

Southwark

**Joint Service Protocol
to meet the needs of
children and unborn children
whose parents or carers have
substance misuse problems**



**Southwark
Safeguarding Children Board**

March 2006

Foreword

This Protocol is important for the safeguarding of children and families in Southwark, or those using services in Southwark. It should be read and implemented, where necessary, by all practitioners and managers working with children or with parents or pregnant women who have substance misuse problems.

It was drafted jointly by Southwark Council, South London and Maudsley NHS Trust, Kings College NHS Trust, Guys and St.Thomas' NHS Foundation Trust, Southwark Primary Care NHS Trust and Community Drug Project on behalf of the inter-agency Southwark Safeguarding Children Board, which agreed the Protocol in January 2006.

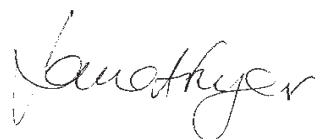
Research and local experience have shown that substance misuse problems [reference to substance misuse in this protocol applies to both drugs and alcohol] in parents or pregnant women can have a significant impact on parenting and increase risk, especially for babies and younger children. This does not mean that parents who experience substance misuse problems are poor parents. However, the impact of substance misuse problems can, on some occasions, lead to children and families needing additional support; or in a small number of cases support and multi-disciplinary action to prevent significant harm.

The most effective assessment and support comes through good information sharing, joint assessments of need, joint planning, professional trust within the inter-agency network and joint action in partnership with families.

Southwark Safeguarding Children Board expects all agencies working with children or adults who are parents in Southwark to implement this Protocol and ensure that all relevant staff are aware of it and how to use it. It should be used in all new contacts with children or families, identification of pregnancy in women with substance misuse problems (or where their partners have substance misuse problems), when there are serious changes in a parent's substance misuse and/or when there is someone with substance misuse problems living in a household where children are present.



Romi Bowen
Strategic Director of Children's Services



Jane Fryer
Clinical leadership & Quality
Medical Director

Chair:
Southwark Safeguarding Children Board

March 2006

If you believe that a child or young person is at immediate risk from a parent or carer who appears to be incapacitated by substance abuse / mental instability and you cannot otherwise safeguard them, this should be reported without delay to the police service as a 999 emergency.

You should make a note of any action you have taken.

1. Introduction

This joint protocol has been developed to meet the new requirements set out in *Every Child Matters* that all services will work more closely together to promote the health and well being of children, young people, their families and carers. This is a local protocol for Southwark services; it does not override the existing legal framework and statutory requirements, but it is derived from them (See Appendix 1).

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 joint protocol acknowledges the need to contribute to a healthier society by reducing the harm or misuse of alcohol and all other drugs. However, it does not set out that a parent or carer of children should abstain from the use of substances in order to parent children. It encourages them to seek help, support and treatment to address their substance misuse problem to reduce the harm it causes to the individual, family and society.

This protocol applies whenever there are concerns about the well-being or safety of children whose parents or carers¹ have substance misuse problems, specifically where these difficulties are impacting, or are likely to impact, on their ability to meet the needs of their children. This protocol also applies to pregnant women who have substance misuse problems, where their partners are known to have substance misuse problems or where someone with substance misuse problems is living in a household where children are present

This protocol is a live document and will be reviewed at least annually. It will also be further developed to address the needs of other parents or carers, such as those with learning difficulties and their children; and to take account of future service developments.

2. Aims

- 2.1 To increase understanding of the impact of an adult's substance misuse problems on children's lives.
- 2.2 To ensure that universal and specialist services improve the identification of children in need.
- 2.3 To ensure the provision of co-ordinated services to families in which there are dependent children of parents, carers or pregnant women with substance misuse problems
- 2.4 To ensure good co-operation and collaborative decision-making between services.

¹ *parents and carers* includes those with parental responsibility, those with significant responsibility for the care of a child, or other members of the household.

3. Principles

- 3.1 All those who come into contact with children, their parents and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of the child.
- 3.2 Parents, carers and pregnant women with substance misuse problems have the right to be supported in fulfilling their parental roles and responsibilities.
- 3.3 While many parents, carers and pregnant women with substance misuse problems safeguard their children's well-being, children's life chances may be limited or threatened as a result of those factors, and professionals need to consider this possibility for all clients with children.
- 3.4 A multi-agency approach to assessment and service provision is in the best interests of children and their parent and/or carers.
- 3.5 Risk is reduced when information is shared effectively across agencies.
- 3.6 Risk to children is reduced through effective multi-agency and multi-disciplinary working.
- 3.7 It is not a requirement for a parent, carer or a 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.

4. Identifying the needs of children, their parents or carers, or pregnant women with substance misuse problems

The birth of any new child changes relationships and often brings new pressures to any parents or family. Agencies need to be sensitive and responsive to the changing needs of parents or carers with substance misuse problems.

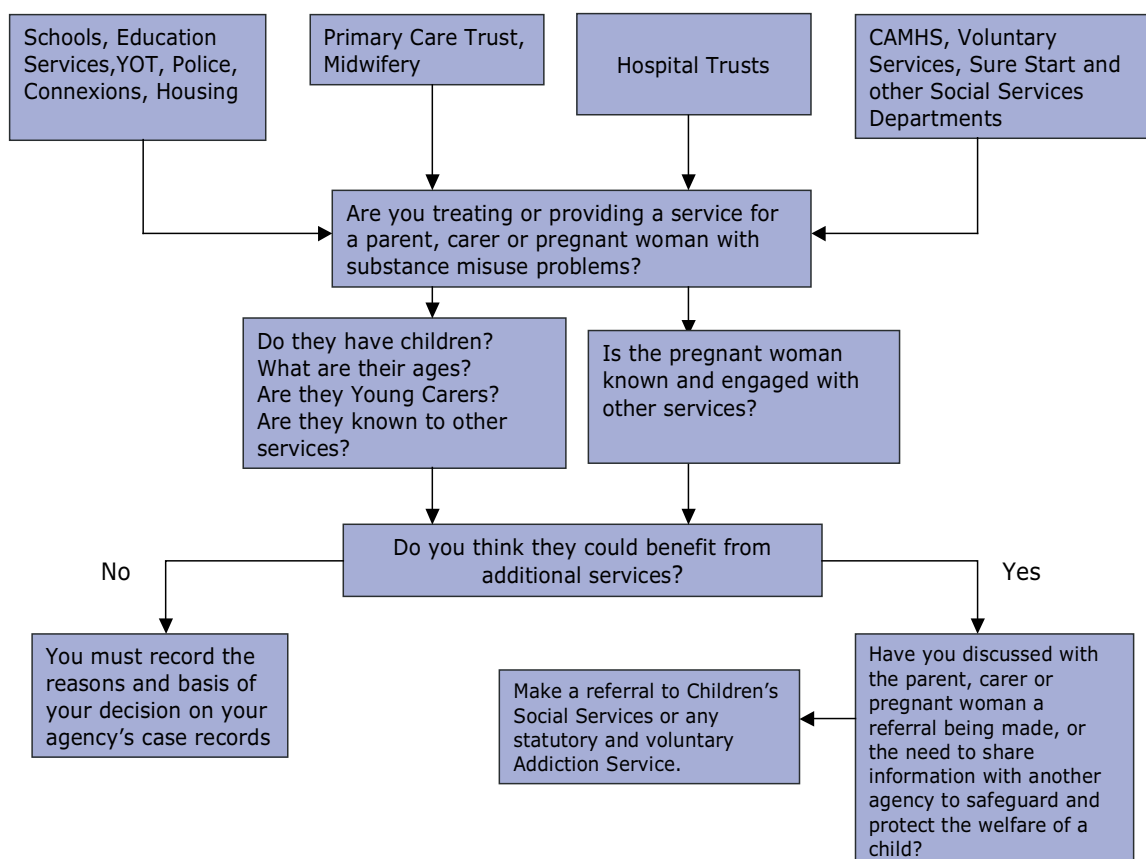
Parents, carers or pregnant women with substance misuse problems may have difficulties which impact on their ability to meet the needs of their children or new baby. This protocol acknowledges that such children may be in need of assessment for services provided by a range of agencies, from universal and early intervention to specialist services for those with more acute or complex needs.

This set of questions and the two flowcharts are designed to guide your decision making about how you can best meet the needs of children and adults in families experiencing substance misuse problems.

- Are you treating or providing a service to a parent, carer or family member or an individual with a substance misuse problem?
- Do they have children? Are there children living in the household?
- What are their ages?
- Is there a young carer within the family?
- Have you considered the impact of your patient or client's substance misuse on their ability to meet the needs of their children?

- Do you have any concerns about their children's well-being or safety?
- Is your client pregnant? If so, has she accessed ante-natal care (see Sections 5 & 7).
- Do you think the family or pregnant woman would benefit from any additional services?
- Do you need to discuss this with or make a referral to another service?
- Do you know what other services are involved and what their role is?
- Have you discussed the need for any additional services, or making a referral to another service, with the parents, carers or pregnant woman?

Decision-Making Flowchart



5. Guidance for referral and assessment for pregnant women with substance misuse problems

All agencies are responsible for identifying pregnant women with substance misuse problems who may be in need of additional services and support.

When an agency identifies a pregnant woman experiencing substance misuse problems an assessment must be undertaken to determine what services she requires. This must include gathering relevant information from her GP and Substance Misuse Services, in addition to any other agencies involvement, to ensure that the full background is obtained about any existing or previous diagnosis, or treatment for mental illness. This is especially important where service awareness of earlier births may need to be clarified, for example, in the case of older or overseas children.

Consideration must be given to the impact and harm continued substance misuse has on an unborn child.

On no account should any agency inform a pregnant woman to stop using drugs or alcohol without first referring the matter to the midwifery service or discussion with the keyworker in addiction services. The immediate withdrawal of such drugs or alcohol could result in premature birth or miscarriage.

Where this assessment identifies that a pregnant woman has substance misuse problems, a referral must be made to Social Services Children and Families requesting a pre-birth assessment. Guidance on pre-birth assessments is provided in the *London Child Protection Procedures* (July 2003) Section 5.6.

Where the need for referral is unclear, this must be discussed with a line manager or professional adviser before referring to the appropriate services. If a referral is not made this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated.

The outcome of the pre-birth assessment will determine whether there are sufficient concerns to warrant a pre-birth child protection conference.

A pre-birth initial assessment should be undertaken on all pre-birth referrals and a professionals strategy meeting held where any one of the following applies:

- 5.1 There has been a previous unexplained death of a child whilst in the care of either parent.
- 5.2 There are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children.²
- 5.3 A sibling in the household is on a child protection register.
- 5.4 A sibling has previously been removed from the household either temporarily or by court order.
- 5.5 The degree of parental substance misuse is likely to significantly impact on the baby's safety or development.
- 5.6 In addition to substance misuse, the degree of parental mental illness/impairment is likely to significantly further impact on the baby's safety or development.

² Home Office Circular 16/2005. Guidance on offences against children.

- 5.7 There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother.
- 5.8 Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.
- 5.9 There is an individual living in the household with a substance misuse problem.

If it is decided that a pre-birth inter-agency meeting is not needed this decision must be endorsed by a manager and the reason for such a decision must be clearly recorded on agency records.

6. Guidance for referral to Substance Misuse Services

A referral for an initial assessment to Substance Misuse Services should always be made if there is a concern about an individual's substance misuse which indicates a risk to self or others, including children. As far as possible these concerns should be discussed with the client. A referral should always be discussed with your line manager, where appropriate.

If there is an immediate danger to the client or others, including a child, the Police must be contacted. Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated.

Contact with the GP and Substance Misuse Services is essential to ensure that the full background is obtained regarding any information about previous or current treatment or referrals.

When an individual has been identified with substance misuse problems, a pre-birth assessment must be undertaken. Guidance on pre-birth assessments is provided in the *London Child Protection Procedures* (July 2003) Section 5.6.

Triggers that may indicate referral to Substance Misuse Services for initial assessment are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making. (Appendix 2)

All referrals must indicate Name, Date of Birth, Address and contact telephone number:

- 6.1 Previous or current history of substance misuse.
- 6.2 Current intravenous drug use.
- 6.3 Excessive drug/alcohol use.
- 6.4 History of binge drug or alcohol use.
- 6.5 Drug paraphernalia left lying around or clearly visible in the household.
- 6.6 Past or recent history of overdose.
- 6.7 Factors such as domestic violence, sex working and homelessness which may be connected with a substance misuse problem.
- 6.8 A child's or other's expression of concern regarding change in parent's and/or carer's behaviour or attitude.

7. Guidance for referral to Children's Social Care

A referral for an initial assessment to Children's Social Care must always be made if a parent, carer or pregnant woman is considered to have significant substance misuse problems as indicated by the triggers given below. A referral must always be discussed with a manager. If there is an immediate danger to the client or others, including a child, the Police must be contacted. Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated, and that a written referral follows any telephone conversation or referral³.

When a pregnant woman or her partner has been identified with mental health problems, a pre-birth assessment must be undertaken in accordance with the *London Child Protection Procedures* (July 2003) Section 5.6.

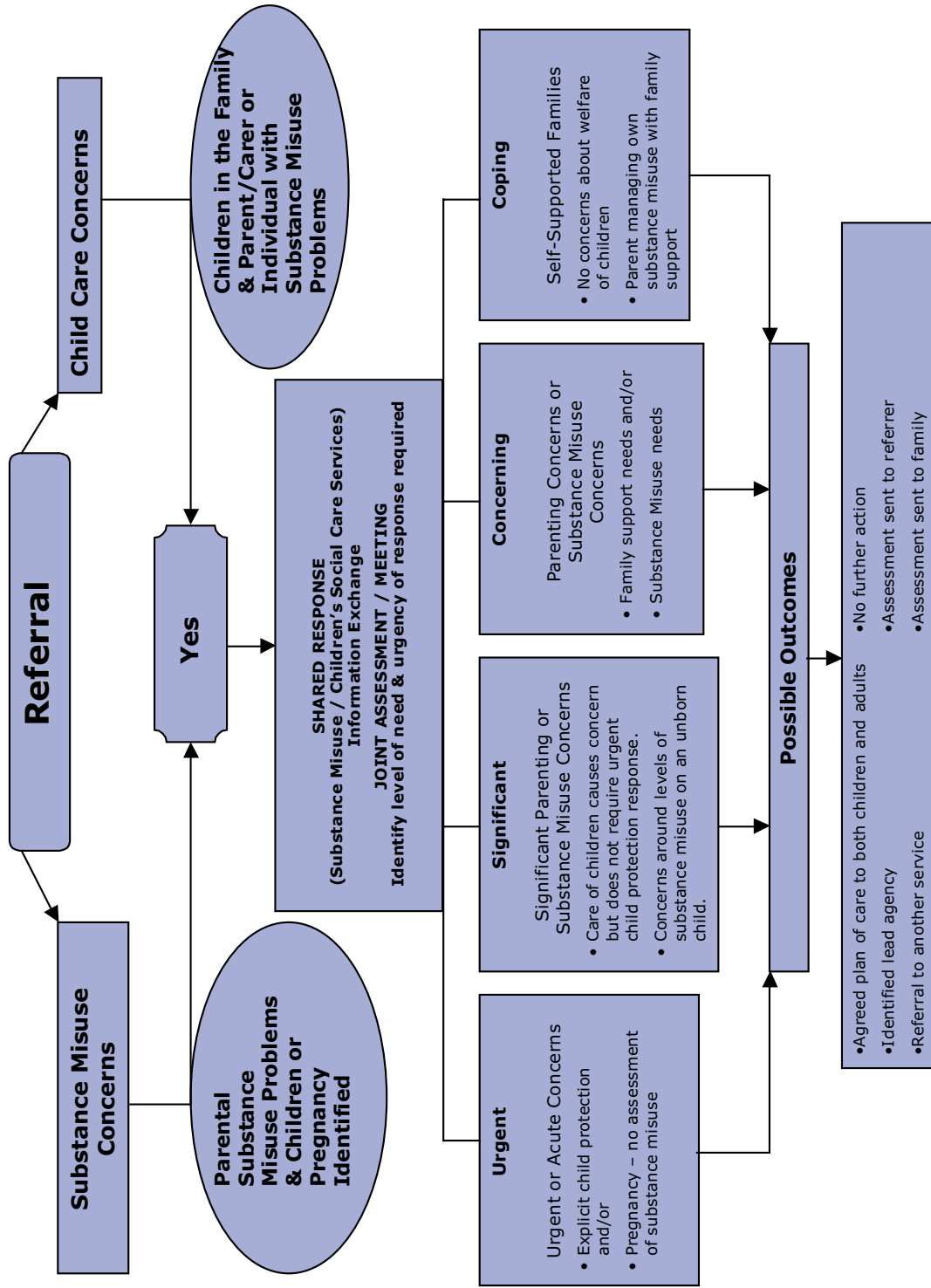
Triggers that indicate referral to Children's Social Care for initial assessment are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making.

- 7.1 The pre-birth assessment of women who have a history of substance misuse, or who are substance misusing, and where there are concerns about the impact of such a condition on an unborn child, or a woman's ability to meet the child's needs once born.
- 7.2 Parents or carers who are exhibiting signs of substance misuse, or who are already the subject of a continued assessment and treatment, where there are concerns surrounding the impact on a child's well-being.
- 7.3 There are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children.⁴
- 7.4 Where there have been two previous consecutive referrals concerning parents, carers and their children.
- 7.5 Urgent concerns as a result of parents or carers being assessed by the Mental Health services and they are also known to the addiction services.
- 7.6 Parents or carers with substance misuse problems who are caring for a child with a chronic illness, disability, or special educational needs.
- 7.7 Children who are caring for parents or carers with substance misuse problems (young carer).
- 7.8 Children with social, education or health needs, e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services.
- 7.9 Where a GP, Health Visitor, or other primary care worker raises concerns about the well-being of a child.
- 7.10 Children who have been the subject of previous child protection investigations, child protection registration, local authority care, or alternative care arrangements.

³ There is an agreed inter-agency referral form available from Children's Social Care District Offices and from within your own organisation.

⁴ Home Office Circular 16/2005. Guidance on offences against children.

Referral Pathway Flowchart



8. Inter-agency information sharing

- 8.1 It is essential for all services to accurately record the names, dates of birth, involvement of other agencies and areas of concern for all children in families known to them. If parents, carers or pregnant women decline to provide basic information about themselves or their families this must be recorded and, if necessary, advice sought.
- 8.2 Any areas of identified concern or support need to be discussed with the parents, carers or pregnant women. The need for involvement of another service should be explained, while taking account of parents', carers' or pregnant women's right to confidentiality.
- 8.3 Personal information held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. Unless it is assessed that a child is suffering, or is likely to suffer, from significant harm the consent of parents or carers should normally be obtained before making a referral to any other service.
- 8.4 If parents or carers do not share a professional's concerns, the requirement to pass information to other agencies must be made clear to them and their views recorded.
- 8.5 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, ensuring that all entries are dated and signed.
- 8.6 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.
- 8.7 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. It must be shared only on a need-to-know basis. *The Framework for the Assessment of Children in Need and their Families* provides guidance on consent and confidentiality pages 45 – 47; extract of key points:
- *Personal Information about a child and family should always be respected but, in order to achieve good outcomes for the child, it may be appropriate to share it between professionals and teams within the same agency. Sensitive and careful judgments are required in the child's best interests. (Sec 3.49)*
 - *The Data Protection Act 1998 allows for disclosure without consent of the subject in certain conditions, including for the purposes of the prevention or detection of crime, or the apprehension or prosecution of offenders, and where failure to disclose would be likely to prejudice those objectives in a particular case. (Sec 3.51)*
 - *Disclosure should be appropriate for the purpose and only to the extent necessary to achieve that purpose. (Sec 3.53)*
 - *In any potential conflict between the responsibilities of professionals towards children and towards other family members, the needs of the child must come first. Where there are concerns that a child is or may be at risk of suffering significant harm, the overriding principle must be to safeguard the child. (Sec 3.56)*

9. Review and on-going work

Assessment and identification of parents, carers or children's need for services is not a static process. The assessment should also inform future work and build in evaluation of the progress and effectiveness of any intervention. Agencies should always take into account the changing needs of adults and children.

Where more than one agency continues to be involved in a joint assessment or provision of services for parents or carers with substance misuse problems, and their children, regular review dates must be set to jointly review the situation and to ensure that inter-agency work continues to be co-ordinated. Each agency should document their own actions and responsibilities clearly and also the roles and responsibilities of other agencies.

There should always be the flexibility for cases to be reviewed at any time, or jointly re-assessed speedily before planned review dates, if new concerns or support needs are identified.

10. Conflict resolution and escalation where there is a disagreement

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 the *London Child Protection Procedures 14.4*.

Where a professional requires advice and guidance on child protection matters they should first discuss this with their line manager and, or, their designated lead professional for child protection. If further clarification and guidance is required they can seek this from the Duty Child Protection Co-ordinator located within the Social Services Quality Assurance Unit (Tel: 020 7525 3297).

If agreement cannot be reached on action required following discussion between first line managers (who should normally seek advice from his/her designated/named/lead officer/child protection advisor), 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.

In Southwark, it is agreed that where conflict and disagreement still remains (following the above process being followed) the matter must be referred to the Social Services Quality Assurance Duty Child Protection Co-ordinator for final resolution. (Tel: 020 7525 3297).

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

Appendix 1

Legal and Policy Framework

This Protocol is informed by:

- Mental Health Act 1983. DoH. Crown Copyright
- Children Act 1989. Crown Copyright
- Hidden Harm (ACMD) 2003
- Government response to Hidden Harm
- Drug Misuse in Pregnancy (Drugscope)
- Confidential Enquiry into Maternal Death
- Female Substance Misuse in Southwark (Jane Walker Consultancy)
- Carer's (Recognition and Services) Act. (c.12) 1995. Crown Copyright
- NHS and Community Care Act 1990. Crown Copyright
- Framework for the Assessment of Children in Need and their Families. DoH 2000
- What to do if you're worried a child is being abused. DoH 2003
- Every Child Matters. DfES 2005 (www.everychildmatters.gov.uk)
- National Service Framework for Children and Young People and Maternity Services. DoH 2004
- Children Act 2004. Crown Copyright
- Common Assessment Framework. DfES 2004. (To be implemented between April 2005 – December 2008.)
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. DoH, Home Office and DfES 1999. Crown Copyright. (To be revised in 2006)
- Guidance on Information Sharing (www.everychildmatters.gov.uk)

The policies and procedures of:

- London Child Protection Procedures (2003)
- Guy's and St Thomas' NHS Foundation Trust
- King's College Hospital NHS Trust
- South London and Maudsley NHS Trust (SLAM)
- Southwark Council Children's Social Care
- Southwark Primary Care Trust

What to do if you're worried a child is being abused 2003 and London Child Protection Procedures 2003 **(to be replaced 2006)** can be accessed through the **SSCB** website:

www.southwark.gov.uk/safeguardingchildren

Appendix 2

To assist all agencies in identifying children who may be in need or at risk as a result of parental substance misuse. The following assessment guidelines have been adapted from those produced by the Standing Conference on Drug Abuse (SCODA) [May 1997].

ASSESSMENT FOR DRUG USE AND ITS EFFECT ON PARENTING

Parents' Drug and/or Alcohol Use

1. Are the parents aware of the worker's responsibility for the protection of children?

The needs of the child are paramount and the resulting limits to confidentiality.
2. Is there a drug-free parent or supportive partner or relative?
3. Is the drug or alcohol use by the parent
 - Experimental?
 - Recreational?
 - Chaotic?
 - Dependent?
4. Does the user move between categories at different times? Does the drug use also involve alcohol?
5. Are the levels of childcare different when a parent is using drugs and when not using?

Accommodation and Home Environment

6. Is the accommodation adequate for children?
7. Are parents ensuring that rent and bills are paid?
8. Does the family remain in one area or move frequently, if the latter, why?
9. Are there other drug users or alcohol misusers sharing the accommodation? If there are, are the relationships with them harmonious, or is there conflict?
10. Is the family living in a drug using community?
11. If parents are using drugs do children witness the taking of drugs?

12. Could other aspects of the use constitute a risk to children [eg conflict with or between dealers, exposure to criminal activities related to drug use, violence]?

13. Is there evidence of domestic violence?

Provision of Basic Needs

14. Is there adequate food, clothing and warmth for the children?
15. Are the children attending school regularly?
16. Are the children engaged in age-appropriate activities?
17. Is there any evidence that the child(ren) are misusing drugs or implicated in parental drug misuse?
18. Are the children's emotional needs being adequately met?
19. Are there any indications that any of the children are taking on a parenting role within the family [eg caring for other children excessive household responsibilities etc]?

Procurement of Drugs

20. Are the children left alone while their parents are procuring drugs?
21. Because of the parent's drug use, are the children being taken to places where they could be "at risk"?
22. How much are the drugs costing?
23. How is the money obtained?
24. Is this causing financial problems?
25. Are the premises being used to sell drugs?

Storage of Drugs and Disposal of Containers, Syringes and Needles

26. If drugs [legal or illegal] are being used in the home, are they stored safely, out of the reach of children?
27. Have the drug users been advised about the safe storage of drugs and the risk to children of consumption of methadone etc?
28. Are parents in touch with local specialist drug treatment programmes and how regular is their contact?
29. Are the containers and implements used for administering the drugs safely disposed of after use, to ensure there is no risk to any children?

Family Social Network and Support Systems

30. Do parents and children associate primarily with;
 - Non-users
 - Both?
 - Other drug users?

31. Are relatives aware of drug use?
Are the relatives supported?
32. Will parents accept help from relatives and other non-statutory or professional agencies?

Parents' Perception of the Situation

33. Do parents see their drug use as harmful to themselves or to their children?
34. Do the parents place their own needs before the needs of the children?
35. Are the parents aware of the legislative and procedural context applying to their circumstances [eg child protection procedures]?

www.drugscope.org.uk

ALCOHOL USE AND ITS EFFECT ON PARENTING

1. Pattern of Alcohol Use

Who is using alcohol? One or both of the parents/carers?

What category of use is being demonstrated?

- Every day drinking - how long for? How much? Which drink?
- Binge drinking – how long for?
- When was the last drink?
- Is there use of other substances or medications?
- How long has this been the pattern of use?
- Do you know what situations trigger inappropriate use of alcohol?

2. The Context of Alcohol Use

The Child's View

- What does the child know or understand about the parental use of alcohol?
- Does the child require information about alcohol and parental misuse?
- Does the child need support to understand the consequences? This could be supported by social workers, by psychotherapists or by group work.
- Is the child reporting domestic violence in this family?
- What is being done about this?

Parental Views about their Alcohol use

- Do they acknowledge their use?
- Do they see it as harmful to themselves or their child[ren]?

- Have any attempts been made to address the alcohol use? What helped/didn't help?
- Is the parent able to say what they drink?

3. Consequence of Alcohol Use

a) For child[ren]

- Are they meeting growth and developmental milestones?
- Do the child[ren] drink alcohol? With/without the parents' knowledge?
- Are they attending school regularly?
- Are there other school-related issues – ie changes in behaviour or achievement, absenteeism, bullying, racism?
- Are they engaged in age-appropriate activities?
- Are the child[ren]'s emotional needs being adequately met?
- What is the relationship like between the parent[s] carer[s] and the child[ren]? Are there any power issues?
- Are the child[ren] assuming parenting responsibility [make reference to pattern of alcohol use and age of the child[ren]], either for parent[s] or siblings? If so, how often and how old is the child?
- Are the child[ren] left alone? How frequently, are they left with alternative carers? Who are these carers and how often does this occur? Are alternative arrangements suitable, safe and appropriate?

b) Parent/carer

- Are there related health problems for parents who are drinking?
- Are these specific to the individual? Do they affect parenting responsibilities as well?
- Are they seeking medical advice? Seeing to own needs adequately?
- Is there a consistency of care provided for the children?
- Are there indications they are attempting to withdraw without medical assistance?

4. Social Network/Support Network

- Are relatives/friends aware of use and extent? Are they supportive? Do they assist in times of crisis?
- Do parents and child[ren] have association with other alcohol users? Frequency? Where?
- Are parents/carers accepting help from relatives, statutory/non-statutory services?
- Do children have their own network – ie friends, activities outside school?

Accommodation and Home Environment

- Do the parents/carers ensure that rent and bills are paid?
- Does the family network subsidise the household budget in any way?
- Does the family remain in one locality or move frequently if so, why?
- Do other alcohol users meet frequently in the home or share the accommodation? Are the children supervised adequately in these circumstances?

- Is the home secure? ie tenancy/repossession.
- Are the basic necessities provided – adequate food, clothing and warmth for the children?
- Where is the alcohol stored? Is this safe from the children?
- Is there evidence of domestic violence?

5. Conclusions:

- What is your professional view of the problem?
- If the situation is unsatisfactory, what should change to reduce the risk of significant harm to the child[ren]?
- What options/services are available to help?
- How can the family strengths be encouraged and supported?
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- How can the family strengths be encouraged and supported?
- Where does the evidence come from for your conclusions, is it reliable?
- Conclusions made should take into account language and cultural considerations.
- When should you review your concerns with other professionals?
- Who else has concerns about this family?
- What other agencies are involved in the family, with which member and for what purpose?
[Health, Education, Play and Day-Care services are very likely, and Police, Probation and Social Services are possibly involved.]

Appendix 3

Extract: What To Do If You're Worried A Child Is Being Abused: Summary DoH 2003.

Everyone Working with Children and Families Should...

- Be familiar with and follow your organisation's procedures and protocols for promoting and safeguarding the welfare of children in your area, and know who to contact in your organisation to express concerns about a child's welfare.
- Remember that an allegation of child abuse or neglect may lead to a criminal investigation so don't do anything that may jeopardise a police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse.
- Refer any concerns about child abuse or neglect to social services or the police. If you are responsible for making referrals, know who to contact in police, health, education and social services to express concerns about a child's welfare.
- When referring a child to social services, you should consider and include any information you have on the child's developmental needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment. Similarly, when contributing to an assessment or providing services, you should consider what contribution you are able to make in each of these three areas. Specialist assessments, in particular, are likely to provide information in a specific dimension, such as health, education or family functioning.
- Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for disabled children and for children whose preferred language is not English. Where concerns arise as a result of information given by a child, it is important to reassure the child but not to promise confidentiality.
- See the child as part of considering what action to take in relation to concerns about the child's welfare.
- Record full information about the child, at first point of contact, including name(s), address(es), gender, date of birth, name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s), if different, and keep this information up to date. In schools, this information will be part of the pupil's record.
- Record all concerns, discussions about the child, decisions made, and the reasons for those decisions. The child's records should include an up-to-date chronology, and details of the lead worker in the relevant agency – for example, a social worker, GP, health visitor or teacher.

If you have concerns about a child's welfare ... Everyone Should.....

- Discuss your concerns and any differences of opinion with your manager, named or designated health professional or designated teacher. If you still have concerns, you or your manager could also, without necessarily identifying the child in question, discuss your concerns with your peers or senior colleagues in other agencies - this may be an important way of you developing an understanding of the reasons for your concerns about the child's welfare.

- If, after this discussion, you still have concerns, and consider the child and their parents would benefit from further services, consider to which agency, including another part of your own, you should make a referral. If you consider the child is or may be a child in need, you should refer the child and family to social services. This may include a child whom you believe is, or may be at risk of, suffering significant harm. Concerns about significant harm may also arise with children who are already known to social services. Information about these children should be given to the allocated social worker within social services. In addition to social services, the police and the NSPCC have powers to intervene in these circumstances.
- In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to social services unless you consider such a discussion would place the child at risk of significant harm. *There is further guidance in the Appendix of What to do if you're worried a child is being abused.*
- When you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when. If you make your referral by telephone, confirm it in writing within 48 hours. Social services should acknowledge your written referral within one working day of receiving it, so if you have not heard back within 3 working days, contact social services again.

Social Workers and their Managers, in Responding to a Referral, Should...

- Following a referral, you and your manager should decide on the next course of action within one working day, and record the decision. Further action may include undertaking an initial assessment, referral to other agencies, provision of advice or information, or no further action.
- If you and your manager decide that you should take no further action at this stage, tell the referrer of this decision and the reasons for making it. Where a referral has been received from a member of the public, do this in a way that is consistent with respecting the confidentiality of each party.
- You and your manager should consider whether a crime may have been committed. If so, involve the police at the earliest opportunity, as it is their responsibility to carry out any criminal investigation in accordance with the agreed plan for the child.
- When you have received a referral from a member of the public, rather than another professional, remember that personal information about referrers, including anything that could identify them, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. If the police are involved, you will need to discuss with them when to inform the parents about referrals from third parties, as this will have a bearing on the conduct of police investigations.

What should happen later in the child protection process.. Everyone else should..

- Provide relevant information to social services or the police about child and family members;
- Contribute to the initial and core assessments and undertake specialist assessments, if requested, of the child and family members;
- Provide support or specific services to the child or member of the family as part of an agreed plan, and contribute to the reviewing of the child's developmental progress.

Appendix 4

Who to contact

**If you are concerned about a child you must always do something.
If you're not sure – seek advice ⁵**

If you think a child is in immediate danger contact the police by dialling 999. If you want to report a crime against a child, contact your local police station.

To make a referral to Children's Social Care ring the Referral and Assessment Team and ask for the Duty Social Worker on:

North District

Bermondsey, Borough, Elephant and Castle, Kennington, Rotherhithe, Surrey Quays and Walworth. **020 7525 1921**

South District

Camberwell, Dulwich, East Dulwich, Honor Oak, Nunhead and Peckham.
020 7525 1042

Out of hours

In an emergency, after 5pm and at weekends or on bank holidays, you can contact the Out of Hours Duty Social Worker on **020 7525 5000**.

If you are seeking advice or support for a disabled child, you should contact the **Children with Disabilities Team** on **020 7525 4406**.

Designated Professionals and Advisers in child protection/safeguarding:

Southwark Primary Care NHS Trust

Designated Doctor (Paediatrician): **020 7771 3456**

Designated Nurse: **020 7525 0387**

Named Doctor (Paediatrician): **020 7771 3456**

Named Nurses: **07789 741518**

Guy's and St Thomas Hospital NHS Trust

Named Doctor (Guy's): **020 7188 4635 / 4693**

Named Nurse: **020 7188 4653**

Named Doctor (Thomas'): **020 7188 4679**

Kings College Hospital NHS Trust

Named Doctor: **020 7346 3984**

Named Midwife: **020 7346 4971**

Named Nurse: **020 7346 3319 / 3273**

South London and Maudsley NHS Trust

Named Doctor: **020 8690 1086**

Named Nurse: **020 7919 3483 / 2696**

Education

Each school has a Designated Person for Child Protection.

The Local Education Authority also has a Lead Officer for Safeguarding: **020 7525 2696**

Police

Metropolitan Police - Child Abuse Investigation Team (CAIT): **020 7232 6367**

General If your agency does not have its own guidance or child protection adviser contact the Social Care Duty Team (as above) or the **Duty Child Protection Coordinator: 0207 525 3297**.

⁵ If you are concerned about a child

A free information card and poster available from Southwark Safeguarding Children Board and at www.southwark.gov.uk/safeguardingchildren

Substance Misuse Services

Who to Contact

South London and Maudsley NHS Trust:

Marina House, 63-65 Denmark Hill Tel: 020 7805 0520/0510

Blackfriars CDAT, 151 Blackfriars Road Tel: 020 7620 6500

Consultancy Liaison Addiction Service, Tel: 020 7231 9938
New Mill Street Surgery, 1 Wolseley Street

Community Drug Project (CDP):

KAPPA Project, 231 Old Kent Road Tel: 020 7237 7000

EVOLVE, 146 Camberwell Road Tel: 020 7277 4580

Alcohol Recovery Project (ARP):

Southwark Services, Tel: 020 7403 4077
68 Newington Causeway

This Protocol was agreed and published by Southwark Safeguarding Children Board for use by all agencies working within Southwark.

Southwark Safeguarding Children Board
Mabel Goldwin House
49 Grange Walk
London SE1 3DY

Tel 020 7525 3306 / 0389
Email: sscb@southwark.gov.uk



Southwark Safeguarding Children Board is the inter-agency strategic body with responsibility for child protection and safeguarding children in Southwark. It comprises Southwark Council, Southwark PCT, Guys and St Thomas' Foundation Trust, Kings College NHS Trust, South London and Maudsley NHS Trust, Metropolitan Police Service, London Probation Service and representatives of Voluntary Organisations.

Please note the London Child Protection Procedures (2003) will be replaced by an updated version during Autumn 2006. All references in this document to the procedures should then relate to the 2006 edition.

www.southwark.gov.uk/safeguardingchildren