



Getting Our Priorities Right Summary - Practitioners Guide

Protocols and
Operational Procedures

for Inter-agency Working
with Children and Families
Affected by Substance Misuse

Contents

	Page
Introduction	3
1 Identification	4
2 Initial Assessment	5-6
3 Core Assessments.	7
4 Comprehensive Assessments.	8
5 Plans and Outcomes	9
6 Reviews	10
7 Sharing Information	11
8 Drug Misuse During Pregnancy	12
9 Difficulties in maintaining contact.	14
10 Conclusion	
Appendix 1 Questions for Initial Assessment	15
Appendix 2 Inter Agency Guidelines for Gathering Information When Working with Substance Misusing Parents	16-25

Questions about the Child

a Child's developmental profile	17
b Accommodation and the home environment	18
c Provision of basic needs	19
d Parental drug/alcohol use	20
e Procurement of drugs/alcohol	21
f Health risks (Drug related)	22
g Family Social Network and support systems	23
h Perception held by parent/carer of the situation	24

Inter-agency communication	25
General points in assessment	25
Appendix III (a) Referral of High Risk Pregnancies (Flowchart)	26
Appendix III (b) Neonatal Abstinence Syndrome (NAS) (Flowchart)	27
Appendix IV – Overall process chart (Flowchart)	28

Introduction



This Getting Our Priorities Right protocol is a summarised version of North Ayrshire's Child Protection Committee's full document which has been issued to all strategic and operational managers within statutory and voluntary organisations within North Ayrshire.

The GOPR document was issued by the Scottish Executive in 2003 and each authority CPC was recommended to produce a joint protocol to improve inter-agency working with families where substance misuse is an issue.

North Ayrshire Social Services, Educational Services and NHS Ayrshire and Arran are in the process of introducing an "Integrated Assessment Framework" to ensure that services work better together to assess children and young people's needs. This "Integrated Assessment Framework" has been incorporated into the Getting our Priorities Right protocol.

This summary document has a brief overview of the Integrated Assessment Framework and checklist of questions and issues to be considered by staff when assessing the needs of children and young people where substance misuse is an issue.

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(Chair, North Ayrshire Child Protection Committee)

September 2005

Summary of Protocols for Inter-agency working with children affected by substance misuse

Introduction

Assessment

The Assessment framework (Appendix II of the Protocols) is not absolute and does not replace good practice and professional judgement. The framework is to assist full understanding of the family's situation, including the impact of substance misuse, whilst recognising both the strengths and difficulties of a family's lifestyle. Once information is gathered, professional judgement needs to be exercised as to whether or not the cumulative picture of concern in relation to the child warrants intervention under the family support framework or the child protection framework.

Interface with Child Protection

There is substantial similarity between the existing Child Protection procedures and these protocols. Both involve the gathering of information, assessment, and decision-making about the future of a child and his/her family. The point at which Child Protection procedures take over from these protocols is clear – when a decision is made that a child is or is likely to be at risk of significant harm. In such a case, it should be referred to the Social Services Department.

The Overall Assessment Process

The over-all process of assessment as described in the Pan-Ayrshire Integrated Assessment Framework for Children in Need (PIAFCN) includes different stages - Identification, Initial Assessment, Core Assessment, Comprehensive Assessment and Review. There are elements of overlap between these stages, but also new tasks and responsibilities in each successively.

- **An Initial Assessment** is to ask and answer the question "is this a Child in Need or is likely to become so"?
- **A Core Assessment** assumes that there is a concern and the child is, or is likely to become, 'in need', and that a multi-agency approach is required to address the needs and/or risks in relation to the child. It receives information from identified Assessors in the three main services, and produces a report for consideration by the Multi-agency Forum. It can produce and carry out a short-term Action Plan without further reference to the next stage.
- **A Comprehensive Assessment** assumes that a child meets, and is likely to continue to meet, the Child in Need criteria, and requires a more intensive, assessment and longer term Action Plan. It is initiated by a multi-agency forum, which decides on the appropriate Lead Agency, Assessment Co-ordinator and Team, and receives an Action Plan (possibly costed).

These Protocols are framed to fit this Integrated Assessment Framework, and will require modification to meet any future development of that framework. Meanwhile, the Assessment Co-ordinator will carry responsibility for deciding at which of these stages the assessment process should begin and end. Consultation with the Principal Officer, Children and Families, will be necessary if there is doubt about this.

1 Identification

It is important for agencies to identify potential or obvious concerns relating to substance misuse and a child's welfare or protection. Each agency should develop a common understanding and awareness of identification criteria. Following receipt of information or observed concerns, basic information about the family and household circumstances should be gathered by an appropriate person within that agency, and an Initial Integrated Assessment undertaken (informed by Appendix 1 of the Protocols document). Agencies should at least ask themselves:

- How vulnerable is the child/children?
- How extensive is the concern/problem?
- Are the concerns/problems part of a long-standing or repeated problem?
- What impact is it having on the child's/childrens' well-being?
- Is what has happened against the law?
- What is likely to happen if action is not taken?
- What protective factors may be in place which may mitigate risks associated with parental substance misuse?

Protocol on Identification

IDENTIFYING A CHILD OF SUBSTANCE MISUSING PARENTS/CARERS

- All professionals or agencies providing services and support to substance misusing adults, or in contact with the children of those parents, will ensure that their staff are aware of the potential risks to children in the care of substance misusing adults.
- All staff in these agencies should be aware of any child whose parent(s) are misusing drugs or alcohol (see definition), treat them **as potentially being in need or at risk**.
- This does not mean that every child of substance misusing parents should be the subject of an Initial Assessment. However, any professional in contact with a child of substance misusing parent(s) should at least at this stage:
 - Observe and record any signs of adverse effects on the child (see 5.1)
 - Record basic information and make an initial judgement as to its seriousness (see 5.1) using the checklist in Appendix I.
 - Decide with colleagues if there is significant information that should necessitate the instigation of an Initial Assessment
- If an Initial Assessment based on Children in Need criteria is required, an Assessment Co-ordinator will be designated within the agency (if within Social Services, Education or Health) and will initiate and complete the Assessment. Other agencies with a remit for, and experience in, child care may also carry out this role with agreement from the PO Children and Families.
- If the child is at immediate risk of serious harm, then immediate referral should be made to Social Services through the North Ayrshire Child Protection Procedures.
- Even if no further action is taken, all information should be recorded by the agency in which the concern arose, and passed to those responsible for monitoring and collating data on the children of substance misusing parents (see 4.19-21).
- Parents should be informed that information is being collected about their own and their children's circumstances in order to support the family through the care planning process and provide the comprehensive service which is their right.
- At least some members of staff in **all** relevant agencies will be equipped to provide information and advice - to parents about the potential impact of their substance misuse on dependent children; and to children of such parents about the harm that may occur through substance misuse whether through intoxication, illegality or health problems.

2 Initial Assessment

An Initial Assessment (see appendix one) of a child of substance misusing parents will follow the receipt of information sufficient to indicate that the child may meet the Children in Need criteria. It will follow the procedure contained within the Integrated Assessment Framework for Children in Need.

Protocol for Initial Assessment

INITIAL ASSESSMENT

- If it is determined that a child is, or is likely to be, a child in need then a multi-agency approach to assessment and intervention must be followed. (See criteria for identifying Children in Need in Protocols 2.11)
- The purpose of Initial Assessment is to determine whether there is a problem, if so what it is, whether sufficient action can be taken within the agency or whether further action needs to be taken. This may entail an Initial Assessment or if circumstances require it proceeding to a Core or Comprehensive Assessment (see Sections 8 and 9).
- If the agency where the concern has arisen is within social services, health or education, then it will normally act as Lead Agency. Other agencies may do so with the agreement of the Social Services Department.
- If there is a professional within the agency designated to act as Assessment Co-ordinator, this information will then be passed to that person; or if not the professional involved with the child will take on the role of Assessment Co-ordinator. If neither of these options is viable, then Social Services will take responsibility for the Initial Assessment.
- The Assessment Co-ordinator carrying out the Initial Assessment will
 - gather and analyse information from all possible sources, using the questions in Appendix I;
 - make sure the personal information about a child (standard data set of personalised information kept by Health and Education services) is up to date;
 - bring together chronologies of significant events held by different agencies;
 - make a judgement about action to be taken and resources required;
 - Inform, and if possible obtain agreement from, the parents, other significant adults and (if appropriate), the child.
 - keep up to date the contents of the Initial Assessment to provide the basis for further levels of assessment.
- Where the children of substance misusing parents are concerned, the Assessment Co-ordinator, if not from a Substance Misuse agency, should ensure that information is sought from adult drug /alcohol treatment service workers, as well as from any other relevant agency staff.
- If the child is at risk of serious harm, or there is a need to accommodate the child away from home, all information must be passed to Social Work Services immediately without any further action by the agency.

3 Core Assessments

When an Initial Assessment confirms that there are unmet needs and/or risks in relation to the child, then a Core Assessment is initiated by the same Assessment Co-ordinator.

A Core Assessment involves a professional from health, education and social services working together as an Assessment Team. In cases involving substance misusing parents, the knowledge and opinions of professionals working in Substance Misuse services should be sought regarding knowledge of the family, and of the impact of parental substance misuse on the child. They should also be included in the Assessment process - in the gathering of information, as part of the Assessment Team, during home visits, in decisions to move to a further level of assessment, in the formulation of an Action Plan, and in its implementation.

The Core Assessment will build on the Initial Assessment, using the framework in Appendix II. It will decide how best to engage with the child and family to discuss the concerns that have been raised, to gain a better understanding of the needs and/or risks in the child's life, and to explore the child's resilience and any protective factors that exist in the child's social circumstances and environment. This is expected to involve two direct contacts with the child and one home visit to the family by members of the Assessment Team. The Core Assessment may conclude either that

- i) targeted services within universal provision will be sufficient to address the concerns. In that case a short-term (up to 12 weeks) multi-agency Action Plan will be agreed. The purpose will be to meet the child's needs and/or to reduce risks, and through early intervention to divert the child from involvement in the Child Protection system and from becoming or remaining a child in need.
or
- ii) where such an Action Plan is not feasible or sufficient, the Core Assessment's report will provide the material for further consideration by the Multi-agency Forum, a possible further Comprehensive Assessment, and costed Plan.

Protocol for Core Assessments

CORE ASSESSMENTS

- In cases involving a child with substance misusing parents, the procedures detailed in Section 5 of the Integrated Assessment Framework for Children in Need will be followed. The assessment formats in the Integrated Assessment Framework should be used by all agencies and professionals as a common means of assessment and communication.
- The Assessment Co-ordinator will co-ordinate the assessment programme, and identify an Assessment Team consisting of members from health, education and social work services and from any other services that have been involved. Where a child with substance misusing parents is concerned, a professional from substance misuse services should be included in all stages of the Assessment.
- The framework in Appendix II and the Core Assessment guidance in IAFCN p.13 should be used as assessment tools.
- The Assessment Co-ordinator will contact members of the Assessment Team by phone or e-mail, determine what contribution each member will make, and the process of the Assessment. This will include at least two individual contacts with the child and one home visit.
- The Assessment Co-ordinator will decide whether written agreement to information sharing and a Core Assessment should be sought from the child, parents and other significant adults.
- Each Assessor will identify any services their agency can offer to meet needs and/or reduce risks, or interventions by their agency to enhance the child's resilience and/or increase protective factors in the child's life. These will form part of any Action Plan produced by the assessment.
- Each Assessor will make written contributions to the different section of the Core Assessment Format, as agreed with the Co-ordinator, who will aggregate these into one completed Core Assessment Format, and decide whether to proceed to a short-term multi-agency Action Plan.
- Copies of the completed and approved Core Assessment are distributed by the Assessment Co-ordinator (as indicated in the IAFCN Guidance Notes for Core Assessments para 6).
- A Lead Agency for implementing any recommendations or an Action/Care Plan will be indicated in the completed Core Assessment, and the person within that agency who will undertake case responsibility. Alternatively, where appropriate, the Assessment will be passed to a multi-agency forum for use as the basis of commissioning a Comprehensive Assessment.

4 Comprehensive Assessments

As the result of a Core Assessment, or possibly following an Initial Assessment, the Assessment Co-ordinator may decide that:

- a child meets, and is likely to continue to meet, the Child in Need criteria,
- that the needs and/or risks exceed the scope or resources of a short-term Action Plan,
- and therefore a Comprehensive Assessment is required.

A Comprehensive Assessment is initiated by a multi-agency Forum (as identified in the Integrated Assessment Framework) which is normally chaired by the Principal Officer Children and Families. This Forum commissions the assessment from a team of professionals from health, education and social services. Where a child of substance misusing parents is concerned, a professional from substance misuse services should be included in the Assessment Team as an Assessor, and may also be asked by the Forum to act as Assessment or Action Plan Co-ordinator.

Where children of substance misusing parents are concerned, further assessment of need based upon the framework in Appendix II of these Protocols should form part of the Comprehensive Assessment.

The Comprehensive Assessment will lead to a multi-agency Action Plan in order to meet the child's needs and/or to reduce risks.

Protocol for Comprehensive Assessments

COMPREHENSIVE ASSESSMENTS

- A Comprehensive Assessment is initiated and commissioned by a multi-agency Forum after submission from an Initial or Core Assessment Co-ordinator.
- A meeting of that Forum will be convened by the chairperson (normally the Principal Officer Children and Families). The meeting will decide
 - The Lead Agency
 - The Assessment Co-ordinator from the Lead Agency
 - Other Assessors who will become members of the Assessment Team
 - The time scale for completion of the Comprehensive Assessment
 - The date for tabling and presentation of the Assessment and Action Plan to a further meeting of the multi-agency forum.
- Where a cause for concern has been identified within a substance misuse agency, that agency may be designated as Lead Agency by the Forum.
- A professional working in Substance Misuse services should be included as an Assessor in all parts of the Assessment process to provide knowledge of the family and the impact of parental substance misuse on the child. The substance misuse professional may also be designated by the Forum to carry out the role(s) of Assessment Co-ordinator and/or Action Plan Co-ordinator.
- The Assessment Team will be accountable to the multi-agency forum. The Comprehensive Assessment will include a multi-agency Action Plan to meet the child's needs and/or to reduce risks.
- In cases involving a child with substance misusing parents, the assessment procedures in Section 5 of the IAFCIN will be followed, and the assessment formats in the IAFCIN should be used by all agencies and professionals as a common means of assessment and communication.
- Appendix II of these Protocols and the IAFCIN Guidance notes for Comprehensive Assessment should be used as tools in the Comprehensive Assessment.

5 Plans and Outcomes

Action Plans

These will be drawn up by Assessment Co-ordinators in accordance with the procedures and formats for Core and Comprehensive Assessments in the Integrated Assessment Framework for Children in Need (pp.89 and 104). They will be part of a Core Assessment and a Comprehensive Assessment.

Protocol for Action Plans

- An Action Plan will be part of each Core and Comprehensive Assessment
- It will identify action to be taken, the person and agency responsible, a target date for completion, and any resources required to carry it out.
- It will also provide for recording of disagreement with the Plan, by whom and the reasons for the disagreement.
- A date for review will be recorded.

Protocol for Child Protection Plans

CHILD PROTECTION PLANS

- The Child Protection Procedures for North Ayrshire Social Services and Inter-agency Guidance will be followed at whatever point it is decided that there is substantial risk to the child.
- Where a child is at risk because of parental substance misuse, there should be participation by substance misuse workers or other agencies already involved with either the parent or the child, in all stages of the Child Protection procedure.

6 Reviews

Assessment is a continuing process. Previous history and significant new developments from all agencies must be taken into account. Rapid deterioration in the circumstances of a child's life may cause significant harm – as evidenced in some child abuse cases where drug and alcohol misuse is involved.

Protocol for Reviews

REVIEWS

- There should be a regular cycle of assessment, planning and review as provided for within the Integrated Assessment Framework, and resulting information clearly recorded on 'Carefirst'.
- The Assessment Co-ordinator or Action Plan Co-ordinator will continue to co-ordinate information and arrangements and consider whether other resources are required. The Co-ordinator is also responsible for keeping the identified monitoring officers informed of progress, and for deciding when a case should be considered closed.
- When a child ceases to be assessed under the Children in Need criteria, and any agency involvement ceases, then this should be communicated by that agency to all others involved, including the parents. The agency ceasing involvement should ensure through the Assessment Co-ordinator or Action Plan Co-ordinator that at least one agency retains continuing contact with the child, and that the continuing agency is aware of the need to be vigilant for any recurrence or any sign of difficulty associated with parental substance misuse, and for keeping their recorded information up to date.
- When a child continues to be a Child in Need for a period of 6-12 months or longer, the multi-agency forum will commission a Progressed Comprehensive Assessment to determine whether the Action Plan requires changes to be made. As with other levels of assessment in the Integrated Assessment Framework, where a child of substance misusing parent(s) is concerned, the involvement of Substance Misuse Services should be sought.

7 Sharing Information

The Information Sharing Protocol in the Integrated Assessment Framework (Section 6) should be the working document for the sharing of information about a child of substance misusing parents.

Child's Welfare Paramount

As described earlier in this document, if there are concerns about how a child is being cared for, or his or her 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. Guidance from professional bodies emphasises that **the child's welfare is the paramount consideration** when deciding what they should do in such circumstances.

"If a child may be at risk of harm this will always override the professional's or agency's requirement to keep information confidential. They have a responsibility to take action to make sure that the child is made safe. They should always tell parents this".

(Protecting Children – A Shared Responsibility: Guidance on Inter-agency Co-operation'. Scottish Office 1998).

A child with substance misusing parent(s) will always be regarded as potentially coming within the above exception.

Protocol for Sharing Information

ASKING FOR AND GIVING INFORMATION

- When any professional or agency approaches another to ask for information, they should be able to explain:
 - what kind of information they need
 - why they need it
 - what they will do with the information and
 - who else may need to be informed, if concerns about a child persist.
- On receiving answers to the above questions the person being asked should consider:
 - whether they have relevant information to contribute - that is information which has or may have a bearing on the issue of risk to a child or others, which may assist access to other services, or enable another professional to offer appropriate help
 - whether that information is confidential, already in the public domain or could be better provided by another professional or agency, or the parent directly
 - what information the service user has already given permission to share with other professionals
 - whether there is any perceived risk to a child which would warrant breaking confidentiality
 - how much information should be shared to achieve the purpose of contributing to reducing risk for the child.
- It is not helpful to contact another professional and ask everything they know about Family X, because you are worried about Child A. If you are not sure what kind of information the other agency may have or what you might need to know, you should explain your task so that the other person may better understand how they may help.
- If a professional or agency is asked by another to provide information they should never refuse solely on the basis that all information held by the agency is confidential.

8 Drug Misuse during Pregnancy



(Note: The use of the term 'Care Plan' rather than 'Action Plan' in this protocol reflects the existing terminology used in Health Service guidance relating to high risk pregnancies. It refers to the same type of document as is described elsewhere in these protocols as 'Action Plan').

When midwives or other health professionals become aware that a pregnant woman is a substance misuser, the unborn or newly born child has to **be seen initially as meeting the criteria for a Child in Need**. This makes unnecessary the procedure laid down in the Integrated Assessment Framework for drawing up an Initial Integrated Assessment Report to determine whether a child fits these criteria, and appropriate to begin the assessment process at **the Core Assessment** stage (see Section 7). However, the gathering of information described in the Initial Assessment procedure will still be carried out (see 6.3).

Instead of the Initial Assessment procedure, the named Community Midwife will first consult with the Child Protection Adviser (Health) to determine whether formal assessment is appropriate, and if so at what level.

If there are **insufficient** indicators of significant need and/or risk, then the pregnant woman will be monitored by the Assessment Co-ordinator until the 30-32 weeks gestation pre-birth meeting.

If there are **sufficient** indications of significant need or risk identified, then the Assessment Co-ordinator will initiate assessment procedures as for a **Core Assessment**.

Protocol for Pregnant Women Who Are Substance Misusers

(See also Appendices 111 A and 111 B)

PREGNANT WOMEN

- Where substance misuse exists in a household, the unborn or newly born child has to be seen initially as meeting the criteria for a Child in Need, and the pregnancy as 'high risk'.
- The procedures should, as far as possible, follow the formats of the Core and/or Comprehensive Assessments in the Integrated Assessment Framework for Children in Need, informed by the assessment frameworks in Appendices I and II of this document.
- The midwife or other health professional who identifies, or receives referral of, the high-risk pregnancy will refer to the Child Protection Adviser for advice as to action.
- If no significant need and/or risk to the child is identified, the pregnancy is monitored and supported until the 30-32 weeks gestation pre-birth planning meeting.
- If indications of significant need and/or risk to the child are identified, then a named Community Midwife will act as Assessment Co-ordinator and initiate an Inter-agency Core Assessment. The pregnancy is then monitored and supported through the Core Assessment framework and procedures.
- At the pre-birth planning meeting a decision is made as to which route to follow i.e. supportive monitoring or pre-birth case conference.
- At the post-birth meeting, a decision is made to either adopt a supportive Care Plan, or to proceed to a further case conference. The latter will always be the case if a child is born with symptoms of NAS or subsequent to discharge demonstrates such symptoms.
- The same Report and Action Plan (here called Care Plan) formats as for Core and Comprehensive Assessments in the Integrated Assessment Framework, will be used for pregnant substance misusers by relevant staff contributing to these assessments.
- A child under 16 will potentially be subject to Child Protection procedures, and to a Care Plan devised under such procedures.
- It is essential that information is passed between agencies at every stage. Notes of pre and post birth conferences and of assessments should be circulated to all professional staff and agencies involved within 5 working days.
- In the event of the pregnant woman refusing to agree to information being shared, this refusal should be taken as potentially "a risk of significant harm to the child when he or she is born" (Scottish Executive, 2000). This provides grounds for consideration of a Child Protection Pre-Birth Case Discussion on the unborn child. Health professionals should also discuss any refusal with the Maternity Services Manager.

9 Difficulties in Maintaining Contact

Gaining Access

Because of the illegal nature of drug misuse, it can be very difficult either to establish or maintain regular contact with people in this group. Alcohol misusers may also be secretive about their behaviour and thus difficult to contact. Appointments and visits may not be kept, and parents may not respond to letters and calls. Assessments should therefore involve both planned and unplanned home visits.

Working With Reluctant Parents

Where the assessment of the child's circumstances gives cause for concern, attempts should be made by specialist workers or other practitioners to help the parent understand agencies' concerns, and to motivate the parent to want to make the changes necessary.

Where the parent does not accept help or agree to a referral being made, but concerns about the child persist, the practitioner should initiate referral to the social services without delay. If parents are aggressive then the police should be contacted.

Protocol for Maintaining Contact

DIFFICULTIES IN MAINTAINING CONTACT

- Where difficulties are experienced in seeing a child, all agencies' staff should persist in their efforts to establish and maintain contact with the family and ensure that they see the child.
- Every 'no access' visit by any professional involved should be recorded. If there is failure to see the child on more than one occasion, or a pattern emerges in respect of difficulty in gaining access, or there is reason to believe the child may be in danger, this information must be passed on to the visitor's line manager, and/or (if there is one) to the Assessment Co-ordinator. Other involved professionals should also be informed and consulted as to whether they have seen the child.
- The Co-ordinator should immediately discuss the case with an Assistant Principal Officer, Children and Families, in Social Services. Discussion should agree within 5 working days an appropriate course of action. This may include consideration of application for a Child Protection Order or a Child Assessment Order, depending on the level of concern and convening a Case Discussion/Case Conference.
- If there are concerns in relation to staff members' safety and exercising their duties the relevant Senior Social Worker/Team Leader (Children and Families) should be informed and the police should be contacted.

10 Conclusion

These protocols attempt to provide a basis for professionals to assess the impact that parental substance misuse may have upon the provision of care for children in the family. They reinforce the view that substance misuse by parents/carers should be seen in the context of family life and functioning, not purely as an indicator or predictor of child abuse or neglect.

Appendix I Questions For Initial Assessment

- Is the child's/childrens' well-being a cause for concern?
- Are there any factors which make the child particularly vulnerable (e.g. physical or psychological illness, learning disability, behavioural or emotional problems)?
- Are there any protective factors that may reduce risks to the child associated with parental substance misuse? How does the child's health and development compare with children of the same age in similar situations?
- Are children usually present at home visits, clinic or office appointments during normal school or nursery hours? If so, does the parent need help in getting the child to school?
- Are there signs that the family's income is insufficient to feed, clothe and provide for children, in addition to obtaining drugs/alcohol?
- Is there evidence of neglect, injury or abuse, now or in the past? What happened? What effect did/does this have on the child? Is it likely to reoccur?
- Is the concern the result of a single incident, a series of events, or accumulation of concerns over a period of time?
- Is there a failure on the parent(s) part to maintain contact with helping agencies?
- Is there previous information about the family? Are there significant concerns about either parent or carer in relation to parenting capacity, and (for example) learning disability, mental health, offending?
- Is what has happened against the law?
- What is likely to happen if action is not taken?

Appendix II Interagency Guidelines for Gathering Information When Working With Substance Misusing Parents

General Comments on Guidelines

These guidelines are based on 'SCODA (Drug Using Parents -Policy Guidelines For Interagency Working 1997)', with the 'DoH Framework for the Assessment of Children in Need and their Families', and on Sheffield Social Services guidelines. They are applicable for all staff working with drug and/or alcohol misusing parents/carers to identify indicators of substance misuse and to understand the possible impact on the care of the child/ren.

This framework is not absolute and does not replace good practice and professional judgement. Within individual cases, consideration should be given to any necessary additional factors added at the judgement of the assessor. This framework is intended to have general application when there is problematic use of drugs/alcohol. **It should be used by all agencies and professionals as a common means of assessment and communication.** Any assessment format and procedures produced by individual agencies can be used in conjunction with it if they are felt to add important information.

It is to assist in understanding fully the family's situation including the impact of substance misuse whilst recognising both the strengths and difficulties of the family's lifestyle. Once information is gathered, professional judgement needs to be exercised as to whether or not the cumulative picture of concern in relation to the child warrants intervention under the child protection framework or family support framework.

Assessment is an ongoing process. Previous history must be taken into account, as circumstances change so may the child's welfare. There should be a regular cycle of assessment, planning and review, which is clearly recorded in each agency case file.

Substance use/misuse by parents/carers does not on its own automatically indicate that children are at risk of abuse or neglect, although it is essential that workers recognise that this is a high risk group. Adults who misuse substances may be faced with multiple problems including homelessness, accommodation or financial problems, difficult or destructive relationships, lack of effective social and support systems, issues relating to criminal activities and poor health. Assessment of the impact of these stresses on the child is as important as the substance misuse itself.

Agencies working with parents/carers should remain aware that substance misuse could affect the quality of parenting offered to their children. However, substance misusing parents often feel that they will be judged negatively and avoid accessing appropriate agencies for advice and support. This is counter productive in safeguarding and promoting children's welfare, as evidence suggests that appropriate interventions which improve family functioning can reduce long term harm to children.

Substance misuse is defined as:

".....use that is harmful, dependent use or use of substances as part of a wider spectrum of problem"

Questions About The Child

A Child's Developmental Profile

- 1 Child's age and developmental stage.
- 2 Is the child up-to-date with their health checks / immunisations?
- 3 Are there concerns about the way the child presents?
- 4 Is the child showing any signs of emotional distress through their behaviour? Does the parent/carer recognise this?
- 5 Does the child have support networks: relatives, friends, and school?
- 6 What is the child's understanding of the drug/alcohol misuse?
- 7 Is the child assuming responsibility beyond their years - have they taken over a parenting role within the family?
- 8 Does the child know what is expected of them in terms of behaviour?
- 9 If the child is isolated how does the parent/carer deal with this?
- 10 What is the relationship between child and parent/carer, child and peers?
- 11 Does the child experience violence between parents or between parents and dealer etc. ?
- 12 What model of behaviour is the child observing?
- 13 Does the child need specific drugs/alcohol education to reduce their own risk of substance misuse?

Some common indicators may be the child who is left alone in the playground, who doesn't know how to play, is bullied or is the bully. Children may also develop highly sophisticated fantasy worlds as either a way of dealing with living in a non-stimulating home environment where parents are too intoxicated to play, or the isolation they may face as other children are told by parents not to play with children whose parents are substance users.

How children approach problems is also indicative. Children who run away or have temper tantrums when confronted with something not immediately resolvable may also come from chaotic substance misusing families. Some children may also be using substances or have a sophisticated knowledge about them.

There are also the 'parentified' children who over care for the other children or are seemingly over protective/over sensitive. Such children may have high absentee rates when they have to look after parents or siblings, becoming 'at home' kids with roles including baby sitting, cooking, shopping, etc.

B Accommodation and the Home Environment

- 1 Is the accommodation adequate for the child?
- 2 Is the parent/carer ensuring that the rent, mortgage and essential bills are paid?
- 3 Does the family remain in one area or move frequently? If the latter, why?
- 4 Are other drug/alcohol users sharing the accommodation? If they are, is there conflict? What impact does this have on the child? Do they take responsibility for the child i.e. baby-sit.
- 5 Is the family living in a community that is materially disadvantaged by drug/alcohol use? What is the effect on them?
- 6 Does the child witness the taking of the drugs or alcohol? What is the effect on the child?
- 7 Are drugs/prescribed medication/injecting equipment/alcohol stored safely e.g. out of the reach of the child?
- 8 Could other aspects of the drug/alcohol use constitute a risk to the child (e.g. conflict with or between dealers, exposure to criminal activities related to drug/alcohol use, violence)?

The expense involved in drug and alcohol misuse can represent a considerable drain on the family's financial resources. This factor alongside the chaotic and unstable lifestyle of some substance misusers can affect the accommodation and home environment. It is therefore necessary to assess whether the accommodation is adequate for the child and whether the rent and bills for essential services are being paid. Stability for the child will be enhanced if the family remain in one locality while frequent house moves may disrupt service provision of health and education for the child. The reason for frequent house moves if they are part of the family's pattern therefore needs to be explored. There may be issues of safety, social stigmatisation or support networks to address. The presence of other adults in the household, whether they are substance misusers and the extent of their involvement in the care of the child also needs to be considered.

C Provision of Basic Needs

- 1 Is there adequate food, clothing, bedding and warmth for the child?
- 2 Is the child attending school regularly and on time? Is the child making reasonable educational progress?
- 3 Is the child engaged in age-appropriate activities?
- 4 Does the parents'/carer's drug/alcohol use disrupt daily routines? What is the effect of this?
- 5 What is the effect on the child of parental changes in mood or behaviour?
- 6 How are the child's emotional, general health and dental needs being met?
- 7 Is there any indication that any of the children are taking on a parenting role within the family (e.g. caring for parent; caring for siblings; excessive household responsibilities)?

It is important to know whether the child care has changed for the better or worse from when the parent/carer was a non-user. It would be incorrect to assume that detoxification or ceasing of substance misuse would in itself lead to better childcare. This is not always the case and **this expectation only serves to put the focus on the substance misuse rather than the parenting skills**. An examination of the provision of basic necessities can allow some insight into how a child can be affected by parental/carer substance misuse. Key questions to be addressed are whether the child's daily life revolves around the parent/carers substance misuse and to what extent the child is assuming inappropriate responsibilities. The needs of a child whose parents/carers misuse substances are no different than those of other children therefore questions about whether there is adequate food, clothing, warmth and age appropriate activities and opportunities need to be considered including school or nursery attendance and whether the child is reaching age appropriate milestones. It is important to ensure that the child's emotional needs are not being compromised as a result of either the substance misuse or associated stress factors including poverty and poor accommodation. It should also be established whether the child is being cared for by a large number of people while the parents/carers place their own needs before those of the child.

D Parental Drug / Alcohol Use

- 1 Is there a drug/alcohol free parent/carer, supportive partner or relative? What part does this person play? Could he/she be encouraged to do more?
- 2 Is the drug/alcohol use by the parent/carer experimental / recreational / chaotic / dependent / prescribed? Is the parent's view of their use markedly different from agencies working with them? If parent/carer is misusing alcohol do they have a pattern of binge drinking?
- 3 Does the parent/carer move between categories of drug/alcohol use at different times? Does this also involve combining both drugs and alcohol? Does this involve combining both illegal and prescribed medication? What happens to increase the amount they use i.e. triggers?
- 4 Is there a marked difference in the level of childcare at the times the parent/carer is using drugs or alcohol and if so what differences are there?
- 5 What arrangements are there for the child's safety during drug/alcohol use?
- 6 If the parent is using prescribed medication how long is each prescription for? Is the prescribed medication stored safely? Is the medication taken as prescribed?
- 7 Is there any evidence of a mental health problem alongside the drug/alcohol use? What is the relationship between the drug/alcohol use and mental health problem? Does the drug/alcohol use cause these problems or have these problems led to the use?
- 8 Are there changed outcomes that can be negotiated e.g. reduction in consumption, change in drug use from injecting to oral use, reduction in frequency of injecting, move from buying drugs to receiving medication on prescription?
- 9 Pattern of substance misuse over past six months. Increase in stability? Decrease in stability?

A child may be more likely to come to harm where substance misuse is uncontrolled or chaotic, and the parent/carer swings between states of severe intoxication and periods of withdrawal, particularly when substances are mixed. It is the consequences for the child or a carer experiencing physical or emotional changes because of substance misuse that needs to be assessed. For example, substance misuse may cause a carer to become unconscious or incapable whilst looking after the child, to fail to notice or pursue treatment for the child's illnesses or accidental injuries or to become violent.

The type, quantity and method of administration of drugs/alcohol is important but needs to be viewed in context of the impact on the child. In households where there are two adult carers and drug/alcohol use is organised to enable one carer to assume responsibility for child care when the other is intoxicated; or in households where there is a drug/alcohol free carer or supportive partner; or the parent makes arrangements for the care of the child, the actual effect on the child from the drug/alcohol misuse may be minimised with little intervention necessary. It is therefore important to separate drug/alcohol use and to be clear what, if any, the risks to the child are.

E Procurement of Drugs / Alcohol

- 1 Is the child left alone while the parents/carers are procuring drugs/alcohol?
- 2 Is the child being taken to places where there is risk? If so, what are the risks to the child?
- 3 How much are the drugs/alcohol costing?
- 4 Is the drug/alcohol use causing financial problems?
- 5 How is the money obtained? If through crime, how is this influencing the care of the child?
- 6 Is the home of the parent/carer being used to sell drugs?
- 7 Is the parent/carer allowing the home to be used by other drug / alcohol users? In what way? Does this happen while the child is there?
- 8 Is the parent/carer aware of the legal implications associated with illegal substance misuse?

There may be identified risks to a child attached to the ways in which a parent/carer obtains substances. A parent/carer may take risks with the child's safety when procuring drugs or other substances. For example, a young child may be left alone whilst the parent/carer goes out to obtain drugs/alcohol, or the child may be taken to procure drugs/alcohol to places where they would be deemed to be at risk.

Alternatively a child may be used by a parent/carer to collect substances and may be tempted to try them. In some cases the family's accommodation may be used for selling drugs, prostitution or by other drug/alcohol users to which the child may be exposed. Issues of how much the substances being used are costing and how the money for them is obtained will need to be addressed, including whether the child is being involved in shoplifting or other illegal activities to raise money for drugs.

F Health Risks (Drug Related)

- 1 If parents/carers are intravenous drug users:
 - Do they share injecting equipment?
 - Do they use a needle exchange scheme?
 - How do they dispose of syringes?
 - Is the parent/carer aware of the health risks associated with injecting/using drugs.
- 2 If the parent/carer is on a substitute prescribing programme, such as methadone:
 - Is the parent/carer aware of the dangers of the child accessing this medication?
 - Are adequate precautions taken to ensure this does not happen?
 - Is the prescribed medication likely to impair their parenting/functioning?
 - Are they managing on their prescribed medication or being prescribed?
 - Are they using the medication as prescribed?
- 3 Is the child aware of where the drugs/medication are kept?
- 4 Is the parent/carer aware of/in touch with local specialist agencies that can advise on such issues as needle exchanges, substitute prescribing programmes, detox and rehabilitation facilities. If so, how regular is the contact. If not, are they aware of how to make contact with drug/alcohol agencies?
- 5 Is the parent/carer pregnant? If so, is the parent/carer aware of the risks to the unborn child? Has the parent /carer been referred to the appropriate services so their substance misuse can be monitored during pregnancy?

In some situations there is clear evidence of health risks to children due to their parents'/carers' substance misuse. For example, used syringes on the floor, bottles of tablets accessible, methadone stored in fridge. Questions about where drugs, alcohol and other substances are stored, and if parents/carers are injecting drugs how syringes are disposed of need to form part of the assessment. Consideration should also be given to the parents'/carers' awareness of health risks to themselves of their substance misuse. This could include whether they drive whilst under the influence of drugs, alcohol, or other substances.

G Family Social Network and Support Systems

- 1 Does the parent/carer and child associate primarily with families who are other drug/alcohol users? Non-users? Both?
- 2 Does the parent/carer have relatives who are aware of the drug/alcohol use? Are they supportive? Do they live nearby? Do they collude with the substance misuse?
- 3 Will the parent/carer accept help from these relatives? Has communication in the family become disrupted?
- 4 Is the parent/carer socially isolated? What is the effect of this on the child? Is the child allowed to have friends visit the house?
- 5 Has the parent/carer ever been admitted to hospital or been in police custody/prison? If so what happened to the child?
- 6 Does the mother exhibit signs of immaturity, self-absorption, low self-esteem, lack of empathy, depression, lack of impulse control or irresponsibility?
- 7 Any information about the mother's or father's own family background and experience of being parented?
- 8 What is the relationship like between mother and father/partner - supportive/ stable/ communicating/ attitude towards the pregnancy or future of the child?

Most adults who misuse drugs/alcohol are often in contact with their wider family network. It is important not to overlook the positive aspects of this when considering what childcare interventions are necessary. The relatives' awareness of the substance misuse although probable must not be assumed. Support when offered by relatives is not always without its own difficulties and therefore whether the parents are accepting of help from relatives' needs to be explored. The adults' social network may primarily involve other substance users who due to their own circumstances may have limited capacity to provide support. The family's responses to the involvement of professional or voluntary agencies will also need to be considered.

Previous contact with services may have proved difficult for them. It is important that substance-misusing parents/carers are able to ask for advice and support when needed and are not judged on their substance misuse.

Questions to parents and children about their friends, asking what they do with them can help to identify isolated parents and children.

H Perception Held by Parent/Carer of the Situation

- 1 Does the parent/carer see the drug/alcohol use as harmful to: Themselves? Their child? Their family life?
- 2 Does the parent/carer feel their substance misuse has any effect on their child? If so what? Do they recognise the emotional effects as well as the material ones?
- 3 Does the parent/carer place their own needs before the needs of their child? In what way?
- 4 How does the parent/carer explain their drug/ alcohol use to their child?
- 5 Do they feel anything would be different if they weren't using? Are their ideas realistic? Are they actively seeking help?
- 6 Is the parent/carer aware of the legislative and procedural context applying to their circumstances (e.g. Child Protection procedures; statutory powers)?
- 7 Are the parents aware of the worker's responsibility for the protection of children? (i.e. the needs of the child are paramount and the resulting limits to confidentiality)
- 8 What is the parents/carers capacity to work towards change? Willingness? Capability? Form of support required? Availability of support? What will prevent/stop work towards change?

The parents/carers perception of the situation is extremely important. If they are aware of the effects their substance misuse may be having on their children they are more likely to try and lessen the impact by stabilising or changing their use. The importance of stability should be stressed rather than insisting parents/carers detox. It must not be assumed that when/if a parent/carer becomes drug/alcohol free they will be a 'better' parent/carer!

Conclusion

This framework attempts to provide a basis for professionals to assess the impact that parental substance misuse may have upon the provision of care to children in the family. It emphasises that substance misuse by parents/carers should be seen in the context of family life and functioning, not purely as an indicator or predictor of child abuse or neglect.

It is essential to share all concerns with senior staff/line managers who may be able to offer a different perspective or to support the concerns. Sharing information with other agencies may also help to clarify areas of concern and provide a fuller picture. Where there are concerns or suspicions that there may be risk of neglect, or of sexual, physical or emotional harm/abuse from the parent/carer, or about the circumstances of the family, immediate referral must be made to the Social Services with or without the agreement of the parent/carer, but where possible and appropriate with the knowledge of the parent.

Interagency Communication

Role Clarity

When more than one agency / worker contributes to the assessment there must be:

- awareness of respective roles
- agreement about tasks
- work on a partnership basis
- an identified co-ordinator
- clarity with parents

Regular Communication

To achieve good working practice there is a requirement that all those working with the parent and child at all stages of the assessment:

- are in regular contact with each other
- formulate work plans together
- share regular updates

General Points in Assessment

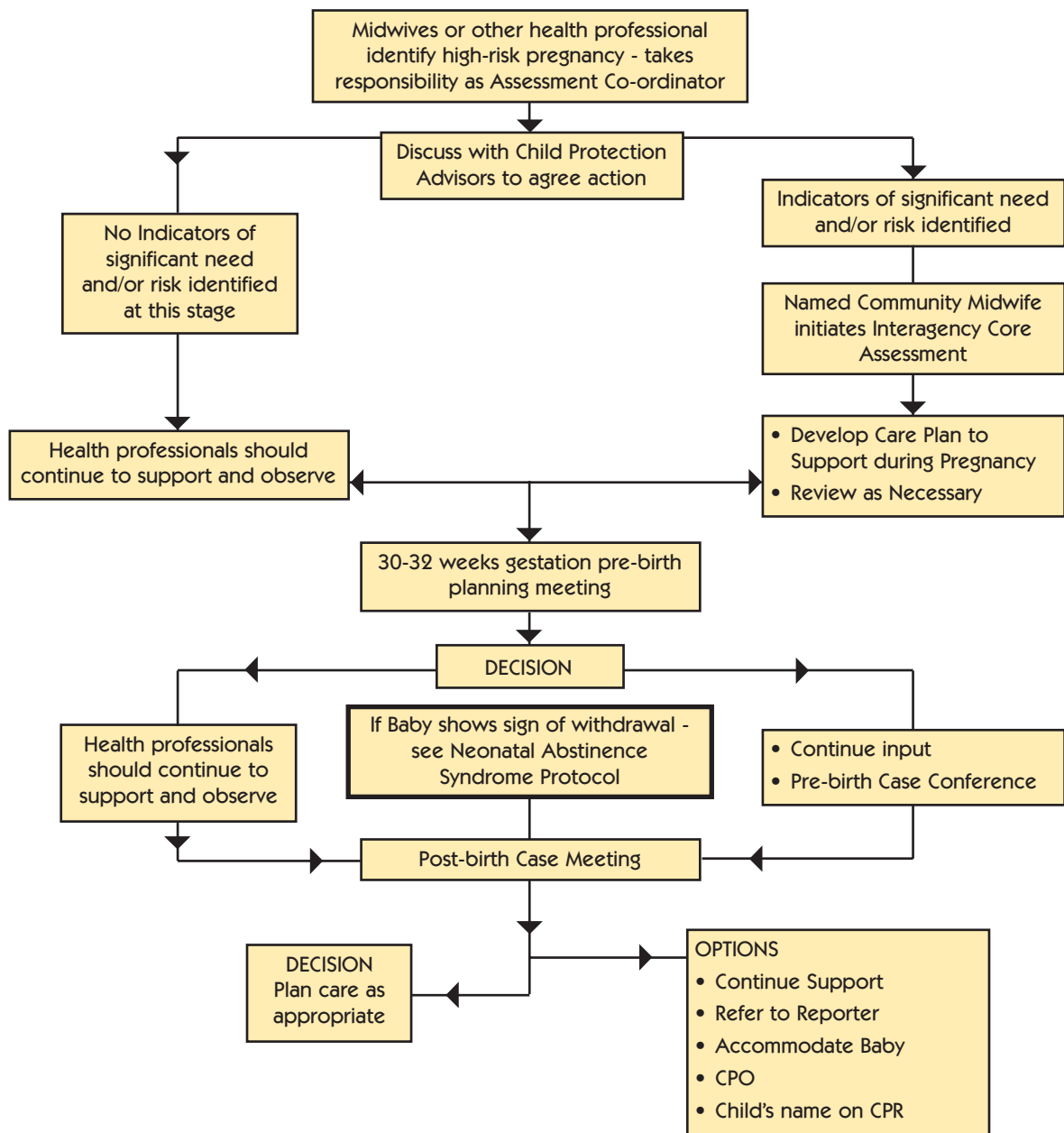
The following issues should be given particular attention:

- Are the parents/carers likely to co-operate with childcare support as well as drug/alcohol treatment?
- Where families with drug/alcohol concerns move into the area there should be awareness of any previous work with the family.
- People with dual diagnosis (drug/alcohol problem and mental illness) are recognised to be especially vulnerable and needy (Obtain specialist support)
- Drug/alcohol use, physical health, mental health, financial problems and breakdown of family networks may be interlinked. All need to be taken into consideration.
- Withdrawal from drugs can significantly impair capacity to tolerate stress and anxiety. Detoxing can be difficult, and a drug/alcohol using parent may require additional childcare support during this process. The child should receive support in their own right to help them deal with their feelings.
- The person with the drug/alcohol problem in the situation where the child is living may be someone other than the parent. This person may adversely affect the child's welfare.
- Where the parent/carer or child has a physical disability or learning disability, additional consideration will be necessary-
- When there are indications that a child is taking on a parenting role within the family consideration should be given to support that could be offered. i.e. Young Carers Project.
- Parents seeking treatment is frequently seen as the solution to preventing continuing risk. However entering treatment for a variety of complex reasons can actually increase substance misuse temporarily and/or increase the risk to the child. For similar reasons, leaving treatment even when abstinent and fully motivated is not necessarily a positive factor when the care of the child is considered.
- If a parent/carer says that they are in contact with a substance misuse agency it is important to clarify what this contact entails i.e. a visit to the needle exchange, counselling, receiving prescription for medication, or a combination of all.
- Extended family may also need support. Information should be given about local Family Support Group activities.
- If you did not know the parent was misusing drugs/alcohol would you still be concerned for the child?

Appendix III Referral of High Risk Pregnancies

A pregnancy may be considered high risk if one or more of the following circumstances exist within the household:

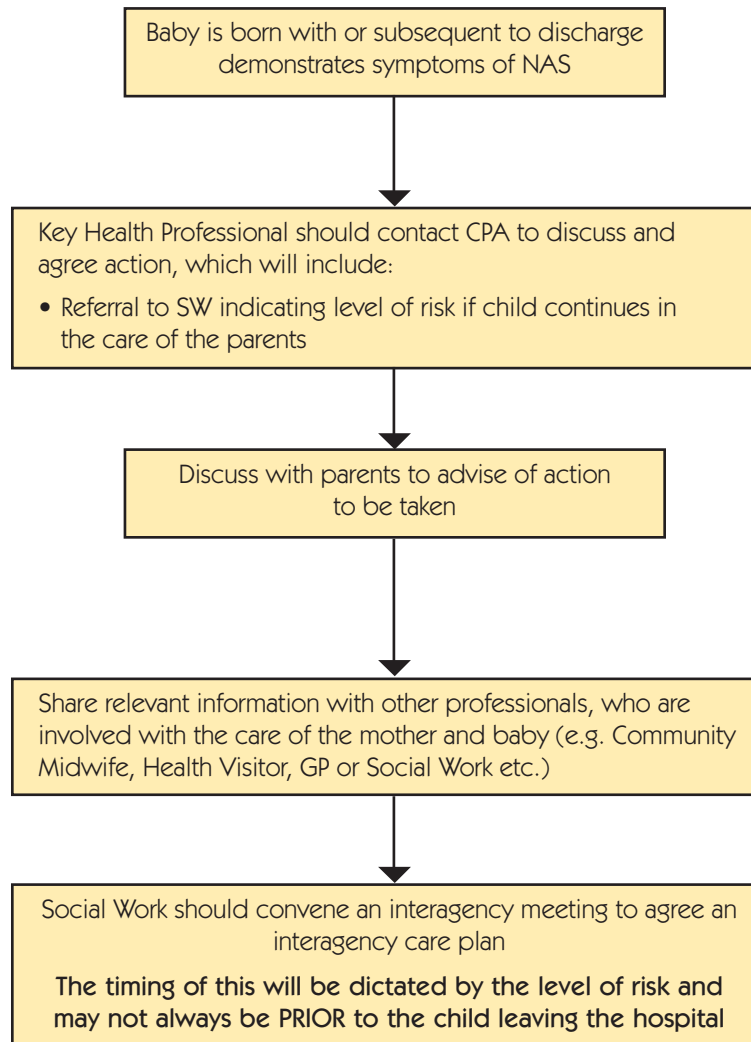
- Substance Abuse
- Domestic Abuse
- Learning Disability
- Serious Mental Health Issue
- Previous history of child abuse or neglect



Appendix III (B) Neonatal Abstinence Syndrome (NAS)

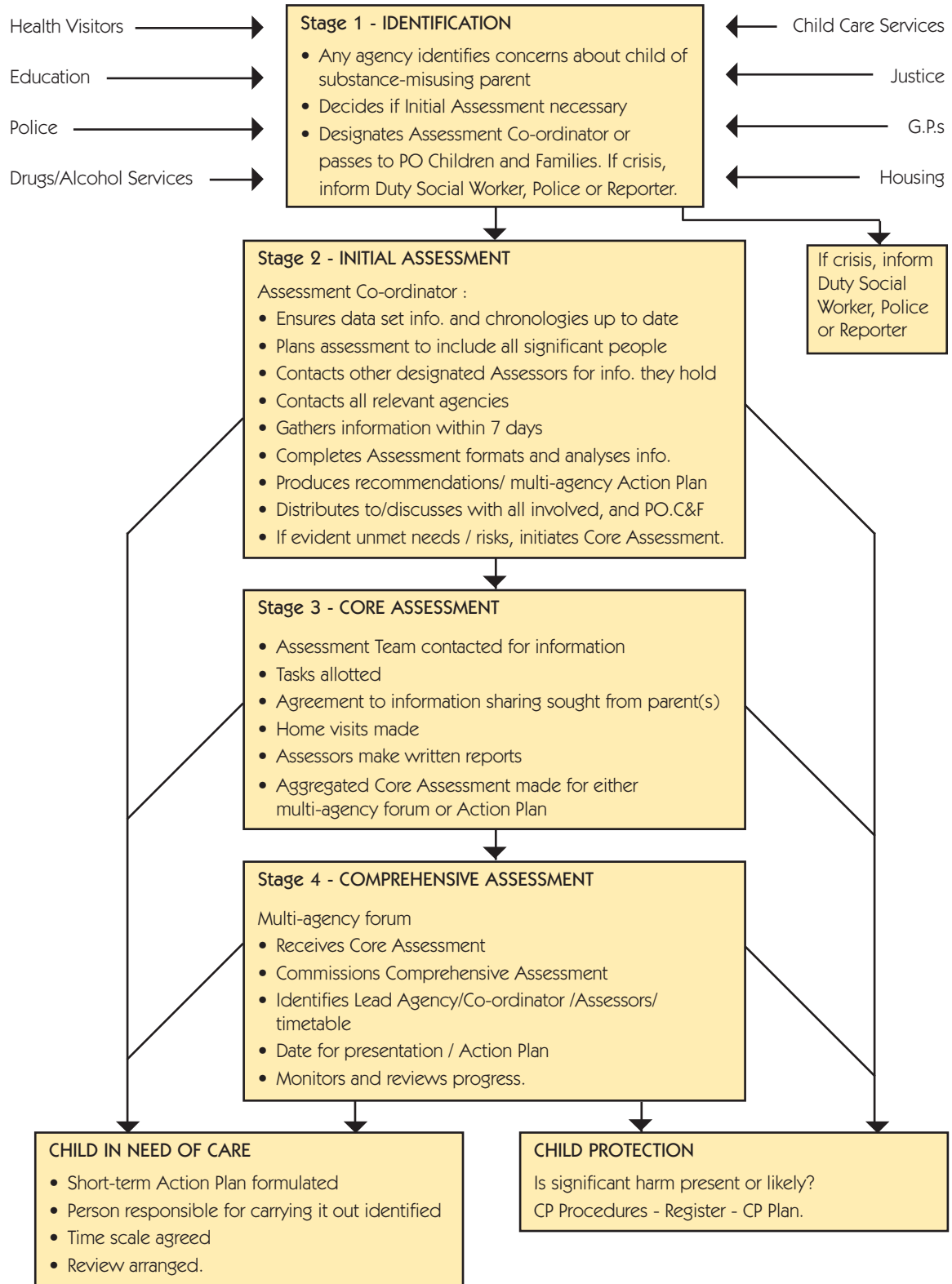
(As in Child Protection Protocol No.6)

Protocol for Action in response to NAS



CPA = Child Protection Advisor
NAS = Neonatal Abstinence Syndrome

Appendix IV Overall Process Chart





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