

JOINT WORKING PROTOCOL: ADULT SUBSTANCE MISUSE & CHILDCARE



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This protocol will apply to the misuse of alcohol and substances, including prescription, legal and illegal drugs. The Advisory Council on the Misuse of Drugs defines substance misuse as problematic use which has 'serious, negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.'

(Advisory Council on the Misuse of Drugs 2003)

Introduction and purpose

This is an updated edition of the Adult Substance Misuse & Childcare protocol that was published by Portsmouth Safeguarding Children Board (PSCB) in March 2007. The aim of this evidence-informed protocol is to support excellence in practice and guide practitioners when caring for people with substance misuse problems who are parents¹ and to safeguard and promote the welfare of their children². Developments in national policy and research have been incorporated. This protocol contains guidance (appendix A) and an assessment tool (appendix B) that supports practitioners to work with integrated processes. The assessment tool can be used by any agency to assess the potential or actual impact of substance misuse on parenting. This can help identify care pathways and inform plans to support families and safeguard and protect children.

We would like to introduce this updated edition by celebrating the step-change we have seen in improved understanding of the needs of parents with substance misuse needs and those of their children. The appointment of a service coordinator for parental substance misuse has demonstrated a commitment to the 'Hidden Harm' agenda, placing a priority on tackling the impact of substance misuse and its prevention at the heart of delivery plans within Portsmouth. This post has enabled the further development of the knowledge and skills of frontline practitioners in relation to their safeguarding role. Work will be undertaken to develop practice guidance in line with the recommendations made by the National Treatment Agency for Substance Misuse.³ Work is in progress to develop services for 'hidden' young carers to address their needs. This is indicative of the progress made to ensure there is a local emphasis on whole family working regardless of the practitioner's discipline. The Family Intervention Project (FIP) now offers intensive, coordinated support to families at risk of poor outcomes. Parenting practitioners deliver and support evidence based parenting programmes aimed at improving parenting capacity. These developments are recognised by practitioners from adult substance misuse, children and family and safeguarding children services. Most importantly, we are helping to ensure best outcomes for children, young people and their families. It is hoped that a refreshed Adult Substance Misuse & Childcare Protocol will be both welcomed, and continue to support, this positive direction of travel.

¹ The term 'parents' includes all those with a primary caring role for children. However, in some cases risks posed to children generally may also need to be assessed and managed.

² The term 'children' refers to those aged 0-18 years of age. The needs of unborn babies should also be considered.

³ DCSF, DH and NTA (2009) *Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services*. London. The Stationery Office

The Adult Substance Misuse & Childcare Protocol recognises that many adults with substance misuse problems are able to parent their children well. This is often made possible by supportive networks of family, friends and professionals. However, in some cases the children may be at greater risk of harm (maltreatment) including physical, emotional, sexual abuse and neglect. The protocol aims to encourage joint working between those providing adult substance misuse services, and those providing children and family services, to ensure that the welfare of children and young people is safeguarded and promoted, and that the likelihood of harm is reduced. The protocol reflects statutory guidance⁴ and should be read in conjunction with the *Hampshire, Isle of Wight, Portsmouth and Southampton Local Safeguarding Children Board 4LSCB Safeguarding Procedures (2007)* and relevant 'in-house' policies. The *Portsmouth City Council/Portsmouth City PCT (2007) Visiting Patients in Mental Health In-patient Settings Policy* provides guidance in relation to visits of children and young people whose parents have been admitted for care including detoxification.

A sister document entitled *Joint Working Protocol: Adult Mental Health and Childcare* has also been ratified by the Portsmouth LSCB. Issues of co-morbidity and dual diagnosis must be acknowledged; as should any coexistence of domestic violence and abuse which is known to increase the likelihood of child maltreatment.

Equal Opportunities

The Adult Substance Misuse & Childcare Protocol is applicable to all relevant situations, irrespective of race, gender, age, sexual orientation, class, cultural and religious beliefs and disability. It is important to be aware of the particular stereotypes and assumptions that exist about parents who misuse substances (Hogan 1998). Likewise, the issue of equality is an important aspect of the way in which children are perceived and treated. Children and young people should be seen as individuals in their own right and their needs met accordingly (Butler-Sloss, 1988).

It is essential, therefore, that stereotypes and assumptions concerning either parents with substance misuse problems, or their children, do not influence any assessment, which should be based on observable evidence and objective judgment. Importantly, the Children Act 1989 recognises the child's welfare is paramount when any decisions are made about a child's upbringing; this means that their best interests may take

⁴ HM Government (2010) *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children*. London: The Stationery Office

precedence over those of their parents when there is a need to consider their welfare and safety.

Research suggests that although one in three adults have used illicit drugs at least once, less than one percent of the adult population in England are problem drug users (Hoare & Flatley, 2008). It is difficult to establish an accurate account of the number of children living with parents who misuse substances. Drug use can be characterised by secrecy and denial, with some drug taking behaviour being against the law (HM Government, 2010). It is estimated that one per cent of babies are born annually to mothers with problem drug use and two to three per cent of under sixteen year olds have parents with substance misuse issues in England and Wales. However approximately two thirds of fathers and one third of mothers who are problem drug users are no longer living with their children (The Advisory Council on the Misuse of Drugs, 2003).

National policy and guidance

Good practice in safeguarding children is supported by a raft of national policy and guidance, the most important being the statutory guidance set out in *Working Together* (HM Government, 2010). In addition specific guidance is provided in the *National Service Framework (NSF) for Children, Young People and Maternity Services* (Department for Education and Skills, Department of Health, 2004).

Safeguarding children is a recurrent theme throughout the Children's NSF; with Core Standard Five reflecting the requirement for all agencies to work together to prevent children from suffering harm and to promote their welfare. The Children's NSF also recognises the importance of early intervention and support for parents who are experiencing difficulties.

The National Institute for Health and Clinical Excellence (NICE, 2004, 2007) together with *Drug Misuse and Dependence: UK Guidelines on Clinical Management* (DH, 2007) provides guidance on the treatment and care of drug misuse in the UK. This emphasises consideration of the impact of drug misuse and treatment options on dependent children as a key principle. Highlighted as an essential element of treatment provision, the guidelines advise that risks to dependent children should be assessed as soon as possible after contact with services.

Models of Care for the Treatment of Adult Drug Misusers (National Treatment Agency, 2006) emphasises the need for professionals working in adult substance misuse to

identify parents and carry out holistic comprehensive assessments. Practitioners need to be familiar with local safeguarding children procedures and to know how to obtain advice quickly. This guidance recognises that this is best achieved through care planning and joint working between health and social care services.

The National Drug Strategy, 'Drugs: protecting families and communities' (Home Office, 2008) focuses on the impact of substance misuse on families and includes specific actions relating to parents, including that, 'all problem drug user parents whose children are at risk having prompt access to treatment, with assessments taking account of family needs'.

'Working Together to Safeguard Children' (DCSF, 2010) outlines the roles and duties of individuals and organisations to work in partnership. This includes the responsibility of adult workers who may not work directly with a child "to be fully informed about their responsibility to safeguard and promote the welfare of children and young people".

The 'Think Family' agenda (Cabinet Office, 2008) outlines plans to target support at the most vulnerable families, including those experiencing issues associated with substance misuse. This recognises the potential impact parental substance misuse has on children, as well as the effect of parenting responsibilities on treatment engagement and outcomes for adults.

Impact of parental substance misuse on childcare

It is important to recognise that the majority of parents who misuse substances are able to parent their children well. However, parental substance misuse is widely viewed as a risk factor and the impact that it has on parenting needs to be considered by substance misuse and childcare practitioners.

Parents who are struggling to meet their children's needs may be unable to:

- ensure their basic safety and physical well-being
- meet their social, emotional and developmental needs
- play and provide adequate stimulation

Such parents may also expect their child to take on adult tasks and responsibilities and may become frustrated when efforts to discipline them are unsuccessful (RCPSYCH, 2002). The effect of substance misuse on parental behaviour may also be a feature. In addition, the adverse impact of poverty and social exclusion on the

ability to parent is an important contextual factor. Furthermore, factors within the child, such as chronic physical, developmental or emotional disorder can precipitate or exacerbate parental substance misuse. In extreme cases, parental substance misuse can lead to fatal maltreatment through physical abuse or neglect. Factors associated with a greater likelihood of risk include chronic or severe substance misuse; co-morbidity with mental illness; a personality disorder; learning disability; being a perpetrator or victim of violence; poor compliance with treatment; history of overdose or self-harm; own history of child maltreatment and experiences of being in the care system. It is thus vitally important that those providing both children and family services and substance misuse services understand their roles and responsibilities in safeguarding and promoting the welfare of children.

Safeguarding and promoting the welfare of children and young people

Safeguarding and promoting the welfare of children and young people encompasses a number of separate, but interrelated activities (HM Government, 2010). These include; protecting children from maltreatment; preventing impairment of their health and development and ensuring that they are safe and well-cared for. The overarching aim of safeguarding work is to make sure that children and young people are able to reach their potential and enter adulthood successfully. Safeguarding the children of parents who misuse substances rests on an understanding of factors which are concerning and knowledge of how to identify and respond to concerns. Timely intervention is crucial; indeed it may be life-saving. The National Institute for Health and Clinical Excellence (2009) has published guidance to help practitioners who are not safeguarding children specialists recognise when to consider, suspect or exclude child maltreatment.

The following should raise suspicion:

- children exposed to contact with other substance misusing adults who may pose a risk of harm
- children exposed to criminal activity connected with substance misuse
- persistent negative views expressed about a child
- children's safety compromised as a result of illegal substances and drug paraphernalia within the home
- lack of parental engagement with antenatal care to ensure adequate and appropriate assessment of the needs of the mother and the unborn child
- ongoing emotional unavailability, unresponsiveness and neglect

- abnormal or delusional thinking about the child
- keeping a child at home to care for and support the parent
- ongoing hostility, irritability and criticism of the child
- inconsistent/inappropriate expectations of the child
- expecting a child to undertake household tasks and/or prevention from reaching education due to parental need
- money diverted from the family income for drug purchase resulting in lack of funds to meet the basic physical needs e.g. food, warmth, clothing

Good practice dictates that substance misuse practitioners liaise with those providing universal child health services (i.e. Midwives, health visitors, school nurses and general practitioners). Where they are involved liaison may also take place with specialist child health services e.g. Child and Adolescent Mental Health Services (CAMHS). On-going communication between practitioners helps to provide integrated and supportive care to families and underpins good safeguarding practice. Completing a comprehensive assessment of parental substance misuse will help all practitioners to identify concerns in relation to the children. The assessment can lead to a Pregnancy Referral Assessment Meeting (PRAM) or a Substance Awareness Meeting (SAM)⁵ These meetings provide an important opportunity for addressing the diverse needs of parents and their children, including the children's safety. Assessment should focus not only on the risk factors in the lives of the children concerned, but also on the protective factors. Substance misuse practitioners have an important role in ensuring their knowledge and assessment of the parents contributes to any common assessment framework (CAF) undertaken to support the child. This includes identifying the need for a CAF and for ensuring a CAF is undertaken. This includes assessing the competencies and sources of informal support that already exist in the extended family, the neighbourhood, and the community at large, that can be utilised to enlarge a child's range of problem-solving skills, self esteem and self efficacy. However, where practitioners are concerned about the safety and welfare of a child they should take action to ensure their protection. The following section provides a brief synopsis of safeguarding children procedures. More details can be found in the national, LSCB and agency in house policies and procedures referenced hitherto.

⁵ Please see current guidance in relation to the use of PRAM and SAM to assess the likely effects of parental substance misuse on their ability to provide safe and appropriate care to a child or unborn baby

What to do if you have concerns about the safety and welfare of a child

Concerns about the safety and welfare of a child should always be shared. In the first instance these should be discussed with a senior practitioner, manager, and named or designated safeguarding children health professional. If concerns remain, further discussion (without necessarily identifying the child and family in question) can also take place with another agency, such as children and families social care or the police. A decision may then be made to refer the child to social care for further assessment of need. It is generally good practice to involve the child (if age appropriate) and the parents in the discussion leading to referral unless this is considered to increase the risk to the child, the adult or the practitioner or cause undue delay or prejudice the prevention or detection of a serious crime.

Following referral to children and families social care, substance misuse and child and family practitioners will be expected to contribute to an 'initial assessment' and, where risk of significant harm is identified, child protection processes. In addition, where the referral has come from another source, they may also be asked to provide information or be involved in the assessment. Substance misuse and child and family practitioners may then be asked to provide help or a specific service as part of any ensuing child protection plan.

Confidentiality and information-sharing

Confidentiality forms a key guiding principle of practitioners' codes of professional conduct and ethics. However, at the outset of a therapeutic relationship practitioners should make explicit that confidentiality is not absolute and may be breached in circumstances of 'public interest' including the need to take action to safeguard children and young people. The 'Seven Golden Rules' of information-sharing are particularly helpful.

The 7 'Golden Rules' of Information Sharing⁶

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.

⁶ HM Government (2008) *Information Sharing: Guidance for Managers and Practitioners* London: Department for Children, Schools and Families.

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.

Supervision

Supervision plays a key role in helping substance misuse and child and family practitioners to consider the impact of adult needs in relation to their substance misuse on the safety and welfare of children. All parties should be aware of how to seek advice and help and how to make a referral to Children and Families Social Care.

Learning and development

Portsmouth Children's Trust has an Integrated Working and Safeguarding Programme⁷ that can be accessed by those working or volunteering with children and families in the City. This is a multi-agency programme and there are a range of modules and an emphasis on early intervention and the use of tools such as the Common Assessment Framework to help to work with families with additional needs. In addition, organisations will run their own in-house programmes, such as Basic Awareness (Level One) Safeguarding Children. The Solent Healthcare Safeguarding Children Team also offer a range of additional training for health professionals and will provide 'service specific' training that can meet the particular needs of a team.

Sources of further help and advice

A key message from this protocol is that concerns about the safety of children should be discussed and actions taken to protect their welfare. Whilst an initial discussion may be held with a manager or senior colleague, further advice and support can be readily accessed. Safeguarding children is everyone's responsibility.

Solent Healthcare (For access to Designated and Named Professionals)

⁷ <http://www.portsmouthchildrenstrust.org/>

Safeguarding Children Office Tel: 023 9281 6740

Safeguarding advice from Community Paediatrician Tel: 023 9247 2948

Portsmouth City Children's Services

Child Family Enquiries (CAFÉ) Tel: 0845 671 0271

CAF.Enquiries@portsmouthcc.go.uk

Children's Social Care Tel: 023 9283 9111

Emergency Out of Hours Tel: 0845 6004555

Portsmouth Hospitals NHS Trust

Safeguarding Children Office Tel: 023 9228 6000 Ext 4312/4314/4581

Police

Tel: 0845 0454545 (ask for Child Abuse Referral Unit)

(For emergencies call 999; any police officer can take action to ensure a child is safe)

Local Safeguarding Children Board website

This can be found via the Portsmouth Children's Trust Website:

<http://www.portsmouth-learning.net/pln/8.cfm?p=222,index&zz=20070716155427578>

Solent Healthcare Intranet (Solent Healthcare employees only)

<http://pct/pro/saf/default.aspx>

Resources for children and families

Adfam (Helps families facing problems with drugs and alcohol)

Tel: 02075 537640

www.adfam.org.uk

Alcoholics Anonymous (Fellowship of men and women sharing their experiences and helping each other recover from alcoholism)

Tel: 0845 769555

www.alcoholics-anonymous.org.uk

Alcohol Interventions Team (Brief Interventions to reduce alcohol health harms)

Civic Offices, Guildhall Square, Portsmouth, PO1 2BY Tel: 02392 841753

Baytrees (Inpatient detoxification and therapeutic treatment unit)

St James Hospital, Locksway Road, Portsmouth, Hants PO4 8LD

Tel: 02392 683370

Child & Adolescent Mental Health Service Portsmouth

Primary Mental Health Team Battenburg Avenue Clinic Tel: 02392 653433
Child and Adolescent Mental Health Service Falcon House, St James Hospital
Tel: 02392 684700

Cranstoun Drug Services

(Open access, triage assessments, structured day programmes, needle exchange and outreach)

67 Kingston Road, Portsmouth, PO2 7DX
Tel: 02392 751617

E's UP Young Peoples Substance Misuse Service (Support for young people under 18)

130 Elm Grove Southsea, PO5 1LR
Tel: 02392 825140

Families Anonymous (Self help groups for those affected by the drug use of family members) Tel: 0845 1200660

FRANK (The 24/7 free national drugs help line and information service for any drug related information and advice)

Tel: 0800 776600

www.talktofrank.com

Narcotics Anonymous (Fellowship of men and women sharing their experiences and helping each other to recover from drug addiction)

Tel: 02077 300009

www.na.org

National Association for the Children of Alcoholics (Supports children of alcoholic parents)

Tel: 0800 358 3456

www.nacoa.org.uk

National Help-lines:

Child-line: 0800 1111

Parent-line plus: 0808 800 2222

NSPCC help-line: 0808 800 5000

Mind *info* Line: 0845 766 0163

Parent Support Link (24/7 help line for people in Hampshire affected by substance misuse) Tel: 02380 399764

Portsmouth & SE Hants Substance Misuse Service (Substitute prescribing, detoxification and rehabilitation, psychosocial interventions)

Kingsway House, 130 Elm Grove, Southsea, Portsmouth, PO5 1LR

Tel: 02392 291607

Portsmouth Drug Interventions Programme (Substance misuse and offending behaviour)

Civic Offices, Guildhall Square, Portsmouth, Hants, PO1 2BY

Tel: 02392 688678

Portsmouth Young Carers Project (Support for young carers in the city, ranges from one to one support, support in education, and group work).

Tel 023 9285 1864 or 023 9275 6780

www.portsmouthcarers.org

For more general information about young carers visit [young carers.net](http://youngcarers.net)

Rebound (Support for carers/family members of people misusing substances)

Tel: 07833941145

References and further reading

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v0.1	12th June 2010	19th June 2010	LSCB Manager Social Care ASM Clinical Governance Leads Safeguarding Children Health Forum Members	Vacant post No Yes Yes	Yes Yes
V0.2	28 th June 2010	20 th July 2010	Head of Safeguarding Social Care Associate Director Children and Families Solent Healthcare LSCB Chair	No No No	
V0.3	18 th August 2010		LSCB board members	Yes	Yes