Safeguarding children affected by someone else's drug and alcohol misuse

Guidance for all Agencies

V1

January 2020

Contents

1. Introduction

1.1 The aim of this guidance is to assist all staff in all agencies identifying situations where action is needed to safeguard a child and promote their welfare as a result of someone else's drug and alcohol use.

1.2 The guidance should be read in conjunction with West Midlands Safeguarding Procedures. For the purpose of this guidance, the terms:

- "Parents" includes parents, carers and /or guardians.
- "Others" include siblings and any other person who misuses drugs and /or alcohol and has influence on the child's welfare or the environment in which the child lives.
- "Child/children" refers to both children and young people under the age of 18 years, including the unborn.
- "Drugs" includes illegal and illicit drugs (over the counter drugs and misuse of prescription drugs)and volatile substances

  "Alcohol – where the consumption of alcohol is such the needs of the child are not been adequately met.

1.3 Although the secondary effects of tobacco is harmful to children, it is not included in this guidance.

1.4 Drug and alcohol misuse is often associated with child neglect, despite this, a significant number of children of parents who misuse drug and alcohol will receive good enough parenting, and have their needs met. One of the main difficulties in assessing the harm to children affected by others drug and alcohol use is its association with a range of other factors, such as poverty and deprivation, poor physical and mental health, housing issues, domestic abuse, debt, offending and unemployment. Any, or all of these factors will also have an impact on the child and require consideration.

1.5 When assessing a child's needs, the impact of drug and /or alcohol use should only be a concern when it adversely affects the quality of the care of the child and consequently poses a risk to their health, development and wellbeing.

1.6 The assessment is not to determine whether someone is dependent on substances but to establish the extent to which their use affects the child. As part of the assessment the practitioner should use a strengths based approach and identify those factors in the child's life that reduce risk.

1.7 The aim of this guidance is to reduce the risk of children becoming open to child protection processes and to support family involvement in early interventions. Where

parents with drug and /or alcohol problems fail to adequately care for their children agencies may need to intervene against the parent's wishes in the interest of safeguarding the child. In these circumstances staff should follow the West Midlands Safeguarding Procedures.

2. **National Policy and Research**

2.1 Dependent drug and alcohol misuse by parents can significantly impact on children's physical and emotional well-being and can result in:

- Physical maltreatment and neglect.
- Poor physical and mental health.
- Development of health harming behaviours in later life, for example using alcohol and drugs at an early age, which predicts future use.
- Poor school attendance due to inappropriate caring responsibilities.
- Low educational attainment.
- Involvement in anti-social and criminal behaviour.

2.2 In June 2011, the Advisory Council on the Misuse of Drugs published its report '*Hidden Harm: responding to the needs of children and young people of problematic drug users'*. The report set out 48 recommendations and the following 6 key messages.

- There are between 250,000 and 350,00 children of problem drug users in the UK, about 1 child for every problem drug user
- Parental problem drug use causes serious harm to every child at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take practical steps to protect and improve the health and wellbeing of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.

2.3 The impact of parental drug and alcohol misuse on children and young people is well documented. Research suggests alcohol is a factor in 33% of child protection cases and drug and alcohol misuse is evident in 70% of care proceedings cases nationally.

2.4 Working Together to Safeguard Children 2018 emphasises the importance of early identification of children affected by drug and alcohol misuse.

2.5 The importance of supporting and managing the needs of children affected by drug or alcohol misuse through an agreed joint process is established in the implementation of

Children Act 1989, Section 10 of the Children Act 2004, the Children and Social Work Act 2017 and Working Together 2018.

3. Confidentiality and Information Sharing

3.1 It is important that people remain confident about how services manage their personal information and why information is being shared. All practitioners should have due regard to the data protection principles, which allow them to share information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDRP). Information sharing and confidentiality should be discussed at the start of the assessment process and consent to share information with a range of agencies should be promoted.

3.2 When concerns around a child's safety or welfare require the practitioner to share the information without the parents' consent, they should tell the parent what they intend to do, unless by doing so endangers the child or others at risk of harm. Each agency should make it clear to people using their service that safeguarding children is the most important consideration when deciding whether or not to share information.

3.3 The reasons for sharing or not sharing information must be clearly recorded in all case notes.

3.4 For further guidance on information sharing see https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

3.5 Local arrangements can be found in the West Midlands Safeguarding Procedures

4. Engaging families

4.1 Families are diverse with different generations and wider relationships fulfilling the role of parenting children. It is not uncommon for children whose parents misuse substances to be looked after by other non-using family members, particularly grandparents, who may be a protective factor. Consideration also needs to be given to parents or partners who have regular contact with the child but are not living in the family home, whether they use substances or not. Early Help provides guidance on engagement.

4.2 Supporting parents and enabling service is important. Families can feel isolated within the community when they are struggling with drug and alcohol dependency and not use the support services available. This may be further intensified in rural communities due to lack of anonymity. Parents may find it difficult to connect with services because of their previous experiences; it is the responsibility of the practitioner to consider how to build trusting relationships with families to prevent problems escalating and improve outcomes.

4.3 Principles for successful engagement with families

- be child centred;
- be open and transparent;
- apply relationship-based practice to build an effective and trusting relationship with the **whole** family;
- apply motivational interviewing techniques to help the family see that change is possible;
- recognise that the most effective relationship to enable change is a partnership;
- set professional boundaries with the family setting clear ground rules from the start of an intervention;
- workers and parents must be willing to listen to and learn from each other;
- acknowledge that families are the experts in their own lives;
- focus on family strengths first and foremost;
- acknowledge that all families have the potential to change;
- be honest with families about the sharing of information, especially in relation to safeguarding;
- use persistent and proactive approaches to engage the family;
- regular and effective support and supervision for workers is essential as this encourages reflection, guidance and evaluation;
- make sure that when ending the intervention this is effective to support the family's next engagement experience.

- Consider the child's lived experience, using the clock to identify need.
- Identify strengths and positives in the family.

4.4 Ensure that any plans are realistic and have SMART goals attached to them.

4.5 Remember not all children affected by drug and alcohol use will be suffering abuse and neglect.

5. Identification

5.1 All agencies are responsible for identifying families where drug and alcohol use is impacting on parenting capacity. When a Practitioner identifies issues relating to drug and alcohol use, the needs of any children it must be explored.

5.2 Children can be adversely affected by drug and alcohol misuse in many ways and this may be presented through behaviours that may include:

- Emotional difficulties.
- Self-harming/suicidal ideation
- School problems for e.g. truancy, levels of attainment, difficulty concentrating.
- Offending behavior.
- Early use of substances.
- Attachment issues and behavioral difficulties.
- Feelings of gloom, worthlessness, isolation, shame, hopelessness, poor self-esteem, disempowerment.
- Unwillingness to expose family life, social isolation, not taking friends home.
- Tendency to keep secrets.
- Developmental delay.
- Extreme anxiety and fear.
- Not having a daily routine.

5.3 Domestic abuse increases the risk to children and raises child protection issues. Alcohol use, especially at harmful and hazardous levels is a significant contributor to domestic abuse. As a matter of routine the presence of domestic abuse should be assessed and consideration given to the increased risk and impact this is having on the child.

5.4 Drug and alcohol misuse is a causal factor in over a third of child neglect cases. Neglect is the failure to meet a child's basic physical and/or psychological needs and includes:

- Inadequate food, clothing and shelter (including exclusion from home or abandonment)
- Failure to protect a child from physical and emotional harm or danger
- Inadequate supervision (including the use of inadequate caregivers)
- Lack of access to appropriate medical care or treatment.

- Unresponsive to, a child’s basic emotional needs.

If you suspect the child is at risk of neglect please follow the Shropshire Safeguarding Partnership neglect toolkit.

6. Using the Substance Misuse Family Matrix

6.1 The **Substance Misuse Family Matrix (Appendix A)** is designed to help Practitioners assess the risk to the child. There are two parts to the tool, the first part assesses the use of drug and alcohol use the second part identifies any other areas of vulnerability or protective factors that may keep the child safe. The information gathered through the tool will help the Practitioner assess the level of risk to the child and inform the next steps.

6.2 The tool can be used in any setting and should be completed with the parent.

6.3 The Practitioner does not need to observe the child to undertake the assessment or the home environment it is the behaviours connected to drug and alcohol use under assessment. The tool can also be used as a guide for managing the needs of an unborn child.

6.4 Practitioners should use their professional judgement to determine the level of risk and follow the appropriate course of action for the family (Appendix B).

6.5 Once completed if the Practitioner has concerns of safeguarding the local safeguarding procedure should be followed

6.6 Once it has been ascertained drug and alcohol use is at a level that requires specialist input the Practitioner should establish with the parent if they are in drug and alcohol treatment.

6.7 Where the service user is in treatment the Practitioner should request consent to contact the key worker, subject to the information sharing guidelines. If the service user is active in treatment they will has a dedicated keyworker and care plan in place. The Practitioner should promote the benefits of joint working with the service user to support the information sharing.

6.8 If there is no current treatment intervention in place, the Practitioner should support the service user to refer themselves into Shropshire Recovery Partnership (SRP), for a full comprehensive assessment. The referral can be made by phone or dropping into the nearest treatment hub.

6.9. Third party referrals are accepted by Shropshire Recovery Partnership. The Practitioner should seek consent from the service user prior to making the referral. On receipt of referral the service user will be contacted by the service and offered an appointment for assessment.

6.10 If the service user declines service following a third party referral SRP will notify the referrer. This must be done **within 24 hours of the service refusal**. Any delay in this may be detrimental to the needs of the child.

6.11 In circumstances where it is not the parent but an unrelated partner, sibling or other's use that is impacting on the child then the practitioner should assess the capacity of the parent to protect the child.

6.12 Any change in the family circumstances will require the **Substance Misuse Family Matrix** to be revisited to ensure the child needs are still being met.

6.13 Where no immediate needs are identified take no further action and note this on the case records detailing the decision taken.

6.10 Due to the complexity of drug and alcohol, national guidance anticipates the majority of children who are affected by drug and alcohol misuse will have some form of presenting support needs. Early Help can offer a range of support to children, young people and families.

6.11 If a child is assessed at risk of significant harm Safeguarding Procedures **must** be followed and a referral made directly to Children's Social Care via the **First Point of Contact (FPOC) 0345 678 9021** and specify you want to make a 'child protection referral. Further guidance can be found in the West Midlands Safeguarding Procedures

6.12 If there is no immediate risk to the child but advice is needed on the child or family circumstance, practitioners can contact **FPOC on 0345 678 9021.**

7 Joint Working and Case Management

7.1 The principal of this guidance is to ensure there is a holistic approach to support children where drug and alcohol use is having a detrimental effect on them.

7.2 Building professional relationships is vital in working in partnership to support the child. The drug and alcohol service, Shropshire Recovery Partnership, have a single point of contact (SPOC) who can discuss potential treatment options prior to referral on **01743 294700**.

7.2 Where appropriate, services should work together to undertake joint assessments and agree with the family a support plan which meets all needs.

7.3 In the interests of working together, the Practitioner should establish with the parent if they are already involved in any other services, identify who they are and promote information sharing. The Practitioner should promote the benefits of joint working to improve outcomes for the child and the parents.

7.4 If drug and alcohol treatment forms part of any plan (Child Protection/Child In Need/Early Help) any non-attendance at an agreed appointment at Shropshire Recovery partnership must be reported to the dedicated children's practitioner within **24 hours of non-attendance by the SRP allocated case worker.**

7.5 Drug and alcohol misuse may contribute to, or intensify where there is domestic abuse within a relationship. It is therefore imperative that any drug or alcohol misuse is viewed in the context of family functioning, and not purely as a predictor or indicator of child abuse and neglect.

7.7 Where parents do not wish to engage in treatment and their drug or alcohol use is assessed as low risk this should be recorded on the case notes of the child and monitored by the child's practitioner.

8 Young People

8.1 Substance misuse by young people whose parents have serious drug and alcohol problems becomes more likely as they grow older. Research has found that at around 11 - 12 years of age children start to understand more about family functioning and become more cautious of exposing family life. Feelings of isolation and low self-esteem can result in the early onset of drug and alcohol use.

8.2 Families where drug and alcohol is problematic may be at higher risk to criminal exploitation and Practitioners should follow the Shropshire Exploitation Tools and Pathways. Adults are also at risk of exploitation, Practitioners should use professional curiosity to explore signs of cuckooing, modern slavery or any other forms of exploitation that may need an agency response.

8.3 If drug and alcohol misuse is identified within younger family members either by concerns raised by the parents, other family members, or by the practitioner involved with the adult, the young people's substance misuse team should be consulted with. Please contact **We Are With You (young people's drug and alcohol service) on 01743 294700**

8.4 Where possible the practitioner should screen the young person using the **We Are With You** (Young Addaction's) SMARTER screening tool.

Appendix A:

Substance Misuse Family Matrix (Working with families with complex needs) © Adfam

1. Each question in Part 1 and Part 2 should act as a prompt for exploration with the service user.
2. Total the number of scores at the bottom of each response column. This will show the clusters of high, medium and low risk, as well as mitigating signs of safety.

PART 1
Impact of Substance Use

What is the usual impact of your substance misuse?	Insignificant alteration of mood or thought	Significant alteration of mood or thought	Awake but out of it/ "off your face"	Unconscious or asleep
Is there any change in the amount and frequency of your substance use?	Recent abstinence (Minimum of 2 weeks)	Decrease in either amount or frequency of alcohol use	Staying the same	Increase in the amount and frequency in previous months
What is your pattern of substance use?	Currently abstinent	Binge/chaotic use	Daily at specific times (i.e. evenings)	Daily and consistently
How do you ensure safe use?	All care always taken to ensure safety of self and others	Reasonable care taken	Generally careful but not always responsible	Use is risky or chaotic (i.e. drink/use with anyone, anywhere)
What is the usual context of your substance use?	Within safe limits	In presence of non-users	Concurrently with other users	Alone
How long have you been using substances?	Less than three months	Between three months and one year	Between one and two years	More than two years
How would you describe your relationship to substances?	Highly controlled	Copes with periods of abstinence	Completely dependent, afraid of running out or having nothing	Desperate – any substance, any way
ADD THE NUMBER OF MARKED SQUARES IN EACH COLUMN				

PART 2

How old is the youngest child for whom the parent/carer is responsible?	12 years or older	Between 4 and 12 years	Between birth and 4 years	Alert, pregnant or breastfeeding
Are there any additional needs/complications?	None	Minor disability or chronic illness in child or carer	Severe disability or chronic illness in child or carer	Mental illness or impaired cognitive functioning in carer
Where are the children during using episodes?	Child is always in care of known, trusted, non-using adult	Child never in the drinking/using context	Child assumed to be able to look after themselves	No arrangements made
Who does the parent and child live with?	Supportive non-using partner/family	Alone with the child and close to support networks	Alone with the child	With partners who also uses alcohol/drugs.
What is the impact of the parents substance use on the family finances?	No drink/drug related debts	Find it hard to manage, borrowing to see through the week	Debts building up	Eviction threatened, utilities cut off, serious debt problems/owe drug suppliers and being threatened
What support networks does the parent/carer have?	Practically and socially supported by community, friends or family	Socially isolated but uses child focused community based amenities	Estranged from family and community	Contacts limited to drinking and drug taking friends.
How is the parent coping with the stresses of daily life?	Feel in charge	Life is tough but there are some wins	Life is a constant struggle, anxious to a point of needing medication	Feel overwhelmed depressed. Other problems should as DV also a factor
How does the parent feel towards making change in substance use?	Wanting to change	Contemplating/ preparing to deal with issues – cut down etc.	External coercion but parent does not agree there is a problem	Statutory requirement to attend and client unwilling to participate
How does the parent see the child/children affecting their substance use?	Child is cited as reason to deal with issues	Child needs always met before drinking /using drugs	Child perceived as difficult, parenting as a burden	Presence or behaviour of child seen as a reason or trigger for drinking/using drugs
Does the parent/carer think their substance use or lifestyle has affected their	Child's physical and emotional needs are always met	Carer concerned about physical or emotional harm or neglect of child	Child's physical needs and emotional needs are compromised, carer shows	Child previously apprehended or hospitalised because of abuse, neglect, or sexual abuse.

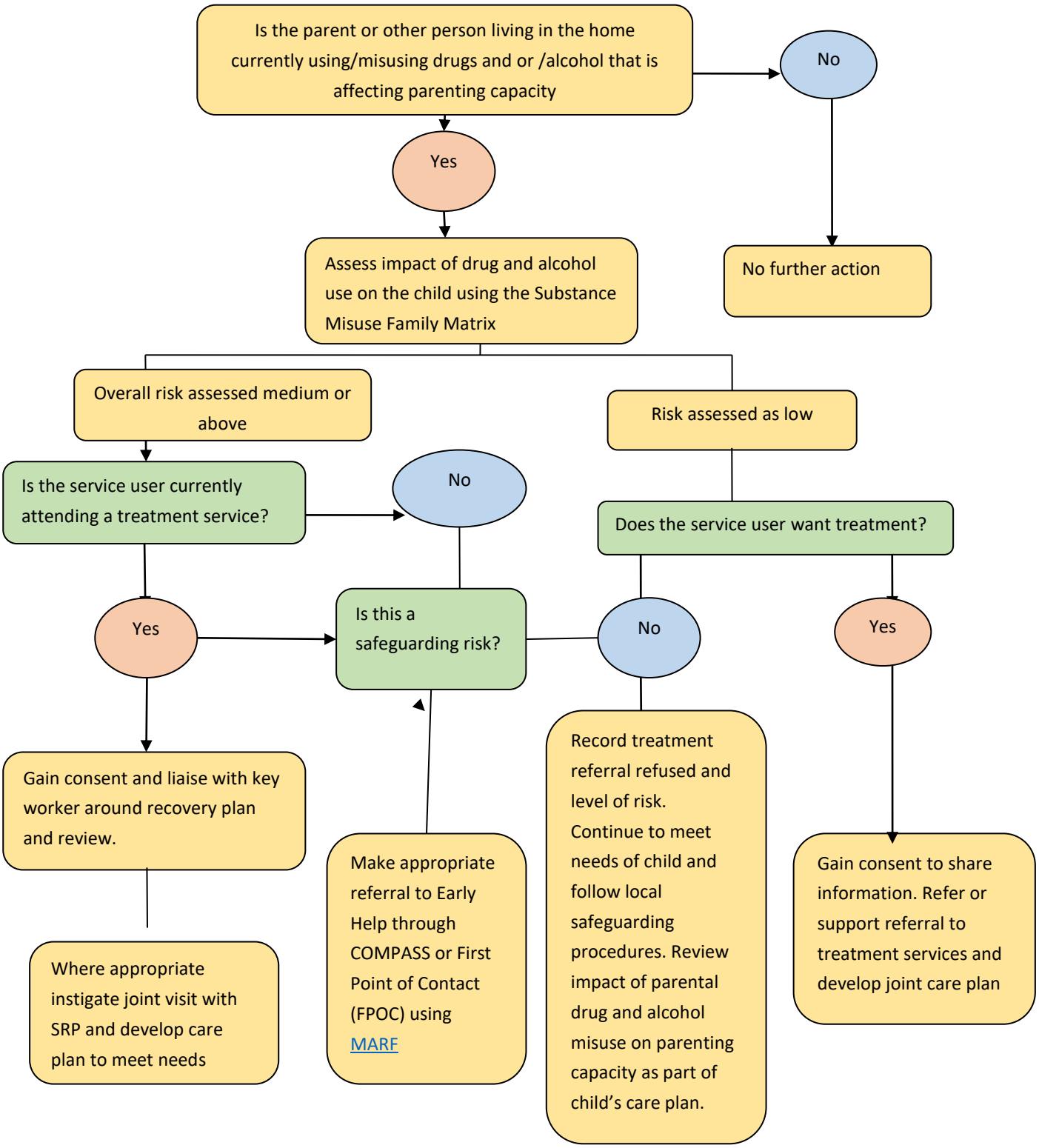
children?			little concern	
ADD THE NUMBER OF MARKED SQUARES IN EACH COLUMN				

All workers should use their **professional judgment** to determine the action they take following the screening.

Worker Signature _____
Date_____

Senior/manager Signature _____ Date _____

Appendix B: Identification and Referral Pathway



Appendix C: Glossary

Parents

The definition of parents will apply to mothers, fathers and other adults who have responsibility for the care of children and young people. This will also include any adult who has a significant relationship with the primary care givers in the family as well as the primary care givers themselves.

Parenting Support/Services

Referral to parenting and family services throughout this protocol relates to any support or services that are available through the local authority as set out in the parenting strategy.

Safeguarding

The term safeguarding uses the Working Together 2010 definition:

- Protecting children from maltreatment
- Preventing impairment of child's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

Child in Need

A Child in need is defined by the Children's Act 1989 as:

….a child who is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by the local authority or other agencies, or his health or development is likely to be significantly impaired or further impaired without the provision of Services.

Early Help

Early help means taking action to support a child, young person or their family as soon as the problem emerges. Shropshire Council have Early Help Family Hubs based within the community in Oswestry, Market Drayton, Shrewsbury, Bridgnorth and Ludlow. These hubs are designated as Children's Centres and are facilities for co-ordinating early help services, providing children, young people and their families with help and support in times of need.

Appendix D: Early Help Hub locations

The six family hubs in Shropshire are located as follows:

- Oswestry, The Centre, Oak Street, SY11 1LW
- Market Drayton, Raven House, TF9 3AH
- Shrewsbury North, Sunflower House, Kendal Road, SY1 4ES
- Shrewsbury South, c/o Crowmoor School, Crowmere Road, SY2 5JJ
- Ludlow (across two sites), Rock Spring, Sandford Road, Ludlow SY8 1SX & Learning and Skills, Old Street, SY8 1NW
- Bridgnorth, Youth Centre, Innage Lane, WV16 4HS

Useful Contact Numbers

Shropshire Recovery Partnership (community drug and alcohol Services)	01743 294700
We are with You (Young Addaction)	01743 294700
First Point of Contact (FPOC)	0345 678 9021