



Supporting children and families affected by parental substance misuse

A Lewisham Safeguarding Children Board Protocol

Foreword

Parental substance misuse can and does cause serious harm to children at every age from conception to adulthood. This does not mean that people with substance misuse are bad parents, but they do often need extra support and it is vital for them and their families that they get it. Providing effective support to such families requires professionals and services to take responsibility and work well together across organisational boundaries and hierarchies.

This protocol was commissioned and ratified by the Lewisham Safeguarding Children Board, for use in all member agencies, as part of a broader strategy to improve the way professionals and services in Lewisham work together to identify and provide support for children and families affected by substance misuse and mental health problems. The strategy is based on creating more and better opportunities for communication and learning between services working with children and families in Lewisham, including:

- **information packs** on each service
- **Active Learning Days**, where professionals can hear about new developments in services and ask questions
- **Reflective Practice Forums**, where professionals from a range of services can come together to consider the action required to support children and families with the most complex needs
- **multi-agency training** on the use of this protocol, including drug and alcohol awareness, identification and screening methods, effects of drugs on pregnancy and baby, identifying a child at risk of significant harm, making a referral to Children's Social Care, participating in the safeguarding process, etc.

Although this protocol was developed locally, professionals should be aware that it is firmly based within the legislative framework for safeguarding and promoting the welfare of children and families, especially the Children Acts of 1989 and 2004 and supports delivery of the Hidden Harm agenda. It also reflects local and national policy and guidance, including "Working together to safeguard", "What to do if you're worried that a child is being abused" and the pan-London Child Protection Procedures, and has been designed, in particular, to complement "Safeguarding Lewisham children: guidelines for interagency working".

This protocol will only be as successful in achieving its aim as you make it. The Lewisham Safeguarding Board has pledged to review this document annually to ensure that it remains effective in improving the way we work together. For more information about this or any of the opportunities for communication and learning listed above, please contact the Safeguarding Board Support Team on 0208 314 7380.

Members of the Lewisham Safeguarding Children Board



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The Advisory Council on the Misuse of Drugs defines 'substance misuse' as

a condition which may cause an individual to experience social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption, and/or dependence, as a consequence of their use of drugs or other chemical substances.

This definition covers all types of substance misuse whether related to addiction or one-off use, and is focused on problems rather than types of drugs. It's worth remembering that drugs such as alcohol and tobacco can fit into this definition quite readily!

The consequences of problem substance misuse for the user vary enormously from person to person and over time, but are often very serious. The impact on their children is also variable but often very damaging.

1. Aims

1.1. To ensure professionals working in Lewisham are aware of the responsibilities for working together to safeguard and promote the welfare of children and their families.

1.2. To improve the identification of and support provided to children and families affected by substance misuse.

1.3. To improve communication between services responsible for supporting children and families affected by substance misuse.

2. Principles

2.1. In line with the statutory framework and Every Child Matters, the Government's programme of Change for Children, **all professionals** who come into contact with children and/or their parents or carers in their everyday work, not just social workers in Children's Social Care or designated or named safeguarding professionals in other services, **have a duty to safeguard and promote the welfare of children** (see s11 of the Children Act 2004).

2.2. **Where parents have a substance misuse problem both they and their children are likely to be vulnerable and need extra support**, but this does not mean the children will always be in need of social work services or at risk of significant harm.

2.3. In working with families, services should ensure that they consider and **support the needs of the father as well as the needs of the mother**. Both parents have an important role to play in supporting the child. Professionals should be as aware of the parenting responsibilities of men as they are of women.

2.4. To ensure that the **families' needs are considered and met in an integrated, holistic way**, professionals and services **need to work effectively together**. In the vast majority of cases, supporting a parent/carer will benefit his/her child and supporting a child will benefit his/her parent/carer.

2.5. It is **essential that the stereotypes and assumptions that exist about people who use various substances do not influence agencies assessments and interventions** which should be based on observable evidence and objective judgements.

2.6. It is **not a requirement for a parent, carer or person within the household to abstain from alcohol or drug taking**, but there is a requirement on all agencies to properly **assess the impact of such substance misuse on the care and development of their children**.

2.7. The **safety and welfare of a child or young person must always be considered when making decisions on whether to share information about them**. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration in decisions about whether to share information.

3. Identifying parents, carers or parents-to-be with substance misuse problems

3.1. Any professional working in Lewisham who comes into contact with an adult with a substance misuse problem should consider:

- (a) how his/her substance misuse is impacting on the safety and welfare of any children in his/her care;
- (b) whether he or she has access to the relevant support services.

Considering the impact of parental substance misuse on the safety and welfare of children

3.2. **Because the children of parents and carers with substance misuse problems are likely to be vulnerable it is important that consideration is given to their needs in every case.** Professionals working with substance misusing adults should ask themselves the following questions:

- Does the person look after or have regular contact with any children? Professionals should ensure that this question is asked of men as well as women.
- What are the ages of their children?
- Is there a young carer within the family?
- Is the person pregnant? If so, has she accessed ante-natal care?
- Have you considered the impact of the person's substance misuse problem on their ability to meet the needs of their children?
- Do you think the person's child/children may be **at risk of significant harm**? If so, you should contact Children's Social Care immediately on the number listed at the back of this document.
- Even if you do not think that the person's child/children may be at risk of significant harm, you should ask yourself whether they would benefit from **additional support**
- If additional support is needed, can this be provided within your own service? If not, have you considered making a referral to another service? You can use the LISA system and the Lewisham Children and Young People's Directory to work out how best the children and family can be supported.

3.3. **The answers to these questions should be recorded in writing by the professional concerned**, as part of a formal assessment of the person/family concerned where appropriate. All formal assessments made of parents by substance misuse services should include the answers to these questions. Professionals in substance misuse services should ensure that they are mindful of the safety and welfare of children every time they see parents/carers not only when making an initial assessment.

Considering whether adults need support from substance misuse services

3.4. Given the number of vulnerable children in Lewisham affected by parental substance misuse, **professionals responsible for assessing and/or supporting vulnerable children should actively consider whether parents and carers have**

substance misuse problems as part of a formal assessments (usually through the Common Assessment Framework).

3.5. If professionals are concerned about the substance misuse of an parent or carer, they can contact the duty worker in Lewisham Drug and Alcohol Service (contact details can be found at the end of this document). If there is an immediate danger, e.g. the adult is threatening to harm a child, the police must be contacted by dialling **999**. The duty worker should be contacted before parents and carers are encouraged to attend the Lewisham Drug and Alcohol Service so he/she can confirm that a referral to this service is appropriate.

3.6. Triggers that indicate problem substance misuse that ought to be discussed with Substance Misuse Services are listed below (please note this is not an exhaustive list and is provided to assist professional decision-making):

- previous or current history of substance misuse
- current intravenous drug use
- drug paraphernalia left lying around or clearly visible in the household
- past or recent history of overdose
- factors such as domestic violence, sex working and homelessness which may be connected with a substance misuse problem
- previous history of self-harm or current expression of an inability to manage their own of their child's safety
- a child's or other's expression of concern regarding a significant change in a parent or carer's behaviour relating to any of the above
- visitors using the home as a place to take drugs

Identifying and screening pregnant women

3.7. Professionals and services have a responsibility to identify pregnant women with substance misuse problems who may be in need of additional services and support. The overall objective of identification of a pregnant woman's substance misuse is to ensure the well-being of both mother and child and enable the baby to be safely discharged from hospital to the care of the mother wherever possible.

3.8. Maternity services should ask all pregnant women about their use of prescribed and non-prescribed drugs (legal and illicit) as routine. Women should be informed about the risks to themselves and the baby of all drugs and substances taken during pregnancy. This needs to be done with sensitivity so that the woman is not deterred from seeking help even if she continues to misuse substances.

3.9. On no account should a pregnant woman be told to stop using drugs or alcohol immediately, subject to medical advice. Too rapid a withdrawal may harm the baby or cause miscarriage or premature labour even where the mother feels reasonably well. For more information on this issue, professionals may contact the Borough Consultant for Substance Misuse (contact details at the end of this document). In addition, the social and emotional stresses caused by pregnancy make it a difficult time to achieve complete withdrawal, particularly if a partner is still using and there is risk of relapse which could be harmful to the baby.

Ensuring parents and carers are clear about agencies' responsibilities in relation to safeguarding children

3.10. Parents and carers with substance misuse problems are likely to be worried about their children being removed from their care as a result of their substance misuse. All professionals working with such parents/carers should make it clear that:

- children will not be removed from them automatically as a result of parental substance misuse. The vast majority of children remain with their parents, even where concerns about risk of significant harm are substantiated.
- professionals have a statutory duty to work with families to safeguard and promote the welfare of children (s11 Children Act 2004). Sometimes, they will ask for consent for information to be shared with other agencies so that a child's needs can be assessed or to enable a service to be provided. In extreme circumstances, professionals may share information without parents' consent where they have reason to believe that (a) a child may be at risk of significant harm and (b) to seek parental consent for information sharing would not be in the best interests of the child.
- if there are concerns about a child's safety or welfare, all services involved with the family will work together to ensure the child is protected, e.g. usually by supporting the parents to take care of their children. Parents and carers will be kept informed of any action that is taken as a result of concerns about a child's safety and welfare.

4. Deciding what action to take if you are concerned about a child

Assessing the level of risk to a child

4.1. In assessing the level of risk to a child posed by substance misusing parents, professionals should consider:

- the role of the child in caring for their parent(s)
- the child's physical safety while substance misuse is taking place
- possible trauma to the child resulting from changes in the parent(s)' moods or behaviour
- the impact of parent(s)' substance use on the development of the child, including their emotional and psychological well-being, education and friendships
- normal daily routines and to what extent parental substance use disrupts these and prejudices the child's health and emotional development
- the impact on the child of being in a household where illegal activity is taking place, particularly if the home is being used for drug dealing and/or frequent police drug raids are occurring
- how safely the parent(s)' drugs and/or alcohol are stored and whether they are out of reach of the child
- whether unsuitable adults are visiting the premises to use drugs

4.2. In addition, referrals to Children's Social Care should be made if there are concerns that a child may be at risk of significant harm and any of the following triggers apply (please note this is not an exhaustive list and is provided to assist professional judgement):

- it is likely a pre-birth assessment will be needed (see Section 4.9 of this document)
- the parents or carers who are exhibiting signs of mental illness are already the subject of continued psychiatric assessment
- there are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children¹
- there are urgent concerns as a result of parents or carers being assessed under the Mental Health Act.
- there are parents or carers with substance misuse problems who are caring for a child with a chronic illness, disability or special educational needs
- a child is caring for parents or carers with substance misuse problems
- a child or his/her siblings have been the subject of previous child protection investigations, child protection registration, local authority care or alternative care arrangements.

Sources of advice and support

4.3. If professionals wish to speak to someone about their concerns about a child or family, they can contact their line manager, their service's designated or named safeguarding professional or a Child Protection Coordinator in Children's Social Care. All these people should be equipped to listen to their concerns and help them to decide on the most appropriate action to take in response.

4.4. Contact details for designated or named professionals and Child Protection Coordinators can be found at the end of this document. **If a referral is not made to Children's Social Care following advice from any of these professionals, this must be clearly documented.** Staff must ensure that all decisions and the agreed course of action are signed and dated.

What to do if you believe a child may be vulnerable and in need of additional services

4.5. Professionals can use the LISA² system to log their involvement with a family. The system will indicate whether a Common Assessment Framework (CAF) form has been completed in respect of a particular child and the professionals involved. If a CAF form has not already been completed, professionals should consider using this tool along with the Lewisham Children and Young People's Directory to help identify extra support to meet the family's needs. If following completion of a CAF, professionals feel that the child's needs are complex and that he/she would benefit from an in-depth Core Assessment of his/her needs, the CAF should be referred to Children's Social Care (contact details at the end of this document).

¹ Home Office Circular 16/2005 – Guidance on offences against children

² Lewisham Information Sharing and Assessment

4.6. If necessary, the LISA Service can advise the professional on setting up a Family Support meeting involving all the professionals involved with the family to agree a programme of support.

What to do if you believe a child may be at risk of significant harm

4.7. Local authorities have a legal duty to take action where it is believed that a child may be at risk of **significant harm**, i.e. sexual abuse, physical abuse, emotional abuse and/or neglect. If you believe that a child may be at risk of **significant harm**, you should complete a CAF or the Children's Social Care Referral Form and use this to make a referral to Children's Social Care (contact details at the end on this document). In making a referral, professionals should try to give as much information they can about why the referral is being made and what they would like to see happen as a result.

4.8. Of course, if a child or anyone else appears to be in immediate danger, the police should be informed first, by dialling **999**.

Making pre-birth referrals to Children's Social Care

4.9. In accordance with the London Child Protection Committee's Pan-London Procedures, a referral should be made to Children's Social Care as soon as it is suspected that the degree of parental substance misuse is likely to significantly impact on a baby's safety or development. It is important to take action at the earliest possible stage to ensure that initial approaches to parents are not made in the last stages of pregnancy, at what is already an emotionally charged time, and that there is sufficient time to make adequate plans for the baby's protection. As before, referrals should be made using the Common Assessment Framework (CAF) Form or the Children's Social Care Purple Referral Form.

Responsibility for making a referral to Children's Social Care

4.10. For clarity when professionals are working in **multi-agency teams** or clinics, the **professional who had the first or main contact with the family is responsible for completing the CAF and making the referral to Children's Social Care.**

4.11. If the professional with concerns is aware that Children's Social Care is already working with the family, he/she does not need to complete a CAF or a Children's Social Care Referral Form, but can contact the appropriate service or professional within Children's Social Care directly.

What happens after a referral is made to Children's Social Care

4.12. When a referral is made to Children's Social Care, it may decide the case is of insufficient priority and take no further action. If this is the case, the referrer should be informed in writing within 48 hours. If Children's Social Care decide to undertake an Initial Assessment, it has 7 working days in which to do so. To complete this assessment, staff will talk to the parent/carer and child concerned and they may need further information from the referrer or from other services. **Other professionals and services should be aware that they may be asked for information to be provided at short notice.**

5. Working together to support a child and family

5.1. Where the family requires ongoing support from more than one service, a plan should be drawn up outlining the support that should be provided (e.g. at a Child Protection Conference, where the child is considered to be at risk of significant harm). **The support plan** (child protection plan, where the child is considered to be at risk of significant harm) **should spell out the action that will be taken by all services to support the family.** Substance misuse services should ensure that any Care Plans they have relating to the family are taken into consideration in developing the support plan. Parent/s' care plans should always be made available to Children's Social Care prior to a Child Protection Conference. Where appropriate a joint care/support/child protection plan may be developed which relates to both the adults and children in the family.

5.2. Where parents are expected to attend appointments, consideration should be given to their childcare needs and how they can be met, e.g. by family or friends, nursery provision, etc. Childcare arrangements should be spelt out clearly in the support/care/child protection plan. Professionals should take care, before making appointments with families, to check what appointments they already have with other services. Where possible, professionals involved with a family should share schedules of appointments with that particular family to avoid clashes and resulting non-attendance.

5.3. **The support/care/child protection plan should also make clear what information each service should provide in order to monitor change in the family,** e.g. attendance at clinics, etc. Agreement should be made between all parties concerned as to how often this information should be provided, e.g. once a month, following every contact with a professional, etc. according to the extent of the concern about the risk of significant harm to the child. This should be outlined in the support/care/child protection plan. In emergency situations, however, information may be requested on an ad-hoc basis.

5.4. Throughout the process, all professionals should be working in partnership with parents wherever possible, e.g. through open discussions of concerns and expectations, providing clear information about the process to be followed, etc. Review meetings, sometime called Core Group meetings, should be held regularly to review progress against the support/care/child protection plan.

5.5. **When a service intends to end its involvement with a child and family, steps should be taken to limit any disruption this might cause.** This is particularly important for substance misuse services and children's social care, where withdrawal of support can have potentially disruptive consequences. At a minimum, the service should ensure that all other services working with the child/family are informed of its intention to end involvement and why. Where appropriate (for example, where it is agreed a child no longer needs a child protection plan), the relevant professionals should meet to agree how other services might increase their involvement with the family for a short time to smooth transition, e.g. extra visits from a health visitor or more appointments with CAMHS, etc.

5.6. For more information about safeguarding process, please see Guidance Sheets 4 and 5 in "Safeguarding Lewisham Children: guidelines for interagency working" and in the Safeguarding Board's "Guide to the Safeguarding Process for Parents and Carers".

6. Recording and sharing information about a child and family

6.1. It is essential for all services to accurately **record the names and dates of birth of all children in families** known to them. Substance misuse services should record this information on the Initial Contacts (addictions) form following first contact with a family. If they go on to work with the family they should also **record the other services involved with the family and any issues of concern they might have** (via the Family Screening Tool). If parents, carers or pregnant women decline to provide basic information about themselves or their families this should be recorded and, if necessary, advice should be sought from a line manager about how to proceed.

6.2. As stated earlier in this document, professionals may ask parents for consent for information to be shared with other agencies to help their own or their child's safety or welfare. This should occur in the context of a discussion about identified concerns and the need for the involvement of other services. However, in extreme circumstances, professionals may share information without parents' consent where they believe (a) that a child (or another person) is at risk of significant harm and (b) that to seek consent for information sharing would not be in the best interests of the child or other person.

6.3. All information passed to other agencies should be recorded in the case record in such a way that what has been said, and any action taken is clearly stated and that all entries are dated and signed. If there is any uncertainty about sharing information, advice must be sought from your line manager or your agency's designated child protection lead officer/adviser.

6.4. When information about a client or patient is received from another agency it must be treated with respect and with a high level of regard for confidentiality and should be shared only on a need-to-know basis.


7. Conflict resolution

7.1. Research and case enquiries have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child. If disagreement remains between agencies every effort should be made to reach satisfactory resolution under the guidance provided in Section 14.4 of the London Child Protection Procedures.

7.2. Where a professional requires advice and guidance on child protection matters they should first discuss this with their line manager and/or their designated professional for safeguarding children. If further clarification and guidance is required they can seek this from the Duty Child Protection Co-ordinator located within Children's Social Care. Contact details for designated or named professionals and Child Protection Coordinators can be found at the end of this document.

7.3. If agreement cannot be reached on action required following discussion between first line managers (who should normally seek advice from their designated/named/lead officer/child protection adviser), then the matter must be referred without delay through the line management to the equivalent of Service Manager / Detective Inspector/Head Teacher and or Designated Professional.

7.4. Where conflict and disagreement remains, the Safeguarding Board has established a virtual Case Conflict Review Panel, with representation from a number of member agencies for final resolution. Cases should be referred to the Service Manager for



Safeguarding and Care Planning in Children's Social Care and Chair of the Panel (see contact details below). The Chair will request further information where necessary and consult with other members of the Panel to reach agreement as to the way forward. Those working on the case will be informed in writing of the Panel's decision. This does not remove the need for agencies to have their own systems and processes in place for resolving disagreements. It is anticipated that only a few cases will ever have to reach the Case Conflict Review Panel.

7.5. Records of discussions and any decisions must be maintained by all agencies involved.

8. Useful contact details

Referral and Assessment Duty Team in Children's Social Care

Can take or discuss referrals for children meeting the thresholds for child protection or a child in need, but you should already have reached a decision that you are making a referral to Children's Social Care. If you are not sure, you should consult one of the people below first.

Contact details: 020 8314 6294

Duty Child Protection Co-ordinator, Children's Social Care

Can give advice on children in need and vulnerable children as well as children in need of protection. They will send you a written summary of their advice. They can advise you on making a referral to the Referral and Assessment Duty Team.

Contact Details: 020 8314 6149

Designated or named professionals for your agency

Can give advice on children in need and vulnerable children as well as children in need of protection. Can also give you support and advice if you are not satisfied with the response of any other agency.

Contact details:

PCT designated doctor	Abimbola Adeyemi 020 7138 1183 abimbola.adeyemi@lewishampct.nhs.uk
PCT designated nurse	Sylvia Williams 020 7138 1277 sylvia.williams@lewishampct.nhs.uk
PCT named GP	Dr Judy Chen 07788 106498 judy.chen@gp-g85633.nhs.uk
UHL named doctors	Dr Elizabeth Sleight 020 8333 3030 x6661 elizabeth.sleight@uhl.nhs.uk Dr Tina Sajjanhar 020 8333 3030 x8760 tina.sajjanhar@uhl.nhs.uk
UHL named nurse	Angie Jones 020 8333 3131 angie.jones@uhl.nhs.uk
SLAM named doctor	Malcolm Wiseman 020 8690 1086 malcolm.wiseman@slam.nhs.uk
SLAM borough named nurse	Emma Addison 020 8690 1086 emma.addison@slam.nhs.uk
LBL education and early years designated officer	Lorrisa Webber 020 8314 6220 lorrisa.webber@lewisham.gov.uk
School designated teacher	each school has a designated teacher

LISA Service

Can advise you about the appropriate response to all levels of need. They can guide you through the LISA process to record the concern, support you in completing a CAF assessment and help to arrange and chair the first Family Support Meeting.

Contact details: LISA duty number 020 7138 1285



Service Manager for Safeguarding and Care Planning in Children's Social Care and Chair of the Case Conflict Review Panel

Can resolve issues in cases where there is conflict and disagreement which cannot be dealt with through the line management chain. When cases are referred to the panel, the chair will request further information where necessary and consult with other members of the Panel to reach agreement as to the way forward. Those working on the case will be informed in writing of the panel's decision.

Contact details: 0208 314 8290

Duty worker in Lewisham Drug and Alcohol Service

Can provide advice to professionals about substance misuse issues and services.

Contact details: 02032281087 or 02032281050

Borough Consultant on Substance Misuse

Can provide advice about medical issues concerning substance misuse, e.g. impact on the body, etc.

Contact details: Dr Judith Morgan 02032281058