

Norfolk Safeguarding Children Board (NSCB) Protocol 10

THE PRINCIPLES OF WORKING TOGETHER TO PROVIDE SERVICES FOR CHILDREN, YOUNG PEOPLE AND PARENTS WHERE SUBSTANCE MISUSE IS A CONCERN.

This protocol relates to: children and young people who are substance misusers; children and young people whose parents or carers are substance misusers; and parents who are substance misusers.

1 DIVERSITY STATEMENT

- 1.1 The NSCB is bound by the provision and spirit of the relevant legislation and all its work is informed by a commitment to the promotion of diversity. All constituent agencies are required to ensure that their services are equally underpinned by similar commitment.
- 1.2 The NSCB believes that the welfare of children is of paramount concern, and that their individual needs and rights should be respected. Those working with children and young people are to be sensitive to the diversity of children's circumstances and backgrounds in respect of their age, gender, physical and mental ability, ethnicity, culture and religion, language, sexual orientation and socio-economic status.
- 1.3 These principles are fundamental to all NSCB policies, procedure, protocols and training.
- 1.4 The NSCB will use its influence to promote these ideals and will seek wherever possible, both in its own work and that of its partner agencies, to eliminate discrimination, harassment and attacks on any group or individual.
- 1.5 We will monitor the effectiveness of our work, and that of partner agencies, in these areas, and continuously seek to improve our performance.
- 1.6 These ideals are supported by the principles underpinning work to safeguard and promote the welfare of children set out in Working Together 2006

2 PURPOSE

The purpose of this protocol is to safeguard and promote the welfare of children and young people in circumstances

- where the parent/carer has substance misuse problems which may impact on the child/ren or young person/people, or
- where a child or young person is involved in problematic substance misuse

by promoting partnership working, inter-agency collaboration and providing a framework for identification, assessment and care planning.

3 DEFINITION

Substance misuse is defined as use of a substance or combination of substances that harms health or social functioning – either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour. Substances of misuse include alcohol, illicit drugs and prescribed drugs.

4 INFORMATION SHARING

Agencies should follow NSCB procedures and protocols with regard to information sharing.

A range of agencies are likely to be involved in cases where substance misuse is a concern. These may include Children's Services, Adult Social Services, Constabulary, Youth Offending Team, education, primary care and substance misuse services. All agencies should be involved in safeguarding processes.

5 CONSENT

Interventions should be delivered on the basis of informed consent. Informed consent means that the person giving the consent must understand the reason for the intervention, what is likely to happen without it, the range of possible alternatives, the benefits, and any possible negative consequences. This may not include cases where there is a concern around significant harm (see section 5).

Consent will be sought from a young person, where she is aged 16 or over and does not have severely diminished ability to understand the above, or where she is under 16 and has been assessed as competent to provide consent using Gillick competency or Fraser guidelines¹. Where the young person agrees, informed consent will also be sought from a parent, carer or other person with parental responsibility.

Consent will be sought from a parent, carer or other person with parental responsibility, where a young person is aged 16 or above and has severely diminished ability to understand the above or where she is aged under 16 and has not been assessed as competent to provide consent using Gillick competency or Fraser guidelines.

¹For information about the Fraser guidelines can be accessed via the NSPCC factsheet on Gillick competence and Fraser guidelines at http://www.nspcc.org.uk/Inform/resourcesforprofessionals/InformationBriefings/gillick_wda61289.html

6 SIGNIFICANT HARM

Any professional who believes that a child may be suffering, or may be at risk of suffering, significant harm, should always and immediately share this with Norfolk Children's Services. This may be done by:

- making a referral using NSCB form 1
- making a referral using telephone number 0344 8008014
- contacting the consultation service

The consultation service should be contacted where professionals have a concern regarding a child, but are not sure whether it warrants a referral. All consultations with Children's Services will be recorded.

Issues of significant harm should take precedence over the SID and CAF procedures described in the following sections.

For more information please see NSCB procedure, NSCB protocol 1 and NSCB leaflet 5 which can be found at www.lscb.norfolk.gov.uk

7 SAFEGUARDING AGAINST SIGNIFICANT HARM

Safeguarding against significant harm is a multi-agency process and should involve:

- Joint visiting and interviewing
- Attendance at meetings and conferences
- Provision of reports, including an opinion about risk to the child.

In most cases where there is planning required in respect of significant harm Children's Services will act as the lead agency.

It is important that all services working with children and adults in a family share information and work together to assure that the needs of both are addressed.

8 IDENTIFICATION

This section gives guidance on the identification of substance misuse within families

8.1 Where a professional is involved with a child

Children who are substance misusers

Screening for young people's substance misuse related needs will take place in universal and targeted settings and may be conducted by the Young People's Integrated Substance Misuse Service or by non-substance misuse specialist professionals. Screening should be conducted in accordance with N-DAP's Tier 1 Strategy Document².

The screening process should be as simple as possible and may involve the use of open ended questions and/or the SID tool³. Screening can help to establish the following:

- how much a young person knows about drugs and/or alcohol
- whether a young person misuses any substances (drugs and/or alcohol)
- what types of drugs and/or alcohol a young person uses
- patterns of any substance misuse
- whether a young person is in immediate danger
- impact of any substance misuse
- how ready a young person is to change
- what a young person wants to happen next

and to reach decision on whether a Common Assessment Framework (CAF) assessment is needed.

For more information and a copy of the SID tool please visit www.nordat.org.uk

Children of parental substance misusers

The possibility that the parents/carers of a child may have substance misuse problems should always be explored.

8.2 Where a professional is involved with an adult

Where a professional is involved with an adult whose substance misuse is a concern, the adult's circumstances should be explored to determine whether they have responsibility for caring for a child and/or whether they have any extended contact with a child.

The presence of substance use in an adult or child is not an automatic cause for concern, however the level of concern should be assessed.

9 ASSESSMENT OF NEED

² *Tier 1 Strategy Document Young People Drugs and Alcohol What should I do?* (N-DAP:2006)

³ *SID Support and Information on Drugs*. Revised edition (N-DAP: 2009)

This section gives guidance on the assessment of needs of children and adults in families where substance misuse is a concern

9.1 Where a professional is involved with a child

Children who are substance misusers

Where screening indicates a potential substance misuse related need and/or where other unmet needs have been identified, assessment will be carried out using the Common Assessment Framework (CAF). This assessment will take place in universal and targeted settings and may be conducted by the Young People's Integrated Substance Misuse Service or by non-substance misuse professionals.

The SID tool can be used to support professionals in identifying a young person's substance misuse related needs via the CAF assessment⁴.

Where needs are identified via the CAF that require a multi-agency response, a multi-agency meeting will be called with the intention of creating a 'team around the child'. The Young People's Integrated Substance Misuse Service will initiate and/or contribute to this process where appropriate, including taking on the role of the lead professional.

Where low-level substance misuse needs are identified via the CAF, these may be met by the Young People's Integrated Substance Misuse Service's targeted interventions and/or by non-substance misuse professionals.

Children of parental substance misusers

Where a professional is working with a child of parental substance misusers, assessment will be carried out using the Common Assessment Framework (CAF). This assessment will take place in universal and targeted settings and may be conducted by the Young People's Integrated Substance Misuse Service or by non-substance misuse specialist professionals.

Where needs are identified via the CAF that require a multi-agency response, a multi-agency meeting will be called with the intention of creating a 'team around the child'. The Young People's Integrated Substance Misuse Service will initiate and/or contribute to this process where appropriate, including taking on the role of the lead professional.

Where low-level needs are identified via the CAF, these may be met by the Young People's Integrated Substance Misuse Service's targeted interventions and/or by non-substance misuse specialist professionals.

⁴ *SID Support and Information on Drugs*. Revised edition (N-DAP: 2009)

For more information on the CAF, please visit www.everynorfolkchildmatters.org/everychildmatters-isa/home

9.2 Where a professional is involved with an adult

Where a professional is involved with an adult: who has responsibility for caring for a child and/or has any extended contact with a child; and whose substance misuse is a concern, both the needs of the child and the needs of the adult as a parent should be assessed.

The needs of the child

The CAF should be used to assess the needs of the child. The professional and the adult will need to consider jointly whether the professional is the most appropriate person to undertake a CAF with the family or whether there is another agency involved with the child who would be better placed to do so. The pre-assessment checklist can be used to aid this discussion.

The needs of the adult

The Joint Policy and Protocol for Enabling Parents with Disabilities or Long Term Illnesses may provide useful guidance when assessing the needs of the adult as a parent. This policy gives good guidance on assessing the adults needs as a parent.

Appendix 1 gives a series of risk and protective factors that can be used in conjunction with the CAF and/or other assessment tools to assess the needs of families where parental substance misuse is a concern. These factors can be considered when assessing the needs of children and the needs of adults as parents.

Where an agency is involved with a person who misuses substances and becomes pregnant, particular attention should be paid to the need for a pre-birth risk assessment in accordance with NSCB protocol 23. It is important for agencies to recognise that prospective parents may be at risk in their own right and that their needs should be assessed in conjunction with those of the unborn child.

If at any time during the course of assessment, a professional becomes concerned that a child is at risk of significant harm, this should immediately be shared with Children's Services (see section 5).

For more information on the CAF, please visit www.everynorfolkchildmatters.org/everychildmatters-isa/home

For more information on the Joint Policy and Protocol for Enabling Parents with Disabilities or Long Term Illnesses, please visit <http://www.norfolk.gov.uk/consumption/groups/public/documents/article/ncc055904.pdf>

10 CARE PLANNING

Wherever possible, care planning should involve the active participation of children and adults in families where substance misuse is a concern. Services and resources from more than one agency are likely to be required.

The first step in the development of a care plan should be the identification of desired outcomes for the child. All interventions proposed should relate clearly to outcomes identified.

Where the needs of a child can be met within the Young People's Integrated Substance Misuse service, that service's care planning procedures should apply.

Where other agencies are involved in meeting the needs of a young person, all services providing interventions should be involved in an overall care planning process, coordinated by the lead professional in line with CAF processes.

Where a child is at risk of significant harm, child protection procedures should apply.

Where the care plan relates to an adult's needs as a parent, the Joint Policy and Protocol for Enabling Parents with Disabilities or Long Term Illnesses may be useful

For more information on the CAF, please visit
www.everynorfolkchildmatters.org/everychildmatters-isa/home

For more information on the Joint Policy and Protocol for Enabling Parents with Disabilities or Long Term Illnesses, please visit
<http://www.norfolk.gov.uk/consumption/groups/public/documents/article/ncc055904.pdf>

11 FURTHER INFORMATION SOURCES

Advisory Council on the Misuse of Drugs (ACMD) *Hidden Harm – Responding to the needs of children of problem drug users* (Home Office: 2003)

Advisory Council on the Misuse of Drugs (ACMD) *Hidden Harm Three Years On: Realities, Challenges and Opportunities* (Home Office: 2007)

N-DAP *Young People Drugs and Alcohol – what should I do? Responding to young people's substance related needs, Version 2* (N-DAP: 2006)

Trust Alcohol and Drug Service (TADS), *Pregnancy Liaison Protocol* (N-DAP: 2004)

APPENDIX 1 – Assessing children and adults in families where parental substance misuse is a concern.

The following risk and protective factors should be considered when assessing the needs of children and the needs of adults as parents

	Protective Factor	Risk Factor
Parenting Capacity	Adequate food in house	No food in house
	Children's clothing clean and correct for time of year.	Children wearing inadequate clothing.
	Children care arrangements are made for when parents are taking substances.	Children are with their parents whilst they are taking substances.
	There is a non-drug using adult member of the family.	Both parents are substance misusers.
	Children are not left unattended	Children left alone for long periods of time or taken to places where they are at risk.
	Substances and related equipment are stored safely within the home.	Parents leave their substances and equipment within easy reach of the child(ren).
	Injecting substance misusing parents are accessing needle exchange. They are aware of the health risks associated with their drug use.	Parent shares injecting equipment with other substance misusers. Not in contacts with needle exchanges and are not aware of the health risks associated with their drug use.
	Good quality of parenting, with good control of home environment.	Parenting capabilities are poor and household is chaotic.
	Parent(s) substance use is experimental or stable.	Parent(s) substance use is problematic and or chaotic.
	No indications of mental health problems.	Identified mental health problems.
	Parent (s) in touch with GP and/or specialist substance misuse agency. Treatment programme in place.	Parent (s) no contact with GP and/or specialist substance misuse agency. No treatment programme in place.
	Parent not pregnant	Parent pregnant

	Protective Factor	Risk Factor
Family and Environmental Factors	Local community services are available nearby e.g. community centre, childcare facilities.	No access to community services in local area.
	Parent(s) have non substance misusing friends in local community.	Family are isolated within the local community.

Children have contact with friends, other family members and the wider community.	Children have no or limited contact with friends, other family members and the wider community.
Household bills are paid.	Parents have are behind in rent/mortgage payments.
Parent(s) are employed.	Parent(s) are not in employment.
The accommodation is safe, clean and adequate.	There is damp on the walls in the house, there is no secure lock, the carpets, and surfaces are dirty.
There are no other substance misusers living in the home.	Other adult substance misusers live in the home.
Parent(s) have support from non substance using friends and family.	Parent(s) mainly only associate with other substance misusers.
Family have lived in the home for a significant period and the accommodation is stable.	Family have only lived in the home for a short period and are potentially moving again soon.
Children in the family have not witnessed his/her parents taking substances or purchasing substances.	Child(ren) regularly witnesses parent(s) taking substances and/or purchasing substances.
No evidence of violence or exposure to criminality within the home (including drug dealing, prostitution and/or sexual exploitation).	Identified violence and criminality in the home (including drug dealing, prostitution and/or sexual exploitation).
Parents do not drive (with children) whilst intoxicated.	Parents drive (with children) when intoxicated.

	Protective Factor	Risk Factor
Child's Developmental Needs	Child is registered with a GP and has all necessary vaccinations	Family are not registered with a GP, no record of vaccinations
	Child(ren) attends nursery/school regularly	Attendance at school is sporadic; child has not attended school/nursery for the last two weeks.
	Child(ren) is achieving well in class, he/she enjoys going to school/nursery and joins in well.	Child(ren) has fallen behind in school, they find it hard to concentrate are regularly tired and no cooperative.
	Child(ren) do not present any behavioural problems.	Child(ren) are aggressive, unusually quite, extremely shy, or over familiar with new people. There is evidence of bed wetting, nightmares, or a reluctance to leave their parent(s)

	Child(ren) talk about their parent(s) in a positive way.	Child(ren) appear frightened by their parent(s).
	Parent(s) perceive their relationship with child(ren) as positive.	Parent(s) have concerns about their relationship with their child(ren).
	Child(ren) are engaged in age appropriate activities.	Child(ren) are not engaged in age appropriate activities.
	No evidence that child is taking on board a parenting role within the family.	Child(ren) takes on board parenting role within the family.