



Joint Working Protocol
Between Camden Substance
Misuse Services, Children's
Safeguarding and Social
Work and Early Help
Services

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1. Introduction

Many adults who receive treatment for substance misuse will be a parent or have some parenting responsibility, and in Camden parental drug or alcohol misuse is a key factor in a fifth of referrals for a children's social care service.

Although it does not necessarily follow that children will be automatically at risk of harm from parental substance misuse, it must be recognised that these children will be a high risk group and may need services and support in order to promote their welfare.

There is no doubt that substance misuse has the potential to affect parenting capacity and therefore children's safety, welfare and development. Having caring responsibilities can also affect a parent's ability to engage fully with treatment.

This protocol aims to help services to work closely together in order to strengthen the identification, assessment, treatment and support of parents/adults with child care responsibilities in order to safeguard and promote the welfare of children.

The protocol also sets out what services and support can be offered to address the substance misuse of young people, particularly as research shows young people whose parents misuse substances are at a higher risk of developing substance misuse problems.

2. Legal and policy framework

2.1 National Strategy

The government Drug Strategy 2017 aims to reduce the number of people misusing illegal and harmful drugs, particularly young people, and to help them recover from their dependence. The strategy aims to improve outcomes through tailored intervention for different user groups whilst restricting the supply of drugs and prosecuting those involved in the supply.

For young people, the strategy also emphasises the need to build their resilience via school-based PHSE programmes, targeting groups of young people who are more vulnerable to substance misuse such as care leavers, young offenders and those who are not in education, employment or training (NEET).

2.2 Camden's strategy

Camden's Health and Wellbeing Board is the multi-agency partnership responsible for improving the health and wellbeing of Camden residents and reducing health inequalities across the borough.

Camden's Health and Wellbeing strategy (2016-2018) sets out the key priorities for improving health outcomes and is available at:
<https://www.camden.gov.uk/documents/20142/1195356/Joint+health+and+wellbeing+strategy.pdf/462448f8-cf58-085e-c171-fc58e9db3c37>

As part of this strategy, Camden's Substance Misuse Services aim to deliver the following core outcomes:

- a seamless pathway for service users with equal focus on prevention and recovery;
- improved rates of recovery for all drug and alcohol users through a recovery focussed, individualised service delivery approach;
- effective recovery support options, including peer led interventions and community asset development approaches;
- improved user reported service quality outcomes;
- improved awareness and response to drug and alcohol misuse by professionals working in other organisations;
- improved response to co-morbid drug and alcohol misuse and mental health (dual diagnosis);
- reduced drug and alcohol related harm to individuals and the wider community;
- reduced impact of drug and alcohol misuse in families with children and young people;
- improved whole-family approach, assessment and planning which takes into account the wellbeing of the family;
- reduce the harm caused by substance misuse to the individual, their family and the community by providing and ensuring access to high quality services;
- support recovery by ensuring a holistic approach that addresses all the factors that drive substance misuse or inhibit recovery;
- provide flexible services that are responsive to future demands and changes in trends;
- monitor the effectiveness of services to ensure they are meeting local needs.

2.3 Legislation and guidance

- The **Children Act 1989** places a duty on Children's Safeguarding and Social Work (CSSW) to provide suitable support and services for children and families who are assessed as being in need, including those families whose needs arise from substance misuse.
- The **Children Act 2004** places a duty on drug and alcohol agencies to work in partnership with children's social care in order to safeguard and promote the welfare of children of substance misuse service users and young people who are accessing substance misuse services.
- All agencies have a duty under statutory guidance **Working together to safeguard children (2018)** to safeguard children, including those needing early help preventative services and those who are at risk of significant harm. <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- The Care Act 2014 sets out the duties of adult substance misuse teams in assessing the needs and providing support so that they are able to live independently.
- All agencies should follow the **London Safeguarding Children Board child protection procedures (2010)** where there is a reasonable belief that children and young people are at risk of significant harm. <http://www.londoncp.co.uk/>
- All agencies should refer to the **CSCB multiagency guidance for all staff who work with parents who are misusing drugs or alcohol** for guidance on recognising and assessing the impact of parental substance misuse on children's safety and welfare. http://www.cscb.org.uk/downloads/policies_guidance/local/Working%20with%20Substance%20Misusing%20Parents%20guidance%202009.pdf

3. Purpose and scope of protocol

This protocol aims to:

- ensure the safety and welfare of and improve outcomes for children affected by parental substance misuse, including young carers, and young people affected by their own substance misuse;

- improve outcomes for parents by helping them to successfully access and engage with substance misuse services and work towards recovery;
- foster a “whole family” approach to service planning and delivery, promoting early intervention and preventative work to improve outcomes;
- provide a framework for strong joint working between substance misuse services, Children’s Safeguarding and Social Work and Early Help Services that ensures workers are aware of their role and responsibilities;
- provide clear referral pathways between services;
- improve the identification of those children and families with lower level needs who may benefit from an Early Help Service.

This protocol is relevant for substance misuse services, Early Help Service workers and CSSW social workers whenever there are concerns about the possible impact of a parent’s or carer’s substance use on their ability to effectively parent their child and which may negatively affect the child’s safety and/or welfare.

The protocol should also be followed where there is a likelihood of a referral to the other agency and where close joint working between both services will be required.

The following groups should be considered under this protocol:

- A parent or carer who is either the child’s primary carer or who cares for a child on a frequent or intensive basis, including overnight.
- A significant adult living in the same household as a child who has frequent contact with the child, including older siblings.
- A young person who is identified as misusing substances which may negatively impact on their safety and welfare.
- A young person who is identified as being at risk of using substances through factors such as the peer group with whom they associate, familial substance use or other factors that put them at risk of using substances.

4. Principles

- The welfare and safety of children is paramount and all professionals working under this protocol have a statutory duty to safeguard and promote children's welfare.
- Children's needs are usually best met living at home with their family and both services will work together to support this if it is in the child's best interest.
- All services will respect family life and will support and encourage parents to continue to care for their child where this is consistent with the child's best interests.
- Services and interventions for children will be based on their needs, using the lowest level of intrusion into their lives and in proportion to the level of concerns.
- Where children are unable to continue to live with their parents, CSSW will endeavour to find a carer within the child's family and friends network in the first instance.
- Services and interventions will be provided in a timely manner, with an emphasis on early help and prevention, and will be based on the assessed needs of the whole family.
- Service delivery will be consistent with Camden's equality and diversity policy and be accessible and non-stigmatising.
- Services will share information appropriately within the framework of this protocol in order to assess needs and inform risk management decisions.

5 Adult substance misuse services

5.1 Description of services

Camden's Specialist and Community Drug Services and Integrated Alcohol Service are multi-agency partnerships providing a wide range of treatment and recovery options in Camden. Services are delivered by Camden and Islington NHS Foundation Trust and voluntary sector organisations, CGL and SHP.

Services provided include assessment, open access drop-in; structured day programmes; counselling; one to one key working; criminal justice interventions; community prescribing; needle exchange; complimentary therapies; employment, education and training support; access to inpatient detoxification and/or residential rehabilitation; mutual aid groups and support for family members.

For full details of all services, please refer to the Camden Recovery Guide available at: https://www.camden.gov.uk/ccm/cms-service/stream/asset/?asset_id=3665097&

5.2 Role and responsibilities

Substance misuse services will primarily provide assessment and treatment for adults around their substance misuse, but in carrying out this role, will always remain aware of the possibility that service users may have parenting responsibilities and that their substance misuse may impact negatively on their parenting ability.

In line with *Working together to safeguard children*, all substance misuse services should appoint an appropriate member of staff as the designated safeguarding lead with whom staff can consult regarding children's welfare and decisions on making referrals to children's services.

Substance misuse workers must:

- routinely ask service users at triage/initial assessment stage about any children they care for or with whom they live and obtain all relevant information on the household structure; these questions should be asked throughout the services involvement with individuals, and not just at assessment;
- carry out risk assessments at assessment and review stages of intervention to look at the potential impact of the adult's substance misuse on the safety and welfare of children they care for or with whom they have contact;
- where a family may need support to meet children's needs and avoid escalation of issues related to parental substance misuse, make appropriate referral for an Early Help Service;
- where there are safeguarding concerns, discuss these concerns with the designated safeguarding lead in the organisation to agree action and appropriate referral to CSSW;

- contact CSSW immediately where a parent will require residential treatment and alternative arrangements need to be made for the child's care;
- treat all referrals from CSSW as a priority; pregnant service users will be offered immediate access to treatment on first presentation;
- work jointly with colleagues in CSSW and Early Help Services to ensure integrated service delivery by communicating regularly and attending meetings arranged concerning the child(ren);
- share information with CSSW and Early Help Services lawfully and in a timely manner, including when parents leave treatment;
- continue to monitor all service users who are parents, through discussion in the relevant forums and with designated staff members and take appropriate action if concerns about a child arise or escalate.

6 FWD substance misuse service for young people

FWD is a specialist substance misuse service for young people whose lives are affected by the use of drugs and alcohol. FWD works with children and young people aged between 8 and 25 who are either vulnerable to substance misuse or who are affected by parental substance misuse.

FWD is part of Camden's Youth Early Help service offering the following:

- Delivering basic tier 1 universal advice and guidance and providing training to other professionals in the use of the DUST substance misuse screening tool so that they are confident in its use and can better understand when a referral to FWD could be required or beneficial to the young person.
- Tier 2 prevention and early intervention services that are open-access and provides a targeted service towards young people who are vulnerable to substance misuse, for example looked after children, homeless young people and those affected by parental substance misuse. Tier 2 interventions also include short-term interventions and harm reduction for young people with low levels of substance use.

- Tier 3 specialist intervention and treatment programmes targeted at young people who have substance misuse problems in order to reduce the harm to them. These psychosocial interventions also help the young person (and the family where appropriate) make sense of their substance use and the underlying factors that have led to their abuse of substances.

Work is carried out on a voluntary basis unless the young person is referred by the criminal courts via the Youth Offending Service under a Drug Intervention Programme or where they are looked after by Camden and assessed as needing a substance misuse intervention.

All looked after young people in Camden are screened annually using the DUST screening tool to identify those who are vulnerable to substance misuse or may have substance misuse issues and will be referred to FWD for an intervention where necessary.

7 Early help services

7.1 Description of services

Camden has a wide range of Early Help services that provide preventative services for children with low level needs or who are vulnerable to poor outcomes and need extra support and services in order help them to achieve good outcomes and avoid problems escalating.

The service provides a variety of community-based multi-agency preventative interventions delivered by a wide range of agencies and designed to support child development and strengthen parenting skills.

For details of services that make up Camden's Early Help offer please visit: http://cindex.camden.gov.uk/kb5/camden/cd/early_help.page

7.2 Role and responsibilities

Family workers in Early Help Services work with children and families to provide advice and support to help them deal with any problems they are facing.

Family workers will:

- carry out an early help assessment and draw up an action plan that is regularly reviewed by the Team Around the Family and ensure the voice of the young person is accurately reflected in the plan;

- engage with families to provide support for all members of the family;
- keep the professional network up to date with information regarding the family around family functioning and risk;
- work with families directly to support them in making improvements to parenting and family functioning;
- work closely with substance misuse services and involve them in assessment, planning and review of the child's action plan;
- share information with substance misuse services and children's social workers in a timely manner (see section 16);
- where family problems are escalating, make appropriate referrals to CSSW for a statutory social work intervention.

8 Children's Safeguarding and Social Work (CSSW)

8.1 Description of services

CSSW provides statutory social work services and interventions under the Children Act 1989, in families where there are significant concerns around the welfare of children at medium and high levels of need. The service works with children in need, children subject to a child protection plan and looked after children,

Details of services and contacts can be found on the Camden website at the link below.

[Children in need services - Camden Council](#)

8.2 Role and responsibilities

CSSW will be responsible for providing services for children and families under the Children Act 1989 and where parental substance misuse is a presenting problem; intervention will be based on the impact of this use on parenting capacity and any risk to the child's safety, welfare and development.

Social workers will:

- make enquiries with parents as to any substance misuse services they are working with or have worked with in the past and contact the relevant agency for information;

- carry out a child and family assessment including a Drug Use Screening Tool assessment (DUST) for parents and young people where this is relevant and liaise with any allocated substance misuse worker for relevant information on substance misuse;
- where appropriate, help parents seek treatment via their GP and support them to engage, providing services to enable this where necessary;
- consider what services and support the whole family will need in order to improve family functioning and outcomes and draw up and regularly review the child's child in need, child protection or care plan;
- where the child is at risk of significant harm, follow child protection procedures;
- continue to monitor the parent's progress through treatment towards recovery and the child's safety and welfare;
- work closely with substance misuse services to plan and review services (see section 17 on joint working practices);
- share information with substance misuse services in a timely manner (see section 16);
- use supervision and consultation with managers to discuss the case and decide on any escalation of action where the impact of parental substance misuse requires stronger interventions.

9 Referring parents to substance misuse services

9.1 Procedures

Substance misuse services are generally attended by service users on a voluntary basis, unless an order directing an individual to take up treatment has been made by a criminal court as part of a criminal sentence.

Social workers and Early Help workers need to discuss with parents any barriers to accessing and engaging with substance misuse services that they may face and try to address these.

For some families, engagement with substance misuse services may be a condition to children remaining at home or failure to engage may result in CSSWs pursuing care proceedings.

This information must be clearly detailed in the child’s plan or working agreement and parents must be made aware of the consequences of failing to engage. Substance misuse workers must also be aware of their role in monitoring and reporting on parental engagement to CSSW.

If parents are not receiving any service for substance misuse, they should be referred to a suitable service by family support workers, social workers or their GP (or may self-refer) to any service listed in the *Camden Recovery Guide*.

Drug and alcohol services in Camden operate a “no wrong door” policy which means individuals can be referred to, can drop in or self-refer to any service and, after assessment, will be supported to access a treatment programme suited to their needs. Below is a brief description of each service:

- **Camden Community Drug Service** is for people using any type of drug (who are assessed as non-complex) or for people who might want to tie their drug treatment closely with their GP treatment (Shared care).
- **Camden Specialist Drug Service** is for people who are experiencing a range of complex issues with drugs including physical health difficulties or mental health problems (dual diagnosis).
- **Integrated Camden Alcohol Service (ICAS)** is for people who are experiencing difficulty with alcohol use or who are affected by alcohol use issues.

Workers should be aware of the generally voluntary nature of substance misuse services and may need to encourage parents to engage with services.

9.2 Levels of intervention

Services are organised on a 4 tier system depending on the level of need presented by the service user and the type of intervention required.

Tier 1	Open access services providing screening, advice and information within generic settings that are not substance misuse-focused agencies, ie: health, CSSW.
Tier 2	Open access specialist agencies providing brief interventions focusing on harm reduction, with referral to tier 3 services where required
Tier 3	Specialist services providing structured interventions based on a comprehensive assessment and care plan in a community setting.
Tier 4	Specialist in-patient residential services offering detoxification and rehabilitation based on a comprehensive assessment and care plan.

9.3 Substance Misuse Service Contact Details

Contact details for substance misuse services are listed in the Camden Recovery Guide. This can be accessed via the link below:

<https://beta.camden.gov.uk/documents/20142/1006758/Camden+Recovery+Guide.pdf/c2382976-9e1a-d9b2-b90f-0c80a758a8d0>

Camden's Integrated Alcohol Service provided by Change, Grow, Live, can be contacted on:
020 3227 4950

Specialist Drug Service provided by Camden and Islington NHS Foundation Trust can be contacted on:
020 3317 6000

Community Drug Service provided by Change, Grow, Live can be contacted on:
020 7485 2722

Camden Recovery Service provided by Single Homeless Project can be contacted on 020 7520 8682

Some Space – a service for support to friends and family of those using substances
<https://www.changegrowlive.org/content/some-space-camden>)

10 Referring children to Early Help Services and CSSW

All social care referrals for children are dealt with by the Children and Families Contact Service and referral should be by way of an CAF referral. Consent to referral should be sought unless there are safeguarding concerns, but parents should be informed that a referral is being made unless to do so would place the child at further risk of harm.

On receipt of the referral, the Contact Service manager will decide on the most appropriate response based on the level of risk presented in the referral. Decisions will be made based on the level of risk presented; please see appendix 5 for details.

10.1 Early Help Services (level 2)

Cases will be referred to Early Help where there are low level needs and the family requires services and support to help improve outcomes for the child and prevent issues escalating. These are cases where:

- there are low levels of parental substance misuse which does not negatively affect parenting capacity;
- parents are open and honest about their substance misuse and are engaging with services;
- support is available from a non-using parent and/or extended family;
- the child is taking on some responsibility for household chores and/or care of parents/siblings (young carer);
- there is some concern about school attendance.

10.2 Child in need (level 3)

Cases will be referred to CSSW for a statutory child in need service where:

- parental substance misuse is beginning to negatively affect parenting capacity;
- parents do not share professional concerns about their substance misuse or its impact;
- there are signs of neglect and poor presentation;
- school attendance is inconsistent;
- the family is under financial pressure due to substance misuse;
- children and young people are beginning to become involved in anti-social behaviour due to poor supervision;
- there are low levels of domestic abuse or family violence;
- an unborn child's development is compromised by the mother's substance misuse.

10.3 Child protection (level 4)

Cases will be referred to CSSW for a response under child protection procedures where:

- parental capacity is clearly negatively affected by substance misuse;
- parents deny substance misuse is an issue and/or do not engage with services;
- substance misuse is heavy and out of control and involves poly-use of substances;
- there is a presence of mental health problems/dual diagnosis;
- there are clear signs of neglect, poor supervision and poor school attendance;
- parents are involved in criminal activity as a result of substance misuse;
- the family's accommodation is at risk due to arrears or anti-social behaviour stemming from substance misuse;

- the family home is open to other users including adults who may pose a risk to children;
- there are high levels of domestic abuse and family violence;
- an unborn child's development is at risk due to the mother's substance misuse.

Prior to a referral, the substance misuse worker should contact the Contact Service to find out if the family are already known to children's social care. If this is the case, the worker should contact the allocated family worker or social worker immediately to discuss the case. If the family are not known, the substance misuse worker should complete a CAF referral providing as much information as possible.

Where there are any doubts about the level of need, substance misuse workers should discuss the case with their agency's designated lead safeguarding officer, or contact social workers in the Contact Service to discuss the case on a "no names" basis. This may be crucial for substance misuse workers who are unlikely to see the child and may need to make judgements based on information provided by parents.

One of the main fears of substance misusing parents is that their children will be removed from their care, and consequently they may not disclose their parenting status to substance misuse services in case they are referred to children's social care.

Substance misuse workers need to be aware of service users not sharing information about their children and try to assure them that CSSW will aim to work with the family to keep children at home.

Children and Families Contact Service

020 7974 3317

LBCMASHadmin@camden.gov.uk

Emergency Duty Team (out of hours)

020 7974 4444

11. Assessing the impact of parental substance misuse

11.1 Framework of assessment

Parental substance misuse presents a risk to children's welfare because of its effect on parenting capacity and this is detailed in appendix 1.

Neglect is the most likely outcome as substance misuse can inhibit the parent's ability to meet the child's physical needs, but there is also a strong correlation between alcohol misuse, poor mental health and physical abuse and family violence.

When carrying out assessments, services should consider negative factors that elevate risk (for example, denial, presence of mental health issues or domestic violence) and positive factors that may lessen risk (for example non-using parent, supportive family networks). For more details of the specific factors to consider, please see appendices 1 and 2.

11.2 Substance misuse services assessments

Substance misuse services are responsible for assessing parental substance misuse under the Care Act 2014.

The following types of assessment will be undertaken:

- a **screening assessment** is carried out, normally by a referring agency to establish if a service user has a substance misuse problem, for example a DUST assessment by social workers.
- **an initial (triage) assessment** is carried out within 24 hours to establish the service user's level of need and what type of intervention is required. Where the service user is ready to engage a **comprehensive assessment** is made prior to the commencement of treatment (this may include a medical assessment).

All assessments carried out by substance misuse workers will include routine questions regarding child care responsibilities with information taken on family and household structure. A risk assessment will be carried out to look at what level of risk the adult's substance misuse poses to their child.

11.3 Early Help assessments

Early Help assessments will build on the CAF referral and will include all family members (including non-resident parents / significant adults). The assessments will identify specific goals for change that are achievable within clear timeframes. Assessments are completed within 30 days and will help the Early Help team to decide on the best early intervention and support provision for the child and family.

11.4 CSSW assessments

CSSW will carry out a child and family assessment within 35 days to establish the child's needs and what level of intervention is required under the Children Act 1989, ie; child in need or child protection.

Where parental substance misuse or a young person's substance misuse is a presenting problem, a Drug Use Screening Tool (*DUST*) will also be carried out as part of the assessment.

Where there are concerns about neglect due to parental substance misuse, social workers should also consider using the Graded Care Profile to measure the level of neglect.

12. Service provision, planning and review

12.1 Substance misuse services

Interventions provided by the substance misuse services are based on a jointly developed care plan that details the treatment and/or recovery options to be used in order to meet an individual's needs, and help them progress towards their goals which might mean a reduction in drug/alcohol use or total abstinence.

The care plan identifies client goals; roles and responsibilities and the interventions required to achieve the goals. Care plans will also detail aftercare services to be offered in order to prevent relapse and ensure integration back into the community.

Care plans are reviewed regularly at meetings involving the client, the treatment provider and the key worker.

12.2 Early Help Services

Early Help Services provide interventions based on the identified needs of the child in the context of the whole family, what support parents need to improve parenting capacity and any interventions needed to improve family functioning. Levels of intervention are:

- Prevention-a series of community based projects are available to families including a Kids club, Young People's drop in, Saturday family club and a Fathers programme

- Targeted work Families in Focus provide group parenting programmes to families, or ongoing casework via an allocated family worker.

Where targeted work is undertaken the child will have an action plan is reviewed on a 3 monthly basis at Team around the Family meetings involving the family, the family service key worker and involved professionals.

12.3 CSSW

CSSW provides interventions based on the identified needs of the child, what support parents need to improve parenting capacity and any interventions needed to improve family functioning. Levels of intervention are:

- **Child in need:** children who need social work support and services to help reach or maintain a reasonable standard of development
- **Child protection:** where children are at risk of suffering significant harm due to neglect or abuse
- **Looked after child:** where a child cannot remain living at home and needs alternative accommodation, either on a voluntary basis or via a court order.

All children and families will have an allocated social worker and a child in need, child protection or care plan, detailing interventions and services to be provided. All plans are reviewed at least 6 monthly at specially convened meetings involving parents, children and the professional network.

Where the child is subject to a child protection plan, further core group meetings will take place to help develop, implement and monitor the plan in between case conferences.

For some young people, substance misuse can be indicative of or linked to other safeguarding issues, for example child sexual exploitation or criminal exploitation on the “county lines” model. CSSW recognises that many safeguarding risks for young people come from the community rather than the home and to tackle this, the division has developed a holistic approach for working with vulnerable adolescents.

Whenever a young person presents to CSSW with substance misuse issues, social workers and workers in the FWD team will explore whether any form of exploitation is a driver of their substance misuse and work to keep the young person safe from exploitation as part of the work to reduce substance misuse.

13 Pregnant service users

It is important that services are aware of what to do when a pregnant woman presents as misusing substances. The key objective is to promote the health and development of the mother and baby by ensuring the mother engages with ante-natal services and substance misuse agencies.

Where the child requires services to promote their safety and welfare, a referral should be made to the Children and Families Contact Service for a decision on whether a specialist pre-birth assessment is needed. For further information on pre-birth assessments please see the CSCB guidance available at: https://cscb-new.co.uk/?page_id=10993

All workers should:

- try to reassure the woman and help her to engage with services; this is particularly important if the mother fears her child will be removed from her care
- make enquiries with all services to see if the woman or her family is known
- make appropriate referrals to other agencies for help and support
- ensure that the woman is known to and in receipt of ante-natal services.

Substance misuse agencies and other workers must make a referral should be made where:

- the woman has a long history of substance misuse;
- a child has already been removed from her care or there is a history of involvement with CSSW;
- drug use is heavy and lifestyle is chaotic with a substance misusing partner present;
- domestic abuse or dual diagnosis are presenting problems;
- there is an absence of any support network or not enough is known about them;
- no preparations are being made for the child's birth and there has been no engagement with ante-natal services.

It is essential that social workers and Family Support Workers take advice from substance misuse services regarding the treatment plan for pregnant women as it may not be feasible for the mother to simply stop taking substances during pregnancy.

Following the birth, it is recommended that professionals hold a discharge meeting to ensure that suitable support and services are in place for the mother and baby once they leave hospital.

Contact Details

UCLH CP designated midwife

Teresa Driver

teresadriver@nhs.net

Direct line 020 344 76105 / 07534 265 622

Royal Free Hospital CP designated midwife

Kathryn Clements

kathryn.clements@nhs.net

Tel: 0207 794 0500 RFH site X35040 / 07887996419

14 Dual diagnosis

Dual diagnosis describes the concurrent presence of substance misuse and mental health problems and is known to increase the risk of harm to children. The interaction between the two is complex and often difficult to discern, with symptoms of one sometimes masking the presence of the other. Mental health issues may be a direct consequence of substance misuse, or the substance misuse may be a coping mechanism for mental health problems.

Research strongly suggests that mental health problems will increase the risk of substance misuse and that service users experiencing dual diagnosis are more likely to experience increased social exclusion and multiple social problems, with a higher incidence of suicide and relapse as well as posing a higher risk of violence to others.

The co-existence of a severe mental illness with substance misuse may aggravate issues of parental capacity and contribute to neglect or poor supervision of children and can increase inconsistency in levels of care.

It is essential that all workers are aware of the possibility of dual diagnosis and share information and make timely referrals to mental health services so that the nature of the relationship between mental health issues and substance misuse can be explored. Research shows that progress can be made in treatment if both issues are treated at the same time via an integrated care plan.

Advice can be obtained from the Mental Health assessment and advice team about whether to make a referral to Mental health, but the following are examples of parental behaviour that might indicate more urgent concerns for the child and where a referral to mental health services is strongly recommended;

- child is involved in delusional thoughts
- child is subject to intense hostility or rejection
- a high level of violence within the family
- poor engagement with all services.

Contact Details

Camden Mental Health Assessment and Advice Team

Tel: 07776 475526

15 Domestic abuse and family violence

Research has shown that whilst there is not a direct causal link between substance use and domestic abuse and family violence, there are links and where these are present the risk of serious violence is heightened.

Alcohol use in particular tends to increase the frequency and severity of violence and the presence of both these factors features heavily in serious child protection incidents, highlighting the risk posed to children.

Victims of domestic abuse may use substances as a coping mechanism and may be more secretive about their use, especially if they are worried about the consequences of use or that their children may be removed from their care. Victims may also be stopped from engaging with substance misuse agencies by the perpetrator as part of the controlling element of the violence. When working with potential domestic abuse victims, all workers should:

- use routine questioning at the early stages of assessment to encourage disclosure of domestic abuse; however, workers should be aware that it often takes time for victims to disclose and it may not happen until later in the professional relationship;
- complete a risk assessment where domestic abuse is disclosed by the victim or perpetrator, in order to assess the current level of potential harm to the victim and children;
- keep colleagues informed of any incidents etc;

- consider the safety of victims at all times; this may mean only being able to contact them at certain times of the day or on certain phone numbers;
- be aware of the difficulties faced by victims in leaving their situation and make appropriate referrals to CSSW and Camden Safety Net so that victim and their children can get support;
- for social workers and Family Support Workers working directly with children, help the child to develop their own safety plan;
- in the case of high level violence needing a multi-agency response, consider making a referral to the MARAC co-ordinator based with the police.

Workers should also be aware that the risk of violence increases during pregnancy and shortly after the victim has left the perpetrator. For more details please see the CSCB multi-agency guidance on domestic abuse available at: https://cscb-new.co.uk/?page_id=10972

Contact Details

Police MARAC Coordinator

Rebecca.Ochonska@met.pnn.police.uk
EKMailbox-.MARAC@met.police.uk

CSSW MARAC Coordinator

Helen Stack
 Email: helen.stack@camden.gov.uk
 Tel: 020 7974 1833

Camden Safety Net

Tel: 020 7974 2526
 Email: camdensafetynet@camden.gov.uk

16 Family Drug and Alcohol Court

The Family Drug and Alcohol court (FDAC) provides an alternative to the standard Family court care proceedings for parents where substance misuse is significantly impacting on their ability to care for their children.

The court aims to keep families together whilst addressing parental substance misuse with quicker access to support and treatment and intensive interventions around substance misuse and parenting with regular court hearings.

A multi disciplinary, specialist team is attached to the court to provide speedy expert assessment, support to parents, links to local services and parent mentors. The FDAC works in close partnership with substance misuse services and children's social worker's.

Families are referred to the court by the Local Authority when care proceedings are first initiated by the CSSW.

Contact Details

Email: info.fdacteam@Tavi-Port.nhs.uk
Tel: 0203 961 3400

17 Confidentiality and information sharing

17.1 Legal framework

Substance misuse services have a duty under the Children Act 2004 to share information in order to safeguard and promote children's welfare and support multi-agency working.

However, workers should aim to obtain parental consent to making a referral unless this puts the child at risk of harm. If consent is refused workers should consider whether it is a proportionate response to make a referral in order to safeguard the child. If workers are in any doubt, they can contact the MASH social worker for advice on a "no names" basis.

Parental consent to making a referral should not be sought where this would:

- place the child or young person at further risk
- interfere with a criminal investigation
- cause undue delay to safeguarding a child or young person.

Further information can be found in the government guidance on information sharing available at this link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

17.2 Gaining consent to share information

It is important that service users are able to make an informed decision on information sharing. If a worker needs to obtain consent of service users to disclose information to third parties, it must be clearly explained to them why the information needs to be shared, what information will be disclosed and to whom.

Consent by service users of substance misuse services to disclosure of their substance misuse will need to be in writing and placed on their case record. If a service user is considered to lack the mental capacity to make a decision on information sharing, workers should seek authorisation from anyone who has the legal authority to act on their behalf.

17.3 Information that cannot be shared

In some circumstances, for example where there is an on-going joint criminal and child protection investigation by CSSW and the police, it may not be possible for social workers to share all information they have with parents. Social workers will inform substance misuse workers whenever this is the case.

18 Joint working practices

All services have a duty to cooperate in order to safeguard and promote the welfare of children by using a framework of joint working practices that ensure integrated service delivery.

18.1 Sharing information

Substance misuse workers can provide information to CSSW that can help them make decisions about what level of intervention is needed to safeguard a child. Information will include:

- interventions and support to be provided
- service user's level of engagement with service and motivation for change
- service user's level of drug and alcohol use, patterns of use and the impact on parenting capacity
- any mental health issues or dual diagnosis
- any problems being experienced around housing, criminal activity, employment, relationships
- any instance where a parent tests positive for substances having previously been negative.

CSSW workers need to keep substance misuse workers informed on any action or intervention to be taken regarding the family and how this may impact on parent's ability to engage and progress with substance misuse services. Information will include:

- any referrals received from other agencies regarding the child, such as concerns about parenting
- details of CSSW contact with the family
- interventions and support to be provided to the family
- any action taken under child protection procedures or legal proceedings
- for looked after children, the future plans for the child's care
- any contingency plan should the parent fail to comply with treatment.

18.2 Attending meetings

Where a family is known to both substance misuse services and CSSW, it is vital that representatives from each service are invited and attend any professional meetings and reviews.

Where the child is subject to child protection procedures, the parent's key worker will be expected to attend case conferences and core group meetings. If this is not possible, the service will arrange for another member of staff to attend and a written report will be made available.

Minutes of meetings will be routinely shared by services.

18.3 Joint assessments

Joint assessment may be an effective method of exploring the impact of parental substance misuse on parenting capacity and children's welfare. It is recommended that a CSSW child and family assessment is based on a joint assessment with the parent's key worker using **appendix 1** as a framework.

Prior to carrying out the assessment, the social worker and key worker should:

- plan and agree tasks
- review information from previous individual assessments
- decide on a schedule of visits to the family to gather information that will not be excessively intrusive
- agree what assessment tools will be used.

18.4 Case supervision

The supervision of frontline workers is critical to the management of individual cases as it can act to ensure the monitoring of drug misuse and safeguarding issues and establish that effective joint working and collaboration is ongoing. Line managers are responsible for ensuring that supervision is held regularly and is of a high standard.

18.5 Case management and decisions

- No major decisions, such as removing children from their parent's care, ending services or closing cases, will be made by any service without consultation with the other service, unless in an emergency. In that event, the other service will be notified as soon as possible.
- CSSW social workers will inform substance misuse key workers if a child is to be returned home following a period in care.
- Substance misuse key workers will notify social workers and family support workers if a parent will need residential treatment or there is a major change in treatment. Information on the duration of the stay and any arrangements for contact will help children's services to plan for this event.
- Services should share their expertise and take advice from their colleagues where necessary.
- Although services will consult each other on planned interventions and treatments, decisions on service provision levels lie with the individual agency responsible.

19. Resolving professional differences

This protocol aims to encourage joint decision making within the framework of legislation and good practice. In the event that there is a disagreement between services, this will be discussed at a local level by the managers involved and a resolution sought within a reasonable timescale.

If this is not possible, the matter will be resolved under the CSCB escalation policy available at: <http://www.cscb-new.co.uk/wp-content/uploads/2016/05/CSCB-escalation-policy-final-amended-May-161.pdf>

Any disagreements or disputes should be clearly recorded on the service case records.

20. Learning and development

20.1 Safeguarding children training

All children's services provide single agency training to their staff on child protection which should be refreshed every 2 years.

Training in safeguarding children is provided by the CSCB and details are available at: https://cscb-new.co.uk/?page_id=6234

Substance misuse workers can access safeguarding children training at level 3 via the NHS Trust's training programme but may also access CSCB training.

20.2 Multi-agency substance misuse training

Camden's Safeguarding Children Board (CSCB) provides interagency training ***Substance Misuse and the Impact on Children*** to all agencies regarding safeguarding the well being of children who live with parental substance misuse. The course can be accessed using the link below: https://cscb-new.co.uk/?page_id=6234

20.3 Substance misuse training for social workers and family workers

Children's social workers and family service worker's should jointly attend the ***Substance Misuse and the Impact on Children***. The course can be accessed using the link below: <http://www.camdentds.co.uk/cpd/>

20.4 CAF training

Substance misuse staff should ensure that they have received ***Common Assessment Framework*** training so that they are able to carry out CAF assessments and make referrals via the electronic eCAF system. This course can be accessed using the link below:

https://www.camdentds.co.uk/courses/bookings/c_detail.asp?cid=18938&a=1&b=1&c=2&d=36&frompage=event_by_role.asp

Appendix 1

Impact of substance misuse on parental capacity

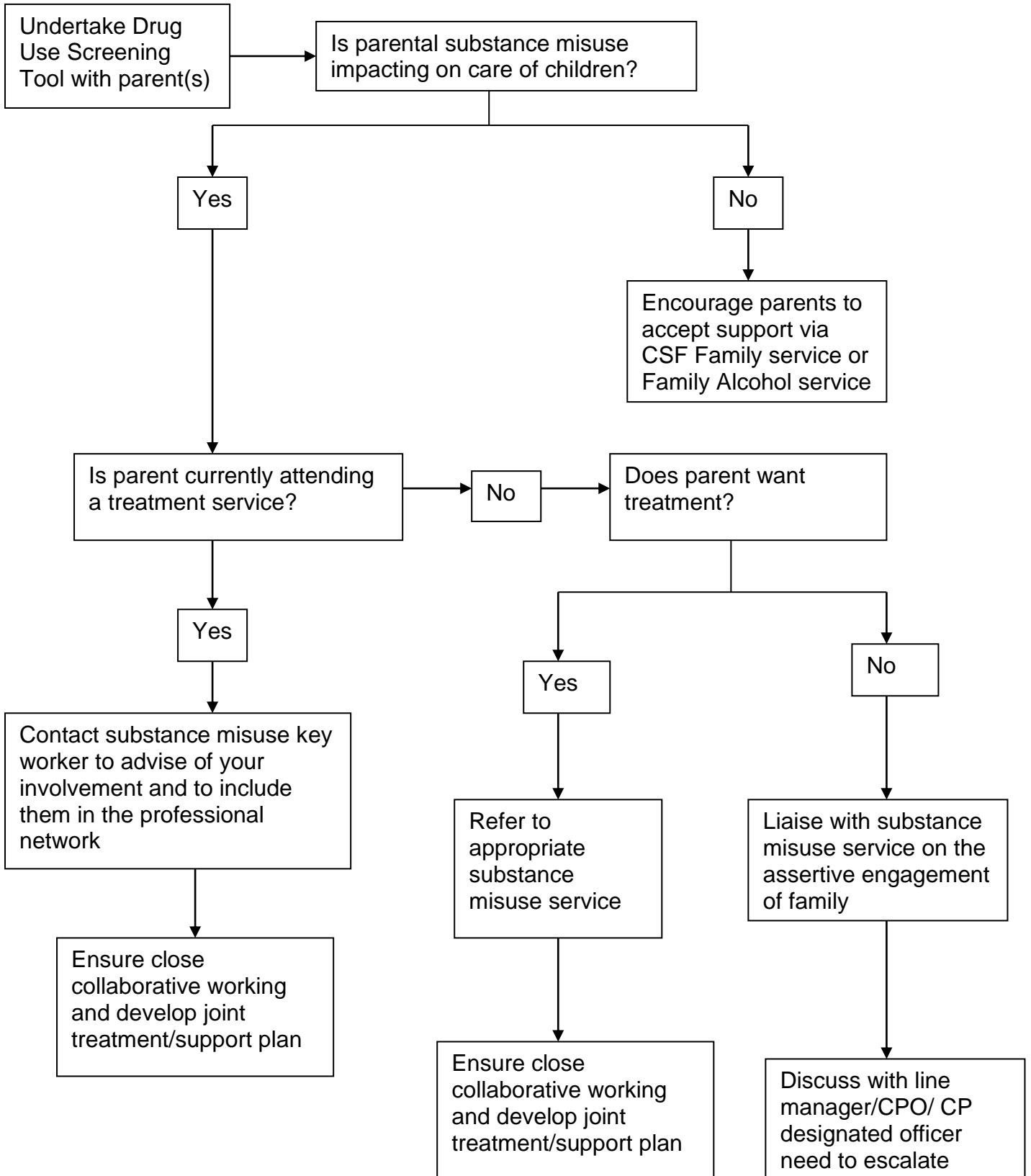
Basic care	<ul style="list-style-type: none"> • inability to meet the child’s basic needs for food or shelter as money is used for drugs; • daily care neglected due to pre-occupation with obtaining/being under the influence of substances, leading to poor diet/hygiene and poor home conditions; • • children taking on caring responsibilities for younger siblings due to parental inability to provide basic care.
Ensuring safety	<ul style="list-style-type: none"> • parental intoxication leading to poor supervision; • children left alone or with unsuitable carers; • allowing access to the family home to other users who may pose a risk to the child; • risk from parent’s volatile behaviour whilst under the influence/withdrawal; • higher risk of domestic abuse; • threat to younger children of unsafe storage of substances children being brought to unsafe places to obtain drugs, or witnessing violence, crime or sexual activity.
Emotional warmth	<p>Parents whose lifestyle revolves around substance misuse are often “emotionally unavailable” to children and are unable to meet the child’s emotional needs.</p>
Stimulation	<ul style="list-style-type: none"> • inability to interact and play with child or ensure school/nursery attendance • takes little interest in the child’s education • lack of toys or books due to financial constraints.
Guidance and boundaries	<p>Parents’ substance misuse may affect their ability to provide suitable boundaries for children, and their lifestyle may not provide a good role model for young people.</p>
Stability	<p>Substance misuse can affect stability on a spectrum depending on the level and nature of use.</p> <ul style="list-style-type: none"> • Parent’s may be able to provide some level of care but fail to maintain a routine for the child; • Where drug use is chaotic, and lifestyles are unstable, parents may be unable to provide even basic stability or security such as accommodation, and may have to move frequently. • Involvement in crime may mean the parent is frequently absent in prison, meaning children need alternative care.

Appendix 2: Risk assessment matrix

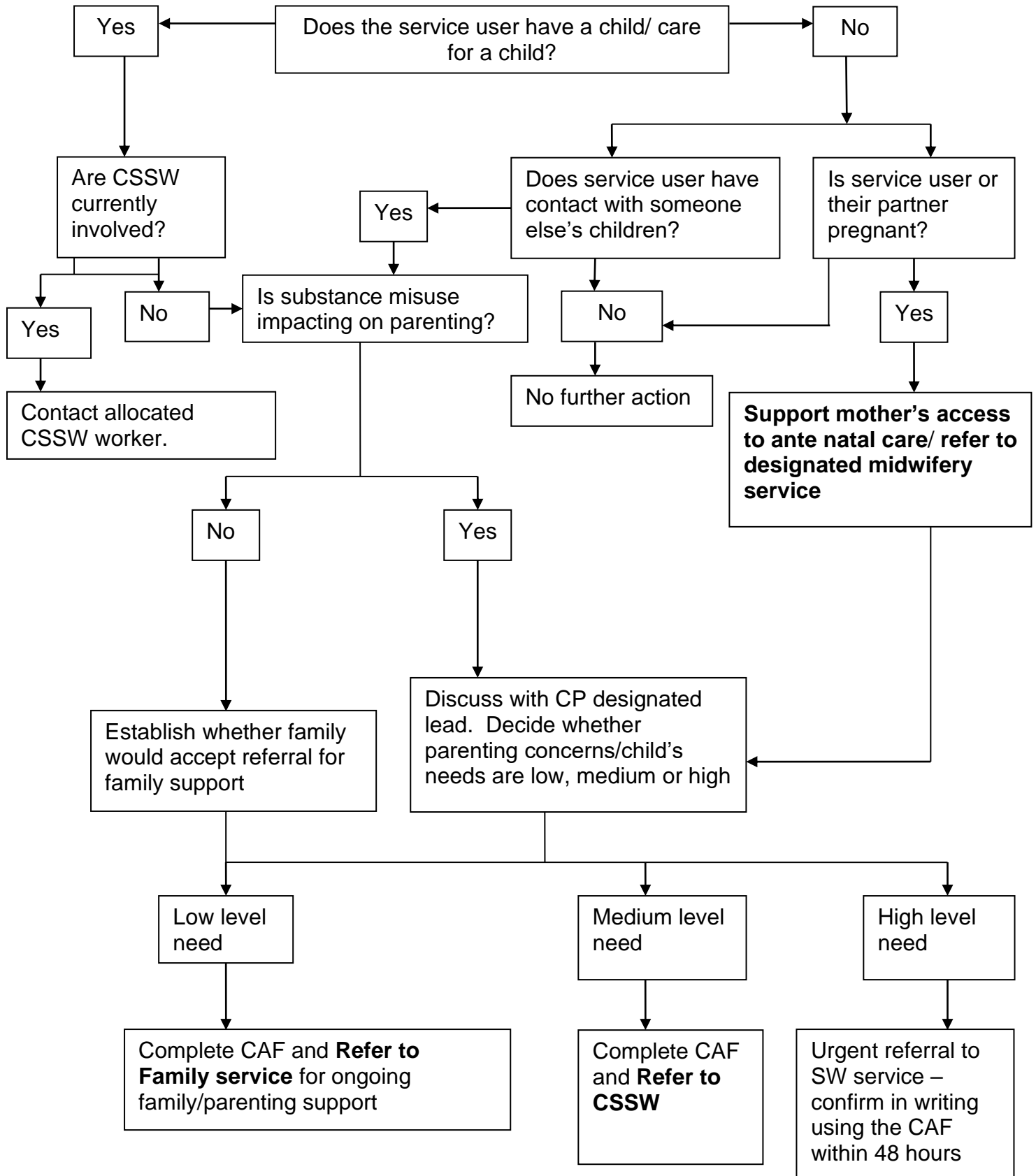
	Elevated risk	Lowered risk
Parent	<ul style="list-style-type: none"> • total denial • lack of info about cycle of addiction • no insight into dependency • behaviour under the influence poses a risk to children • extreme loss of control when using substances • drink/drugs/equipment left around the house • social network involves other users/dealers who come into contact with the child • Not engaging with services • unemployed 	<ul style="list-style-type: none"> • admission of problem • knowledge of cycle of addiction • aware of context/trigger of dependency • can prioritise child's needs • clear evidence of controlled use of substances • another adult ensures drink/drugs/equipment is out of reach of the child • social network recognises harmful use of substances • engaging with services • employment acts as external inhibitor
Partner	<ul style="list-style-type: none"> • also has substance misuse problem • refuses to talk about dependency or recognise problem • socially isolated and dependent on substance misusing partner • substance misuse hidden from extended family • victim of violence or aggression • absence of a personal supportive relationship 	<ul style="list-style-type: none"> • does not have a substance misuse problem • is aware of and able to talk about substance misuse • supportive social network • able to act independently and has positive self-regard • supportive to substance misusing partner
Child	<ul style="list-style-type: none"> • needs not prioritised • history of neglect/abuse • house dirty or in disarray • baby/small child who are dependent on care • substance misuse means parent is emotionally unavailable for the child • unaware of the causes of their parents behaviour • missing school or not coping with school work • relationship problems with peers/adults • isolated from extended family/local community • young carer 	<ul style="list-style-type: none"> • parents prioritise child's needs and provide good physical care • house clean and safe • older child who is able to manage some self-help • access to emotionally supportive adult • able to discuss problems with concerned adults • attend school regularly and cope with work • can make socially appropriate relationships with peers/adults • supportive network from family and community

Appendix 3

Referral to Substance Misuse Services



Appendix 4 Referral to Children and Families Contact Service



Appendix 5: Levels of risk and thresholds of intervention

	Low level concerns (Early Help)	Medium level of concerns (Child in Need)	High level of concerns (Child protection)
Parent	<ul style="list-style-type: none"> • Low levels of substance use that is beginning to impact on parenting capacity • Presence of a non-using partner • Acknowledgement of substance use and its impact on parenting • Generally engaging with services • Low levels of mental health difficulties and family conflict 	<ul style="list-style-type: none"> • Substance misuse that is having an adverse effect on parenting capacity • Presence of a non-using partner • Some acknowledgement and insight into the issue but concerns not always shared • Erratic engagement with services • Moderate levels of mental health problems • Moderate levels of domestic abuse and family violence 	<ul style="list-style-type: none"> • Chaotic substance misuse that greatly reduces parenting capacity • Partner also misusing substances • Denial of substance misuse and non-engagement with services • Presence of co-existing mental health problems • High levels of domestic abuse and family violence
Child	<ul style="list-style-type: none"> • Children's needs normally prioritised but evidence of poorer outcomes • Children requiring extra support to meet needs • Low levels of neglect and poor presentation • Children occasionally missing school/nursery • Children taking on a limited role as a young carer 	<ul style="list-style-type: none"> • Children's needs not always prioritised • Signs of moderate neglect and poor presentation • Concerns about school/nursery attendance • Children aware of parental substance misuse • Children taking on role as a young carer • Children occasionally left unsupervised or with inappropriate carer 	<ul style="list-style-type: none"> • Substance misuse prioritised above the children's needs • high levels of neglect • lack of supervision and boundaries • children engaging in anti-social/criminal behaviour • young people known to be using substances • poor school/nursery attendance • children witnessing parental substance misuse • Children taking on an

			<p>excessive role as a young carer</p> <ul style="list-style-type: none"> • Children frequently left unsupervised or with inappropriate carer
Environmental factors	<ul style="list-style-type: none"> • Home provides an adequate environment for children • Some issues with housing • Family struggling to budget and may need help to claim benefits/grants • Some support from extended family/friends 	<ul style="list-style-type: none"> • Home does not always provide an adequate environment for children • Tenancy at risk due to anti-social behaviour/rent arrears • Pressure on family finances means occasionally unable to pay bills or buy food • Limited support from extended family/friends 	<ul style="list-style-type: none"> • Home environment inadequate and hazardous • Unstable housing, frequent moves and/or homelessness • Family frequently in debt and unable to pay bills or buy food • No support from extended family/friends; conflict with family members • Family home used by other substance misusers who may be a risk to children • Parents fund substance misuse through criminal activity