

This protocol has been developed to ensure that children and young people who experience compromised parenting due to alcohol and/or drug abuse receive the support they need to reduce harm today, and assure their health and well-being in the future. In doing so it contributes to the high level outcomes.

3. Principles

The key principles that underpin this protocol are:

- The welfare of the child is paramount. When working with families affected by alcohol and/or drugs, the welfare of children should always come first. All those who come into contact with children, their parents and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of the child.

- Services designed to support and protect children and those designed to tackle problem substance use should work together in the best interests of the children and their families. The sharing of relevant information between agencies involved with substance misusing parents and or their children is an essential part of successfully safeguarding the children. Consideration of child welfare and protection should be an intrinsic aspect of assessment, case management, monitoring and review for all service providers.

- While a child of an alcohol or substance misusing parent will be seen as potentially vulnerable, in need or at risk, a parent's substance misuse should not automatically lead to child protection inquiries or other forms of compulsory intervention unless there is evidence that is necessary to prevent the child coming to harm.

4. Defining the Problem

4.1 Parental Substance Misuse

Problem alcohol and substance use is considered to be the use of alcohol or drugs that has a harmful effect on a person's life. The alcohol/substance use may become the person's central pre-occupation to the exclusion of significant personal relationships; it may be of a dependent nature and, if so, is likely to significantly impair health and social functioning. Problem alcohol and drug users who are parents may find that their substance use affects how well they are able to look after their children and maintain their relationships with their families.

Substance misuse is often a chronic, relapsing condition, which may require continuing review in order to identify ongoing, long-term and flexible support. *It is in this context that those clients who have substance misuse problems and who are responsible for childcare should be supported by the use of the procedures described in this document.* The ability of a parent to care adequately for their children may vary over time depending on the amount of drug use, treatment undertaken, withdrawal from drugs and other circumstances. However entering treatment, for a variety of complex reasons, can actually increase the risk to the child for example if the parent is undergoing detox or is experiencing the commencement of treatment as particularly stressful. For similar reasons, leaving treatment, even when abstinent and fully motivated, is not necessarily a positive factor when the care of the child is considered as this can be the removal of a significant source of support for the parent. For a fuller discussion of these issues see Harbin, F (2006). It is important to know whether the care of the child has changed for the better or worse; it would be incorrect to assume that detoxification or ceasing of alcohol/substance misuse would in itself lead to better childcare. This is not always the case and **this expectation only serves to put the focus on the alcohol/substance misuse rather than the parenting skills.**

4.2 The Effect Of Parental Substance Misuse On Children

The ACE study (Anda, R. *et al*, 2006) has identified nine factors that lead to poorer outcomes for children as adults if they are exposed to them within their family. Given an exposure to one factor, there is an 80% likelihood of exposure to another factor. The strength of this research has been in mapping the impact of multiple disadvantages rather than studying each issue separately, as rarely do children and families experience just one type of disadvantage – for example, a child does not grow up with a parent with a substance misuse problem or experiencing domestic violence in an otherwise well-functioning family.
The potential negative effect on parenting due to substance misuse is only one risk factor which may led to the likely or actual harm to children.

An adverse childhood experience is defined as growing up in a household as a child with one or more of the following:

- Recurrent physical abuse
- Recurrent emotional abuse
- Sexual abuse
- **An alcohol or drug abuser**
- A family member who serves a prison sentence
- Someone who is chronically depressed, suicidal, institutionalised or suffering from a mental illness
- A mother being treated violently
- One or no parents
- Emotional or physical neglect

As noted by Kroll and Taylor (2003) not all substance misusing parents come to the attention of child welfare agencies, but the presence of substance misuse increases the chances of coming to the attention of social services (Cleaver et al. 1999) as a parent's dependence on drugs or alcohol will impair their parenting capacity with consequences for the child's safety and development.

The effect of parental alcohol and substance misuse has a wide and varied impact on the child. The potential impact on a child may be significant and could include:

- Harmful physical and neuropsychological effects on unborn and new babies (FASD)
- Impaired patterns of parental care and unpredictable routines leading to early behavioural and emotional problems in children
- Higher risk of emotional and physical neglect or abuse
- Lack of adequate supervision
- Poverty and material deprivation
- Repeated separation from parents, with children looked after by multiple or unsuitable carers, or episodes of substitute care with extended family or foster carers
- Children having inappropriate levels of responsibility for social or personal care of parents with problem alcohol or drug misuse, or care of younger siblings
- Social isolation
- Disrupted schooling
- Early exposure to, and socialisation into, illegal drug misuse and other criminal activity.

The Advisory Council for the Misuse of Drugs (ACMD), in its 2003 report Hidden Harm notes that:
"The adverse consequences for children are typically multiple and cumulative and will vary according to the child's stage of development. They include failure to thrive; blood-borne virus infections; incomplete immunisation and otherwise inadequate health care; a wide range of emotional, cognitive, behavioural and other psychological problems; early substance misuse and offending behaviour; and poor educational attainment. These can range greatly in severity and may often be subtle and difficult to detect."
Hidden Harm Executive Summary

The Hidden Harm report contains a full discussion of the impact of parental substance misuse (ACMD 2003 Chapter 2).

4.3 Sibling Substance Misuse

Sibling substance misuse (particularly of illegal drugs) should also be considered in assessing risk to a child. Taylor and Kearney (2006) note that "Sibling drug use may play a part in encouraging adolescent drug use, but just as importantly positive sibling relationships may also play a part in preventing drug use."

5. Confidentiality

Confidentiality is an important factor in enabling service users to engage confidently and honestly with treatment and support agencies. All agencies should respect wherever possible the need for other professionals and agencies to protect their relationship with their primary client and support the requirement to maintain confidentiality as far as possible.

Personal information about children and families held by professionals is subject to a duty of confidence and should not normally be disclosed without the consent of the individual. However, the law permits disclosure where:

- the client has consented to disclosure,
- the public interest in safeguarding a child's welfare overrides the need to keep information confidential,

or,

disclosure is required under a court order or other legal obligation.

5.1 Respect for Confidentiality

Sometimes, however, professionals will need to share information with staff in their agency or other professionals in order to provide treatment or other forms of help or where there are concerns about children (see below). Where it is necessary to obtain consent, this should be obtained before sharing information. If consent is not given parents should be told about what information is to be shared, and why.

Professionals should, at all times, ensure that their clients are aware of, and fully understand, the limits of confidentiality. (See Appendix 1 for an example of a confidentiality statement. Appendix 2 includes additional information on asking and giving information.)

5.2 Substance Misusers Fears

People with alcohol/substance misuse problems may be particularly concerned about their support services sharing information with other professionals. This is often a barrier to those in need of treatment and support accessing services. They may fear that they will be denied help, disadvantaged, stigmatised or blamed if other professionals or agencies are given any information about them; this may have been their experience in the past. They may also fear being subject to investigation by police about illegal drug use or to inquiries by child protection agencies. Contact with these agencies may be stressful for them even if there is no cause for concern. In most circumstances users of treatment and support agencies can rely on confidentiality as their guiding principle, however, as noted above, there are important exceptions to this.

These fears may be allayed by clear agreement with clients that information can be shared with relevant professionals in order to identify sources of support for the clients' children. In order to reach such an agreement, it may be necessary to help clients to understand the potential effect of the substance misuse on their children.

Professionals working within Alcohol and Drug Services should also be aware of the possible impact of any referral or sharing of information on their relationship with the client and should consider how best to manage this impact to minimise any negative effect on the client's treatment.

6. Roles and Responsibilities

6.1 Substance Misuse Services/Alcohol and Drug Services - *Staff working within Adult services where the main client is the parent.*

"9.65 Children may need safeguarding in situations of substance abuse in the following circumstances:
Where the child is taking substances
Where the parent/carer is abusing substances to the extent which impairs their capacity to care for the child.

9.66 Those who are providing support/services to a parent/carer who is or may be abusing substances must consider the possible impact the substance abuse has on the individual's capacity to parent the child.

9.67 A parent's substance misuse problems may mean that his children do not receive the level or quality of care which all children need and which a parent wishes to provide. In such situations, the needs of the child must come first. Agencies must ensure that the child's needs, including any need for protection are thoroughly assessed so that the right services and support can be provided and families can be helped to provide good quality care."

Regional Policy and Procedures, Area Child Protection Committee, 2005.

Individuals referred to a substance misuse service have the right to accept or to refuse treatment. Agencies using a Motivational Intervention approach will endeavor to support the ambivalent client to engage. The final decision is the client's. **The agency cannot force an individual to engage and if an individual refuses treatment the agency must accept that decision**. Trust Addiction services treat those clients dependent on substance use; some voluntary sector agencies will work with a wider range of substance misuse issues i.e. non-dependent, but nevertheless problematic use. Before referral to a substance misuse

agency the referring agency should screen their client's use to ensure referral to an appropriate service, not automatically referring to the Trust substance misuse service.

It is important for services to identify potential or obvious concerns relating to substance misuse and a child's welfare or protection. Each service should develop a common understanding and awareness of identification criteria and know how and when to contact the Trust Gateway Service so that the concerns may be further assessed or investigated (see appendix 3 UNOCINI Preliminary Assessment Flow Chart).

All alcohol and drug services should gather basic information about the family and household circumstances of alcohol/substance misusers with whom they are working. Alcohol and Drug services should determine, by means of an assessment, whether any child/young person cared for by one of their clients is at risk or in need of support.

- Where the child/young person is at risk, an immediate referral to the Trust Gateway service must be made.
- Where the child/young person is deemed to be in need of support, the alcohol and drug service should make a referral to the local family support hub or other appropriate service.

It is important for all services' staff to separate out issues of evidence from issues of seriousness. It is often difficult to get clear evidence about what may be going on, but this should not be taken as a signal that the situation is not potentially serious.

Where an alcohol and drug service is unsure, after conducting an initial (agency appraisal) assessment, whether a child should be considered to be at risk, the service should telephone the Gateway team for advice/consultation. *The service should make clear at the outset that they are contacting the social worker for advice, rather than making a referral.* (see appendix 3 UNOCINI Preliminary Assessment Flow Chart).

Parents should be informed that information is collected on their own and their children's circumstances in order to support the family through the care planning process and provide the comprehensive service which is their right.

The responsibilities of alcohol and drug services to support adult clients as parents must continue following referral to gateway/other agencies.

An effective interagency approach is essential to maintain a child centred focus and improve outcomes for families.

Where there are significant concerns about a child's welfare the alcohol and drugs service will make a referral and then complete and forward UNOCINI (A1) to the Gateway service who will undertake a comprehensive assessment. As part of this preliminary assessment the alcohol and drug service will be required to provide details of the parental substance misuse and to assist the Gateway service in considering the effects this is having on the child's welfare (this may involve attending case conferences). Where necessary the HSCT Family Support Service will, in cooperation with other agencies develop a multi agency case plan (or child protection plan) this plan will outline the roles and responsibilities of the professionals involved.

6.2 Family and Childcare Services – (staff with a statutory responsibility to safeguard children)

Family and Child Care Social Workers should make an informed initial assessment of the possible impact of a parent's substance misuse on their children. In making such an assessment it should be borne in mind that substance misuse problems will not *necessarily* lead to compromised parenting; parenting skills/ability should be assessed using the same criteria as for non-substance misusing parents.

In situations where the Family and Child Care Social Workers have assessed that the parent/carer's alcohol/substance misuse problems **are not** having a significant impact on the well being of the children, they should:

- Continue to engage the family as necessary and monitor the situation.

- Provide information to the parent(s) on where to access support/treatment

- Actively ensure that the child(ren) are linked to sources of support within the community which can help to mitigate against any negative impact due to parental substance misuse.

Where there is clear identified risk the Family and Child Care Social Worker must follow procedures as outlined in the Area Child Protection Committees' Regional Policy and Procedures (3.11 to 3.26). Family and Child Care Social Workers have a responsibility to assess risk. The Standing Conference on the Drug Abuse (SCODA) has developed guidelines for professionals assessing risk when working families with substance misuse issues. The guidance details specific issues that will require consideration when undertaking assessment of the impact of substance misuse on a parent's ability to meet their child's needs. (See Appendix 4).

In situations where the Family and Child Care Social Workers consider that the parent/carer's alcohol/substance misuse problem is having a significant impact on the wellbeing of the children, they should discuss this with the person concerned and seek their consent to contact the appropriate substance misuse professional or the general practitioner to seek background information.

If the person gives consent, contact will be made with the relevant substance misuse professional. Where a person declines to give consent and there is good reason to believe that substance misuse professionals may have information which may be relevant to the assessment of the risk to the child the HSCT Child Care Social Worker must discuss the case with their Line Manager who will provide guidance on whether or not it is appropriate to contact the relevant substance misuse professional.

If the person declines to give consent and there is no reason to consider that the child is likely to suffer significant harm the Family and Child Care Social Worker should discuss the case with their Line manager, agree the appropriate course of action, and document the reasons for their decision.

The Family and Child Care Social Worker should keep the case under review. Consideration must be given to all parties' rights to privacy and family life in accordance with article 8 of the Human Rights Act 1998.The Family and Child Care Social worker should be explicit about their concerns in relation to alcohol and/or substance misuse. They must share information with the alcohol and drug service/substance misuse service and keep them informed of any developments.

6.3 Health Visiting and Midwifery

A Health Visitor's initial contact with a family involves initiating a Family Health Needs Assessment (FHNA). The information obtained during this assessment assists in identifying those families in need of greater support, for example, where it is revealed that the parent(s) have problems with alcohol/substance misuse.

Antenatal contact is established with all pregnant women by the midwifery service. The midwifery role involves recognising social circumstances that may affect the parent's ability to provide optimal care for herself and the infant such as identifying a parent who may require additional support because of problems with substance abuse.

Action

The Health Visitor or Midwife should:

- provide support around substance misuse to families where appropriate and refer on where indicated following assessment. This support should also include information to the parent(s) on where to access support/treatment

- Where a child or young person is considered to be at risk, make an immediate referral to the Gateway Service (see appendix 3 UNOCINI Preliminary Assessment Flow Chart),

- Where a child or young person is considered to be in need of support, make a referral to an appropriate service;

- Liaise /communicate with/refer to other participating agencies to ensure that those families receiving support receive a complete, holistic package of support. Where family support hubs are in place, these will usually be the appropriate mechanism for this.

6.4 Statutory, Voluntary or Community Groups (where the main focus of service is on the children)

Where other agencies are working with a child or a family where there is alcohol or drug misuse, and they have concerns about the well-being of children, they should take the following steps: -

(i) If there are clear concerns about a child/children's safety, they should contact the Trust's Gateway Service, sharing their concerns (see appendix 3 UNOCINI Preliminary Assessment Flow Chart).

(ii) Where the child/young person is deemed to be in need of support, the agency should make referrals to the local early intervention family support services. Where Family Support Hubs are in place, these will usually be the appropriate mechanism for this.

(iii) The agency should support the family to engage with the early intervention family support service.

7. Assessment

7.1 It is imperative that professionals working within both Alcohol and Drug Services and Family Support Services are competent and confident in the ability to undertake an initial assessment on the impact that the parental alcohol/substance misuse is having on the children in the family. It is also important that both services establish close-working relationships in order that colleagues can share information enabling them to make an informed assessment, the sharing of information should be followed up in writing within 24hrs.

The Understanding the Needs of Children in Northern Ireland (UNOCINI) Assessment framework assists professionals to make enquiries about the care of children. However, additional guidance is needed in order to make an informed judgement on the specific risks associated with substance misuse. The frameworks detailed in Appendix 4 (SCODA guidelines) and appendix 5 set out the key areas, which need to be considered in making this judgement. This guidance will serve to inform staff in their work.

Assessment should not focus exclusively on the identification of child protection concerns. Assessment is an opportunity to offer support to a family and should be presented as such to the client.

7.2 Multi Agency Planning for Continued Support and Care

All children assessed as requiring additional support will have a support plan identified. Where the children are considered to be at risk or have complex needs the comprehensive assessment will lead on to a multi agency care or case plan. This may be a child protection plan agreed by a child protection case conference or a family support case plan agreed by the care planning process. The HSCT family support service is responsible for organising and completing both the comprehensive assessment (UNOCINI) and the resulting multi agency care (child protection) plan. To be effective, all professionals working with the family members must participate in the development and the delivery of the Plan.

7.3 Care Case Planning

When agencies are working together to meet the needs of a young person or family affected by parental substance misuse, they should agree outcomes/goals which reflect the needs of the young person or the functioning of the family, rather than outcomes/goals which are concerned exclusively with the nature and extent of the alcohol/substance misuse.
Once outcomes/goals have been established, the care plan must put in place procedures to ensure that progress against these targets is reviewed regularly. A named lead agency is identified as responsible for ensuring such reviews are carried out but it is the responsibility of the other agencies involved to ensure that their workers attend and participate fully in the process. The lead agency must give the participating relevant agencies adequate notification of meetings.

The importance of stability should also be stressed rather than insisting parents/carers detox. It should not be assumed that when/if a parent/carer becomes alcohol/drug free they will be a 'better' parent/carer. In accordance with a UNOCINI assessment process the use of a Family Strengths Model of planning provides a better means of accessing support from the extended family to improve the well-being of the child(ren).

7.4 Case Monitoring/ Review

Changes in the parents' alcohol or drug use or family circumstance will warrant re-assessment of the impact of the change on other family members, and in particular dependent children.

8. Resolution of Disputes and Differences

The aim of this protocol is to encourage decisions to be taken jointly and to ensure that the needs of both children and substance misuse service users are addressed.

In the event of a dispute or disagreement arising between professionals, in the first instance the matter should be discussed between their respective line managers. If the differences cannot be resolved at this level within a reasonable timescale, then the matter should be referred to the appropriate Heads of Service. Any disputes involving cases where there is a possible risk to a child should be referred to Gateway Service. Any disagreements or differences should be recorded on the case notes, including the views of the other party.

9. Training

Training should be delivered to a multi-disciplinary and, where possible, multi-sectoral audience to support the development of effective communications within the HSCT and between the HSCT and community sector organisations involved in working to promote the well-being of children and families. It should reflect the training plans of other regional initiatives developing adult services/children services interfaces.

Training should incorporate four main strands:

- Interagency / disciplinary collaboration and information exchange,
- Theoretical, attitudinal and skills based training,
- Practice development and supervision and
- Safeguarding/Child Protection Training.

Training should include a significant input from a service user trainer in order to develop professionals' understanding of the service users' perspective and to develop their ability to work in a collaborative manner with clients and their families.

10. Services to Support Children, Young People and their Parents

In order to support the implementation of this protocol, it is essential that members of staff are aware of the services that exist locally across all four tiers of service provision.

Service information in relation to children and adult services in Northern Ireland can be found by accessing the following sites:

FAMILY SUPPORT

Information on the local family support services available in statutory, voluntary and community sectors to help children, young people and their parents can be accessed through the Northern Ireland Family Support Database on http://www.familysupportni.gov.uk/ which is currently being developed and will be available late in 2010.

ALCOHOL AND DRUG SERVICES

The Public Health Agency website www.publichealth.hscni.net hosts a directory of all alcohol and drug services detailing Education and Prevention; Youth Treatment, Counselling and Support; Family Support, Crisis Intervention for Adults and Adult Treatment Service provision. The directory is updated regularly.
http://www.publichealth.hscni.net/publications/drug-and-alcohol-directories-services

REFERENCES

Advisory Council on the Misuse of Drugs (2003) Hidden harm: responding to the needs of children and problem drug users. London: Crown Copyright.
http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/hidden-harm-full?view=Binary

Advisory Council on the Misuse of Drugs (2007) Hidden Harm – Three Years On Realities, Challenges and Opportunities. London: Crown Copyright.
http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/HiddenHarm1.pdf?view=Binary

Anda, R. et al, (2006) *The enduring effects of abuse and related adverse experiences in childhood*, European Archives of Psychiatry and Clinical Neuroscience, **256**, pp 174–186

Area Child Protection Committees' Regional Policy and Procedures (2005)
available at:
http://www.childprotection-west.org/Child%20Protection%20WEB/Reports-Policies.html

Calder, M. and Hackett, S. (2003) *Assessment in Child Care*, Lyme Regis, Russell House Publishing

Cleaver, H., Unell, I. And Aldgate, J. (1999) *Children's Needs – Parenting Capacity: The Impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development*, London, The Stationery Office

Kroll, B and Taylor, A (2003) *Parental Substance Misuse and Child Welfare*, London, Jessica Kingsley Publishers

Harbin, F (2006) 'The Roller Coaster of Change: The Process of Parental Change from a Child's Perspective', in Harbin F. and Murphy, M. (eds.), *Secret Lives: growing with substance*, Lyme Regis, Russell House Publishing

Rubinstein, G. (2003) *Safe and sound : models for collaboration between the child welfare and addiction treatment systems*, New York, Legal Action Center

Taylor, N. and Kearney, J. (2006) 'The Impact of Sibling Substance Misuse on Children and Young People', in Harbin F. and Murphy, M. (eds.), *Secret Lives: growing with substance*, Lyme Regis, Russell House Publishing

This Protocol is also informed by:

- *Every Child Matters*. DfES (2005) (www.everychildmatters.gov.uk)
- *Families that have alcohol and mental health problems: A template for partnership working*, Social Care Institute for Excellence (2003)
- *Getting Our Priorities Right – Good Practice Guidance for Working With Children and Families Affected by Substance Misuse*, Scottish Executive (2003)
- *Joint Mental Health and Child Care Protocol*, Camden and Islington Mental Health and Social Care Trust and Camden and Islington Children and Families Departments (2005)

- *Joint Service Protocol to meet the needs of children and unborn children whose parents or carers have substance misuse problems*, Southwark Safeguarding Children Board (2006)
- *Lanarkshire Protocols and Operational Procedures for Interagency Working with Children and Families Affected by Substance Misuse*, Lanarkshire ADAT (2004)

APPENDIX 1

CONFIDENTIALITY Statement example used by Addiction Services

What is discussed between a therapist and a client is confidential, but I need to explain what I mean by that.

It is not the absolute confidentiality of the confessional. There are limits to what can be treated as confidential.

I am employed by Western Trust and I am bound by the Trust's procedures, such as the Child Protection procedures. Therefore if in the course of my work I hear information that would indicate that a client or another person posed a risk to children, I would have to report this to the Police and Social Services.

Another example is if I became concerned that a person is at risk of suicide, I would have to take steps to protect that person, normally by involving his or her GP (doctor).

A further example is that Trust employees have a duty to inform the police about criminal activity, in particular if this poses a risk to another person.

The above situations only occur on rare occasions and you should feel free to be as open and honest as possible in sessions in order to allow us to explore and to help solve your problems.

My work is also monitored on a regular basis in professional supervision so I might have to on occasion discuss the content of our sessions with another colleague.

APPENDIX 2

Asking For and Giving Information

Asking for Information

- When any professional or agency approaches another to ask for information, they should be able to explain:
  - what kind of information they need
  - why they need it
  - what they will do with the information and
  - who else may need to be informed, if concerns about a child persist.

- On receiving answers to the above questions the person being asked should consider:
  - whether they have relevant information to contribute – that is information which has or may have a bearing on the issue of risk to a child or others, which may assist access to other services, or enable another professional to offer appropriate help
  - whether that information is confidential, already in the public domain or could be better provided by another professional or agency, or the parent directly
  - what information the service user has already given permission to share with other professionals
  - whether there is any perceived risk to a child which would warrant breaking confidentiality
  - how much information should be shared to achieve the purpose of contributing to reducing risk for the child.

- It is not helpful to contact another professional and ask everything they know about Family X, because you are worried about Child A. If you are not sure what kind of information the other agency may have or what you might need to know, you should explain your task so that the other person may better understand how they may help.

Giving Information

- If a professional or agency is asked by another to provide information they should never refuse solely on the basis that all information held by the agency is confidential.

- All information passed to other agencies should be recorded in the case record in such a way that what has been said, and any action taken is clearly stated, ensuring that all entries are dated and signed.

- If there is any uncertainty about sharing information, advice must be sought from your line manager or your agency's designated child protection lead officer/ adviser.

Receiving Information

- Personal information held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. Unless it is assessed that a child is suffering, or is likely to suffer, from significant harm the consent of parents or carers should normally be obtained before making a referral to any other service.

- When information about a client or patient is received from another agency it must be treated with respect and with a high level of regard for confidentiality. It must be shared only on a need-to-know basis.

Consent

- It is essential for all services to accurately record the names, dates of birth, involvement of other agencies and areas of concern for all children in families known to them. If parents, carers or pregnant women decline to provide basic information about themselves or their families this must be recorded and, if necessary, advice sought.

- If parents or carers do not share a professional's concerns, the requirement to pass information to other agencies must be made clear to them and their views recorded.

- Any areas of identified concern or support need to be discussed with the parents, carers or pregnant women. The need for involvement of another service should be explained, while taking account of parents, carers' or pregnant women's right to confidentiality.

N.B. All agencies recording, providing or receiving information must do so in accordance with the Data Protection Act (1998)

5.2 Interagency information sharing - Good Practice Guidelines

(i) It is essential for all services to accurately record the names, dates of birth, current place of residence, involvement of other agencies and areas of concern for all children in families known to them. If parents, carers or pregnant women decline to provide basic information about themselves or their families this must be recorded and advice sought from relevant line management.

(ii) Any areas of identified concern or support need to be discussed with the parents, carers or pregnant women ensuring that any language/communication barriers are addressed. The need for the involvement of another agency/service should be explained, while taking due regard of parents', carers' or pregnant women's rights to confidentiality.

(iii) Personal information held by professionals and agencies is subject to a legal duty of confidence, and should not normally be disclosed without the consent of the individual. However, the law permits disclosure of confidential information necessary to safeguard a child.

(iv) If parents or carers do not share a professional's concerns, the requirement to pass information to other agencies must be made clear to them and their views recorded.

(v) All information passed between agencies should be recorded in the case notes detailing what has been said and clearly outlining any actions, ensuring all entries are dated

and signed on hard and electronic copies.

(vi) If there is any uncertainty about sharing information, advice must be sought from your manager or your agency's designated child protection/safeguarding lead officer.

(vii) When information about a client or patient is received from another agency it must be treated with a high level of regard for confidentiality. It must only be shared on a "need-to-know basis".

(viii) Salient information must be shared with the referring agent. See Appendix 2.

The "Need to Know" Basis

In order to decide whether it is appropriate to share confidential information one should consider the following relevant factors:

1. What is the purpose of the disclosure?

2. What are the nature and the extent of the information to be disclosed?

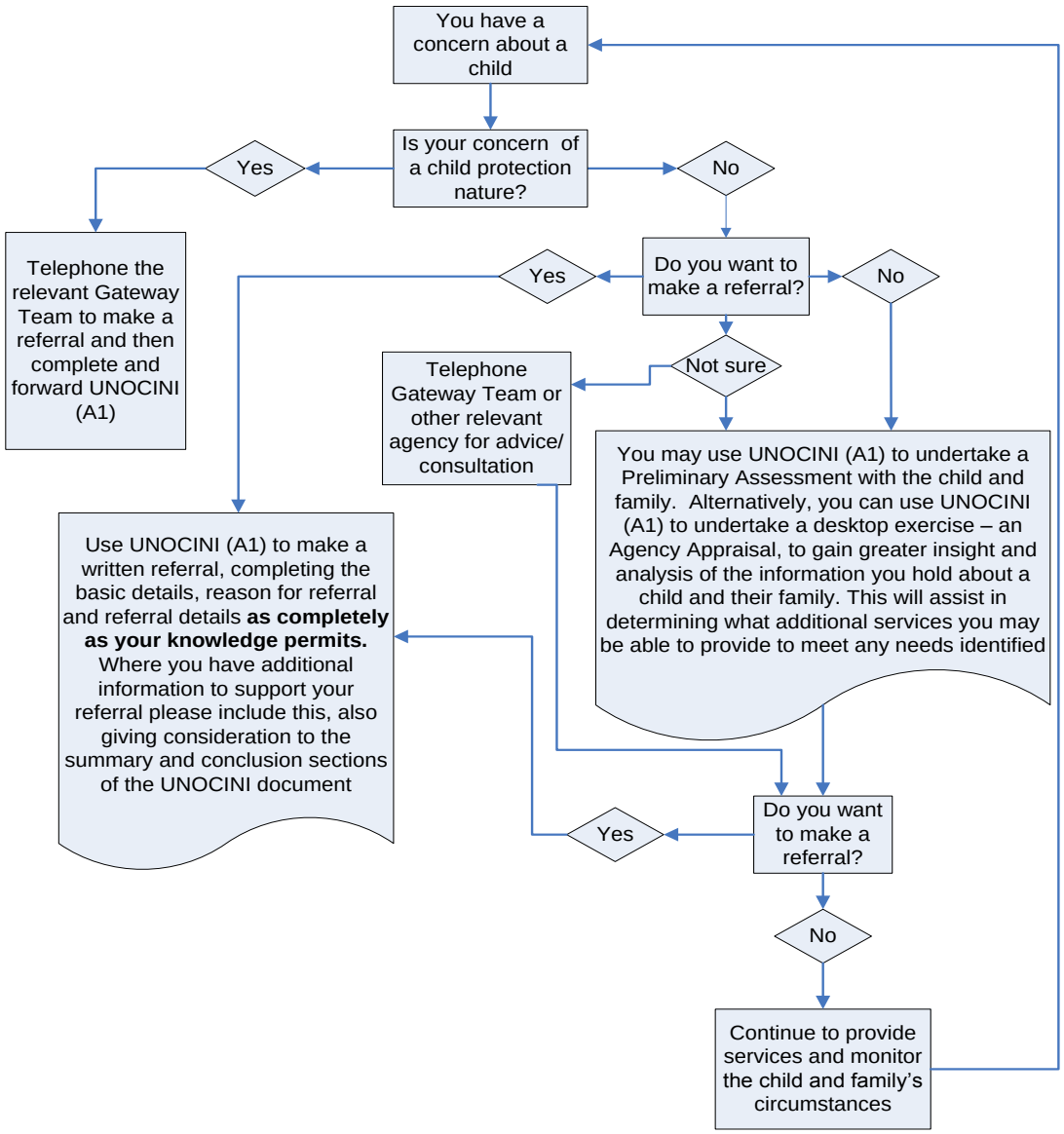
3. To whom is the disclosure to be made (and is the recipient under a duty to treat the information as confidential)?

4. Is the proposed disclosure a proportionate response to the need to safeguard the well being of a child to whom the confidential information relates?

Source: The Western Area Child Protection Committees' guide to Regional Policy and Procedures, April 2005.

Appendix 3

UNOCINI
Pre-Referral Flow Chart



APPENDIX 4

To assist all agencies in identifying children who may be in need or at risk as a result of parental substance misuse, the following assessment guidelines have been adapted from those produced by the Standing Conference on Drug Abuse (SCODA) [May 1997].

ASSESSMENT FOR DRUG USE AND ITS EFFECT ON PARENTING

Parents' Drug Use	**Yes**	**No**	**Not Sure**
1. Are the parents aware of the worker's responsibility for the protection of children? The needs of the child are paramount and the resulting limits to confidentiality.	☐	☐	☐
2. Is there a drug-free parent or supportive partner or relative?	☐	☐	☐
3. Is the drug use by the parent - Experimental? ☐ - Recreational? ☐ - Chaotic? ☐ - Dependent? ☐			
4. Does the user move between categories at different times?	☐	☐	☐
Does the drug use also involve alcohol?	☐	☐	☐
5. Are the levels of child care different when a parent is using drugs and when not using?	☐	☐	☐

Accommodation and Home Environment	Yes	No	No Sur
6. Is the accommodation adequate for children?	☐	☐	☐
7. Are parents ensuring that rent and bills are paid?	☐	☐	☐
8. Does the family remain in one area or move frequently, if the latter, why? _____ _____	☐	☐	☐
9. Are there other drug users or alcohol misusers sharing the accommodation? If there are, are the relationships with them harmonious, or is there conflict? _____ _____	☐	☐	☐
10. Is the family living in a drug using community?	☐	☐	☐
11. If parents are using drugs do children witness the taking of drugs?	☐	☐	☐
12. Could other aspects of the use constitute a risk to children [e.g. conflict with or between dealers, exposure to criminal activities related to drug use, violence]?	☐	☐	☐
13. Is there evidence of domestic violence?	☐	☐	☐

Provision of Basic Needs	Yes	No	Not Sure
14. Is there adequate food, clothing and warmth for the children?	☐	☐	☐
15. Are the children attending school regularly?	☐	☐	☐
16. Are the children engaged in age appropriate activities?	☐	☐	☐

17. Is there any evidence that the child(ren) are misusing drugs or implicated in parental drug misuse?	☐	☐	☐
18. Are the children's emotional needs being adequately met?	☐	☐	☐
19. Are there any indications that any of the children are taking on a parenting role within the family [e.g. caring for other children excessive? household responsibilities etc]?	☐	☐	☐

Procurement of Drugs	Yes	No	No Sur
20. Are the children left alone while their parents are procuring drugs?	☐	☐	☐
21. Because of the parent's drug use, are the children being taken to places where they could be "at risk"?	☐	☐	☐
22. How much are the dugs costing?			
_____			
_____			
23. How is the money obtained?			
_____			
_____			
24. Is this causing financial problems?	☐	☐	☐
25. Are the premises being used to sell drugs?	☐	☐	☐

Storage of Drugs and Disposal of Containers, Syringes and Needles	Yes	No	No Sur
26. If drugs [legal or illegal] are being used in the home, are they stored safely, out of the reach of children?	☐	☐	☐
27. Have the drug users been advised about the safe storage of drugs and the risk to children of consumption of methadone etc?	☐	☐	☐
28. Are parents in touch with local specialist drug treatment programmes and how regular is their contact?	☐	☐	☐
_____			
_____			
_____			

29.	Are the containers and implements used for administering the drugs safely disposed of after use, to ensure there is no risk to any children?	☐	☐	☐

Family Social Network and Support Systems	Yes	No	Not Sure
30. Who do parents and children associate primarily with?	☐	☐	☐
31. Are relatives aware of drug use?	☐	☐	☐
Are the relatives supported?	☐	☐	☐
32. Will parents accept help from relatives and other non-statutory or professional agencies?	☐	☐	☐

Parents' Perception of the Situation	Yes	No	Not Sure
33. Do parents see their drug use as harmful to themselves or to their children?	☐	☐	☐
34. Do the parents place their own needs before the needs of the children?	☐	☐	☐
35. Are the parents aware of the legislative and procedural context applying to their circumstances [e.g. child protection procedures]?	☐	☐	☐
- Non-users	☐	☐	☐
- Both?	☐	☐	☐
- Other drug users?			

ASSESSMENT FOR ALCOHOL USE AND ITS EFFECT ON PARENTING

Pattern of Alcohol Use	Yes	No	Not Sure
1. Who is using alcohol? One parent/carer ☐ Both parents/carers ☐			
2. What category of use is being demonstrated? _____ _____			
3. Every day drinking - how long for? _____ _____			
4. How much? Which drink? _____ _____			
5. Binge drinking – how long for? _____ _____			
6. When was the last drink? _____ _____			
7. Is there use of other substances or medications?	☐	☐	☐

8. How long has this been the pattern of use?

_____

_____

9. Do you know what situations trigger inappropriate use of alcohol? ☐ ☐ ☐

The Context of Alcohol Use The Child's View	Yes	No	No Sur
10. What does the child know or understand about the parental use of alcohol? _____ _____ _____			
11. Does the child require information about alcohol and parental misuse?	☐	☐	☐
12. Does the child need support to understand the consequences? This could be supported by social workers, by psychotherapists or by group work.	☐	☐	☐
13. Is the child reporting domestic violence in this family?	☐	☐	☐
14. What is being done about this? _____ _____ _____			

Parental Views about their Alcohol use	Yes	No	No Sur
15. Do they acknowledge their use?	☐	☐	☐
16. Do they see it as harmful to themselves or their child[ren]?	☐	☐	☐
17. Have any attempts been made to address the alcohol use? What helped/didn't help? _____ _____	☐	☐	☐

18. Is the parent able to say what they drink? ☐ ☐ ☐

Consequence of Alcohol Use **a) For child[ren]**	**Yes**	**No**	**No Sur**
19. Are they meeting growth and developmental milestones?	☐	☐	☐
20. Do the child[ren] drink alcohol?	☐	☐	☐
With/without the parents' knowledge?	☐	☐	☐
21. Are they attending school regularly?	☐	☐	☐
22. Are there other school-related issues – i.e. changes in behaviour or achievement, absenteeism, bullying, racism?	☐	☐	☐
23. Are they engaged in age appropriate activities?	☐	☐	☐
24. Are the child[rens] emotional needs being adequately met?	☐	☐	☐
25. What is the relationship like between the parent[s] carer[s] and the child[ren]? Are there any power issues? _____ _____			
26. Are the child[ren] assuming parenting responsibility [make reference to pattern of alcohol use and age of the child[ren], either for parent[s] or siblings? If so, how often and how old is the child? _____ _____	☐	☐	☐
27. Are the child[ren] left alone? How frequently, are they left with alternative carers? Who are these carers and how often does this occur? Are alternative arrangements suitable, safe and appropriate? _____ _____	☐	☐	☐

Consequence of Alcohol Use b) Parent/carer	**Yes**	**No**	**Not Sure**
28. Are there related health problems for parents who are drinking?	☐	☐	☐
29. Are these specific to the individual?	☐	☐	☐
30. Do they affect parenting responsibilities as well?	☐	☐	☐
31. Are they seeking medical advice?	☐	☐	☐
32. Seeing to own needs adequately?	☐	☐	☐
33. Is there a consistency of care provided for the children?	☐	☐	☐
34. Are there indications they are attempting to withdraw without medical assistance?	☐	☐	☐

Social Network/Support Network	**Yes**	**No**	**No Su**
35. Are relatives/friends aware of use and extent?	☐	☐	☐
Are they supportive?	☐	☐	☐
36. Do they assist in times of crisis?	☐	☐	☐
37. Do parents and child[ren] have association with other alcohol users? Frequency? Where?	☐	☐	☐
_____			
_____			
38. Are parents/carers accepting help from relatives, statutory/ non-statutory services?	☐	☐	☐
39. Do children have their on network – ie friends, activities outside school?	☐	☐	☐

Accommodation and Home Environment	Yes	No	No Su
40. Do the parents/carers ensure that rent and bills are paid?	☐	☐	☐
41. Does the family network subsidise the household budget in any way?	☐	☐	☐
42. Does the family remain in one locality or move frequently if so, why?	☐	☐	☐
43. Do other alcohol users meet frequently in the home or share the accommodation?	☐	☐	☐
Are the children supervised adequately in these circumstances?	☐	☐	☐
44. Is the home secure? i.e. tenancy/repossession	☐	☐	☐
45. Are the basic necessities provided – adequate food, clothing and warmth for the children?	☐	☐	☐
46. Where is the alcohol stored?	☐	☐	☐
Is this safe from the children?	☐	☐	☐
47. Is there evidence of domestic violence?	☐	☐	☐

Conclusions

48. What is your professional view of the problem?

_____

_____

_____

49. If the situation is unsatisfactory what should change to reduce the risk of significant h
the child[ren]?

_____

50. What options/services are available to help?

_____

_____

_____

51. How can the family strengths be encouraged and supported?

_____

_____

_____

52. What options/services are available to help?

_____

_____

_____

53. How can the family strengths be encouraged and supported?

_____

_____

_____

54. Where does the evidence come from for your conclusions, is it reliable?

_____

_____

_____

55. Conclusions made should take into account language and cultural considerations. When should you review your concerns with other professionals?

56. Who else has concerns about this family?

_____

_____

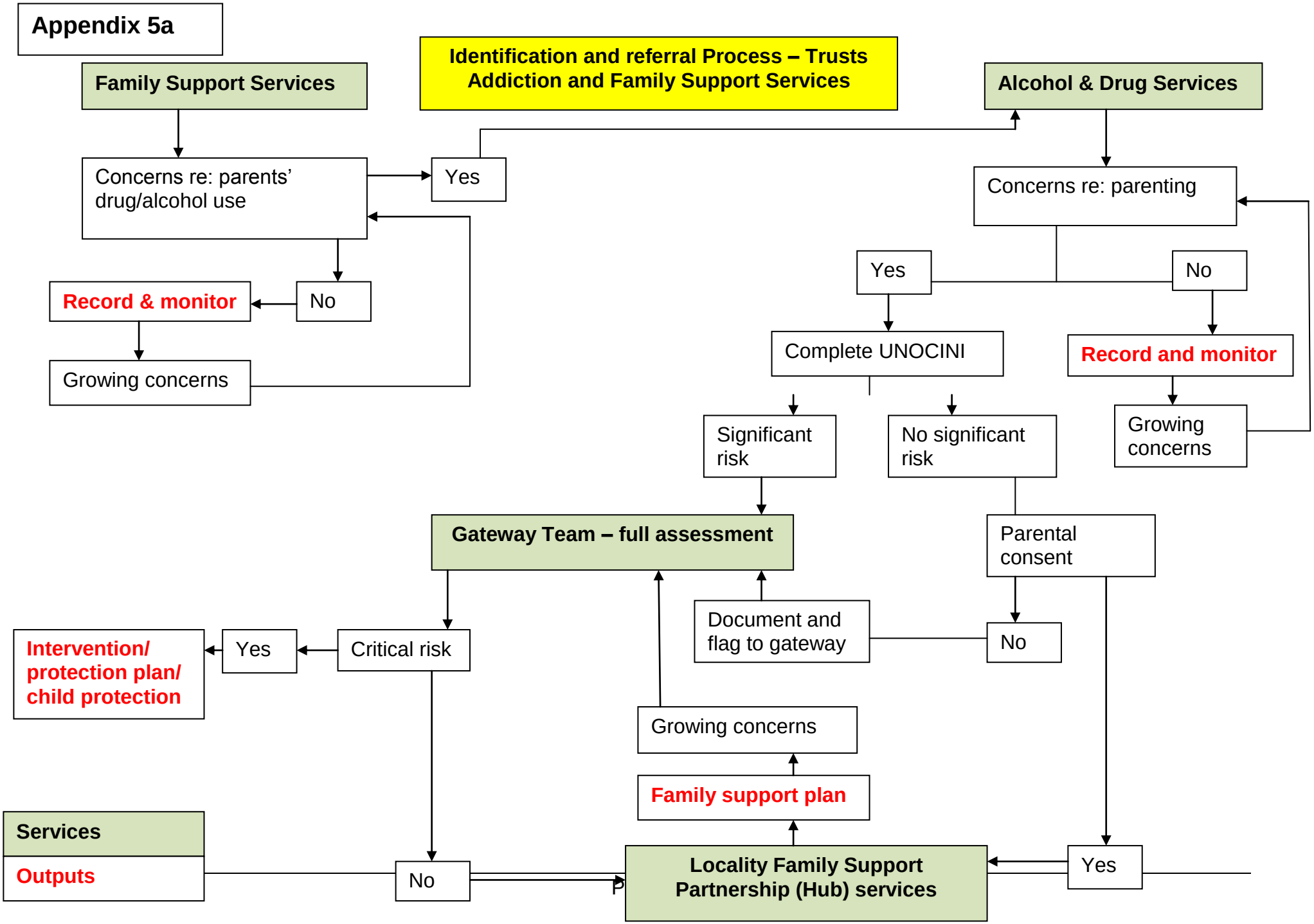
_____

57. What other agencies are involved in the family, with which member and for what purp
[Health, Education, Play and Day- Care services are very likely, and Police, Probation
Social Services are possibly involved].

_____

_____

_____


Appendix 5a
Identification and referral Process – Trusts Addiction and Family Support Services
Family Support Services
Alcohol & Drug Services
Concerns re: parents' drug/alcohol use
Yes
Concerns re: parenting
Yes
No
Record & monitor
No
Complete UNOCINI
Record and monitor
Growing concerns
Significant risk
No significant risk
Growing concerns
Gateway Team – full assessment
Parental consent
Document and flag to gateway
No
Intervention/ protection plan/ child protection
Yes
Critical risk
Growing concerns
Family support plan
Services
Outputs
No
Locality Family Support Partnership (Hub) services
Yes

APPENDIX 5b

A FRAMEWORK FOR ASSESSING THE RISKS TO CHILDREN

FACTORS RELATED TO THE ALCOHOL/DRUG DEPENDENCY

[adapted from Calder (2003)'

ELEVATED RISK

- Total denial
- Lack of information about the cycle of addiction
- The person with the alcohol/drug dependency has no insight into factors underpinning his/her dependency
- Behaviour under the influence of alcohol/drug which poses a risk to children
- Extreme loss of personal control when using or as a result of using alcohol or drugs
- Drink/drugs/equipment are left around the house
- The person with an alcohol/drug dependency problem has a social network of others who are dependant or dealers, who come into contact with the children
- Distance/or lack of availability of assessment/treatment resources
- Unwilling to join and regularly attend a treatment programme
- Refusal to co-operate with Child Protection worker
- Unemployment

LOWERED RISK

- Admission of the problem or partial admission of problem
- Knowledge of the cycle of addiction
- Awareness of the context/trigger factors in the dependency problem
- The person who has the dependency problem and/or the partner priorities the needs and safety of the children
- Clear evidence of very controlled alcohol/drug use
- An adult in the household ensuring the drink/drugs/equipment used by the person with the dependency problem is out of reach of children
- The social network around the family is one where the misuse of alcohol/drugs is recognised as harmful
- Local resources for the assessment/treatment of people with alcohol/drug dependency problems
- Willing to attend treatment programme
- Co-operation with Child Protection investigation workers and system
- The demand of regular employment which acts as external inhibitors

FACTORS RELATING TO THE PARTNER

ELEVATED RISK

- Partner who also has alcohol/drug dependency problems
- Partner refusing to talk about the alcohol or drug dependency partner's problems and behaviour
- Socially isolated partner of the person who has the dependency problem
- Alcohol/drug dependency which is hidden from family
- Partner who is victim of violence or aggression from the person with a dependency problem
- Absence of a personal supportive relationship

LOWERED RISK

- Partner who does not have an alcohol/drug dependency problem
- Partner who is aware of the alcohol/drug dependency and is able to talk about it
- Network of practical social and emotional support for the partner of the person with dependency problems
- One or more adults in the family network aware of the alcohol/drug dependency problem
- Partner who is able to act independently and has positive self regard
- A supportive partner

CONCERNS ABOUT THE CHILDREN

ELEVATED RISK

- Parents with personal problems past or present which mean the needs and care of the children are not a priority
- House which is in disarray, dirty, with demonstrated lack of attention to safety for children
- Babies/small children who are physically dependent of care
- Alcohol/drug dependency problem of the parent leaves children emotionally isolated
- Children unaware of the causes of the behaviour of the alcohol/drug dependent person
- Children missing school
- Children not coping with work in school
- Children have relationship problems with peers/adults
- Children isolated from extended family/local community

LOWERED RISK

- Parents prioritise the needs and care of the children
- House is clean and safe, children are physically cared for
- Age/developmental stage of the child which means child is able to manage some self-help successfully
- Children have regular access to emotional support from a supportive adult
- When children can name the problem of alcohol/drug dependency problem to concerned others
- Children attend school regularly
- Children cope with school work at a level commensurate with age and ability
- Children making socially appropriate relationships with peers/adults
- Adult in family/community network available to offer care and support to children

The following points illustrate some additional issues that need to be borne in mind; these points should be considered along with the risk factors identified in the preceding framework.

- The type, quantity and method of administration of the substances misused by the parents/carers.

- Whether the child's daily life revolves around the parent/carers substance misuse and to what extent the child is assuming inappropriate responsibilities.

- Whether there is adequate food, clothing, warmth and age appropriate activities and opportunities need to be considered, including school or nursery attendance and whether the child is reaching age appropriate milestones.

- It is important to ensure that the child's emotional needs are not being compromised as a result of either the substance misuse or associated stress factors including poverty and poor accommodation.

- It should also be established whether the child is being cared for by a large number of people while the parents/carers place their own needs before those of the child.

- The type, quantity and method of administration of drugs/alcohol is important but needs to be viewed in context of the impact on the child. In households where there are two adult carers and drug/alcohol use is organised to enable one carer to assume responsibility for child care when

the other is intoxicated; or in households where there is a drug/alcohol free carer or supportive partner; or the parent makes arrangements for the care of the child, the actual effect on the child from the drug/ alcohol misuse may be minimised with little intervention necessary.

- There may be identified risks to a child attached to the ways in which a parent/carer obtains substances. A parent/carer may take risks with the child's safety when procuring drugs or other substances. For example, a young child may be left alone whilst the parent/carer goes out to obtain drugs/alcohol, or the child may be taken to procure drugs/alcohol to places where they would be deemed to be at risk.

- Alternatively a child may be used by a parent/carer to collect substances and may be tempted to try them. In some cases the family's accommodation may be used for selling drugs, prostitution or by other drug/alcohol users to which the child may be exposed. Issues of how much the substances being used are costing and how the money for them is obtained will need to be addressed, including whether the child is being involved in shoplifting or other illegal activities to raise money for drugs.

- Sibling substance misuse (particularly of illegal drugs) should also be considered in assessing risk to a child. Taylor and Kearney (2006) note that "Sibling drug use may play a part in encouraging adolescent drug use, but just as importantly positive sibling relationships may also play a part in preventing drug use"

- Assessment is an ongoing process. Previous history and significant new developments from all agencies must be taken into account - as circumstances change so may the child's welfare. There should be a regular cycle of assessment, planning and review, which is clearly recorded in each agency case file, with a chronology of events from all agencies.

APPENDIX 5c

Asking For and Giving Information

Asking for Information

- When any professional or agency approaches another to ask for information, they should be able to explain:
    - what kind of information they need
    - why they need it
    - what they will do with the information and
    - who else may need to be informed, if concerns about a child persist.

- On receiving answers to the above questions the person being asked should consider:
    - whether they have relevant information to contribute – that is information which has or may have a bearing on the issue of risk to a child or others, which may assist access to other services, or enable another professional to offer appropriate help
    - whether that information is confidential, already in the public domain or could be better provided by another professional or agency, or the parent directly
    - what information the service user has already given permission to share with other professionals
    - whether there is any perceived risk to a child which would warrant breaking confidentiality
    - how much information should be shared to achieve the purpose of contributing to reducing risk for the child.

- It is not helpful to contact another professional and ask everything they know about Family X, because you are worried about Child A. If you are not sure what kind of information the other agency may have or what you might need to know, you should explain your task so that the other person may better understand how they may help.

Giving Information

- If a professional or agency is asked by another to provide information they should never refuse solely on the basis that **all** information held by the agency is confidential.

- All information passed to other agencies should be recorded in the case record in such a way that what has been said, and any action taken is clearly stated, ensuring that all entries are dated and signed.

- If there is any uncertainty about sharing information, advice must be sought from your line manager or your agency's designated child protection lead officer/ adviser.

Receiving Information

- Personal information held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. Unless it is assessed that a child is suffering, or is likely to suffer, from significant harm the consent of parents or carers should normally be obtained before making a referral to any other service.

- When information about a client or patient is received from another agency it must be treated with respect and with a high level of regard for confidentiality. It must be shared only on a need-to-know basis.

Consent

- It is essential for all services to accurately record the names, dates of birth, involvement of other agencies and areas of concern for all children in families known to them. If parents, carers or pregnant women decline to provide basic information about themselves or their families this must be recorded and, if necessary, advice sought.

- If parents or carers do not share a professional's concerns, the requirement to pass information to other agencies must be made clear to them and their views recorded.

- Any areas of identified concern or support need to be discussed with the parents, carers or pregnant women. The need for involvement of another service should be explained, while taking account of parents, carers' or pregnant women's right to confidentiality.

N.B. All agencies recording, providing or receiving information must do so in accordance with the Data Protection Act (1998).