



Joint Safeguarding Protocol – Children and Families living with Substance Misuse

September 2010

This protocol has been produced on behalf of the Hertfordshire Safeguarding Children’s Board by the Families at Risk Group.

This group consists of members from:

- Adult Drug and Alcohol Treatment Providers
 - Probation Service
 - Child Hood Support Services
 - Adult and Young Peoples Joint Commissioning Teams (Substance Misuse)
 - Leads for Child Protection and Integrated Practice
 - Social Care Policy and Practice Team (Young Carers and Disabled Children)
 - Community Safety Unit
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- It has also been circulated to all Children Service Managers, Adult Drug Treatment Providers and Hertfordshire Community Health Service. It was also discussed at the quarterly ‘visioning’ events for substance misuse practitioners and the county ‘Think Family’ Conference 2010.

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1 Purpose

The purpose of this protocol is:

- To promote the welfare of children and young people whose health or development may be impaired as a consequence of parental substance misuse
- To improve outcomes for children of substance misusing parents or carers
- To promote joint working between children and adult services and adult substance misuse treatment providers to ensure that children in need are safeguarded effectively and that children and families are provided with integrated and seamless support
- To improve access to treatment services for parents using drugs or alcohol
- To increase retention and compliance in treatment for substance users who are parents
- To improve treatment outcomes for parents engaged with adult substance misuse treatment providers
- To promote joint training to help professionals understand each other's perspectives and assist joint practice
- To ensure that children and young people undertaking caring roles for their parents and siblings are supported and protected from inappropriate caring.
- To provide an overarching protocol that meets all government requirements for substance misuse services to 'Think Family'.

2 Scope

These guidelines have been written for use by the many statutory, non-statutory, voluntary, independent sector and primary care services working with parents/carers with drug/alcohol problems within Hertfordshire. They should be used in conjunction with Hertfordshire Inter-agency Child Protection and Safeguarding Children Procedures 2010
http://www.proceduresonline.com/herts_scb/

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/alcohol needs.

NB practitioners working with adults should identify at an early stage the adult's relationship with any children (see appendix 3).

All other services represented on the HSCB will be expected to know of the existence of this protocol and be able to recognise when it should be used.

When referring to parents and carers this protocol applies to mothers, fathers and other adults who have responsibility for the care of children and young people, including private fostering and Friends and Family placements and any adult who has a significant relationship with the primary care givers in the family.

When referring to substance misuse, this protocol will apply to the misuse of alcohol as well as problem drug use which is defined in the *Advisory Council on the Misuse of Drugs* as, "serious

negative consequences of a physical, psychological, social, interpersonal, financial or legal nature for users and those around them.”

When referring to Children and Adult Services, this protocol will apply to the range of child and family support provided by Children’s Schools and Families, set out in the Hertfordshire Parenting Strategy, including Family Intervention Projects, Parenting Support Programmes and interventions provided by the Hertfordshire Youth Justice Service.

When referring to adult drug treatment providers, this protocol applies to those services funded via the pooled drug treatment budgets which are allocated by Hertfordshire’s Drug and Alcohol Partnership. However, to provide the best possible care for clients all substance misuse treatment providers in Hertfordshire should aim to adhere to the principles contained within this protocol.

3 Common Principles

Families have a right to expect that services will be provided in line with a common set of guiding principles:

- Children’s needs are best met when parents are supported, but the needs of the child are paramount
- Children have the right to be protected from harm and to receive services when their health or development is at risk
- Parents who are known to have problematic drug or alcohol use have the right to be provided with support that enables them to meet the needs of their children
- A multi-agency approach to specialist assessment and service provision is in the best interests of both parents and children
- Risk is reduced when information is shared effectively between agencies
- Risk to children is reduced through effective multi-agency and multi-disciplinary working
- Services should be needs-led with the child’s needs being paramount
- Services should recognise diversity and actively cater for individuals’ ethnic, religious and cultural needs.

4 Impact of Substance Misuse on Children and Families

Parental substance use does not automatically have an adverse impact on children but it can increase their vulnerability. When parents misuse drugs and alcohol, their ability to appropriately care for their children is often compromised and parental substance misuse is commonly associated with high levels of family dysfunction. Negative child outcomes related to parental substance misuse include neglect, lower levels of school achievement, poor mental health, an increased risk of anti-social behaviour and an increased risk of drug and/or alcohol dependency in adulthood. It is also possible for different children within the same family to have a different experience of parenting and therefore for different needs to emerge.

When a parent or carer misuses drugs or alcohol, their children may have caring responsibilities, which are inappropriate for their age. These responsibilities must be recognised and may have an adverse effect on children’s development.

A child at risk of *significant harm* or whose well-being is affected could be a child:

- Who is involved in his/her parent's substance misuse
- Who becomes a target for parental aggression or rejection
- Who has caring responsibilities inappropriate to his/her age
- Who may witness disturbing behaviour arising from parental substance misuse
- Who is neglected physically and/or emotionally
- Who does not live with the substance misusing parent but has unsupervised contact with them
- Who is socially isolated because they feel unable to either bring other children home, or understand or have the words to explain what is happening at home to adults
- Who is at risk of severe injury, profound neglect or death.

5 Context

5.1 Multi-Agency Framework

Working Together to Safeguard Children (Department for Children schools and Families 2010) sets out how all agencies and professionals are required to work together to promote children's welfare and protect them from abuse and neglect. It describes how actions to safeguard children fit within the wider context of support to children and families.

Working Together to Safeguard Children requires all professionals from statutory, voluntary and independent agencies to bear in mind the welfare of children, irrespective of whether they are primarily working with adults or with children and young people. The guidance specifically states that all health professionals who come into contact with children, parents or carers in the course of their work also need to be aware of their responsibility to safeguard and promote the welfare of children and young people, even when the health professionals do not work directly with a child but may be seeing their parent, carers or other significant adult.

Each individual agency will have principles, guidelines and practices that relate to the professionals working within it, however, the Children Act 1989 established an unambiguous principle, the *Paramountcy Principle* which states that the welfare of the child is paramount in any concerns about alleged abuse.

All children's services in Hertfordshire sit within the wider context of Children's Trust arrangements that aim to improve the overall wellbeing of all children in the local authority area by improving the five outcomes for children set out in '***Every Child Matters***':

- Being Healthy
- **Staying Safe**
- Enjoying and Achieving
- Making a Positive Contribution to Society
- Achieving Economic wellbeing.

5.2 Substance Misuse Framework

The negative impact of parental substance misuse was first recognised by the UK government in the report ***Hidden Harm*** published by the Advisory Council on the Misuse of Drugs in 2003.

Since then findings from Hidden Harm have been incorporated into subsequent government initiatives.

<http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm.html>

The Social Exclusion Task Force conducted the *Families at Risk Review* from 2007 to the beginning of 2008. Analysis and themes from this work are published as ***Reaching out: Think Family***. This document has underpinned much of the government’s new family focused approach to providing public services, including those for families affected by substance misuse. www.cabinetoffice.gov.uk/reaching_out_summary.aspx

The 2008 national Drug Strategy, ***Drugs, Protecting Families and Communities*** emphasises the need for local partnerships to identify the needs of families and commission a range of family focused interventions based on the ***Reaching Out: Think Family*** report, published by the Social Exclusion Task Force in 2008.

<http://drugs.homeoffice.gov.uk/drug-strategy/overview/>

As a result of the 2008 national Drugs Strategy’s emphasis on identifying the needs of families and commissioning a range of family focused interventions, the **National Treatment Agency** published ***Undertaking Needs Assessment Drug Treatment - Supplementary Advice in relation to Families and Carers*** in July 2009. This supplementary advice highlights the new priorities for the treatment sector and provides a checklist of good practice for the planning and delivery of treatment, recovery and reintegration services. The National Treatment Agency developed the document for use by commissioners and National Treatment Agency regional teams to review and develop family focused services as part of the needs assessment and planning process.

www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2010_11/supplementary_families_publication_0709.pdf

One of the strands of the **Hertfordshire Drugs Strategy 2008 - 2011** focuses on the support needs of parents by addressing the needs of the whole family to prevent harm to children, young people and families by sharing information and working in partnership across children, young people and adult services to address the intergenerational transmission of drug use and offending within families.

www.hertsdirect.org/caresupport

5.3 Children and Families Framework

Children’s services work under the legal framework of the Children Acts 1989 and 2004 and associated guidance.

The Children Act 1989 defines a child as being a child until he or she reaches their 18th birthday.

Section 17(1) of the Children Act 1989 states that, “It shall be the general duty of every Local Authority:

- a) to safeguard and promote the welfare of children within their area who are in need; and
- b) so far as is consistent with that duty, to promote the upbringing of such children by their families

by providing a range and level of services appropriate to those children’s needs.

Section 17(10) of the Children Act 1989 states that, "...a child shall be taken to be in need if:

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him of services by a local authority
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- c) he is disabled.

This section also states that 'family', "... includes any person who has parental responsibility for the child and any other person with whom he has been living."

Section 47(1) of the Children Act 1989 states that:

Where a Local Authority

- a) are informed that a child who lives, or is found, in their area –
 - i. is the subject of an emergency protection order; or
 - ii. is in police protection; or
- b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

The Children Act 1989 introduced the concept of '**significant harm**' as the threshold that justifies compulsory intervention in family life in the best interests of children. 'Significant harm' is any physical, sexual or emotional abuse, neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life.

In Hertfordshire, the process for working with children and families that do not meet the threshold of significant harm is through the **Common Assessment Framework (CAF)**. This process facilitates multi-agency working through a Team Around the Child (TAC) and ensures that additional needs are identified early and appropriate services provided.

The **Common Assessment Framework (CAF)** is a national standardised approach to conducting an assessment of the needs of a child or young person and deciding how those should be met. CAF has been developed from combining the underlying model of the *Framework for the Assessment of Children in Need and their Families* with the main elements of other assessment frameworks. Since 2008, all children's services in Hertfordshire have agreed to use CAF/TAC/Lead Professional (LP) process, as an early intervention tool for children with emerging, unmet and complex needs.

Developed for use by practitioners across different services, CAF will promote more effective, earlier identification of additional needs, particularly in universal services. It is intended to provide a simple holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development. Practitioners will then be better prepared to discuss and agree with the family what support is appropriate for them.

It is important to acknowledge that CAF is a process and not just a form and that it is not expected to replace specialist assessments, but support and enhance further assessments. The CAF/TAC /LP process ensures that needs are met through an effective multi-agency approach and earlier identification of needs. Using CAF means less repetition for children and their families, easier access to services and less bureaucracy. The CAF process actively involves children and families and leads to better quality and more appropriate requests for additional/specialist services.

6 Importance of working in partnership

All Children and Adult Services and Adult Drug Treatment providers have statutory duties to 'cooperate to improve the well-being of children' and/or 'safeguard and promote the welfare of children'. These provide a context of requirements and expectations for all their work.

Where the level of concern requires workers from both Children and Adult Services and Adult Drug Treatment providers services to be involved, joint planning and assessment should take place from the outset. It is the responsibility of staff to ensure this happens. Advice and support can be provided from team managers/supervisors.

The ***Hertfordshire Child Protection Procedures 2010*** highlight the need for different agencies to work together as effectively as possible in order to safeguard the child:

- *Adult and child mental health professionals, children's social workers, health visitors and midwives, school nurses and education services must share information in order to be able to assess risks.*
- *Discharge planning arrangements and any associated meetings about parents who have mental health difficulties must include consideration of any needs or risk factors for the children concerned. Children's social care along with other relevant agencies should be involved in planning discharge arrangements.*
- *Where an adult, who is also a parent / carer, is deemed to be a danger to self or others by agency professionals, a referral must be made to children's social care, who must be invited to any relevant planning meetings.*
- *Where an adult is assessed as high or very high risk of harm, the key worker should work closely with the Multi Agency Public Protection Plan and partnership agencies should ensure that the key worker is kept fully informed of risk of harm factors.*
- *Relevant mental health professionals involved with parents/carers must be involved in / invited to strategy discussions and child protection conferences. The mental health professionals must ensure that priority is given to participating in strategy discussions and child protection conferences.*

If disputes arise between service providers and differences are not resolved through discussion and/or meeting within a time scale, which is acceptable to both of them, their dispute must be addressed by senior member of staff within their service in order to seek resolution.

7 Sharing Information

Close collaboration and liaison between adult services and children's services are essential in the interests of children and will require the sharing of information where necessary to safeguard the child from significant harm.

Research and experience has shown that keeping children safe from harm requires professionals and others to share information about:

- A child's health and development
- Significant factors on the family environment (e.g. drug misusing)
- Exposure to possible harm
- A parent or carer who may need help to care for a child
- A parent or care who is unable to care for a child adequately and safely
- Others who may pose a risk of harm to a child.

Professionals providing services to adults and children will be concerned about the need to balance their duties to protect children from harm and their duty to their adult service user. However, where there are concerns that a child is, or may be at risk of significant harm, the needs of the child must come first. The overriding objective must be to safeguard the child and all agencies must share appropriate information.

Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence in common law and should not normally be disclosed to third parties unless the person involved has given their consent. In some circumstances, however, the law permits disclosure of confidential information necessary to safeguard a child in the public interest. This means that the public interest in child protection overrides the public interest in maintaining confidentiality (please see Appendix 2 for the seven golden rules for information sharing).

Gaining consent to share information may not be possible or desirable, but the safety of the child is paramount and information must be shared whenever there are concerns that a child is experiencing or may experience significant harm. Disclosure should be justifiable in each case and advice should be sought from children's services if in doubt, by contacting the Customer Service Centre (CSC) on 01438 737500.

The courts have recognised, in principle, that professionals from adult services and children's services can only work together to safeguard children if there is an exchange of relevant information between them. For example, if the police plan to raid a home as part of an investigation into production and/or supply of illegal substances and children are known to live at the address, then sharing information with children, family and adult drug treatment providers is vital to safeguard any children who could be affected.

8 Guidance for Adult Drug Treatment Providers

This chapter provides guidance for adult substance misuse treatment providers and supports the development of internal policies and procedures. The key points covered are :

- Single point of contact
- Commissioning Arrangements
- Audit of Caseloads and recording of information
- Referrals
- Follow up action
- Sharing Information
- Advice and support for families
- Training
- Supervision

8.1 Single point of contact

Effective joint working between substance misuse services and children and adult services is best supported by a single point of contact within each local adult substance misuse treatment provider to act as a main contact for professionals within children's and adult's services

All adult substance misuse treatment providers must have a named designated safeguarding contact to take responsibility for identifying the appropriate person to attend and provide reports for child protection conferences and or team around the child meetings. The named contact will provide 'consultancy' for other relevant multi-agency meetings and will be able to make an informed choice about whether or not someone from their service should attend a particular meeting. The named contact must also ensure that members of staff are aware of internal and local safeguarding and integrated practice procedures and appreciate the importance of multi agency collaborative working.

The named contact need not be a drug worker but must have the status and authority within the service management structure to carry out the duties of the post including monitoring and committing resources to child protection matters and, where appropriate, directing other staff.

Dealing with an individual case may remain the responsibility of the drug worker but it is important that the named contact is kept informed of all cases involving children in need of additional intervention and of any progress or outcomes related to the case. For more complex cases the named contact may be required to take overall responsibility.

In addition to basic child protection training, the named contact should attend training in inter-agency working that is provided by, or to standards agreed by, the Hertfordshire Safeguarding Children Board and the Drug Action Team Training Coordinator. Refresher training at two yearly intervals should be undertaken to keep his or her knowledge and skills up to date.

Sufficient resources and time must be allocated to enable the named contact and other staff to discharge their responsibilities, including:

- Taking part in strategy discussions and planning

- Attending relevant meetings, for example child protection conferences, team around the child, core group meetings and children in need meetings
- Contributing to assessments of children and their families
- Taking on the lead professional role when appropriate.

A checklist for preparation of information required at child protection conferences is contained in appendix 1.

8.2 Commissioning Arrangements

Drug and alcohol **commissioning arrangements in Hertfordshire will be aligned with 'Think Family'** practice as set out in National Treatment Agency guidance. NTA guidance recommends that the Joint Commissioning Manager attends Children's Trust and Local Safeguarding Children Board meetings.

In Hertfordshire, The Chair of the Drug and Alcohol Executive Group sits on the Local Safeguarding Board; the *Head of Young People's Substance Misuse, Crime Reduction & Emotional Wellbeing Services* is linked to the CSF Strategic Lead for Parenting and with the Children's Trust and Local Safeguarding Board. The *Policy and Development Manager Young Peoples Substance Misuse and Crime Reduction Service* also chairs the Families at Risk Strategic group, the membership of which includes strategy managers from agencies dealing with clients where substance misuse is a factor and from Children and Adult Services. In addition, the *Chair of the Drug and Alcohol Executive Group* sits on the Hertfordshire Children's Safeguarding Board.

8.3 Audit of caseloads and recording of information

All members of staff in adult substance misuse treatment providers should audit their caseloads to establish the numbers of clients who are parents, or who have responsibility for children. Clients who do not live with their children should also be identified in this audit. All adult substance misuse treatment providers should establish if a service user has a dependent child as a matter of course. Once clients with parental responsibilities are identified, drug treatment practitioners should follow the *Process for Adult Services* map, set out in Appendix 3, to determine if any action should be taken to safeguard children in each case.

All practitioners providing specialist drug treatment interventions, and those providing wider wraparound support services should also be aware of and record details relating to children and families, to enable a more holistic approach to care planning.

8.4 Referrals

If a service user is a parent and adult substance misuse treatment providers feel that the level of their substance misuse and their personal circumstances indicate that their parenting capability is likely to be seriously impaired or that undue caring responsibilities are likely to be falling upon a child in the family, a referral should be made to an appropriate children's or adult's service.

Adult substance misuse treatment providers who come into contact with carers who appear to be providing a substantial amount of care on a regular basis have a statutory duty to advise them about their rights as a carer, including the right to have a needs assessment. The requirements of the Carers (Equal Opportunity) Act 2004 fit well with the requirements for a

child in need. For example, the Act requires an assessment to take account of opportunities for leisure activities, education and training opportunities and the young person's ambitions for their adult working life.

As experts in substance misuse, adult substance misuse treatment providers should utilise the knowledge and expertise of children's and adult's services professionals in order to assess the potential impact of service user's substance misuse on their children's health and development, to assist holistic work with them and decide if a referral is necessary.

Where a family presents with additional or complex needs then the identifying practitioner should consider starting the common assessment framework process and convening a team around the child. A copy of the CAF form should be sent to:

CAF Admin
Customer Service Centre
PO Box 153
Stevenage
Herts
SG1 2GH
Fax 01438 737355

8.5 Follow up action

If a referral is made to a children's or adult's services, it is vital that the **adult substance misuse treatment provider should kept in touch with that service to determine the outcome** of the referral and be aware of any subsequent social work or other family support service involvement with the family. This liaison will mean that valuable information can be shared and links between agencies can be developed.

8.6 Sharing Information

To benefit treatment, **service users should be asked to agree to their information on treatment being shared with children's and adult's services** – further details on information sharing can be found in section 7 above and in Appendix 2.

Adult substance misuse treatment providers should discuss the possibility of inviting a children's or adult's services practitioner to meetings with clients who have parental responsibilities, should the need arise. If the parent does not agree to this, then the adult substance misuse treatment provider should discuss their objections and explain the importance of professionals working together for the benefit of clients and their children. It may be possible to negotiate with the client the possibility of a children's or adult's services practitioner attending for part of a meeting.

Consent to share information is not needed where there is an immediate risk to the life of a child or where seeking such consent would place the child at increased risk of significant harm. In such cases a referral must be made to children's social care services in line with local safeguarding protocols (please see section 8.4 above for details of how to make a referral).

It is important to clarify with clients what sharing information means and what information is likely to be shared. The *'Hertfordshire Safeguarding Children Board Inter-agency Child Protection & Safeguarding Children Procedures'* recommends that, where available, the following information should be provided when completing a request for additional/specialist services:

- Cause for concern including details of any allegations, the source/s of these, timing and location of incident/s
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Full names, date of birth and gender of child/ren (including all surnames used)
- Family address (current, when last moved and previous address)
- Identity of those with parental responsibility
- Names and date of birth of all household members and any known regular visitors to the household (including all surnames used)
- Details of child's extended family or community who are significant for the child
- Ethnicity, first language and religion of children, parents / carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of child/ren and other household members
- Any significant / important recent or historical events / incidents in child or family's life, including previous concerns
- Details of any alleged perpetrators (if relevant)
- Background information relevant to referral e.g. positive aspects of parents care, previous concerns, pertinent parental issues e.g. mental health, domestic violence, drug or alcohol abuse, threats and violence towards professionals
- Referrer's relationship and knowledge of child and parents /carers
- Known current or previous involvement of other agencies / professionals e.g. schools, GPs
- Information regarding parental knowledge of, and agreement to, the referral

8.7 Advice and support for families

Adult substance misuse treatment providers should be prepared to provide informal information and advice to children's and adult's services staff even when the family being discussed is not allocated within the substance misuse service.

When planning and providing services and support to parents, Adult substance misuse treatment providers should consider any childcare responsibilities their clients may have and provide (or help parents to access) suitable childcare provision to enable parents to attend appointments, services and group treatments. Adult substance misuse treatment providers should also seek to provide appointments at useful times, such as within school hours.

8.8 Training

All adult substance misuse treatment providers should ensure members of staff have regular training, at least every two years, on how to work effectively with families to benefit the treatment of clients. Training should include safeguarding children, links to children's and adult's services, the CAF process, the wider needs of the family and information sharing. All front line members of staff in Hertfordshire have recently received basic training on the wider

needs of family members and more in-depth training is currently being offered to key members of staff who could act as a single point of contact. Please contact the Joint Commissioning Team, Drugs and Alcohol for further information.

For information on local training visit: www.hertssafeguarding.org.uk

8.9 Supervision

Think Family and safeguarding children should be an integral part of monthly supervision sessions for all practitioners within adult substance misuse treatment providers in order to identify training needs, identify gaps in provision and to celebrate success.

9 Guidance for Children’s and Adult’s Services

This chapter provides guidance for children’s and adult’s services and supports the development of internal policies and procedures. The key points covered are :

- Single point of contact
- Recording of information
- Referrals
- Commissioning Arrangements
- Follow up action
- Sharing Information
- Training.

9.1 Single point of contact

Children’s and adult’s services should identify a single point of contact to act as lead and main contact for liaison with adult substance misuse treatment providers. Combined with a single point of contact in each adult substance misuse treatment provider, this will help different agencies and different practitioners to work together more effectively to safeguard children.

9.2 Recording of information

All children’s and adult’s services practitioners should routinely record whether a parent has substance misuse problems on the family or child’s case records to help service planning. Parental risk factors and any child protection needs should also be recorded.

To determine if substance misuse is a risk factor to children in the family and/or if a referral to an adult substance misuse treatment provider is required for a parent/carer, it may be helpful to address the following questions that were developed in Hertfordshire and based on the 1997 SCODA guidelines:

Parent’s/Carer’s Substance Misuse

- Is there a drug/alcohol free parent/carer, supporting partner or relative?
- Is the drug/alcohol use by the parent/carer:
 - Experimental?
 - Recreational?
 - Chaotic?
 - Dependent?
- Does the user move between categories at different times? Does drug use also involve alcohol?
- Are the levels of childcare different when a parent is using drugs/alcohol and when not using?

Accommodation and Home Environment

- Is the accommodation adequate for children?
- Are parents/carers ensuring that rent and bills are paid?
- Does the family remain in one area or move frequently, if the latter - why?

- Are other drug/alcohol users sharing the accommodation? If they are, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug using community?
- If parents/carers are using drugs, do the children witness the taking of drugs?
- Could other aspects of the drug/alcohol use constitute a risk to children (e.g. conflict with or between drug dealers or exposure to criminal activities related to substance use)?

Provision of basic needs

- Is there adequate food, clothing and warmth for the children?
- Are the children attending school regularly?
- Are the children engaged in age appropriate activities?
- Are the children's emotional needs being adequately met?
- Are there any indications that children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities)?

Procurement of drugs/alcohol

- How does the parent/carer acquire drugs/alcohol?
- What implications are there for further risks in childcare?

Storage of drugs/alcohol

- Are the drugs or alcohol stored safely, out of the reach of children?

9.3 Referrals

If necessary, children's and adult's services staff should explore with the parent the option of making a referral to adult substance misuse treatment providers. Advice and support on how to do this can be sought from the single point of contact in each adult substance misuse treatment provider.

9.4 Commissioning Arrangements

CSF commissioning in Hertfordshire will be aligned with 'Think Family' practice as set out in national guidance. The NTA guidance recommends that a families' services manager (for example, a FIP manager or the Parenting Commissioner) should attend the local drug partnership joint commissioning group meetings. In Hertfordshire, the *Head of Young People's Substance Misuse, Crime Reduction & Emotional Wellbeing Services* is linked to the CSF Strategic Lead for Parenting and with the Children's Trust and Local Safeguarding Board. In addition, children's and adult's services managers attend the Families at Risk Strategic group, the membership of which includes strategy managers from agencies dealing with clients where substance misuse is a factor.

9.5 Follow up action

If a referral is made to an adult substance misuse treatment provider, it is vital that they **should be informed of any significant changes that will affect the parent or alter the needs of the child. Examples could include** a child returning home following a period of being accommodated by the local authority or a family member, who is substance misuse dependent, starting to live in the family home, including those returning home following release from custody.

9.6 Sharing Information

To benefit the whole family, service users should be asked to agree to their information being shared with adult substance misuse treatment providers should the need arise – further details on information sharing can be found in sections 7 and 8 above and in Appendix 3. Even if the parent is not involved with adult substance misuse treatment providers, children’s and adult’s services practitioners should refer to adult substance misuse treatment providers experts for advice and information in order to maximise understanding of a parent’s substance use and the likely impact on a child’s welfare.

It is important to clarify with clients what sharing information means and what information is likely to be shared. In addition to the usual information required for a referral to another agency, the answers to questions outlined in section 9.2 above may provide helpful information for adult substance misuse treatment providers.

9.7 Advice and support for families

Children’s and adult’s services staff should be prepared to provide informal information and advice to adult substance misuse treatment providers even when the family being discussed is not allocated within Children’s Schools and Families.

When planning and providing services and support to parents, consideration needs to be given to whether the parent’s condition or their need to attend treatment sessions may be leading to heavy caring responsibilities falling on children within the family. Practitioners need to ensure that the support offered to the family is sufficient to make sure that children are properly protected, including protection from caring responsibilities that are too much for them.

9.8 Training

All staff in children’s and adult’s services should be trained in substance misuse, screening and referral protocols to help them to recognise substance misuse problems and to know how to provide the best support for families affected and how/when to refer to specialist services. This basic training would be complemented by specialist advice and input from adult substance misuse treatment providers.

For information on local training visit: www.hertssafeguarding.org.uk

11 Appendices

Appendix 1

Checklist for preparation of information for Child Protection Conferences

Information taken from Hertfordshire Inter-agency Child Protection & Safeguarding Children Procedures 2010
http://www.proceduresonline.com/herts_scb/

- All agencies involved, including substance misuse treatment providers, should make sure that all relevant information is available to the conference in written form that is legible and signed.
- Agencies should have a report *pro forma* that they use for information related to child protection conferences.
- Reports must make it clear which child (children) is the subject of the conference but should also address any known circumstances of all children in the household.
- Reports should not contain information which would be more appropriately provided in the absence of one or more family members.
- The report should be provided to parents and older children (to the extent believed to be in their interests) at least 48 hours in advance of initial conferences and 5 working days before review conferences so that any factual inaccuracies are identified, amended and areas of disagreement noted.
- The report should be given to the chair of the conference at least one working day before an initial conference and 2 working days in advance of a review conference.
- If the adult substance misuse treatment provider representative is unable to attend the conference, a written report must be made available through the chair and, if possible, a colleague should attend in their place.
- The single point of contact should make a note of any review dates that are set and ensure that review conferences are prepared for.

Appendix 2

Seven Golden Rules for Information Sharing

- 1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- 2. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- 4. Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- 5. Consider safety and well-being:** base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7. Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

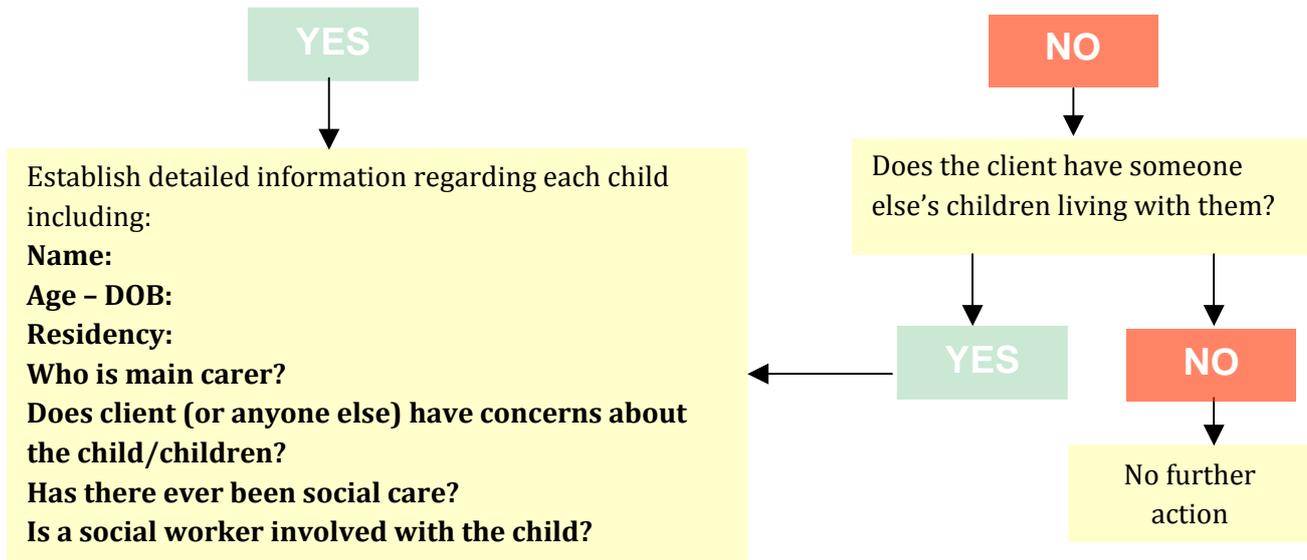
Extract from HM Government Information Sharing: Guidance for practitioners and managers. Copies can be obtained from www.ecm.gov.uk/informationsharing

Appendix 3

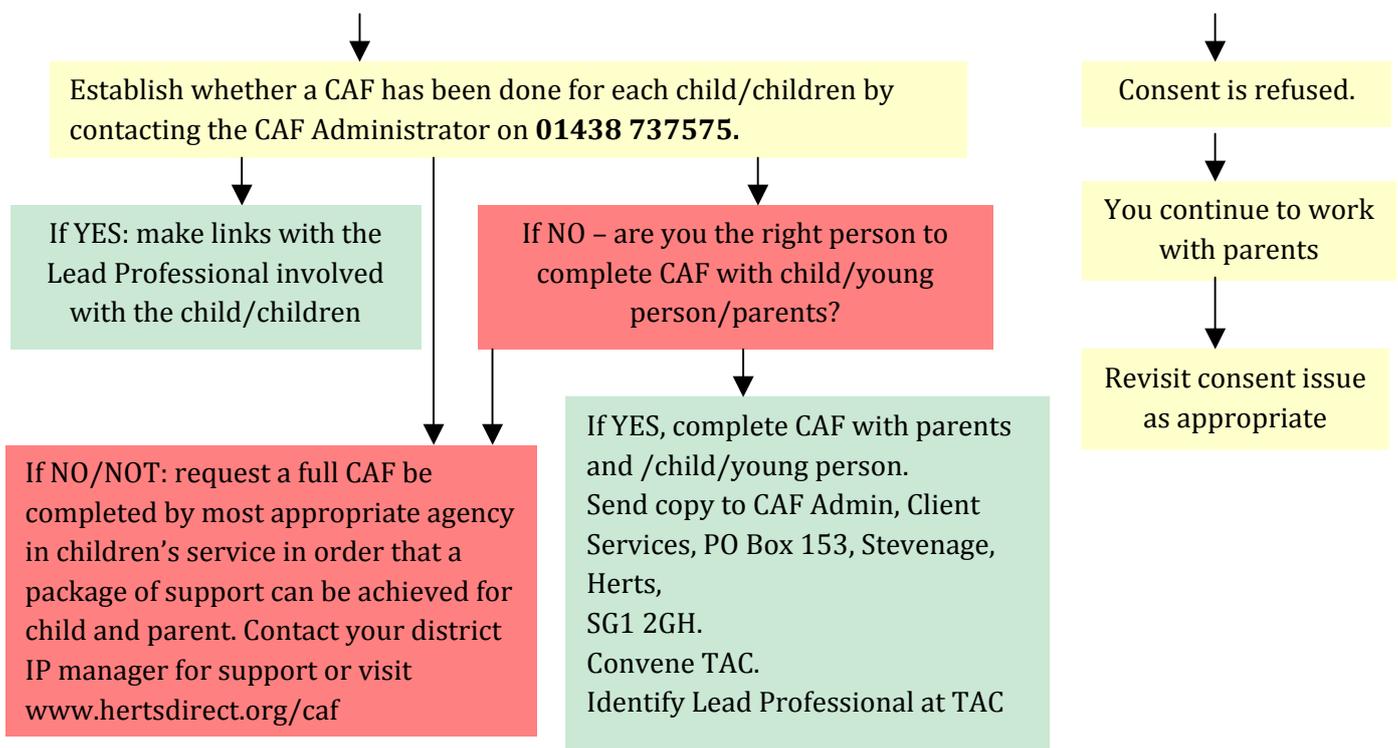
Process Map for identifying parental and caring relationships.

Practitioners working with adults should identify at an early stage the adult’s relationship with any children.

Step One: Does the client have children?



As a matter of course use the **Single Service Request** form as a tool to identify if there are any potential needs in relation to the child. If no additional needs are apparent then no further actions needs to be taken. If the **Single Service Request** identifies “additional needs” for the child does the client consent to the sharing of information? Guidance on completing a CAF and Single Service Requests can be found in www.hertsdirect.org/caf.



Appendix4

Adult substance misuse treatment agencies

Adult substance misuse treatment agencies can offer a range of services and support for the user, their friends and family depending on their needs. These may include:

- Needle Exchange Schemes
- Advice and information
- Liaison, throughcare and aftercare with criminal justice services
- Structured psychosocial intervention such as key working, counselling, couples therapy, family therapy and other interventions
- Group therapy (either support or more structured) and day programme
- Complimentary therapies such as acupuncture
- Advice on housing, benefits, training and education
- Pharmacological interventions for heroin users such prescription of Methadone or Buprenorphine
- Community or inpatient detoxification for heroin and poly drug users
- Assessment and management of co-morbid mental health problems in collaboration with local mental health services
- Assessment for residential rehabilitation services based on individual; needs

All adult substance misuse treatment agencies encourage clients to involve their families and friends as part of their treatment plan and can offer targeted support to families and friends. Some services do provide a range of family interventions. However, more holistic interventions to improve treatment outcomes will require working in partnership with other child and adult services.

Where to go for additional advice and support

To find local adult substance misuse treatment agencies in your area visit:

www.hertsdirect.org.uk/caresupport

Appendix 5 Family Support

Family Information Service (FIS)

www.hertsdirect.org/fis

Tel:0300 123 4052

FIS aims to offer you the most up-to-date information available in your area for children and young people aged 0 - 19 yrs (0 - 25 with a disability). Information is available on early years provision (children aged 0 to 5) and childcare and children's services, including:

Courses	One off sessions or workshops
Individual support	Telephone support
Childminders	Support groups
Out of school clubs	Play Schemes
Child Care Costs	Pre-schools/Playgroups

Family Services Directory

www.hertsdirect.org/fsd

This Directory brings together information about services for children, young people, their parents and carers. It also links information sources in Hertfordshire with directories in neighbouring areas.

Targeted Advice Service Hertfordshire

Practitioner Consultations: 01438 737 511

Customer Service Centre: 0300 123 4043

The Targeted Advice Service (TAS) is an interim multi-agency team, working alongside the Customer Service Centre. TAS provides advice and guidance for cases where they do not meet the threshold for social care.

Where practitioners are unsure whether the social care threshold has been met (where safeguarding needs may be unclear), TAS has in place a Consultation Line. However, it is an expectation that practitioners would have first consulted their line manager and/or safeguarding lead before contacting TAS.

If you have clear concerns about the safety of a child, please contact the Customer Service Centre without delay.

Extended Services

www.hertsdirect.org/extendedservices

- Children's Centres provide service for children under 5 years and their families.
- Schools provide access to extended services for older children and their families.

Children Centres and extended schools provide access to a range of universal and preventative service which include:

- Access for two, three and four year olds to free early education (including free nursery places)
- Details of family activities, parents and activities for children and young people
- Access to formal childcare
- Funded activities for vulnerable children and young people who are eligible for free school meals through 'extended opportunities'.
- A range of advice and support sessions about going back to work, accessing training and adult learning