

# Joint working protocol between Substance Misuse and Children and Young Peoples Services

## Part One: Strategic Context

### Introduction

Newham's approach to drug and alcohol service provision is set out in its substance misuse commissioning strategy 'Drug and alcohol services in Newham: The Way Forward 2013'.<sup>1</sup> Newham's priorities are:

- to protect the broader community from harms associated with drugs and alcohol,
- to provide the vulnerable people misusing substances in the borough with support to overcome their dependency. These priorities align with broader community concerns around drugs and alcohol and what service users want for themselves
- to align with broader community concerns around drugs and alcohol and what service users want for themselves.

In line with the national focus on Recovery and the consequent requirement to integrate stages of treatment and place Recovery at the core of each stage, the London Borough of Newham has commissioned a single, integrated drug and alcohol service from Crime Reduction Initiative(CRI) and is now the single point of access for adults requiring substance misuse treatment.

In 2003 the UK's Advisory Council on the Misuse of Drugs ( ACMD) published Hidden Harm Responding to the need of children of problem drug users which describes the situation of many children and young people living in substance misusing household and the difficulties they face.

All professionals who come in contact with substance misusers and/or their children have a responsibility to ensure that children in these circumstances are identified as early as possible and are given appropriate support and protection. Early identification and the right kind of support - both for parents/ carers and children - can often mean that children can remain with their parents/ carer, but there are some circumstances, for example, serious and chaotic drug use, when the risks to the child are so severe, that staying with their parents/carers may not be an option.<sup>2</sup>

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<sup>1</sup> Drug and alcohol services in Newham: The Way Forward 2013  
<http://mgov.newham.gov.uk/documents/s71903/121029%20Newham%20draft%20substance%20misuse%20commissioning%20strategy%20-%20HWB%20draft.pdf>

<sup>2</sup> Hidden Harm Next Steps supporting Children working with parents 2006

This joint working protocol is for professionals working in both Children and Young People's and Substance Misuse services in Newham. It outlines the procedures that should be followed when professionals in these teams are working with individuals or families affected by substance misuse.

All professionals working with families affected by substance misuse must work in line with the following principles:

- **Promote the child's welfare** by always considering the child's needs (including their safety) and the parent/ carers capacity to meet these.
- **Promote parenting** by always considering the needs of adult service users who are parent/carer, and ensuring that all adult service users have the needs of their dependent children addressed.
- **Support the family** by considering the needs of all family members including unborn children.

All professionals should be aware of the legal framework and agreed protocols and procedures they work to and the responsibilities they have as a result of working within this framework. This includes:

- The Children Act 1989 & 2004
- Working Together to Safeguard Children (2013)
- Information Sharing for Practitioners and Managers (2008)
- The London Child Protection Procedures
- Protecting Adults at Risk - Pan London Adult Safeguarding Procedures

#### **Statement of Purpose:**

This joint working protocol has been developed to improve outcomes for families experiencing problems which may be caused or impacted by substance misuse. This aim will be achieved by:

- Strengthening the relationship between Substance Misuse services and children and family services.
- Implementing effective joint working arrangements, including sharing of information and data, between adult Substance Misuse services and children and family services.
- Improving the identification, assessment and referral of drug or alcohol using parent/carer to appropriate services.
- Improving the identification, assessment and referral of children who need to be safeguarded
- Establishing robust referral thresholds and pathways into children and family services
- Establishing robust referral thresholds and pathways into Substance Misuse services which are recognised as lower for those with parenting/ caring responsibilities.
- Ensuring staff competence and providing training.<sup>3</sup>

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<sup>3</sup> Supporting Information for the development of joint local protocols between drug and alcohol partnerships, children and family services, NTA (2013)

**Key outcomes:**

The outcomes to be achieved as a result of implementation of the protocol are in line with those set out in national guidance.<sup>4</sup>

- “Improved safeguarding and promoting the welfare of children and young people whose health or development may be being impaired as a consequence of parental substance misuse;
- Improved outcomes for children of substance misusing parents or carers, including children who may have caring roles in the family;
- Improved joint working between adult treatment services and children’s services, providing an integrated approach to ensure that their functions are discharged having regard to the need to safeguard and promote children’s welfare;
- Improved treatment outcomes for parent/carer who misuse substances beginning with access to drug treatment through to support from family services and parenting practitioners;
- Improved access to adult Substance Misuse services for parent/carer using drugs or alcohol;
- Increased retention and compliance in treatment for substance misusers who are parent/carer;
- Improved training and support to both the adults and children’s workforce
- Ensure children and young people undertaking caring roles for their parent/carer and siblings are supported and protected from inappropriate caring.”

**Families and substance use**

Families affected by substance misuse can have multiple, complex needs and are often in touch with a range of health and social care services. Their contact with these services often does not directly relate to substance misuse. However, substance use may be part of a constellation of health, social, psychological, financial and criminal justice needs. The substance use may be a primary cause of these issues or may result as a secondary issue. In either case, substance use will have a negative impact on family members and may compound or escalate other issues, particularly in relation to the needs and safety of children.

“Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases. Research suggests that alcohol is a factor in at least 33% of protection cases, and drug and alcohol misuse is a factor in up to 70% of care proceedings. Parental substance misuse has been found to feature in 25% of serious case reviews”

From: Supporting Information for the development of joint local protocols between drug and alcohol partnerships, children and family services, NTA (2013)

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<sup>4</sup> Joint Guidance on Development of local protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services. Department for Children, schools and families, Department of Health and NTA (2009)

Vulnerable adults within the family can also be at risk of harm. They may be at risk of abuse, including domestic abuse from other adult family members or from children

Often drug or alcohol using parent/carer will not access services until their use is having a serious impact upon them and their family members. The reasons for this are complex but can include:

- Substance misuse not being asked about in assessment in children's and families services.
- Substance misuse not being revealed or being minimised at assessment in children's and families services, due to family members' concerns about potential child protection proceedings.
- Parenting responsibilities and access to children not being identified as part of substance misuse assessments.
- Not considering parenting responsibility and access to children as part of risk assessment and risk management plans in Substance Misuse services.
- A lack of understanding of the impact of substance misuse on parenting capacity and behaviour on the part of practitioners in both children and families and Substance Misuse services.

"For children of drug-misusing parents, treatment is a protective factor. The problems addiction causes will motivate many parents to find help, while entering treatment has major benefits for them and for their children. Their lives become more stable, and they can get support to address their other problems and help them look after their family better."

Parents with drug problems: How treatment helps families NTA 2012

The complexity of needs found in families where there is substance misuse requires interventions from both children and families and Substance Misuse services. However, information from Substance Misuse services describes a situation where there are low numbers of referrals from health and social care services, including Children and Young People's Services. Correspondingly, there appear to be very few referrals from Substance Misuse services to Children and Young People's Services. Consequently, opportunities for early intervention and prevention work are being lost.

"The Munro Review (2011) highlighted that children are too often invisible to services, including substance misuse services, which tend to focus on the adult in front of them .... The 2013 revision of 'Working Together to safeguard children' highlights the importance of developing local procedures and the role of LSCBs in coordinating multi-agency approaches to safeguarding and promoting the welfare of children.

From: Supporting Information for the development of joint local protocols between drug and alcohol partnerships, children and family services, Public Health England (2013)

“Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.”<sup>5</sup>

In addition effective safeguarding systems are those where:

- the child’s needs are paramount, and the needs and wishes of each child, be they a baby or infant or an older child, should be put first, so that every child receives the support they need before a problem escalates;
- all professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
- all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children’s social care;
- high quality professionals are able to use their expert judgement to put the child’s needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
- all professionals contribute to whatever actions are needed to safeguard and promote a child’s welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
- LSCBs coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements;
- when things go wrong Serious Case Reviews (SCRs) are published and transparent about any mistakes which were made so that lessons can be learnt; and
- local areas innovate and changes are informed by evidence and examination of the data.<sup>6</sup>

Joint working to enable prevention and early identification of substance misuse in families requires a joined up approach across agencies. It is therefore a shared responsibility requiring:

- Effective service planning at the strategic level, to ensure that services are comprehensive, complimentary and coordinated.
- Leadership from strategic and operational managers to promote the development of constructive and productive relationships between practitioners.

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<sup>5</sup> Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children. HM Government (2013)

<sup>6</sup> Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children. HM Government (2013)

- Effective joint working and information sharing between practitioners.
- Development and support of individual practitioners by managers to support them to work competently and meet the requirements of this protocol. This can be achieved through supervision, appraisal, training, providing resources and day-to-day management support.

#### **Partners to the joint working protocol:**

The following strategic bodies within London Borough of Newham and organisation have made a commitment to actively implement this protocol:

- Newham Safeguarding Children's Board
- Safeguarding Adults Partnership Board
- Substance Misuse Partnership Board

This joint working protocol relates to all statutory and non-statutory services working with parents/carers and other family members affected by substance misuse issues in Newham. This includes the following agencies:

- CRI Newham RISE
- Newham Children and Young People's Services
- London Metropolitan Police
- Ante-natal services at Newham University Hospital Barts Health NHS Trust

All practitioners will be expected to work in line with this protocol when they come into contact with:

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

#### **Information sharing**

Information sharing is vital if the safety of children and vulnerable adults is to be maintained. Practitioners should be aware of best practice and the law with regard to information sharing.

"The circumstances in which, legally, information can be shared without consent.

- If there is a risk of significant harm to a child or children there is a statutory responsibility to refer to children's social care.
- If child protection service make enquiries about substance misusing parent/carer as part of a section 47 enquiry, or if the child is subject to a child protection plan, there is a statutory duty to share information with child protection services."<sup>7</sup>

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<sup>7</sup> Supporting Information for the development of joint local protocols between drug and alcohol partnerships, children and family services, Public Health England (2013)

Service user consent is not required to share information in these instances. However, it is good practice to discuss the reasons for the referral with the service user and any decision not to do so should be recorded, along with the reason for not doing so.

**Seven Golden Rules of Information Sharing (DCSF, 2008)<sup>8</sup>**

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 (such as to prevent a serious crime, or to provide information to a court). 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 shared, with whom and for what purpose.<sup>9</sup>

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<sup>8</sup> Included within the Information Sharing Advice for practitioners providing safeguarding services 2015

<sup>9</sup> Information Sharing: Guidance for practitioners and managers. Department of Health (2008)

## Part Two - Joint Working Procedures

### Principles

- “Substance misuse should not, on its own, be regarded as an automatic indicator of abuse or neglect. Equally, parent/carer who stop using substances should not necessarily be assumed to be better or safer parent/carer. The effects of withdrawal can have a severe effect on the capacity of the parent to tolerate stress and anxiety. Each family should be assessed on an individual basis.
- It is important to remember that parent/carer with problems relating to substance misuse should be assessed in the same way as other parent/carer whose personal difficulties interfere with or lessen their ability to provide good parenting and protection. The assessment will need as much emphasis given to nonrelated factors as to the particulars of parental substance misuse. Substance misuse cannot always be separated from other aspects of the user’s life, such as, health, poverty, employment and housing. Substance misuse may lead to poor physical health or mental health problems, financial problems, housing problems and breakdown in family relationships.”<sup>10</sup>

### Single Point of Contact (SPOC)

“Effective joint working with children and families and Substance Misuse services may be supported by establishing a single point of contact within each local treatment system to act as the main lead and contact for those services.”<sup>11</sup>

Each service signed up to this joint working protocol will identify a SPOC. A list of current SPOCs is attached to this protocol and will be updated regularly.

This can include allocating a specific role to a staff member, and having a dedicated e-mail address or telephone number for enquiries and support. The SPOC will provide advice about referrals and offer specialist advice and consultation to Children and Young People’s Services and Substance Misuse services locally, including attendance at early interventions, child in need and child protection meetings as required. In addition, each service will have a nominated safeguarding lead for cases known to that service.

Each service within CYPS will have a named SPOC from Early help to statutory services,

It is the responsibility of service managers to ensure that each team has nominated a SPOC which will be held in centralised place for ease of access and accuracy..

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<sup>10</sup> Standing Conference on Drug Abuse (SCODA) (1997) Drug using parents, Policy guidelines for inter-agency working. SCODA & Local Government Forum, Local Government Association: London

<sup>11</sup> Joint Guidance on Development of local protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services. Department for Children, schools and families, Department of Health and NTA (2009)

### 1. Operational procedures - general:

- The Children's Plan and the Adult plan will compliment each other to address both the child's needs and the adults substance misuse needs and identified risks.
- Professionals from both Children's and Adult services will contribute to respective plans
- Attendance is expected by substance misuse services to the children and young peoples key meetings and vice versa.
- Invitations to attend review or other meetings will be sent out in a timely way and minutes of these meetings will be provided to all partners.
- Professionals who cannot attend meetings will notify the meeting organiser and send a written report. The report must make reference to the work undertaken to date, analysis of risk and strengths and outcomes achieved. It should make clear recommendations.

### 2. Operational procedures - Children and Young People's Services:

- If substance misuse is affecting parenting capacity and the client consents to seek treatment for their substance misuse, a referral to Newham Drug & alcohol service as the front door to access services.. The service will then direct to their most appropriate service.
- If a parent with substance-related needs is already in contact with Substance Misuse services the Children and Young People's practitioner should contact the key worker and request their specialist input to the professional key working for the Child.
- On receipt of a referral from a Substance Misuse service, the result of the triage assessment will be fed back to the Substance Misuse service in line with Triage procedures.
- Inform Substance Misuse services of any change in circumstances in parenting and/or living arrangements, e.g. if another substance user has begun living in the family home.
- Consider the impact of substance misuse or attending treatment on caring responsibilities, including where these might shift to someone else in the family such as a young carer.

### 3. Operational procedures – Substance Misuse services:

- If substance misuse is affecting parenting capacity the service will follow local safeguarding protocols.
- The Substance Misuse service will make referrals using the Newham Triage web referral resource.
- The Substance Misuse service will have a safeguarding lead.
- Referrals from children's social care should be treated as priority referrals.
- On receipt of a single assessment and referral from children's social care, the timescale for assessment of substance misuse-related needs and feedback by the Substance Misuse treatment service is 24 hours .

- If the parent does not attend their assessment appointment, children's and family services should be informed of this within 24 hours, in case urgent action is required.
- Substance Misuse services will provide specialist input when requested, including attendance at meetings, providing written information where appropriate and advice around drugs and alcohol, their effects and treatment interventions available.
- On completion of the assessment, if the parent is willing to progress with treatment, it is recommended that a treatment and recovery plan is developed based on the presenting needs and shared with children and family services, where possible with the consent of the service user. In the event of a S47 (CA89) child protection investigation consent is not required.
- The Substance Misuse Service will inform children and family services of any change in circumstances in parenting and/or living arrangements, e.g. if another substance using relative has begun living in the family home.

### **Specific issues**

#### **Pregnant women**

Pregnant alcohol or drug-using women are a high-risk group. However, they may not access either ante-natal or Substance Misuse services until their pregnancy is advanced. Children and Young People's Services, ante-natal services and Substance Misuse services need to work together to ensure that a pregnant substance using woman receives care that reduces risk to her and her unborn child.

If concerns are such that threshold is met for children's social care pre birth assessment then refer to safeguarding systems page 4 of the protocol.

#### **Young Carers**

The identification of young carers in families where there are substance misuse issues can be problematic. This can be due to the stigma the family experiences or fear it will experience due to the substance misuse or because of co-existing issues such as mental health issues. Family members may also have concerns about the involvement of services and the potential consequences of this. This can include fears about child protection proceedings.

Under the provision of the Children and Families Act 2014 young carers are legally entitled to receive support and an assessment of their needs from a Local Authority. The Children and Families Act also requires Local Authorities to identify the extent to which there are young carers in the area who have support needs. An assessment of the needs of young carers will consider the young person's needs for support in the light of their needs and wishes, including their participation in education, training or recreation or the extent to which they wish to work.

Any assessment of a young carer's needs has to include the young carer, the young carer's parent/carer and anyone else the young person or a parent or carer of the young person requests to be involved.

**Care Leavers/LAC**

The Children (Leaving Care) Act 2000 aims to ensure that a Local Authority will provide help until a Young Person who has left care reaches the age of 21, and in some cases 24 (where the young person is in education or training).

In Newham's CAMHS Substance Misuse Team (NCSMT) young people's Substance Misuse service has an upper age threshold of 18. At this point if the young person continues to have substance misuse-related needs their care will be transferred to adult Substance Misuse services if this is appropriate.

CRI will jointly work with the lead children's professional including leaving care team outreach workers and NCSMT ahead of the young person's 18 birthday. The transfer should avoid any break in support and aid a smooth transition to safeguard the young person. CYPS worker to is to ensure that the transition of care from young peoples to adult services is well considered and appropriate to the needs of the individual and solely determined by their age.

Any young person leaving care will have a pathway plan and outreach worker. Where the young person has substance misuse related needs this should form part of their plan and the personal adviser should involve the Substance Misuse treatment service as part of that plan.

**Families who move frequently**

Joint working between services should include identifying families new to the local area and determining their contact with Substance Misuse services and children and family services at their previous address and notifying partners to newly identified families.

It is recognised in Newham that there are significant numbers of transient families

## Part Three - Governance

### Dispute Resolution

The London Child Protection Procedures state that “Concern or disagreement may arise over another professional's decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry.

Professionals should attempt to resolve differences through discussion and/or meeting within a working week or a timescale that protects the child from harm (whichever is less). Referring to the Newham Safeguarding Children Board conflict resolution protocol which can be found on <http://www.newhamscb.org.uk/>.

Most day-to-day inter-agency differences of opinion will require a Local Authority children's social care manager to liaise with their (first line manager) equivalent in the relevant agencies. These first line managers should seek advice from their agency's designated safeguarding children professional.

If agreement cannot be reached following discussions between the above first line managers within a further working week or a timescale that protects the child from harm (whichever is less), the issue must be referred without delay through line management to the equivalent of service manager or other designated safeguarding children senior professional.

The professionals involved in this conflict resolution process must contemporaneously record each intra- and inter-agency discussion they have; approve and date the record and place a copy on the child's file together with any other written communications and information.”<sup>12</sup>

### Implementation:

#### *Sign-off of the protocol*

This protocol has been signed off by:

- Newham Safeguarding Children’s Board
- Safeguarding Adults Partnership Board
- Substance Misuse Partnership Board

#### *Dissemination of the protocol*

This protocol will be made available on the London Borough of Newham Intranet. It will also be held on any Intranet and Policy and Procedures manual of the Substance Misuse service.

#### *Training*

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<sup>12</sup> London Safeguarding Children Board (2014) London Child Protection Procedures Part B paras 11.1.3 to 11.1.9.

A range of relevant multi-agency Safeguarding training is provided by the Newham Safeguarding Children's Board <http://www.newhamlscb.org.uk/>. This includes:

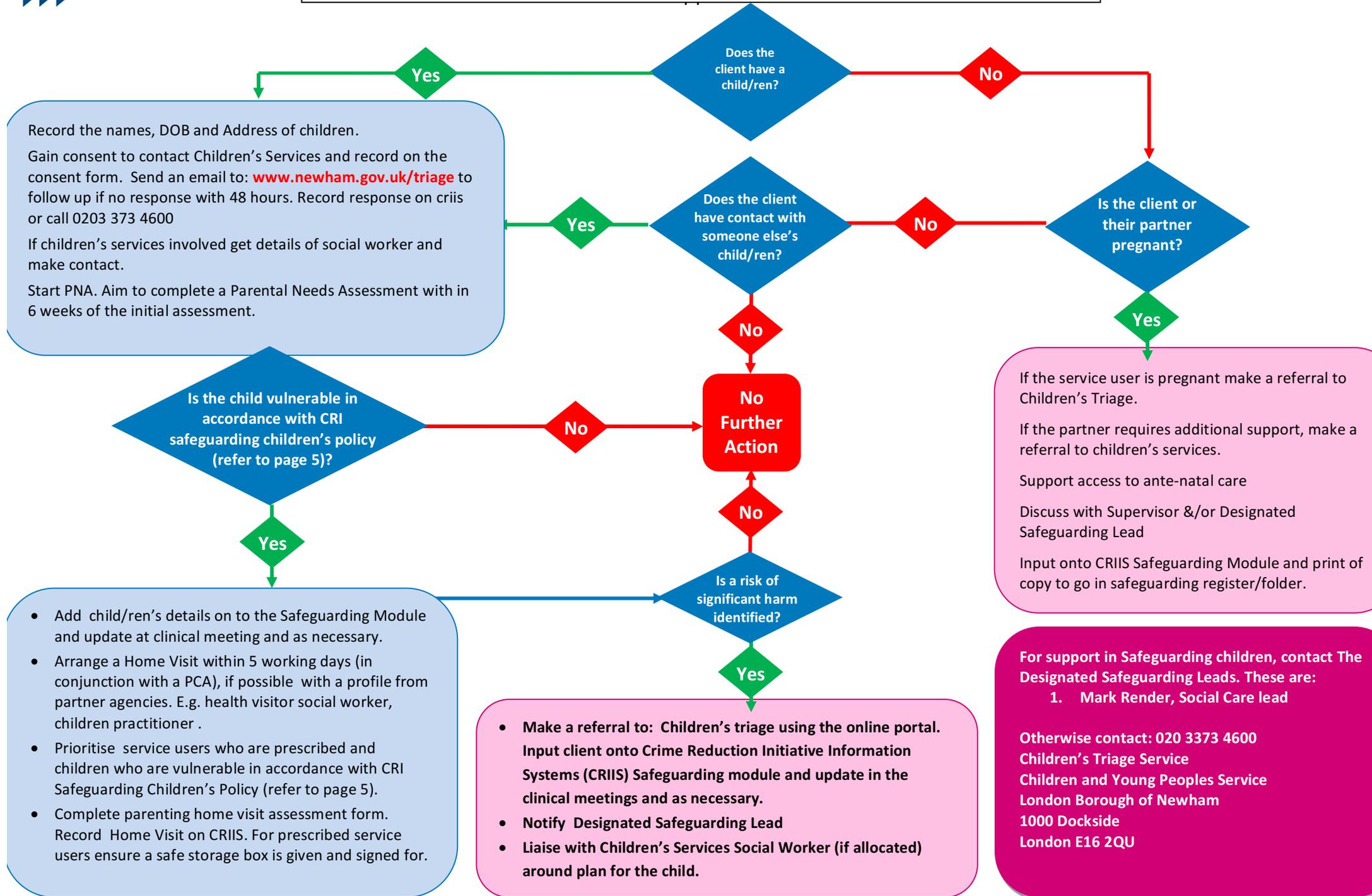
- Introduction to Safeguarding
- Protecting Children from Harm
- Working together to protect children
- Impact of parental substance misuse.
- Working with non-engaging families.
- Triage – how it all works.

**Review of Protocol:**

This protocol shall be reviewed 6 months from the date of its endorsement. After this first review it shall be subject to review every year thereafter.

The reviewers will be those individuals who are their organisation's contact for this protocol

**Decision-making process and procedure for referral to Children and Young People's Services**



Record the names, DOB and Address of children.  
Gain consent to contact Children's Services and record on the consent form. Send an email to: [www.newham.gov.uk/triage](http://www.newham.gov.uk/triage) to follow up if no response with 48 hours. Record response on criis or call 0203 373 4600  
If children's services involved get details of social worker and make contact.  
Start PNA. Aim to complete a Parental Needs Assessment within 6 weeks of the initial assessment.

If the service user is pregnant make a referral to Children's Triage.  
If the partner requires additional support, make a referral to children's services.  
Support access to ante-natal care  
Discuss with Supervisor &/or Designated Safeguarding Lead  
Input onto CRIIS Safeguarding Module and print of copy to go in safeguarding register/folder.

- Add child/ren's details on to the Safeguarding Module and update at clinical meeting and as necessary.
- Arrange a Home Visit within 5 working days (in conjunction with a PCA), if possible with a profile from partner agencies. E.g. health visitor social worker, children practitioner .
- Prioritise service users who are prescribed and children who are vulnerable in accordance with CRI Safeguarding Children's Policy (refer to page 5).
- Complete parenting home visit assessment form. Record Home Visit on CRIIS. For prescribed service users ensure a safe storage box is given and signed for.

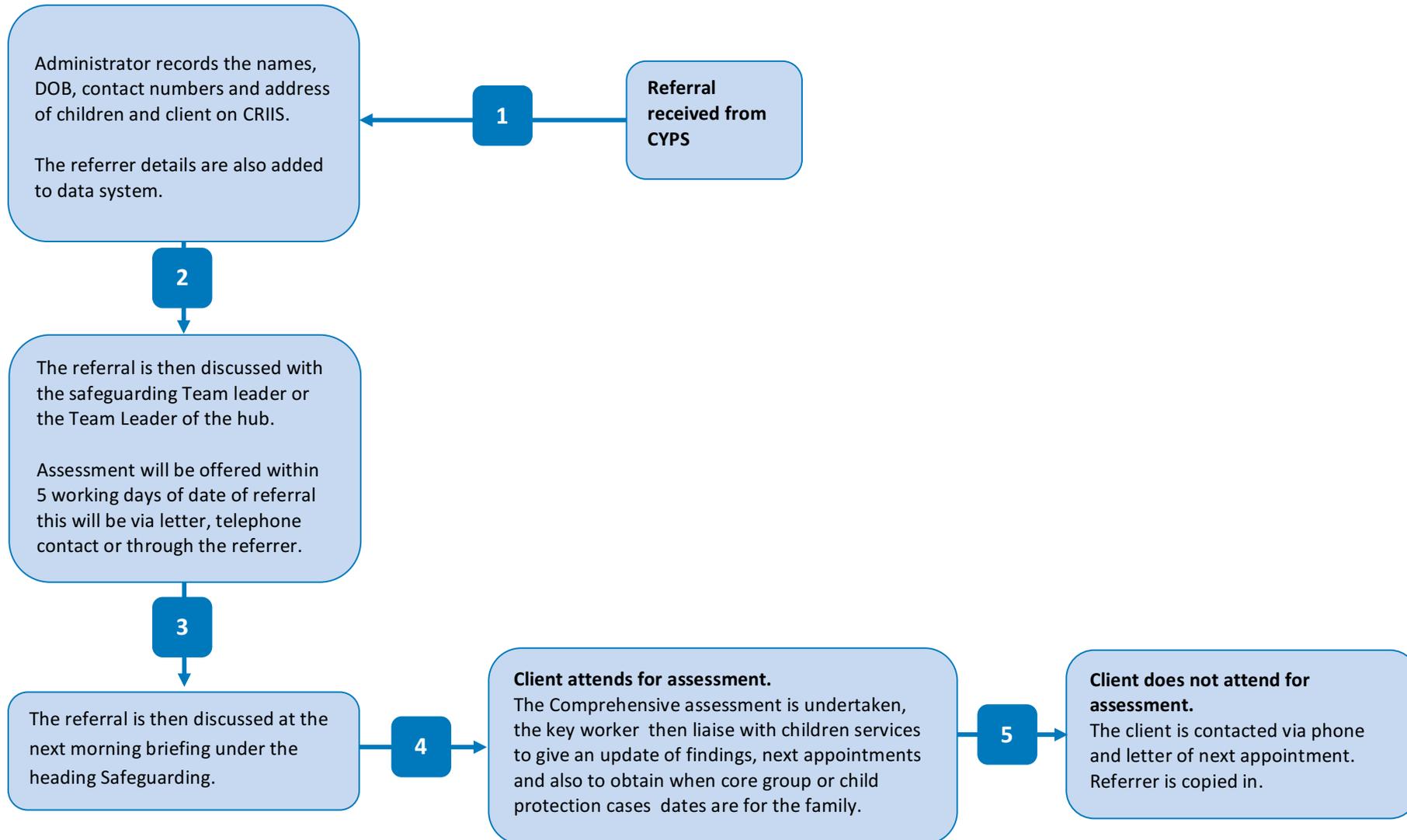
- **Make a referral to: Children's triage using the online portal. Input client onto Crime Reduction Initiative Information Systems (CRIIS) Safeguarding module and update in the clinical meetings and as necessary.**
- **Notify Designated Safeguarding Lead**
- **Liaise with Children's Services Social Worker (if allocated) around plan for the child.**

**For support in Safeguarding children, contact The Designated Safeguarding Leads. These are:**  
1. **Mark Render, Social Care lead**  
  
**Otherwise contact: 020 3373 4600**  
**Children's Triage Service**  
**Children and Young Peoples Service**  
**London Borough of Newham**  
**1000 Dockside**  
**London E16 2QU**

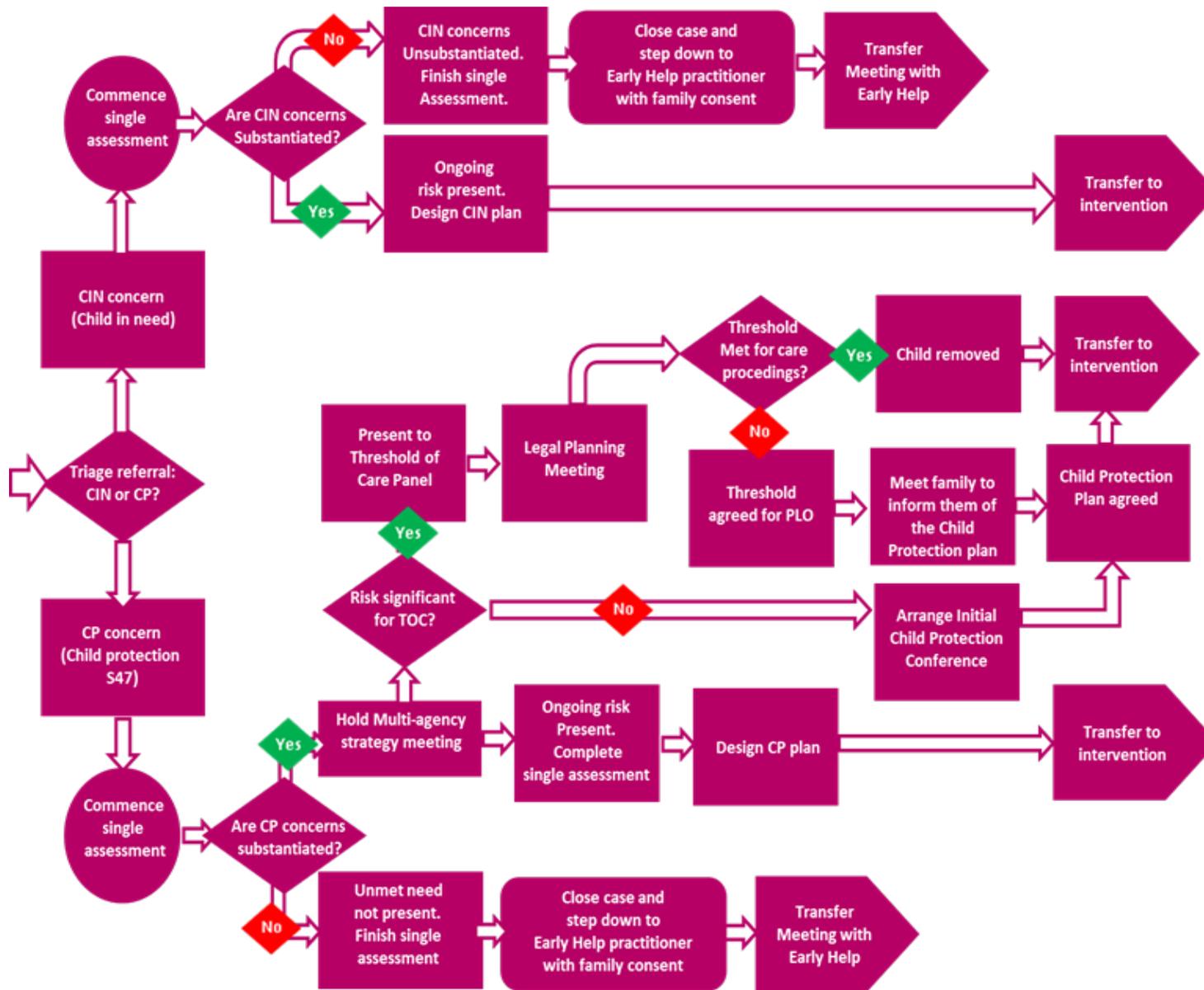


safer communities,  
healthier lives

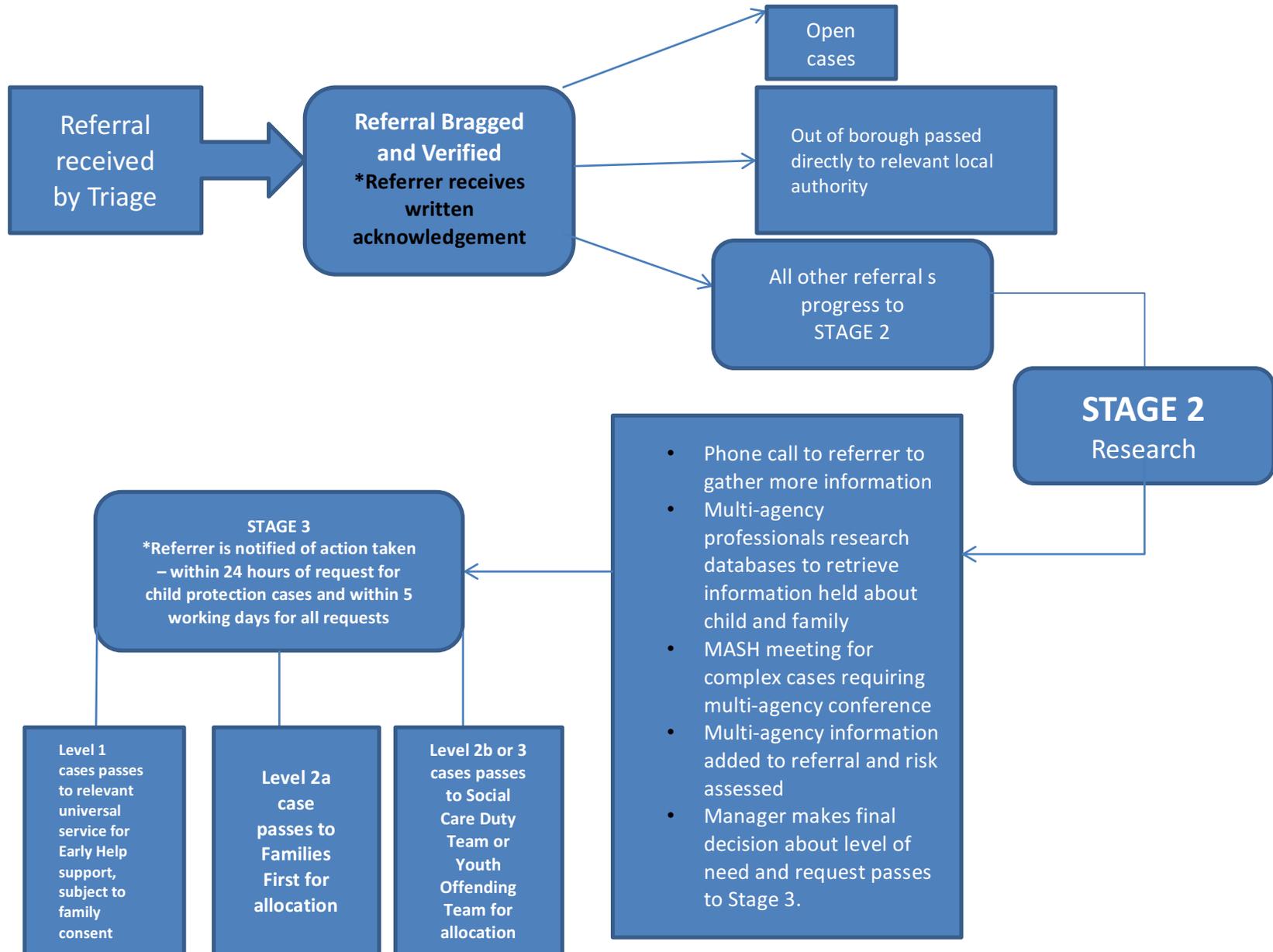
### Safeguarding Children Flow Chart – Newham



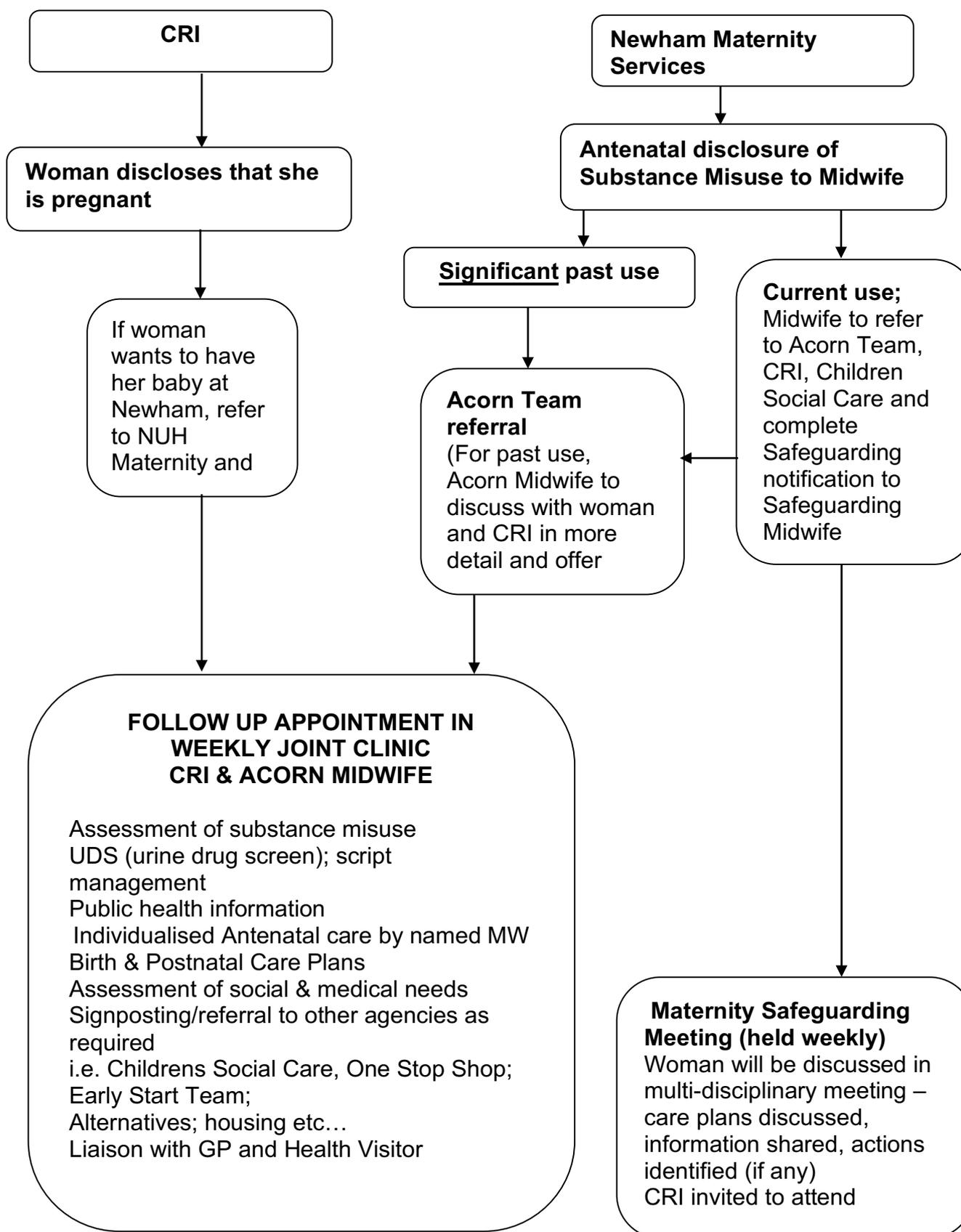
Decision-making process and procedure for referral for CIN/CP from Triage



**Decision-making process and procedure for referral received by Triage Services**



**Newham CRI and Newham Maternity Services**  
**Parental Substance Misuse Pathway**  
**January 2015**



## Resources

### Considering the impact of parental substance misuse.

While not supplanting locally agreed triage and assessment form questions the following aide memoire may help practitioners from Children and Young People's and Substance Misuse services consider where parental substance misuse is impacting negatively on parenting capacity and children's wellbeing. Responses to these questions will indicate risk or protective factors.

#### *Parental Assessment*

- Does the parent(s) see their drug and/or alcohol use as harmful to themselves or to their children?
- Are the parent(s) aware of the possible legislative and procedural context applying to their circumstances (e.g. child safeguarding and protection procedures)?
- Is there a drug and/or alcohol free parent or supportive partner or relative?
- Is the parent(s) consistently under the influence regularly or infrequently?
- Does the parent use drugs or alcohol to degrees that cause high levels of intoxication?
- Has the parent previously had children removed etc.?
- How much are they using drugs and/or alcohol?
- How frequently is the parent(s) using drugs and/or alcohol?
- Is the use of drugs and alcohol associated with domestic violence?
- Are there mental health concerns?
- Do parent/carer and children associate primarily with
  - People with no drug and/or alcohol problems?
  - Other people with drug and/or alcohol issues?
  - Both
- Are relatives aware of the drug and/or alcohol use? Are the relatives supportive?
- Will the parent(s) accept help from relatives and/or services?
- Is the parent(s) in touch with specialist Substance Misuse services, and how regular is their contact?
- Has the parent(s) been in touch with Substance Misuse services in the past?
- Are there indications that the parent(s) are attempting to withdraw without medical assistance?

***Environmental Assessment***

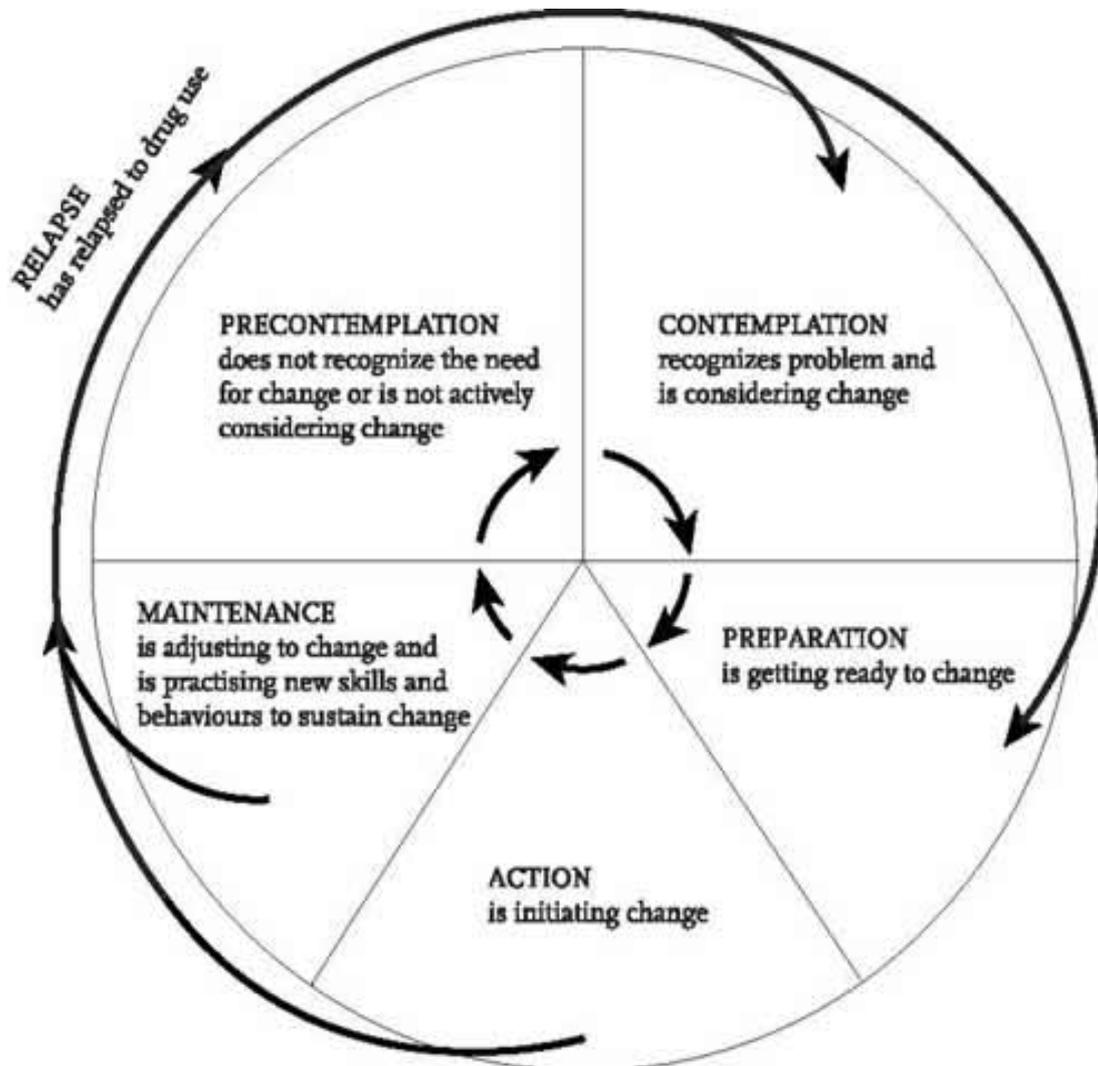
- Is the accommodation adequate and secure for children (e.g. cleanliness, size, rent/mortgage being paid)?
- Is the parent(s) ensuring that bills are paid?
- Does the family remain in one area or move frequently? If the latter, why?
- Are there other substance misusers sharing the accommodation? If there are, are the relationships harmonious or is there conflict?
- If the parent(s) are using drugs or drinking to intoxication, do their children witness this?
- Could other aspects of the substance use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use, violence (including domestic violence)?
- Are children being taken to places they could be “at risk” because of the parent(s) substance misuse?
- How much is the parent(s) substance use costing?
- How is the money obtained?
- Is the substance misuse causing financial problems?
- Is the family home being used as premises to sell drugs?
- If drugs (legal or illegal) or alcohol are being used in the home, are they being stored safely, out of reach of children?
- Has the parent(s) been advised about the safe storage of drugs, alcohol and medication and the risk to children of consumption of these substances?
- Are the containers and implements used for administering drugs safely disposed of after use, to ensure there is no risk to children?

***Child Assessment***

- Are children meeting growth and development milestones?
- If a woman is pregnant, are antenatal appointments being kept and is the pregnancy progressing well?
- Are the children provided with sufficient food, warmth and clean clothes and is their level of personal hygiene adequate?
- Are the children attending school regularly? Are there other school related issues e.g. changes in behaviour or achievement, absenteeism, bullying, racism?
- Do children have their own network of friends outside of school activities?
- Are the children’s emotional needs being adequately met?
- What is the relationship like between the parents/carers and the children?
- Are there indications that any child is taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities)?

- Are the children left alone? How frequently are they left with alternative carers? Who are the carers and how often does this happen? Are alternative arrangements safe and appropriate?
- Is there any evidence that the children are using drugs and/or alcohol, or are implicated in parental substance use?

### The Cycle of Change



Adapted from Prochaska & DiClemente (1982)

A parent may be at any of the stages of the Cycle of Change. However, if a parent is at the pre-contemplation stage and does not recognise the impacts that their substance misuse is having on them and their family and the need support, they may be reluctant to engage with either Children or Young People's or Substance Misuse services. Interventions may be needed which will support the parent to recognise that change is needed and to encourage them to engage with services. Joint approaches to this are likely to be more successful.

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