Gloucestershire
Safeguarding Children
Board

GLOUCESTERSHIRE

COUNTYWIDE JOINT PROTOCOL

PARENTAL SUBSTANCE MISUSE

AND THE IMPACT ON CHILDREN AND YOUNG

PEOPLE

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EXECUTIVE SUMMARY

The experience of children living with, and affected by, parental substance use has become widely known as 'Hidden Harm', following the report by the UK Advisory Council on Misuse of Drugs in 2003. The phrase "Hidden Harm" encapsulates the 2 key features of that experience: the children are often not known to services; and they suffer harm in a number of ways through physical and emotional neglect, exposure to harm and poor parenting (Aberlour, 2006). Turning Point's 'Bottling It Up' Reports (2006) (2011) exposed similar concerns with children whose parents misuse alcohol and that insufficient attention was being paid to this group of children despite increased concern being raised by agencies.

The children of substance misusing parents are not 'at risk' or 'in need' solely by virtue of parental substance misuse. Unfortunately substance misuse by parents can be a contributing factor in the abuse or neglect of their child and have featured in serious case reviews in the county. National Treatment Agency in 2012 report that a third (66,193) of all adults in drug treatment have childcare responsibilities. For some parents being in treatment will be a protective factor for their children, however some children will be significantly at risk of neglect, may take on inappropriate caring roles and in some cases experience serious harm.

The document 'Supporting information for developing local joint protocols between drug and alcohol partnerships and children and family services' (2013) was produced by Public Health England. This has provided a framework for updating this protocol to ensure all good practice points are covered, and supports continuous improvement.

In Gloucestershire we are committed to working in partnership to support vulnerable children and their families. The protocol provides the theory and practice as to why putting children and their wellbeing at the centre of our thinking and operations are imperative in order to safeguard their welfare.

The protocol has been produced in response to the recommendations from the Government's Hidden Harm Documents (2003) (2007), National Drug Strategy (2002, 2008), Every Child Matters (2004), Working Together to Safeguard Children (2013). These documents recommend substance misuse services, maternity and children's health services and social care services in each area should forge links that will enable them to respond in a co-ordinated way, to the needs of the children of problem substance misusers. Another key report is 'Silent Voices – supporting children and young people affected by parental alcohol misuse' (2012) published be the Office of the Children's Commissioner. This also advocates for a collaborative approach to support children. The focus groups involving children affected provided a harsh 'reality check' on their world, and give valuable perspectives from the young people themselves.

Within Gloucestershire we established the Gloucestershire Hidden Harm Forum. The Forum developed in consultation and collaboration with statutory, non-statutory, voluntary, independent sectors involved with parental substance misuse, the Gloucestershire Countywide Joint Protocol for Parental Substance Misuse and the Impact on Children and Young People. This Hidden Harm Forum has now evolved to become a Task and Finish subgroup of Gloucestershire Safeguarding Children Board (GSCB).

This protocol has been developed for any worker within the local area who may come into contact with children whose parents or carers misuse substances. For the purpose of this protocol alcohol and drug use will be referred to collectively as 'substance misuse' and 'parental' includes anyone who has care of the child, for example members of the extended family.

The protocol is divided into two parts. Part A focuses on practical screening tools, information and resources to support any worker who may come into contact with parental substance misuse. Part B focuses on why joint working practice and information sharing is imperative, with background information, definitions and research.

Part A: Practical Guidance for Practitioners

This Section is about making sure the right people are making right assessments at the right time. It focuses on the practicalities of safeguarding children, on improving welfare for children and young people and on improving treatment outcomes for parents who misuse substances. The emphasis is on childcare and child development, rather than substance misuse. Guidance is provided on what to do where significant harm is suspected or is imminent. Also the protocol provides information on what to do where significant harm is not apparent but children would benefit from the involvement of support from family services and parenting practitioners, professionals and Young Carers.

Screening Tool and Care Pathway.

A Screening Tool and Care Pathway relating to assessing the impact of parental substance misuse on children and young people has been designed to guide the member of staff to ensure that both adult and child is offered appropriate support and referral if necessary

- Impact of Parental Substance Misuse on Children and Young People Assessment Screening Tool - with guidance notes and care pathway to assist the practitioner completing the screening tool

This document gives guidance on what to do where substance misuse issues are identified, with parents and children who may not be in the drug/alcohol treatment and support system but do come into contact with a wide range of agencies; for example, A&E's, Housing Providers, Education and Social Care. The screening tool and care pathway is designed for such agencies and are supported by an easy point of access through a single point of contact.

There are useful contact details for both local and national agencies and an Assessment Framework to support the practitioner consider the child's developmental needs, family and environmental factors and the parenting capacity, while ensuring the child's safeguarding needs are considered as paramount.

Part B: Supporting Evidence for the Protocol.

This section sets the context for the need of Countywide Joint Protocol and highlights the supporting evidence from a national and local context as well as utilising current research. It reflects on the importance of confidentiality and information sharing and provides clarity on when and how personal information can be shared legally and professionally.

All services (including services specifically for adults) have a duty of care towards children as part of the Children Act 1989. Section 11 of the Children Act (2004) outlines a 'duty to co-operate' amongst key people and bodies to promote the welfare of children. Whilst the principles of child protection are generally underpinning all children and adult drug services, the challenge is now to move towards 'safeguarding' affected children.

For parents misusing substances there may be issues associated with accepting a problem exists and can be characterised by secrecy and denial. This presents as parents reluctance

to seek support as they may fear repercussions related to their children. The protocol recognises the challenge of effective engagement and focuses on the barriers to effective joint working and provides valuable pointers to encourage joint care planning which addresses the full needs of the family and results in better outcomes for the child.

The protocol provides guidance in terms of promoting effective engagement and how to make assessments by giving helpful prompts, The main premise of the assessments are that they are ' child focused, not substance focused'.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children. The protocol provides a useful reminder on the definitions of sexual, physical and emotional abuse as well as neglect, underpinned by the Children Act (1989) and Working Together (2013).

The principles of good maternity care, outlined for all pregnant women in Changing Childbirth, should equally apply to pregnant women who are substance users (DOH, 1993). The protocol discusses the practice for pregnant women who are substance users and the role of the Specialist Substance Misuse Midwives. In Gloucestershire the Substance and Alcohol Misuse Guidelines for the Care and Management of Mothers and Babies (Gloucestershire Hospitals NHS Foundation Trust 2012) outline local policy to inform professionals on all aspects of care of the pregnant substance user. Two dedicated Substance Misuse Midwives work with all agencies to ensure the best possible outcome of pregnancy for both mother and baby is achieved.

Ingestion of doses as low as 10mg methadone have been reported to be fatal in children (Preston 1996). Child and infant deaths due to accidental ingestion of illicit or controlled drugs create high media attention, and it is important to note that deaths in minors occur infrequently. However, there has been a methadone related death of a child locally and following the recommendations from a Serious Case Review (2010) all staff should be warning parents who take home prescribed medication such as methadone (also known as physeptone) of the dangers to children.

Training is one of the main aims to improve the practitioners' knowledge of the impact parental substance misuse can have on unborn children, children and young people. Gloucestershire offers a multi-agency/multi-disciplinary training which has been developed through Gloucestershire Safeguarding Children Board. The newly designed 2.5 day course is run over separate days available on a rolling programme and is practice and solution focused.

Conclusion

This document provides a practical focus for all agencies potentially working with children and their parents where drug or alcohol dependency may be issue. The single point of contact arrangements ensure a seamless service for children and adults coming into contact with the treatment and support services. The range of organisations involved enables a 'wrap around' approach to safeguarding and supporting families within a 'think family' context. The need for continuous improvement, innovation and good practice in this crucial area remains paramount.

Part A - Practical Guidance for Practitioners

Guidance for Impact of Parental Substance Misuse on Children and Young People Assessment Screening tool

The purpose of the screening tool is to assist practitioners in understanding the level of impact a parent/carer's substance misuse (i.e. alcohol or drugs) is having on a child. The tool can be used by any practitioner who identifies that a parent/carer is misusing substances.
If anyone has concerns about the immediate safety of a child they should follow GSCB Child Protection procedures: www.gscb.org.uk

It is important that the practitioner considers the context of the information in the 'Details' column and the impact for that particular child when deciding the Level of Need and subsequent action. This will enable them to think about where on the continuum of need this places the child.
See *Gloucestershire's Children's Workforce Guidance for Levels of Intervention* at:
http://www.gscb.org.uk/article/119375/Frequently-Used-Forms

For example :

		Yes	No	D/K	Details	Level of Need 1 – 4
6	Are there any signs of neglect? (Eg missing meals, cold home, unsuitable clothing?)	**X**			Child sometimes comes to school in unwashed clothes, without provision for lunch. Shoes seem tight fitting.	**2** (consider a CAF)
1	Is the child left unsupervised or with carers who may present a risk (eg adults feeling drowsy losing consciousness falling asleep, collecting drugs)	**x**			When a member of staff from Children's Centre visited the home, the child (aged 5) opened the front door and said that the parent was out. Waited 30 minutes for parent to return. Adult appeared very drowsy.	**4** (consider a request for service from Social Care)
18	Is there a non substance misusing adult living with the child?			**x**	Liaise with other professionals	**?**

This completed tool can be used in a number of ways:

- The details box should be used to record protective factors as well as concerns to assist in decision making.
- If a request for service from social care is to be made, please attach the completed tool to the referral form.
- As a check list to assist in further assessment to inform practice.
- As a basis for multi agency discussion to plan services
- As a basis of reflective practice in supervision.
  Remember to record what action was taken following the completion of the tool, sign and date. Ensure there is a copy of the completed tool in the child's record.

Impact of Parental Substance Misuse on Children and Young People Assessment Screening Tool (v.2)

Child means any child or young person aged between 0 – 18. Adult/parent/carer means anyone with parental/caring responsibility for the child.

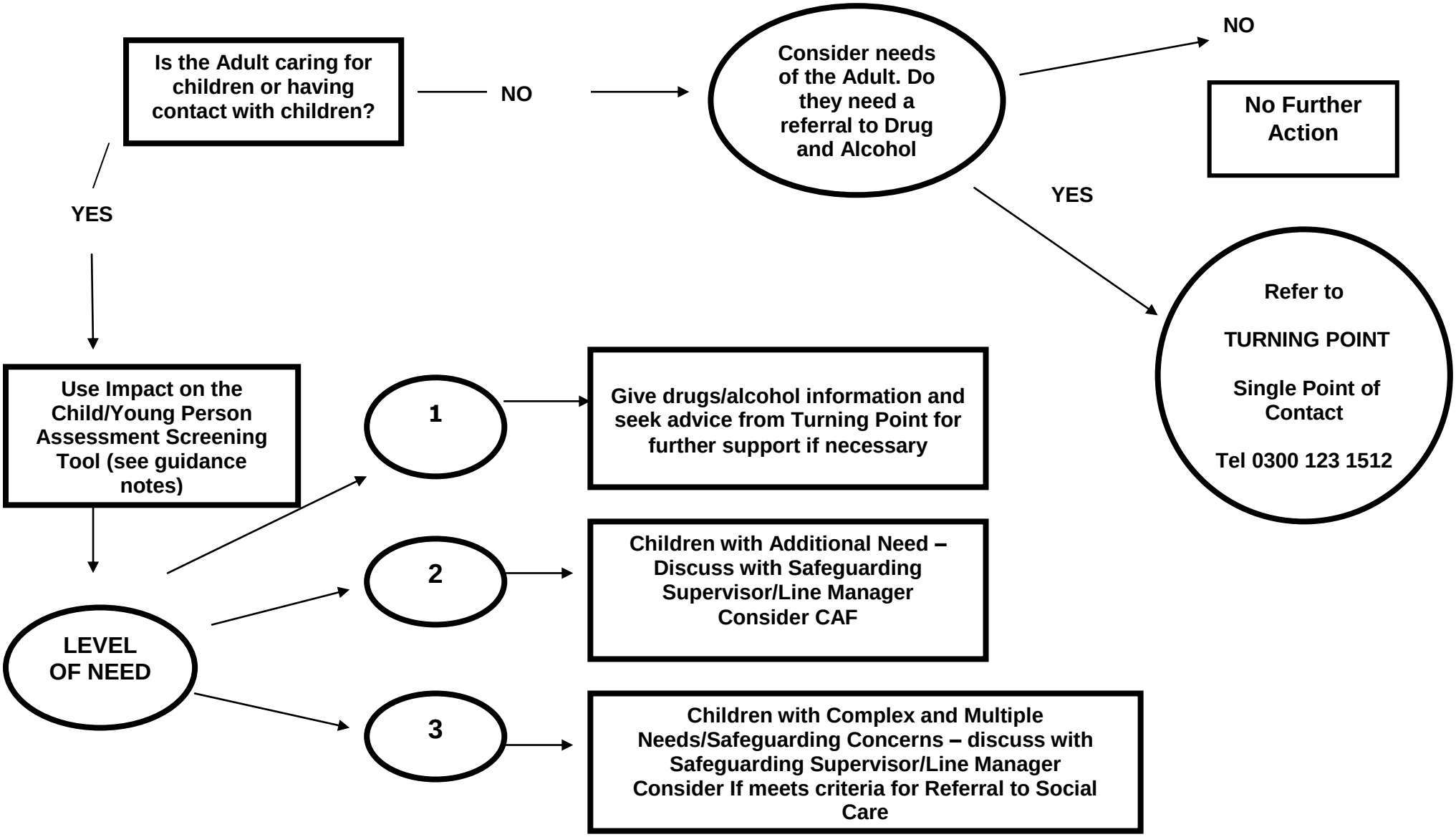
Level 1: Universal Services **Level 2-3:** consider CAF **Level 3-4:** consider Request for Service form to Social Care

		Y	N	?	DETAILS	LEVEL OF NEED (1 - 4
Has the child been seen alone? Please explain						
Is the adult(s) in treatment?						
Is the adult pregnant?						
CHILD'S SAFETY						
1	Is the Child left unsupervised or with carers who may present a risk (eg adults feeling drowsy/losing consciousness, falling asleep, collecting drugs)					
2 a	Is the home environment safe? (e.g. storage of medication, alcohol, drug paraphernalia, other factors)?					
b	Have toxicity risks to children been discussed?					
3	Do other substance misusers/dealers share or come into the home?					
4	Is the child taken to places that put them at risk?					
CHILD'S HEALTH & WELLBEING						
5	Are any of the children disabled? Are the concerns that specific care needs are not being met (e.g. personal hygiene, medication etc.)					
6	Are there any signs of neglect? e.g. missing meals, cold home, lack of routine, unsuitable clothes					
7	Does the child have friends and are they able to bring them home?					
8	Do children have other caring relationships within or outside the family?					
9	Does the child miss school/nursery/other appointments?					
10	Has any agency expressed concerns about the child					

11	How would you describe the relationship between the child and parent (is it close, is there separation anxiety)					
12	Is the child taking on a caring role?					
13	Are there concerns about the child's development?					
14	Does the child seem excessively anxious/angry or upset for no apparent reason?					
15	Is there evidence that the child is self harming or has threatened suicide?					
16	Has the child been in trouble with the police or displayed anti- social behaviour?					
17	Is the child using drugs or alcohol? If yes refer to CYP substance misuse screening tool)					
PARENTAL CAPACITY						
18	Is there a non substance misusing adult living with the child?					
19	Does the child witness adults taking drugs/ drinking alcohol excessively?					
20	Does the adult think their substance misuse is a problem?					
21	Do the parents/carers see the substance misuse as harmful to the child?					
22	Are there current/is there a history of any mental health issues within the family?					
23	Is there any evidence of conflict between the adults in the house?					
24	Do the family move frequently? Is there a risk of homelessness?					
25	Are there signs of financial difficulty? (rent arrears, lack of food etc?)					

ACTION TAKEN			
SIGNED		DATE	

CARE PATHWAY – PARENTAL SUBSTANCE MISUSE – IMPACT ON THE CHILD/YOUNG PERSON SCREENING TOOL V3



Useful Telephone Numbers Substance Misuse

Services for Adults

TURNING POINT
Single Point of Contact Tel- 0300 123 1512
Turning Point is the new organisation from April 2013 managing and providing drug and alcohol services in Gloucestershire for adults. Road to Recovery services are integrated under one roof within 7 hubs around the county, including prescribing, group work, harm reduction, drop-in and recovery activities

Gloucester hub – Tel 01452 509500
Cheltenham hub – Tel 01242 537570
Stroud hub – Tel 01453 847700
Cheltenham hub - Tel 01242 537570
Stroud hub - Tel 01453 847700
Tewkesbury hub - Tel 01684 851590
Cirencester hub - Tel 01285 883110
Moreton in Marsh – Tel 01608 653990 (Open Thursdays and Fridays – other days contact via Cirencester hub)

Independence Trust
Tel- 0845 8638323
Provide a range of interventions to support clients in strengthening emotional and physical wellbeing, including support with drugs and alcohol issues

Adult Helpdesk – Social Care
Tel – 01452 426868

Safeguarding Adults Team – Social Care
Advice line for Safeguarding Vulnerable Adults
Tel – 01452 425109

Emergency Duty Team – Social Care
Tel- 01452 614758

Let's Talk Service
Information and guidance for emotional wellbeing
2gether Trust
Tel- 0800 073 2200

Services for Children and Young People

Children's Helpdesk – Social Care
Tel - 01452 426565

Gloucestershire Young Carers
www.glosyoungcarers.org.uk
Tel - 01452 733060

Specialist Health Visitor for Parental Substance Misuse
Tel – 0300 421 8115 / 07919 212878

Specialist Midwives for Substance Misuse
Antenatal Clinic Gloucester Royal Hospital and Cheltenham General Hospital
Tel – 0300 422 2222
Mobiles – 07884260352 / 07890540240

Additional Support Services

Gloucestershire County Council Locality Teams

Cheltenham Locality – 01452 328160
Cotswolds Locality – 01452 328101
Forest of Dean Locality – 01452 328048
Gloucester North Locality – 01452 328014
Gloucester South Locality – 01452 328075
Stroud Locality – 01452 328130
Tewkesbury Locality – 01452 328251

Services for Adults and Children

Nelson Trust
Tel - 01453 885633
Provides residential and day care treatment and support, education and training, family therapy, resettlement support, aftercare, move on housing and specialist women's service

Family Focus
Tel - 01452 425450
Provides integrated substance misuse service designed to address family issues and improve the lives of all family members. Packages of intervention aim to mobilise family strengths and resources, bringing about sustainable change

ISIS Women's Centre
Tel - 01452 397690
For ISIS services in Stroud and Cheltenham – contact ISIS Gloucester
ISIS offers support, guidance and practical help to women and their families

Infobuzz
www.infobuzz.co.uk
An independent charity delivering drug education and advice to young people and professionals
Tel – 01452 381770

National Contacts

ADFAM (families, drugs and alcohol)
Tel- 020 7553 7640
www.adfam.org.uk

Alcohol Concern
Tel - 020 7395 4000
www.alcoholconcern.org.uk

Alcohol Anonymous
National – Tel- 0800 776600
Local – Tel - 01452 418515
www.alcoholics-anonymous.org.uk

Drug Scope
Tel - 020 7928 1211
http://drugscope.org.uk/

Families Anonymous
Tel – 0845 120 0660
www.famanon.org.uk

Narcotics Anonymous
Helpline- 0845 373 3366
www.ukna.org

National Treatment Agency for Substance Misuse
Tel- 020 7261 8801
www.nta.nhs.uk

Release (legal and heroin helplines)
Helpline- 0845 4500 215
Tel - 020 7729 5255

Tackling Drugs, Changing Lives (cross-govt website for clinicians)
www.drugs.gov.uk

Talk to Frank (national drugs helpline)
Tel- 0800 77 66 00
www.talktofrank.com

APPLYING THE ASSESSMENT FRAMEWORK

- Effect of prenatal exposure to drugs/ alcohol
- Subsequent special health needs as a result of above
- Access or exposure to drugs/equipment
- Effect on school attendance and ability to learn
- Impact on quality of attachment(s) and feeling valued
- Attitudes to drug use and offending behaviour
- Experience of loss/bereavement
- Sibling relationships and sibling drug use
- Other caring relationships and 'lifelines'
- Secrecy, stigma and social exclusion
- Impact on friendships
- Level of caring for self, parents and siblings

- Details of drug use and impact on parental health/ behaviour/mood
- Is the substance misuse accompanied b a psychiatric disorder?
- Physical availability to child and impairment of ability to provide care
- Emotional availability to child
- Strategies to protect child from impact of drugs
- Role of drugs within parental relationship/partnerships
- Consistency and reliability
- Priorities – drugs or child?
- Messages to child about drug use and offending behaviour
- Previous parenting capacity

- Past drug treatment/engagement
- Offending behaviour/convictions
- Who knows about drug use and implications for wider family relationships
- Extended family able to act as carers
- Adequacy of material resources – money and housing
- Home is exposed to risky adults or activities
- Community attitudes and stigma
- Support network outside the home
- Is there domestic abuse in the household

PARENTING CAPACITY

• Basic care
Are levels of care different when a parent is using drugs and when not using?
Is there adequate food, clothing and warmth for the children?
Is there a healthy clean living environment?

• Ensuring safety
Are the children being taken to places where they could be 'at risk'?
Do the children get left either with unsuitable carers or unsupervised while parents are else where either physically or as a result of the effects of substance use thorough procuring, use or intoxication?
Are the premises being used to sell drugs?
Are the parents allowing their premises to be used by other drug users, or other inappropriate adults?
If the drugs and/or injecting equipment are kept on the premises, are they kept securely?
Are the children aware of where the drugs are kept? Are they kept out of reach?
If the parents are on a substitute prescribing programme, such as Methadone – are the parents aware of the dangers of children accessing this medication, do they take adequate precautions to ensure this does not happen?
Has appropriate safety measures been taken within the home, e.g. safety gates.

• Emotional warmth
Is the parent physically and emotionally available for the child? Do they provide positive reinforcement of whom and what their children are and celebrate their skills?
Is the parent able to see the child's emotional needs?
Is the child being burdened with emotional difficulties experienced by the adult?
Is the parent able to offer the child reassurance that that substance use is about the parent not the child?
To what extent are the parents able to place their children's needs before their own?

• Stimulation
Is the parent able to engage in meaningful play and communication with the child?
Respond appropriately to stimulate the child?
Are there appropriate toys, activities and educational opportunities available for the child?

• Guidance and boundaries
Is the parent able to set appropriate boundaries and manage behaviour?
Is there consistency and expectations of the child's behaviour?
Is the parent able to demonstrate and model appropriate behaviour and emotions and interaction with others?
Does the parent draw the child into criminal activities?

• Stability
Are there structured routines in the child's daily life?
Are there dramatic differences in parent's behaviour when using or not?
Is there consistency in behaviour and communication?
Have there been periods of substance related criminal activity, convictions, periods of imprisonment? What happened to the children?
Has the child a consistent main carer and living environment?

FAMILY AND ENVIRONMENTAL FACTORS

• **Family history and functioning**
Are both parents/carers using substances?
Is there a non drug-using parent or carer?
Is there conflict or violence as a result of substance use within the family?
Is there domestic violence in the household?
Is there a history of substance misuse within the family or extended family?
Will parents accept help from relatives and other professionals or non-statutory agencies?
What are the parent's hopes for the future for themselves and the child?

• Wider family
Are the relatives aware of the substance misuse?
What are their attitudes regarding the substance use?
Are they supportive? What support are they able to offer?
Do they have any support needs? Are these relationships stable?
What is the quality of the relationships?

• Housing
Is the accommodation adequate for the children i.e. facilities, furniture, heating?
Is the housing stable? Does the family remain in one area or move frequently, if the latter why?
Is the family living near their support networks – informal and formal?

• Employment
Is the substance use having an impact on employment or training opportunities?
Is the parent accessing relevant support agencies in regard to training and employment?

• Income
Are the parents ensuring that the rent and bills are paid?
Are they accessing appropriate benefits?
How much are the drugs costing? How is the money being obtained? Is this causing financial, social or legal problems?

• Family's social integration
Is the family living in a drug using community / social environment?
Is the family socially isolated from family, friends, and community?
Are there threats or harassment from neighbours or the community?

• Community resources
Are the parents aware of and in touch with local specialist agencies that can advise on issues such as needle exchange, substitute prescribing, detox, recovery and abstinent support?
How regular is contact? Are these relationships positive and how do they impact on family functioning?
Are the family linked into other community resources? How regular is contact? Are these relationships positive and how do they impact on family functioning?

CHILD DEVELOPMENTAL NEEDS

• Health

Are the parents accessing appropriate health care and routine heath appointments for the child?
Is the child being exposed to unnecessary risks resulting in accidents and injuries?
Are the children physically at risk due to substance use, conflict or violence?
Is the young person using substances or involved in other high-risk activities?
Is there evidence of failure to thrive or poor general health?
Is the child displaying health problems as a result of parental substance use i.e. disturbed sleep patterns or bedwetting?

• Education

Are the child's pre-school educational needs being met?
Are parents supportive of their children's education?
Are the children attending nursery or school regularly and on time?
Are they experiencing difficulties learning?
Are they displaying disruptive behaviour at school?

• Emotional and behavioural development

Is the parent child interaction warm and positive?
Is the child supported with problems, homework and worries?
If the parents are using drugs, do children witness the taking of the drugs, or other substances?
Could other aspects of the drug use constitute a risk physically or psychologically to children e.g. conflict with or between dealers, exposure to criminal activities related to drug use?
Are the children engaged in age-appropriate activities?
Are the child's emotional needs being adequately met? Is the child aware of the parent's substance misuse and what is their understanding of it?
What is it like when their parent is under the influence of drugs? What is it like when they are not?
Do they feel safe, where do they turn for comfort, help and protection?
Are there things that make them feel scared?
Do they have fears, anxieties, and hopes about their parent's behaviour?
Is help available to assist them in developing decision making skills?
Are children being denied the reality of what they see via use of euphemisms to describe or explain parent's behaviour? Or expected to cover up parents use?

• Identity

Is the child involved in the substance use either as active participants or as messengers or runners – e.g. obtaining supplies?
Has the child got a positive self-identity? See themselves as lovable?
Do they have guilty feelings or feel responsible for parents?
Are there feelings of powerlessness, helplessness?
Is there shame and embarrassment about parental substance related behaviour?
Is there support, consistency and reliability from parent to help young person through any difficulties?

• Family and social relationships

Are there any indications that any of the children are taking on a parenting role within the family, e.g. caring for other children, excessive household responsibilities?
Do the parents and children associate primarily with other drug users, non users, both?
Are there a number of people coming and going and are the children adequately protected from the possible adverse behaviours that they might exhibit?
Are they able to form and maintain friendships?

Are they able to spend time at home and feel safe?
How do the children spend their free time? Are the children involved in leisure activities outside the family home?
Are activities age appropriate?

• Social presentation
How is the child being taught about problem solving and coping skills? Is the child replicating parental behaviours?
Does the child experience difficulties in social situations? Are they isolated, excluded or involved in criminal behaviour?
Is the child aware of and able to demonstrate cleanliness and good hygiene?
Is dress and behaviour appropriate?

• Self-care skills
Has the child taken on caring responsibilities for the parent? Are these age appropriate?
How long and to what extent?
Is there a demonstration of development of skills required for independence?

Confidentiality & Information Sharing

Confidentiality and Information Sharing will be in accordance with Gloucestershire Safeguarding Children Procedures, CYPD, New Information Sharing Protocol for Drug Services and Drug Misuse and Dependence UK Guidelines.

Department for Children, School and Families (2009) Information sharing: Guidance for practitioners and managers provide seven golden rules, and a flow chart of key questions for information sharing -
:

1. Data Protection Act is not a barrier to sharing information
2. Be honest and open
3. Seek advice
4. Share consent where appropriate
5. Consider safety and well-being
6. Necessary, proportionate, relevant, accurate, timely and secure
7. Keep a record

When concerns about a child's safety or welfare require a professional or agency to share confidential information without the person's consent, they should tell the person that they intend to do so, unless this may place the child or others at greater risk of harm. Each agency should make it clear to people using their service that the welfare and protection of children is the most important consideration when deciding whether or not to share information with others.

No agency can guarantee absolute confidentiality as both statute and Common Law accept that information may be shared in some circumstances.

Confidentiality is an important factor in enabling service users to engage confidently and honestly with treatment and support services. This is an essential requirement for successful rehabilitation. All agencies should respect the need for other professionals and agencies to protect their relationship with their primary client, and support the requirement to maintain confidentiality as far as possible. However, sometimes professionals will need to share information with staff in their own agency, or other professionals in order to provide treatment or access other forms of help.

Agencies, when beginning work with any service user, should tell service users as a matter of course about their policy on information sharing and confidentiality, and explain the kinds of situations where they may need to share information. Agencies should give some indication of why, and with whom they may need to share information. They should ask for the service user's consent to sharing necessary information in advance. This will save time, misunderstanding and potential conflict later.

People who use substances may be particularly concerned about their support services sharing information with other professionals. They may fear they will be denied help, stigmatised or blamed if other agencies are given information about them. This may have been their experience in the past. They may fear investigation by the police about illegal drug use or child protection enquires being instigated. In most circumstances users of treatment or support services can rely on confidentiality. However there are important exceptions to this.

If there are worries about a child's care, development or welfare, professionals in touch with the family must co-operate to enable proper assessment of the child's circumstances, provide any support needed and take action to reduce risk to the child with the consent of the parents. The child's welfare is the paramount consideration when deciding what to do in these situations.

Concerns that a child may be suffering significant harm, or may be likely to, will always override a professional or agency requirement to keep information confidential. Professionals have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm. They should always tell parents this at the point of their engagement with the service user.

In Gloucestershire, all Turning Point hubs have monthly safeguarding liaison meetings with the Specialist Health Visitor and Specialist Midwife, to ensure effective joint working between agencies. This allows consideration of the impact of the unborn baby, children and young people who may be affected by the parents substance misuse.

Part B - Supporting Evidence Protocol

1. Introduction and Background

1.1. Hidden Harm (2003) highlighted the problems experienced by children in families where substances are being misused. They estimated that 250,000-300,000 children have a parent with a serious drug problem. Bottling It Up (2011) estimates that 2.6 million children are living in the UK with parents who are drinking hazardously. Parental alcohol misuse damages and disrupts the lives of children and families in all areas of society. Younger women are drinking more, and in more problematic ways such as 'binge' drinking (Alcohol Concern, 2004). A similar picture is emerging within drug misuse, with a shift towards more women misusing (European Monitoring Centre for Drugs and Drug Addiction, 2005). This in turn is likely to increase the number of children affected by parental substance misuse and increase the negative outcomes (Forrester & Harwin, 2008). Pregnancy is a key opportunity for intervention, and infancy is a time of particular vulnerability. The NSPCC report 'All Babies Count spotlight on drugs and alcohol' (2012) highlight all babies need to be safe, nurtured and able to thrive. Parents who misuse substances need services that take into account their difficult circumstances, and services that combine treatment for addiction while explicitly promoting secure attachment, positive relationships and good parenting.

1.2. Any agency working with parents who have a substance misuse problem must recognise that children are not necessarily at risk of harm just because a parent uses substances (Knoll and Taylor, 2003). Many of these parents are very competent parents and have the ability to fully address their child's needs. However, research shows that parental substance misuse can lead to significant harm, with damaging and long lasting consequences for children. Research findings show that children of parents who misuse substances have poorer developmental outcomes (physical, intellectual, social and emotional) and are at higher risk of developing substance misuse problems in their own right compared to other children (Rubinstein, 2003).

1.3. The needs of the child must always come first and a proactive approach must be adopted by all practitioners working with these families. Effective communication and joint working between services is crucial in order to safeguard and promote the welfare of the child (ECM, 2003). High Focus Area (2007) recognised that some drug and alcohol treatment services have traditionally focused on the needs of their service user and this child centred view may continue to challenge some of their approaches.

1.4. Hidden Harm (2003) recommends that, 'Drug and alcohol agencies should recognise that they have a responsibility towards the dependent children of their clients and aim to provide accessible and effective support for parents and their children, either directly or through good links with other relevant services'. For the purpose of this protocol alcohol and drug use will be referred to collectively as 'substance misuse'.

1.5. In the context of this protocol 'parent' includes anyone who has care of the child, for example members of the extended family.

2. Scope

2.1. These guidelines have been written for the use by the many statutory, non-statutory, voluntary, independent sector and primary care services working with parents/carers who misuse substances or children whose parents misuse substances within Gloucestershire.

2.2. All practitioners will be expected to use this protocol when they come in contact with a child whose life is affected by a parent or carer's use of drugs/alcohol.

3. Equalities

3.1. This protocol applies in all situations irrespective of the race, age, gender, sexual orientation, class, culture and religious beliefs or disability of those involved.

3.2. In order to make sensitive and informed professional judgements about a child's needs, and the capacity of parents/carers to respond to those needs, professional should be sensitive to differing family patterns, lifestyles and child-rearing practices which can differ across different racial, ethnic and cultural groups. However, all professionals must be clear that child abuse or neglect caused deliberately or otherwise, cannot be condoned for religious or cultural reasons.

4. Responsibilities

4.1. **Legislative Background**

All services (including services specifically for adults) have a duty of care towards children as part of the Children Act 1989. Section 11 of the Children Act (2004) outlines a 'duty to co-operate' amongst key people and bodies to promote the welfare of children.

5. Safeguarding & Child Protection

5.1. The most widely used definition of 'safeguarding' is as follows:-

> "*All agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare are minimised, and when there are concerns about children and young people's welfare, all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other local agencies."*
>
> 'Safeguarding Children: A Joint Chief Inspectors Report' (2002)

5.1. Whilst the principles of child protection are generally familiar, the principles of safeguarding go one step further. The term safeguarding encourages a wider, more preventative approach to meet the need of children. This involves agencies working more closely together in an attempt to alleviate problems before they occur (Working Together 2013). Whilst the principles of child protection are generally underpinning all adult drug services the challenge is now to move towards 'safeguarding' affected children.

6. Research

6.1. Research shows that when a parent is intoxicated, their ability to provide adequate care and protection of young children is compromised. Intoxication may impair the parent's ability to prepare a meal, ensure the child's clothes are clean, and maintain regular routines for the school attendance and bedtimes. Their ability to provide a safe environment will also be compromised whilst the parent is intoxicated. Importantly, parental intoxication will impact on responsiveness and sensitively to a child's emotional needs. It is well documented that parental emotional involvement with a child is vital to the development of secure attachment and emotionally healthy children (Dawes et al, 2008, Velleman & Orford, 1999). Secure attachment is built up by consistent sensitive and appropriately responsive parenting. Conversely, very insecure attachment puts a child at greater risk of significant emotional and mental health issues later on (Balbernie, 2013).

6.2. Intoxication is also likely to lead to inconsistency in disciplinary strategies. Child behaviours that may be if ignored during an intoxicated state may be harshly dealt with at other times. A parent who is dependent on a substance will experience withdrawal symptoms when they are unable to use. While the experience of withdrawal varies across substance class, it can impair the parents' ability to focus on and prioritise the needs of their child over their own immediate physical and psychological distress (Dawes et al, 2008).

6.3. The nature of the substance used also influences parenting capacity. Illicit drugs such as opiates may require engagement in a range of illegal activities, such as theft or prostitution, in order to support the habit. A review of children living with a substance misusing parents stated that children are often more aware of problems than parents realise, but they don't always understand what is happening and why. They worry about their parents more than may be recognised, particularly if they fear for their parent's safety (Gorin, 2004).

6.4. Studies have shown that parental substance misuse is widespread in social work caseloads, and incident studies suggest that somewhere between a quarter and a third of these families going for allocation involve parental substance misuse (Forrester & Harwin, 2006, Cleaver et al, 1999). 4Children's 'Over the Limit' (2012) report alcohol is a factor in 22% of serious case reviews and 62% of children subject to care proceedings were from families with parental alcohol misuse.

6.5. However the evidence also shows that most children who have one or more parents with an alcohol problem go on to live happy and well-adjusted lives (Velleman & Orford, 1999). Less seems to be known about drug misuse but Forrester & Harwin (2008) state that it is possible that outcomes for children of illegal drug users are worse.

7. Engaging Families

7.1. Where there is problematic parental substance use there can be the risk of professionals not working in partnership with parents and families. There is also the risk of parents not working in partnership with agencies.

7.2. Professionals may see families as too difficult to engage, not open to change and not likely to tell the truth. They may believe that parents who use substances are inevitably not providing good enough parenting or that they are not able to be involved in informing the decisions and plans that are made.

7.3. Parents/carers may believe that they will be stigmatised, and that their children will inevitably be removed from their care, or they and their children will be treated differently or given a lesser service. They may believe that they will have no control, or say in the decisions which are made.

8. Barriers to Effective Joint Working

8.1. Where there is parental substance use it is our responsibility as professionals to consider how to build trusting relationships with families, and how our attitudes and practice may act as barriers to engagement with families where there is substance misuse. It is important to recognise the power that professionals can hold, and the risk of using this power to meet personal and agencies needs, rather than the needs of the child and family. This may translate into being overly directive and making unreasonable expectations and plans, which may not be based in the reality of the day to day life of the child or the family.

8.2. Where there is parental substance misuse it may be that families have had predominantly negative experiences of agencies or those agencies only intervene in a policing rather than supportive role. The benefit of agency involvement; such as ongoing help and support needs to be communicated clearly to families and backed by professional's attitudes, approaches and plans.

8.3. The secrecy that may be a part of illegal substance use may mean that families may find it difficult to share information with professionals. They may fear the consequences of telling professionals or fear that they will not understand or will only see the drug use and not offer any help. This may prevent them accessing any support for themselves or their children, or may impact on how far they trust services. The risk is that we punish families for their fears before we look at allaying these fears by enabling their engagement.

8.4. Partnership does not mean always agreeing with parents, or always seeking a way forward which is acceptable to them. It does mean treating all family members with dignity and respect; acknowledging the concern that parents may have for their own children, and recognising their expertise in relation to their children's needs.

8.5. Where there is parental substance misuse, families can be isolated within a Community. It may mean that they are less likely to make use of the support services which are available to all families or that the services are not appropriate to their needs. They may also have fewer positive social support networks. Supporting and enabling families to access services can be important to prevent what are usual difficulties in caring for a child, escalating into significant concerns.

9. Effective Engagement

- Be "child focused" not "substance focused".

- Think about what is the experience of being a child of living in a substance misusing family like?

- What are the parents concerns about their children – what support or help can you offer?

- Look at what is going well together with what is going less well.

- What are the needs of the child, and how can services support parents to enable those needs to be met?

- Be open and honest and clear in your expectations and concerns.

- Check out their expectations.

- What are the support needs of the parents to enable their parenting skills?

- Do not over look issues like housing, benefits, home safety, and safe storage for medication / drugs paraphernalia. Offer advice and assistance in enabling parents to manage these issues. (e.g. safe storage boxes for storing potentially dangerous medications).

- Work closely with agencies with which the family has a good working relationship.

- Help the family to identify support to enable engagement in the assessment/child protection process.

- Think about the questions you will ask and the information it will give you. Be aware of the risk of asking questions which are based on your own judgements rather than the needs of the child. e.g. asking a mother where she keeps her needles when she doesn't inject her substances may lead her to believe that you have pre-judged her.

- Ensure that child protection plans are realistic and focused on the needs of the child e.g. a plan which expects a parents to detoxify may not only be unrealistic but may also give no consideration to the care of the child whilst the parent is detoxifying.

- Match the information you are given with the offer of appropriate level support and assistance.

- Look at any barriers to accessing services.

- If a referral has been made to Social Care, be aware that in line with Working Together (2013) there should be response from Childrens services within one working day.

- Use GSCB Escalation Policy if necessary. Occasionally situations arise when workers within one agency feels that a decision made by a worker from another agency is not a safe or appropriate decision. Disagreements could be around level of need, roles and responsibilities, the need for action and communication issues. The Escalation Policy highlights '*effective working together depends on an honest relationship between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard children'.*

10. Definitions

10.1. **What is Abuse and Neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them

or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

10.2. **Physical Abuse** - may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to the child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

10.3. **Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

10.4. **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

10.5. **Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

10.6. The concept of significant harm - The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives Local Authorities a duty to make enquires to decide whether they should take action to safeguard or promote the welfare to the child who is suffering, or likely to suffer, significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Under Section 31(9) of the Children Act (1989):
"'*harm' means the ill treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another"*

Under Section 31(10) of the Children Act (1989):
"*Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child".*

11. Pregnancy

11.1. The principles of good maternity care, outlined for all pregnant women in Changing Childbirth, should equally apply to pregnant women who are substance users (DOH, 1993). The woman must be the focus of maternity care. It is important to inform professionals on all aspects of care of the pregnant substance user so that the best possible outcome of pregnancy for both mother and baby is achieved.

11.2. Locally, the Specialist Liaison Midwife will act as a point of contact for the woman and relevant agencies. She will take lead responsibility for informing and co-ordinating service providers for the pregnant substance user, ensuring that the woman is kept fully informed. All pregnant substance users are to be booked for hospital delivery under the named Consultant who has a special interest in substance misuse.

11.3. Gloucestershire Hospital Trust has written a policy on TRUST CLINICAL POLICY: Substance Misuse in Pregnancy, July 2010 and is available on the Hospital Trust Intranet Website.

12. Harm Reduction

12.1. The safe storage of prescribed medication is essential. A number of small scale studies indicate the need for safe storage of medicines such as methadone in the home and the importance of issuing written / verbal information on safe storage to those receiving drug treatment.

12.2. Ingestion of doses as low as 10mg methadone have been reported to be fatal in children (Preston 1996). Child and infant deaths due to accidental ingestion of illicit or controlled drugs create high media attention, and it is important to note that deaths in minors occur infrequently. However, there has been a methadone related death of a child locally and following the recommendations from a Serious Case Review (2010) all staff should be warning parents who take home prescribed medication such as methadone (also known as physeptone) of the dangers to children. Staff should discuss with parents the safe administration of medicines to children and stress that children must never be given substances that are a) not prescribed for them or b) not specifically recommended for use by children. Also staff should be informing parents of the importance of washing out their empty bottles and spoons after use to prevent accidental ingestion by a child.

12.3. It is a misconception that child resistant medication bottle tops (in standard use by community pharmacies) are "child proof". These containers can be easily opened by dextrous children and some younger children are also capable of accessing the contents of so-called child proof medication containers.

12.4. Locally, we offer lockable medicine boxes for commissioned drug treatment services to distribute to any client who has a child living in their home or who has child care responsibilities for a child (anyone under the age of 16 years). The adult substance misuse workers also give out a leaflet with the medicine box which highlights the dangers of the prescribed medication to children.

13. Training

13.1. Gloucestershire Safeguarding Children Board is committed to improve multi-agency working to protect and improve the health a well-being of children who live with parental problem drug use through the development and implementation of training focusing on the Impact on Children of Parental Substance Misuse.

3 days training: Impact of Parental Substance Misuse on Children and Young People

- Level One: Awareness of Parental Substance Misuse
- Level Two: Impact on Children of Parental Substance Misuse
- Level Three: A Practical Session to further develop skills and understanding for effective practice.

For more detailed information please go to the Gloucestershire Safeguarding Children Board website training pages:
http://www.gscb.org.uk/article/113295/Safeguarding-training

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