Safeguarding Children

Affected by parents, carers or other adults' substance misuse

Protocol between Richmond and Kingston Services who work with children and adults April 2017

Contents

Foreword

We are very pleased to introduce this protocol which has been developed to safeguard children and support families affected by substance misuse in the Royal Boroughs of Kingston upon Thames and Richmond Upon Thames. The issues that professionals need to consider, when working with children and young people whose parents, carers or other significant people in their lives misuse substances, are complex and wide ranging. This protocol is an important step forward in equipping us all to provide the best possible service that we can to children and their families in these situations.

All agencies working with children and young people have a responsibility, under Section 11 of the Children Act 2004, to safeguard children and to promote their welfare. This responsibility is crucially important for professionals to bear in mind, when working with children and young people affected by substance misuse who must get the balance right between supporting the adults involved while safeguarding children and promoting their welfare. The need for high quality, joined up services has never been more essential than when working with these issues in families.

This protocol provides answers to the key questions as well as clear guidance about care pathways for children and their families who need support together with information about accessing the right support for the adults involved. It should be read and implemented, where necessary, by all agencies who provide services to children and young people or to parents/carers and pregnant women who have substance misuse issues.

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It also applies to any adult with substance misuse issues who has contact with a child or children, even if not a parent or carer e.g. lodger, family visitor or babysitter.

The protocol is an essential step forward in improving the interface between adult and children and young people's services to the benefit of families in Kingston and Richmond upon Thames and I recommend it to you.

Deborah Lightfoot, Chair, Kingston and Richmond Safeguarding Children Board.

1. Introduction

Substance misuse by a parent or carer, in itself should not be a reason for considering a child to be at risk of significant harm or to initiate child protection procedures. However, parental or carer substance misuse is a factor to be carefully considered when assessing the parenting skills and elements of risk to a particular child. Problematic and/or enduring parental substance misuse can have serious implications for the safety and wellbeing of children, particularly when combined with other factors such as parental mental ill health and/or domestic abuse (Hidden Harm, 2011). There is a need for careful analysis of an individual's substance misuse with the emphasis on how that misuse impacts on their pregnancy and/or the care of their children.

In 2012, the Children's Commissioner for England published Silent Voices, a report on the impact of parental alcohol misuse on children. The key messages of this report were that:

- The misuse of alcohol by parents negatively affects the lives and harms the wellbeing of more children than does the misuse of illegal drugs;
- Too often, parental alcohol misuse is not taken as seriously, in spite of alcohol being addictive, easier to obtain, and legal;
- The effects of parents' alcohol misuse on children may be hidden for years, whilst children try both to cope with the impact on them, and manage the consequences for their families;
- Policies and strategies should take into account the impact on children who may be affected by a range of levels of parental alcohol consumption and not just dependent drinkers.

Not all families affected by drug and/or alcohol use will experience difficulties. However research indicates that parental drug and/or alcohol misuse can have significant, damaging, and long lasting consequences for children. Serious Case Reviews (SCRs) repeatedly show that parental substance misuse, mental health issues and domestic abuse are the three most common features. When these combine, as they often do, the impact on children is deemed to be so damaging it has been called the "Toxic Trio". Research undertaken by Brandon, 2013 (Neglect and Serious Case Reviews, University of East Anglia/ NSPCC, 2013) concluded that in 60% of SCRs neglect was present. Additionally strong links between parental substance misuse and the involvement of children's safeguarding services and the child being looked after by extended family members and/or being adopted.

Parents experiencing problems with drug and/or alcohol misuse should be treated with the same dignity and respect as anyone else experiencing treatment. Drug and alcohol misuse not only impacts on the individual, but their children, extended family and society as a whole. Therefore parents and carers should be encouraged to engage in treatment to reduce the

harm caused unto themselves and others. Assessments must consider the needs of the child and the ability of the carer and parent to safely care for the child. A non-judgemental approach should be taken whilst undertaking an assessment and treatment options must be tailored to the needs of the individual. Where concerns around safeguarding/child protection are identified a referral must be made.

For children of substance misusing parents/carers, engaging with treatment services is a protective factor. A vital factor is having substance misuse services in place in Kingston and Richmond to help them. The problems substance misuse causes will motivate many parents to find help, while entering treatment has major benefits for them and their children. For example, getting parents with drug and/or alcohol problems in to treatment is key so they can be stabilised, have the opportunity to sort out their lives and ensure their children are protected. However, treatment alone is rarely sufficient to deal with the complex needs that drug and/or alcohol dependent parents/carers face. So it is crucial that drug and alcohol treatment, children and families services, health visitors and other local support services work together to provide a foundation for recovery and support a greater number of people to recover. For parents/carers who do not do so well in treatment, continued support and opportunities to recover are important, because treatment is protective for them and their families.

Early intervention and joint working can maximise the positive impact treatment and support services have on parents/carers with substance misuse problems.

The term 'substance' as used within this document will refer to illicit drugs, alcohol, over the counter and prescribed medicines. It is important for all workers to be aware that the term 'substance use' can cover a range of usage from minor recreational use through to more serious misuse and physical and psychological dependence. When using the term 'substance misuse', this document generally refers to problematic use.
This is defined by the Advisory Council on the Misuse of Drugs Council as:

"(having) serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them" (ACMD.2003)

Agencies in the Royal Boroughs of Kingston and Richmond upon Thames are committed to ensuring that all children and young people, including those whose parents have substance misuse issues, achieve their ambitions and fulfil their potential in accordance with the five outcomes of Every Child Matters. These are:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Wellbeing.

As many of the children of parents with substance misuse issues are likely to require additional support from agencies across the spectrum of universal, targeted and specialist services to achieve these five outcomes, this protocol focuses on identification of these needs at an early stage.

This protocol sets out:

- Key questions that all practitioners working with adults who have substance misuse issues must ask in their work where their patients or service users are in contact with children;
- Clear guidance about the pathways for children and their families who need additional support from preventative and safeguarding services;
- Guidance for the children's service's work force about when to access additional support for adults who have substance misuse issues.

This protocol is to be read in conjunction with the LSCB See the Adult, See the Child protocol. Here: http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/see-the-adult-see-the-child-protocol-171.php

Neglect is a significant risk factor for unborn babies or children living with parents who use substances. There can be issues of missed appointments, poor nutrition, lack of supervision, debt, poor school attendance or chaotic lifestyle. Please use the LSCB Neglect Toolkit when assessing situations:

http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/child-neglect-toolkit-181.php

Neglect handout:
http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/NEGLECT%20HANDOUT%20GPS.pdf

Recognition of the needs of young carers

The DFE recently published research "The Lives of Young Carers 2017" gives a helpful definition of young carers.

" A child/young person under 18 who provides care in or outside of the family home for someone who is physically or mentally ill, disabled or misusing drugs or alcohol. Care provided by children may be long or short term and when they (and their families) have unmet needs, caring may have an adverse effect on children's health, wellbeing and transitions into adult hood"

It is universally acknowledged that if caring is long term, unsupported and disproportionate to a child's age and level of maturity it can have long term impacts on that young person's transition to adult and life chances.

The Care Act 2014 and the Children and Families Act 2014 (96. young carers) requires local authorities to identify and assess the support needs of young carers regardless of the type of support they provide. Assessing young carers needs should be a specific requirement of this protocol and I would suggest that all children living in a household affected by substance misuse should be viewed as young carers.

Two further reports, Time to be Heard: a call for recognition and support of young adult carers 2014; and Invisible and in distress: prioritising the mental health of England's young carers 2015; both highlight how young carers are disadvantaged in their education, employment and wellbeing and in the case of mental health caring is highlighted as a significant risk factor for mental ill health especially amongst young carers.

2. The aims of the protocol are:

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

- To ensure that children who are living in families where substance misuse takes place are appropriately safeguarded and that the families receive early support and intervention to enable them to meet the children's needs.

- To assist in the assessment process of pregnant women, parents, carers and/or their children and in making the decision as to whether child protection issues are present and how these should be addressed.

- To ensure good co-ordination and communication between prevention and Child Safeguarding services and local substance misuse services.

- To provide practitioners within local services with a basic framework for preventing, reducing and eliminating harm caused by substance misuse amongst pregnant women, parents and children.

- To ensure pregnant women, parents and their children receive a high standard of service from all the agencies that may be involved in their treatment and care.

- To provide a framework for planning and undertaking joint assessments.

- To provide effective and well coordinated services for those families, which are sensitive to matters to diversity and ethnicity.

- To ensure that transfers between teams and organisations are well planned and coordinated, and run smoothly.

3. Principles:

- In line with the Children's Act 2004, **all professionals** who come into contact with children, their parents and families in their every-day work **have a statutory duty to safeguard and promote the welfare of the child** (see Section 11 of the Children Act 2004). This applies even if the professional is not a social worker in children's social care or a designated or named safeguarding professional.

- The welfare of the child is of paramount importance.

- To ensure that the families' needs are considered and met in an integrated and holistic way.

- Where there are identified needs, children and families are best supported through a multi-agency assessment and a holistic approach.

- Where parents, carers or significant adults in contact with children have a substance misuse issue both they and the children may be vulnerable and need extra support, but this does not mean the children will always be at risk of significant harm.

- In all situations where parents, carers or pregnant women have substance misuse issues consideration must be given by adult services to the needs of their children and how they can be supported to achieve their full potential.

- Risks to children are reduced through effective multi-agency and holistic multi-disciplinary working and information sharing.

- In order to help to achieve good outcomes, all workers and agencies need to build trusting and effective relationships with the parents, and work in partnership to enable the adults whilst also being clear about the possible consequences of non-compliance.

- Consideration must always be given to the child/young person's role as a young carer.

- It is essential that agencies' assessments and interventions should be based on objective judgements and evidence and not assumptions or stereotypes that exist about people with substance misuse issues.

- Unless it is unsafe to do so, parents with substance misuse issues should always be supported in caring for their children.

4. Identifying the needs of families where there are parents or carers with substance misuse issues

Any professional working in the who comes into contact with an adult, or a pregnant woman with a substance misuse problem must consider:

- Does the person have (or is likely to have) dependent children or close contact with children on a regular basis.
- How his / her substance misuse is impacting on the safety or welfare of any children in his/her care, or who have significant contact with him/her, if at all.
- Whether the home environment is safe – in terms of visitors, storage of substances, and paraphernalia.
- Whether he / she has access to the relevant support services.
- Whether the child / young person is a young carer.
- Whether the adult parent has a contingency plan for the care of the child / ren, with triggers, signs and symptoms with his / her family / friends and local services, should the substance use become more problematic.

Checklist for professionals working with adults who have substance misuse issues

Any assessment of a family where parental substance misuse has an impact will need to take into account the context of the substance misuse. When assessing children it is vital to examine the substance misuse from the child's point of view and the impact it has on the child's life and development.

The following questions should be asked of both men and women:

1. Does the person have (or is likely to have) dependent children or close contact with children e.g. babysitting, after school care, present in the same household etc.?
2. Is the person with the substance misuse issue a regular visitor to a home where a child is living and is this person's behaviour likely to adversely affect their welfare?
3. What are the child's/young person's details- age, name and address?
4. To what extent is the child/young person caring for the parents/ adults?
5. Is the child/young person known to use any substances?
6. Is the person pregnant or is their partner pregnant? If so has the prospective mother contacted antenatal care?
7. Is the child/young person healthy and registered with a GP?
8. What are the normal daily routines and to what extent does the parental substance misuse disrupt or determine these routines?
9. Are there any risks of co-sleeping?
10. Is the child/young person attending nursery or school if appropriate?

11. What is the impact of the person's substance misuse issues on their ability to meet the needs of any children/young people they look after?
12. Are there any alternative care arrangements in place if needed, is there an identified parent or carer (such as co parent or grandparent) who is able to and does fulfil these needs?
13. Are there any concerns about the child/ young person's wellbeing or safety?
14. Is the child/ young person at risk of significant harm?
15. Would the child/family benefit from additional support? Can this be provided by your agency or do you need to discuss this or make a referral for additional support?
16. Who else regularly visits the house where the child/young person is living?
17. If the family with substance misuse concerns has recently moved from another area, have you obtained a history of any previous substance misuse or social work interventions in that area?
18. If the parent/carer says they are in contact with a substance misuse agency, clarify what this entails (i.e. visit to a needle exchange, counselling, receiving medication, or a combination) and obtain the name of the agency and the key worker.
19. If you did not know the parent/carer was misusing drugs or alcohol, would you still be concerned for the child/young person?
20. Are there any domestic abuse concerns?
21. Are there concerns for criminal activity or exploitation, learning disability or mental health concern, which require a Safeguarding Adults' Referral

Remember some parents/carers may not acknowledge honestly the extent of their substance misuse, or the impact of such misuse on their parenting. They may lack insight or understanding into the way their child's/young person's needs are not being met. This should be considered as a factor that potentially increases risk.

Where there are significant concerns about an adult's substance misuse, a joint visit should be undertaken with Children and Families Services and Substance Misuse Services to assess the level of need and the impact on the family. Within Kingston Wellbeing Services, a Substance Misuse Worker can undertake this role. If the case is not open to Children's Social Care, please make a referral to the SPA for Kingston and Richmond to take this forward.

Where a child/ young person is not at risk of significant harm but the family has additional needs and would benefit from support, the professional should make initial contact with either **Kingston or Richmond SPA** to establish if the family is already known to services and what action should be taken.

KINGSTON AND RICHMOND SPA (Single Point of Access)
Tel: 0208 547 5008
Out of Hours Tel: 2028 770 5000
In an urgent situation, phone 999.

If there are concerns the child/ young person may be at risk of significant harm, a referral should be made to **the SPA.** Decisions should be made with a SPA Manager and carefully recorded.

All adults should be screened as potential victims or perpetrators of domestic violence and abuse. Where any concerns are raised in relation to domestic violence issues additional support from Social Services should also be considered, via a referral to the SPA (as above).

Research shows that whilst there is not a direct causal link, the risk of serious violence is heightened by the misuse of substances. Alcohol use in particular tends to increase the frequency and severity of violence, and the presence of these feature heavily in serious child protection incidences. Victims of domestic violence may use substances as a coping mechanism and may be more secretive about their use, especially if they are worried about the consequences of their use or that their children may be removed from their care. Victims may also be stopped from engaging with support services by the perpetrator as part of the control aspect of domestic violence.

When working with potential domestic violence victims; all workers in **Kingston** should contact:
Kingston Domestic Violence Hub:
Confidential advice and support from the Kingston Domestic Violence Hub (DV Hub).
Tel: 020 8547 6046
Email: kingston.dvhub@victimsupport.org.uk

All workers in **Richmond** should contact:
Refuge IDVA and Outreach Service
Provides practical, emotional and advocacy support to male and female victims of domestic abuse. They offer expert guidance and support for victims going through civil and criminal courts and can provide advice on safety, housing, benefits and child contact arrangements. The service also runs the One Stop Shop, a weekly drop-in for anyone who has experienced domestic abuse in Richmond upon Thames.
Tel: 020 8943 8188

If any matter is urgent, phone 999.

Where a perpetrator of domestic violence is identified, all workers should make a referral to SPA and contact the Achieving for Children perpetrator specialist for advice on how best to continue to engage with the perpetrator.

Where the case is found to meet the MARAC (Multi Agency Risk Assessment Conference) threshold it must be referred to MARAC. MARAC threshold is reached where:

- **Potential escalation:** There have been 3 or more domestic violence incidents by the same perpetrator on the same victim/survivor in the last 12 months and they are increasing in severity or frequency (including child to parent violence);

- **Visible high risk:** You have completed a DASH Risk indicator checklist (RIC) with the victim/survivor and they scored 14 or more yes ticks;

- **Professional judgement:** You as a professional consider the victim/survivor to be high risk or serious harm or death. Please take into account the victim /survivor's own perception of risk;

- **Suspected honour based violence:** Wider family violence can increase the vulnerability of the victim. Where this is suspected a referral should be automatic

Please see **Appendix 1** for a checklist of information to be collated concerning substance misuse and its impact on parenting. This checklist has been adapted and expanded from guidelines produced by the Standing Conference on Drug Abuse (SCODA 1997).

For further information on MARAC and working with domestic violence in Kingston and Richmond please follow this link:
http://kingstonandrichmondlscb.org.uk/practitioners/domestic-violence-and-abuse-131.php

5. Guidance for professionals working with pregnant women with substance misuse issues

The principles of good maternity care outlined for all pregnant women in Changing Childbirth (Department of Health, 1993) should equally apply to pregnant women who are substance misusers.

Most substance misusing women have similar attitudes and motivations to pregnancy as non-substance misusing women. Pregnancy should be as normal as possible for women who misuse substances, but should recognise the social and medical problems they may face.

The overall objective of identification of any pregnant woman's substance misuse is to ensure the wellbeing of both mother and child and enable the baby to be safely discharged from the hospital to the care of the mother, wherever possible. The woman should be warned about the risks to the baby's development of substance use, including alcohol use in pregnancy, and also advised regarding safe sleeping for the baby.

All women should be asked about their use of prescribed and non-prescribed drugs, legal and illicit drugs, tobacco and alcohol as part of routine enquiries about medical conditions.

They should be fully informed about the risks to themselves and the baby of all drugs and substances taken in pregnancy by a professional able to give evidence based information. This needs to be done with sensitivity so that the woman is not deterred from seeking help, even if she continues to misuse substances. She should be told that the baby would not automatically be removed or made subject to a child protection plan purely because of her substance misuse.

Kingston Wellbeing Service and Richmond Integrated Recovery Service both aim to assess and engage substance misusing pregnant women into the service as a matter of priority. Ideally they will be assessed within two working days of referral and offered an initial medical/follow-up appointment within 5 working days after this. If the woman's partner also uses he/she should also be encouraged to receive treatment as well, as this increases the chance of the woman controlling her substance misuse during pregnancy.

On no account should a pregnant woman dependent on drugs or alcohol be told to immediately stop using substances, or some medications, as too rapid a withdrawal may harm the baby, cause miscarriage or premature labour even where the mother feels reasonably well.

Furthermore the additional social and emotional stresses caused by pregnancy may make it an unrealistic time to achieve complete abstinence, particularly if a partner is still using and there is risk of relapse which could be harmful to the baby.

However, this may be a window of opportunity for the mother to withdraw and stay off substances provided it is done in a closely supervised way, and wherever possible, in a specialist antenatal setting.

When adult services identify a pregnant woman with substance misuse issues they should contact **Kingston or Richmond SPA and the Safeguarding Midwife** for help to decide where further assessment of the child's potential needs should be undertaken. This should be done as soon as possible though may be after confirmation of a woman's pregnancy, particularly if the pregnancy is reported early. Ideally women should be informed about discussions required and as involved as possible.

Where the need for referral to Child Safeguarding Services is unclear, this must be discussed with **Kingston or Richmond SPA and the Safeguarding Midwife,** before referring to the appropriate service. If a referral is not made it must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated.

If it is clear that the mother is likely to have difficulties in safeguarding and promoting the welfare of her baby, a referral should be made to **Kingston or Richmond SPA and the Safeguarding Midwife** as soon as concerns are identified, to enable Child Safeguarding Services to have the time to carry out an assessment and organise a pre-birth conference at least ten weeks before the expected date of delivery if deemed necessary. Women with substance misuse issues are more likely to give birth prematurely and professionals should take this into account in making safeguarding plans.

The outcomes of the pre-birth assessment will determine whether there are sufficient concerns to warrant a pre-birth child protection conference. See the LSCB Pre-birth protocol here: http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/pre-birth-protocol-152.php

Use the multi-agency threshold document to assess strengths and risk factors in the family situation:
http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/multi-agency-threshold-document-144.php

A pre-birth initial assessment should be undertaken by a Child Safeguarding social worker on all pre-birth referrals and a professional's strategy meeting under Section 47 of the Children Act 1989 held where:

1. There has been a previous unexplained death of a child whilst in the care of either parent/carer;
2. There are concerns around domestic abuse or where a family member or partner is a person identified as presenting a risk to children;
3. A sibling in the house is subject to a child protection plan;

4. A sibling has previously been removed from the household either voluntarily or by court order;
5. Any other concern exists that the baby may be at risk of significant harm;
6. There is an individual living in the house or who regularly visits, with a substance misuse problem who presents a risk to children;
7. The substance misusing parent is under sixteen and a child in her own right;
8. The prospective mother who misuses substances has not booked into antenatal care before 30 weeks;
9. The degree of parental substance misuse in itself or combined with mental illness, is likely to significantly impact on the baby's safety or development;
10. There are significant concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or disabled mother.

Treatment and care of pregnant substance users

During pregnancy

All Services should work in partnership with pregnant women and their families in order to achieve the best outcomes.

Ante-natal care should be arranged to attract and retain the woman and her partner. This may include shared care with the GP who is often the first professional to know that a substance user is pregnant.

Most women want to give up substances when pregnant. However, this does not always happen as some women find it difficult to stop using substances completely especially with the added stress of pregnancy. It is important to be flexible and respond quickly to changes in the woman's substance misuse. Appropriate substance misuse treatment will depend on past history, the amount and type of drug used, the combination of drugs used and the method of misuse, as well as the woman's motivation and current situation.

The care plan and treatment should aim to reduce risks to both parents and foetus. Substitute drugs can be prescribed to stabilise the substance use of women who misuses opiates or opioids. Low or medium maintenance prescribing may encourage regular contact between the woman and the specialist services during the pregnancy without putting the baby at risk.

The Kingston Wellbeing service and the Richmond Integrated Recovery Service should prioritise pregnant women for inpatient stabilisation and detoxification where a clinical need has been identified by the substance misuse service. During detoxification, a member of the obstetric team should be involved.

Planning meetings

Planning meetings attended by relevant staff from maternity, neo-natal and health visiting services and substance misuse agencies should be held regularly to review the management of the pregnant woman.

The pre-birth planning meeting should be held at 30 weeks of pregnancy to discuss the mother and baby's needs for the last part of the pregnancy and immediately after birth. The meeting should identify any likely problems and all the services that the parent(s) may need to support them to care for the new baby. The meeting is also an opportunity for information exchange for all involved.

Discharge planning meetings should be held as soon as possible after the birth of the baby to allow time for intervention. Where there has been child protection or child in need concerns, a multi-agency plan must be put in place before the child leaves the hospital, and usually a discharge meeting should take place before the child leaves hospital.

All plans pre-birth and discharge should be clear, in writing, and have details of all the workers and their respective roles. There should be shared in a timely manner with all agencies, including the GP. The purpose and protocols involved in these meetings should be clearly explained to parents and given to them in writing before or at the first meeting. Details should be clear in other agencies' notes and electronic files, and in the woman's handheld notes. Contingency plans should be clear at all stages, if risks rise or other situations change. If there are risks of the woman delivering in another area, consideration should be made for other agencies to be contacted there, or an alert made. If there are risk of the mother going missing, again plans should be made in advance.

Breastfeeding

The substance use patterns and history of the woman should be considered when giving advice on breastfeeding as women do not necessarily use a single substance. Work should be undertaken during pregnancy to support women in thinking about how they will feed their babies so proactive planning can take place. Full relevant information must be given and discussed with the woman and individualised to her unique situation to enable her to make an informed choice.

Benefits of breastfeeding

Breastfeeding should be encouraged, even if the mother continues to use drugs, except where she uses cocaine or crack cocaine, or a very high dose of benzodiazepines. Methadone treatment is not a contraindication to breastfeeding but the dose should be kept as low as possible, while maintaining stability, and the infant monitored to avoid sedation (NTA, 2007).

Breastfeeding contraindications

Breastfeeding is contraindicated in women who are poly drug users, heavy cocaine or benzodiazepine users due to the potential harm to their babies. Specialist advice should be sought if the women is HIV positive or hepatitis C positive (NTA, 2007). Women whose HIV status is unknown but are at high risk i.e. IV drug use, sex working should be advised of the risks.

If the woman sero-converts during pregnancy or breastfeeding when her viral load will be at its highest, the baby would be at highest risk of HIV infection at this time. Evidence suggests that Hepatitis C is not transmitted through breast milk. Women must be supported with correct breastfeeding techniques to avoid nipple damage, as there is a potential risk of Hepatitis C transmission with cracked and/or bleeding nipples.

Aftercare

Follow up care should aim at keeping the woman in contact with medical and social support services, helping her gain confidence in caring for her baby and assessing the wellbeing of the baby. Close inter-agency working between the midwife, health visitor and substance misuse worker, GP and, if indicated, the social worker could help the woman maintain her treatment programme and resolve problems quickly.

If a woman is entering residential treatment following the birth of the baby, inter-agency working should continue to ensure continuity of care and to ensure that aftercare is arranged prior to discharge from residential rehabilitation services. The substance misuse service and social worker, if involved, should undertake joint reviews and provide support and referral to appropriate services for adults who are stable or are in recovery from substance misuse.

It may be the case that the pregnant woman is under the care of the GP for substance misuse and substitute prescribing and not under the care of the local Substance Misuse Service. In these cases the GP should be full involved in any planning meetings and consideration should be made about referral to Substance Misuse Services.

Engagement

It is important that all services work proactively to engage pregnant women and monitor compliance with multi-agency treatment and safeguarding plans.

In cases where pregnant women do not engage with Services and/ or miss appointments there should be a clear agreement planned before the event, between Services on when and how to report and manage this.

6. Identifying children in need of protection who are at risk of significant harm

Any of the following parental risk factors justify immediate referral to the **SPA (Single Point of Contact) for AfC (Achieving for Children) in Kingston and Richmond** for an initial assessment to determine whether the child / unborn child has suffered or is at risk of suffering significant harm.

This list is not exhaustive:

- Substance misuse is affecting the parent/carer's practical caring skills, perception, attention to basic care needs and supervision which may place the child in danger e.g. getting out of the home unsupervised;
- Where children are considered particularly vulnerable from parental/carer substance withdrawal;
- Where the risk is combined with evidence of mental ill health and/or domestic abuse or both parents/carers are misusing substances;
- Where there are children who are caring for parents/carers with substance misuse issues;
- Where children are exposed to unsuitable friends, customers or dealers;
- Where parents/carers are experiencing mental states or behaviour that put children at risk of injury, psychological stress (e.g. absence of consistent emotional and physical availability), inappropriate sexual and/or aggressive behaviour or neglect (e.g. no stability and routine, lack of medical treatment, debt, risk of homelessness, or irregular school attendance);
- Where there is reduced money available to the household to meet basic needs (e.g. inadequate food, heat and clothing, problems with paying rent that might lead to household stability and mobility from one temporary accommodation to another);
- Where substance misuse and offending behaviour is normalised, and/or children are introduced to using substances themselves;
- Where storage of injecting equipment/drugs/alcohol is unsafe (e.g. methadone stored in the fridge)
- Where a child is exposed to contaminated syringes and/or injecting paraphernalia;
- Where parents/carers are involved in criminal activity, exploitation, or the children are at risk of separation;
- Where children experience loss and bereavement associated with parental/carer ill health and death, or the parent/s attending inpatient hospital and residential treatment programmes;

- Where children are, as a consequence of parental/carers substance misuse, socially isolated (e.g. impact on friendships) and at risk of social exclusion (e.g. living in a substance using community);
- Where children may be in danger of travelling in a car driven by an intoxicated driver;
- Where the child is showing signs of impaired growth, development or has mental health or behavioural problems, including substance misuse and/or self-harming behaviour;
- Where there are children who have been the subject of previous child protection investigations, a child protection plan, local authority care or alternative care arrangements in the local area or in any other area in the UK or outside the UK;
- Where there have been two consecutive referrals to Child Safeguarding concerning substance misusing parents/carers and their children;
- Where there are urgent concerns as a result of the parents/carers being assessed under the Mental Health Act;
- Where the child is a target for parental/carer aggression or rejection;
- Where the child may witness disturbing behaviour arising from parental/carers substance misuse (e.g. increased risk of overdose, uninhibited behaviour, violence);
- Where there are parents/carers with substance misuse issues who are caring for a child with chronic illness, disability or special educational needs;
- Where parents/carers are showing non-compliance with treatment programmes, reluctance or difficulty in engaging with the necessary services, or lack insight into the impact on the child;
- Where the GP, Health Visitor or other primary care worker raises concerns about the wellbeing of the child;
- Where the pre-birth assessment of women who have a history of substance misuse suggests that there are concerns about the impact of such conditions on the child.
- Where there are children with social, educational or health needs, e.g. non-attendance at school or nursery, lack of involvement with other statutory agencies.
- Where there are parents/carers with investigations, a child protection plan, local authority care or alternative care arrangements for an unborn child, or concerns relating to a woman's ability to meet the child's need once born – refer to the LSCB Multi-agency Thresholds 2016 http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/multi-agency-threshold-document-144.php .

7. What to do if a child is at risk of significant harm and needs to be protected

Where children are considered to be at risk of significant harm the service in your borough must be contacted immediately:

Kingston

Single Points of Access (SPA) should be contacted immediately on 0208 547 5008 (8am-6pm Monday to Friday). At all other times telephone the Emergency Duty Team on 0208 770 5000.

Richmond

Single Point of Access (SPA) should be contacted immediately on 020 8547 5008 (8am to 6pm, Monday to Friday). At all other times the Emergency Duty Team can be contacted on 020 8770 5000.

The referrer should speak to the allocated social worker if the case is already known to Child Safeguarding services.

Where there is imminent risk to the child, in an emergency, contact the Police on ☎ 999.

Following referral, the social worker should discuss the case with the specialist substance misuse worker and a joint visit and assessment should be undertaken to assess the level of risk to the child.

8. What to do if you are concerned that the child and the family need additional support

All local authorities are required to have systems in place to identify children who are at risk of failing to achieve their potential and to ensure that appropriate help and support is provided at an early stage. These children are defined as those who have additional needs, requiring an integrated multi-agency response which cannot be met within a universal setting but who do not cross the threshold for statutory intervention by specialist services.

It is increasingly recognised in practice that a failure to share information, even regarding a low level need, may have serious consequences for the welfare of a child, if not considered together with the concerns of others. Practitioners in different agencies should therefore be encouraged to work together to share information for the safety and wellbeing of children.

Where an agency/professional believes there is the need for further support for the child and the family, but the concerns are not about a child/ young person being at risk of significant harm practitioners should contact **the SPA** in Kingston or **SPA** in Richmond.

This early identification and preventative response gives families extra support before a crisis point is reached and the involvement of statutory services is required. It is important to identify these children and families early and help them before the situation becomes more difficult.

Substance misuse professionals must be included in any relevant conferences or strategy meetings convened by children's prevention and Child Safeguarding Services.

The outcome of contact with the SPA will depend on the circumstances but could range from:

Level 0

- Giving advice about local services.

Level 1

- Logging concerns about a child.
- There may be temporary signals of concern which can still be supported within universal services but a professional may wish to share concerns with the SPA or enquire as whether any other professionals have identified similar concerns.
- Sharing information at this stage can ensure early intervention is offered if further concerns are raised.

- It is good practice to gain consent before sharing this information with SPA. However limited information can be shared if this enables practitioners to make informed decisions about whether further information should be shared or action should be taken.

Level 2 & 3:

- Flagging a child with parental consent, through completion of a Common Assessment Framework, known locally as the Early Help Assessment (EHA) for support, where additional needs have been identified which are impacting on the child/young person's health, learning or wellbeing that requires intervention or support.
- Some families will require a multi-agency package of support where a Lead Professional will be identified (Level 3). Children and young people in this group will have multiple factors or indicators of disadvantage – refer to Appendix 2.
- Further information and guidance can be found here: kingstonandrichmondlscb.org.uk/practitioners/early-help-assessment-178.php
-

The EHA for children and young people is one of the elements in the delivery of integrated frontline prevention services and provides a common method of assessment across children's services and local areas, facilitating early identification of need and evidence to support coordinated service provision. The EHA has been specifically designed to reduce duplicate assessments and provide a common holistic framework for assessing need.

It is designed for use when:

- There are concerns about how well a child is progressing. There might be concerns about their health, welfare, behaviour, progressing in learning or any other aspect of their wellbeing.
- They or their parent have raised a concern with you.
- The needs of the family are unclear, or the needs are broader than your service can address.
- A EHA should be completed, in partnership and with the consent of a parent / carer, when a professional in any agency has concerns that a child will not progress towards the five *Every Child Matters* priority outcomes, without additional services.

Completion of an EHA should:

- Enable the professional to identify the family's needs;
- Provide a structure for systematic gathering and recording of information;
- Record evidence of concerns and provide a base-line to measure progress against;
- Develop a co-ordinated multi-agency action plan;

- Avoid families having to undertake multiple assessments;
- Always involve the child/young person or parent/carers and be a consensual process.

Using the EHA for referrals is important to ensure consistency and to enable work to take place at a lower level of need if the threshold to Child Safeguarding Services is not reached.

Building a team around the family beyond statutory services.

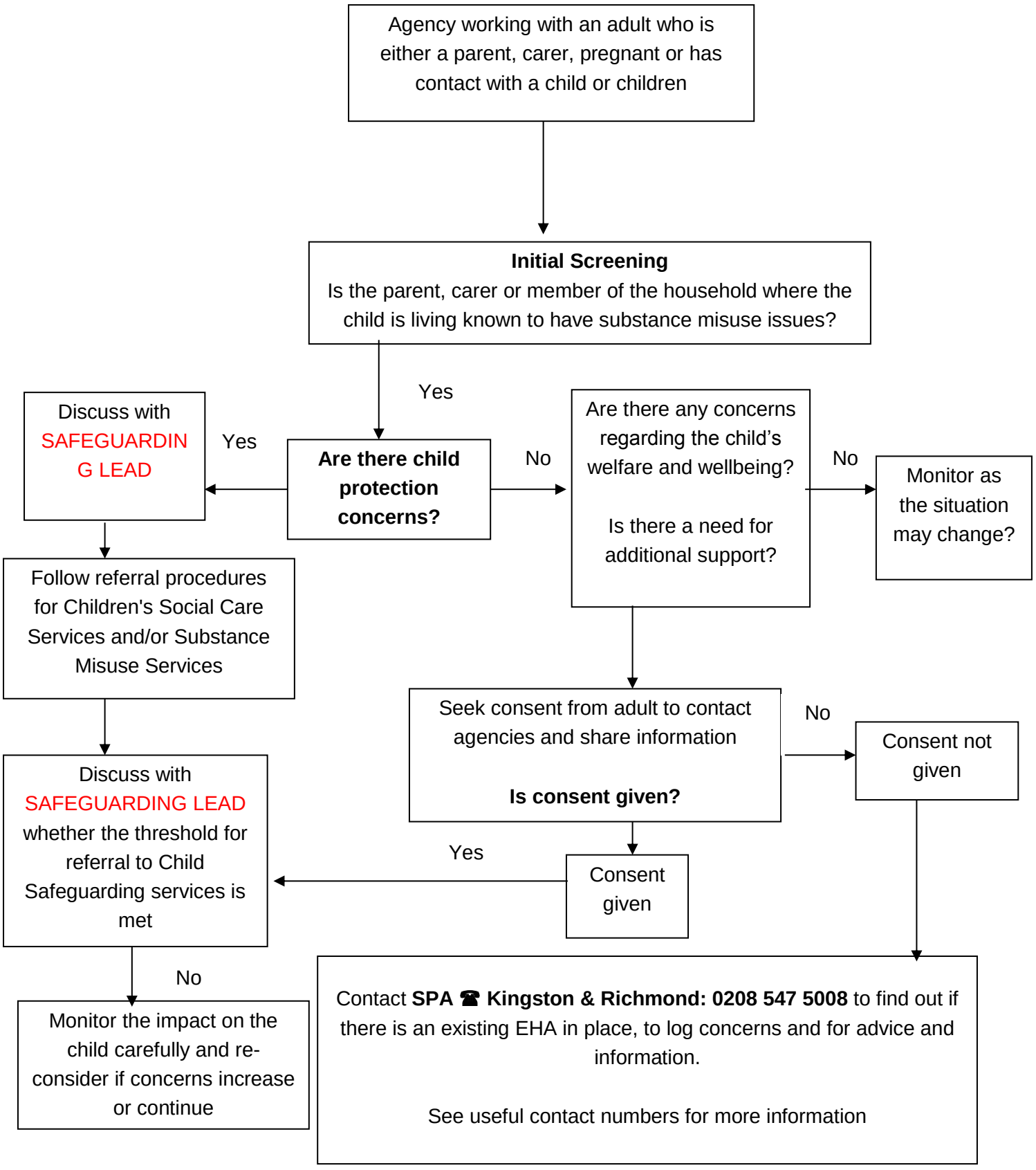
What has been apparent from recent audits is that the resources drawn on to support the child tend to be internal and heavily statutory despite the fact that AFC and the Councils commission a number of external services to support residents such as Victim Support (DA) Richmond Kingston Hounslow Homestart parent volunteer support for families with a child under 5, RKH Relate young persons' counselling, for example. Professionals need to make better use of these services to support people in their communities and offer a chance of sustainability beyond the life of a statutory intervention.

The role of AfC Strengthening Families should also be considered, more here: **www.achievingforchildren.org.uk › Information for professionals**

Accessing additional support:

- Practitioners should first discuss the matter and the option of additional support with the parent/carer and seek consent to share information.
- Where consent is given, contact SPA to identify whether an EHA has been undertaken and/or the family is already known to services.
- All EHA activity must be logged with SPA. This is essential to ensure that only one EHA is in existence for a child/young person at any one time.
- If an EHA assessment has already been undertaken, the new information will be used to update the existing EHA and contribute to the support provided to the family.
- SPA support the brokering of services to meet the identified needs of children, young people and families.
- Where there is no EHA, complete a EHA in partnership with the parent/ carer and where appropriate the child/ young person and submit to SPA.
- Professionals should use the EHA flexibly to record whatever information they have available at that time.
- Practitioners should always ensure the swift and timely transfer of sufficient information to enable a child to be safeguarded.

9. Flowchart- referral pathway for children and family services



10. Guidance for social workers making a referral to adult substance misuse services

When a social worker has concerns that the parent or carers substance misuse is affecting their parenting skills and they are not accessing substance misuse services, they should discuss the case with **Kingston Wellbeing Service (KWS)** or **Richmond Integrated Recovery Service (RIRS)**for support and guidance on all aspects relating to their substance misuse.

When the specialist substance misuse worker believes a referral to a specialist treatment service should be made, this should be done in partnership with the social worker. Where necessary a joint visit and assessment could be undertaken. A referral should be made to KWS or RIRS if a statutory assessment of the parent/carers needs is required.

The social worker and the substance misuse worker must communicate regularly together and both need to be clear about any particular information they may need. The role of the substance misuse service is much more than policing people and providing a drug and/or alcohol testing service. Their input is invaluable to enhance support and understanding of both the parent/carer and the statutory processes they are subject to.

Social Worker can play a vital role in actively promoting engagement with substance misuse services, as well as providing brief interventions and information around substance use. Tackling ambivalence and barriers to engagement in their interventions provides a key step in the parent/ carer accessing specialist substance misuse services.

It may be necessary for the social worker to arrange for child care during the times that the parent/carer is attending the substance misuse service in order to maximise parent's ability to engage in the full range of treatment options.

11. Principles for working with and assessing parents/carers who misuse substances

It is not necessarily realistic or desirable to expect parents to stop using substances before considering their parenting to be 'good enough' to adequately care for their children, but it is necessary to assess the overall effects of the substance misuse on the children. The needs of the child and the needs of the parent/carer should always be assessed separately as they may be different. Child and adult agencies must work closely together, throughout and after assessment. It is also important to consider the effects of substance misuse on each individual child in the family as well as on the family as a whole.

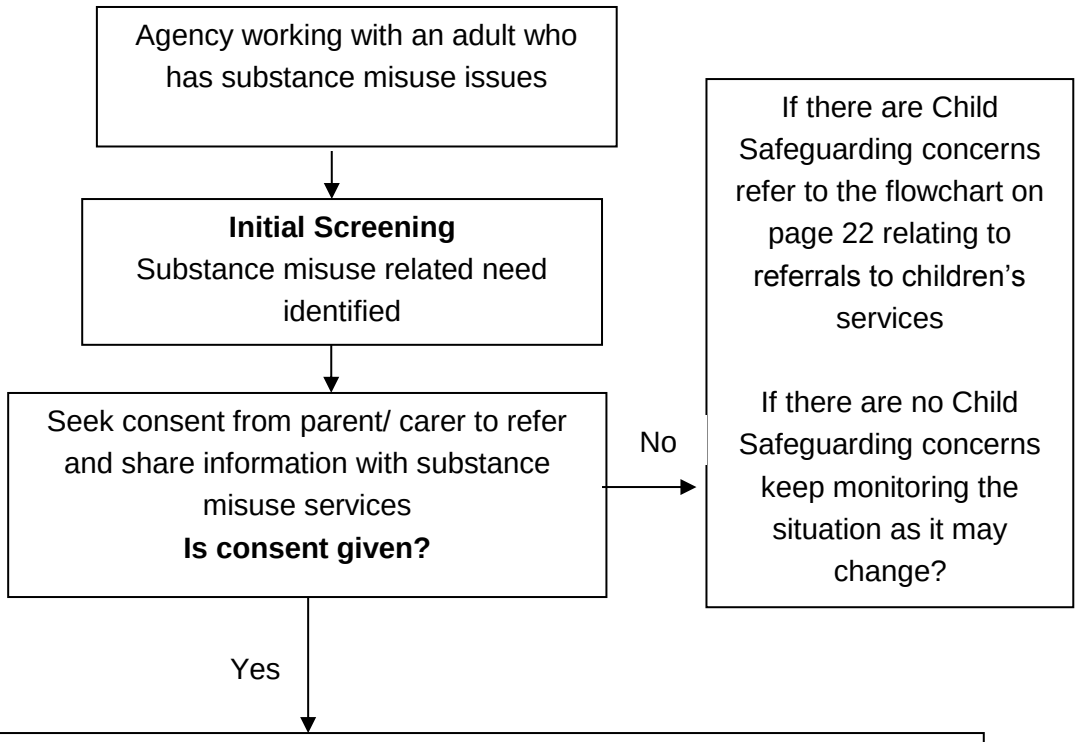
The family may have arrangements in place which means that the harm to the child is minimised or may be able to provide a safe and appropriate environment for their children without further intervention (i.e. substance use is controlled or the parent/carer is stable on substitute medication).

An assessment needs to identify ways of reducing any adverse effects on the child. These may be services that will help the child and family that are not directly related to the substance misuse, such as parenting classes, mentoring, respite foster care, other specialist services, etc.

However, it is essential not to build up the hopes of the parent/carer or to proceed too far with the adult's care plan before ensuring that the parent/carer and/or children are eligible for placements such as residential rehabilitation programmes. These placements usually require funding which are dependent on strict eligibility criteria. It is essential that KWS or RIRS are sent the referral at an early stage to give them sufficient time to carry out their own assessment and acquire funding for adult placements where necessary.

Services should always be flexible and ready to reassess and review cases speedily before planned reviews if new concerns or support needs arise.

12. Flowchart- referral pathway for adult substance misuse services



Refer adult to the service in their borough for a comprehensive assessment:

Kingston Wellbeing Service
☎ 020 3317 7900
Email: Kingston.wellbeingservice@nhs.net

Assessments should ideally be arranged within 3 working days of referral.

There are specialist Substance Misuse Social Workers who can provide advice and information along with the Gateway Assessment Team

or

Richmond Integrated Recovery Service
☎ 020 8891 0161
For professional referrals please complete the referral form
https://www.changegrowlive.org/sites/cri.org.uk/files/rirs_referral_form_0.doc
Email: **referrals.richmond@cgl.org.uk** or **fax**: **020 8892 3363**

13. Principles for working jointly with families where there are parents/ carers who misuse substances

The following principles of joint working specifically relate to families who have or require support from Child Safeguarding Services and Adult Substance Misuse Services.

Wherever possible joint assessments should be conducted to ensure the specific needs of the child and the specific needs of the parent/carer can be identified and ensure there is a clear assessment of risk based on information from both parties.

Services should maintain regular contact particularly where the child is considered at high risk or is subject to a child protection plan. In addition every effort should be made by both parties to invite and attend child protection conferences, case strategy meetings and care plan reviews.

Both parties should also provide timely written updates on activity and progress to date, to be kept on respective case records. Decisions where possible should be taken jointly to ensure the needs of both the parent/carer and the child continue to be met. Major decisions such as withdrawing services or closing cases should be made in consultation with the other service unless immediate action is required.

Where substance misuse services are working jointly with parenting or preventative services the principles of sharing appropriate information, attending joint review meetings, providing timely updates and maintaining regular contact should also apply.

Where substance misuse services and Children's Social Care are providing services to a family the following information should be shared:

Information about the parent/carers substance misuse:	Information about the impact & action relating to the child:
• An assessment of the parent's motivation to change and any history of previous engagement with substance misuse services. • Information about the extent and nature of the substance misuse. • Information about engagement with KWS or RIRS, in particular attendance records. • Details of whether the parent/carer is currently being offered medically assisted interventions and details of any potential risks associated i.e.) important information in	• Information on the concerns/ identified risk and impact of the substance misuse on the child/ young person. • Copies of action plans or child protection plans or statutory interventions where appropriate.* • Details of the anticipated response should the parent fail to engage or drop out of treatment. • Information about other agencies supporting the family.

relation safe storage of medications in the home. • Whether the parent/carer is subject to supervised consumption of medication at the named Pharmacy (only applicable to individuals who are accessing medically assisted interventions i.e.) Prescribed Methadone). • Details of results and frequency of any urine drug screen tests or alcohol breathalyser test results. • Information about any other factors affecting the parent and family. • Copies of care plans where there is likely to be an impact on the child (for example, where plans include home prescribing or residential treatment). • Information about missed appointments. This information should be shared as soon as possible, particularly if the service is unable to contact a client and this may significantly impact on a child's welfare. • Copy of signed contingency management plan (RIRS)?	

*There may be some circumstances where information held by Child Safeguarding Services cannot be shared with parents or other services e.g. an on-going criminal or child protection investigation. Professionals will be informed where this is the case.

Treatment Options Available at KWS for parents/carers include;

- One to one key working sessions
- Group based interventions
- Medically assisted interventions
- Access to nurse led clinics for blood borne virus screening and immunisation
- Assessment and referral for community and residential detoxification and rehabilitation.
- Aftercare
- Access to Peer Led social activities

For parents/carers who are accessing medically assisted interventions, such as prescribed medication for Alcohol dependence or Heroin use, if risks are identified in relation to the safe storage of medication or the parent/carers ability to take their medication as advised the appropriate precautions will be taken by KWS. As a harm reduction measure, parents/carers with young children who do not have a child resistant medication storage box within the home,

can be placed on a prescribing regime that includes daily supervised consumption of dispensed medication at the Pharmacy.

14. Sharing information about children or adults

Good information sharing is a crucial element of successful interagency working, allowing professionals to carry out their statutory obligations and make informed decisions based on accurate and up to date information, thus improving outcomes for clients.

Legal framework

As a general rule, personal information that agencies hold on a client is subject to a duty of confidentiality and cannot be shared with third parties. However, information can be disclosed where it is lawful to do so. Sharing of information is lawful where:

- The client has consented to disclosure.
- A child's welfare overrides the need to keep information confidential.
- Disclosure is required under a court order or other legal obligation.

a. Disclosure with consent

Individuals can give consent to their personal information being disclosed to third parties but it must be explained why this information is needed and who it will be disclosed to. If the information is sensitive in nature, for example, relating to a person's mental health, such consent would need to be in writing and placed on their case file. Verbal consent should be recorded in the case notes.

A young person aged 16 or over is capable of giving consent on their own behalf; children under 16 years can only give consent if it is thought that they fully understand the issues and are able to make an informed decision.

If not, the decision must be made by the person who holds parental responsibility. Where an adult, 16 or over, is deemed incapable of giving consent to disclose because they lack mental capacity, consent should be sought, where possible, from a person who has the legal authority to act on that persons behalf. If it is not possible to obtain consent to disclosure, information can be disclosed without consent under the circumstances listed.

b. Disclosure without consent

Where consent has not been given, or it is thought that to seek consent from parent/carer may place the child at further risk, professionals should consider whether it is lawful for them to disclose the information without consent.

Clearly, it would be lawful to disclose information in order to safeguard a child's welfare, but professionals must consider the proportionality of disclosure against non-disclosure; is the duty

of confidentiality overridden by the need to safeguard the child? Where information is disclosed, it should only be relevant information and only disclosed to those professionals who need to know. Professionals should consider the purpose of disclosure and remind those with whom information is shared that it is only to be used for that specified purpose and should otherwise remain confidential.

Further guidance on information sharing with regard to safeguarding children is contained in **Working together to Safeguard Children (HM Government, 2006)** and in **What to Do if You are Worried a Child is Being Abused (HM Government, 2006)**. Professionals should also refer to **Chapter 3 in the London Child Protection Procedures 2011, fourth edition.** For more information visit http://www.londonscb.gov.uk/procedures/

Guidance about sharing information, including a practitioner's guide in relation to children with additional needs, is available on the **Department for Education's Children and Young People website** http://www.education.gov.uk/childrenandyoungpeople/safeguarding

15. Managing disagreements

If following any discussion, professionals continue to have serious concerns about the parental substance misuse or a child's wellbeing; a further discussion must take place between the Prevention and/or Child Safeguarding Services manager/practice supervisor and the substance misuse service manager. The local LSCB Resolution and Escalation Policy should be followed: here http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/resolution-and-escalation-protocol-151.php All services will be expected to operate flexibility in relation to referral criteria.

Any agreed assessment will be completed within one or five working days, depending on the degree of urgency. Where there is disagreement about the level of urgency at any point in this protocol, the shortest desirable assessment period should be used.

Professionals may also refer any queries on information sharing to their Caldicott Guardian. This is a designated professional who is responsible for implementing information sharing protocols within their respective organisations and can act in an advisory capacity to help staff share information in a lawful way.

If the disagreement cannot be resolved, then respective service managers within both agencies will need to liaise in order to resolve disputed issues. All disagreements should be recorded in case records including the views of the other service.

If the children's social worker is uncertain about whether or not to refer to a substance misuse service, they should discuss this matter with their line manager and/or substance misuse service manager.

It is important that the reasons for a decision not to refer to services are clearly recorded by the worker, whether in substance misuse services or children's services.

16. Training and information

The Safeguarding Adults' Boards in Richmond and Kingston, and Safeguarding Children's Board offer a training programme here:

www.kingston.gov.uk/info/200368/help_to_stay_safe/233/policies_and_strategies_for_adult_social_care/2

http://www.richmond.gov.uk/safeguarding_adults_partnership_board

http://kingstonandrichmondlscb.org.uk/training.php

Further information:

London Children Protection Procedures
www.londoncp.co.uk

17. Funding

It is recognised that some individuals with complex problems related to drug and alcohol misuse may require respite and an intense programme of support and care which cannot realistically be delivered in a community or outpatient setting.

It is essential to ensure that service users meet the eligibility criteria for inpatient and residential treatment programmes and are 'treatment ready' if the treatment interventions are to be successful and meet the outcomes required by the service user, particularly in relation to abstinence.

If it is identified that a client requires additional funding/assessment for in-patient detoxification and/or residential rehabilitation as their needs cannot be met in the community, arrangements will be made by the substance misuse service in line with their current guidelines. The substance misuse service will work in partnership with the children and families team to jointly develop treatment and aftercare plans.

Where there is a need to fund a rehabilitation placement for a parent/carer and their child, as a result of parental substance misuse issues, consideration must be given to joint funding from adult and children's services.

Appendix 1: Checklist of information to be collated concerning substance misuse and its impact on parenting

This checklist has been adapted and expanded from guidelines produced by the Standing Conference on Drug Abuse (SCODA 1997).

Children in the family - provision of good basic care

- How many children/young people are in this family?
- What are their names and ages (wherever possible, include dates of birth)?
- Are there any children/young people living outside the family home and, if so, where?

For each child:

- Is there adequate food, clothing and warmth for the child/young person?
- Are height and weight normal for the child's/young person's age and stage of development?
- Is the child/young person receiving appropriate nutrition and exercise?
- Has the child/young person received necessary immunisations?
- Is the child/young person registered with a GP and a dentist? Do the parents seek health care for the child/young person appropriately?
- Does the child/young person attend nursery or school regularly? If not, why not? Is s/he achieving appropriate academic attainment?
- Does the child/young person present any behavioural, or emotional problems? Does the parent/carer manage the child's/young person's distress or challenging behaviour appropriately?
- Who normally looks after the child/young person?
- Is the child/young person engaged in age-appropriate activities?
- Are there any indications that any of the children/young people are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities, etc.)?
- Is the care for the child/young person consistent and reliable? Are the child's/young person's emotional needs being adequately met?
- Is there a risk of repeated separation for example because of periods of imprisonment (e.g. short custodial sentences for fine default)?
- How does the child/young person relate to unfamiliar adults?
- Are there non-drug using adults in the family readily accessible to the child/young person who can provide appropriate care and support when necessary?
- Does the child/young person know about his/her parents/carers substance use?
- Is there evidence of drug/alcohol use by the child/young person?

Describing parental/carer substance use - *(identify sources of information, including conflicting reports)*

- Is the substance use by the parent/carer:
    - experimental?
    - recreational?
    - chaotic?
    - dependent?
- Does the user move between these types of substance use at different times?
- Does the parent/carer misuse alcohol?
- What patterns of drinking does the parent/carer have?
- Is the parent/carer a binge drinker with periods of sobriety? Are there patterns to their bingeing?
- Is the parent/carer a daily heavy drinker?
- Does the parent/carer use alcohol concurrently with other drugs?
- How reliable is current information about the parent's/carer's drug use?
- Is there a drug-free parent/carer, non-problematic drinker, supportive partner or relative?
- Is the quality of parenting or childcare different when a parent/carer is using drugs and when not using?
- Does the parent/carer have any mental health problems alongside substance misuse? If so, how are mental health problems affected by the parent's/carer's substance use? Are mental health problems directly related to substance use?

Accommodation and the home environment

- Is the family's living accommodation suitable for children/young people? Is it adequately equipped and furnished? Are there appropriate sleeping arrangements for each child/young person, for example does each child/young person have a bed or cot, with sufficient bedding?
- Are rent and bills paid? Does the family have any arrears or significant debts?
- How long have the family lived in their current home/current area? Does the family move frequently? If so, why? Are there problems with neighbours, landlords or dealers?
- Do other drug users/problem drinkers share or use the accommodation? If so, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug-using/ heavy drinking community?
- If parents are using drugs, do children/young people witness the taking of the drugs, or other substances?
- Are children/young people exposed to intoxicated behaviour/group drinking?

- Could other aspects of drug use constitute a risk to children/young people (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?

Procurement of drugs

- Where are the children/young people when their parents/carers are procuring drugs or getting supervised methadone? Are they left alone? Are they taken to unsuitable places where they might be at risk, such as street meeting places, flats, needle exchanges, adult clinics?
- How much do the parents/carers spend on drugs (per day? per week?) How is the money obtained?
- Is this causing financial problems?
- Do the parents/carers sell drugs in the family home?
- Are the parents/carers allowing their premises to be used by other drug users?

Health risks

- Where in the household do parents/carers store drugs/alcohol?
- Do the children/young people know where the drugs/alcohol are kept?
- What precautions do parents/carers take to prevent their children getting hold of their drugs/alcohol? Are these adequate?
- What do parents/carers know about the risks of children/young people ingesting methadone and other harmful drugs?
- Do parents/carers know what to do if a child has consumed a large amount of alcohol?
- Are they in touch with local agencies that can advise on issues such as needle exchanges, substitute prescribing programmes, detoxification and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?
- Is there a risk of HIV, Hepatitis B or Hepatitis C infection?

If the parent/carer injects:

- Where is injecting equipment kept? In the family home? Are works kept securely?
- Is injecting equipment shared?
- Is a needle and syringe exchange scheme used?
- How are syringes disposed of?
- What do parents/carers know about the health risks of injecting or using drugs?

Family and social supports

- Do the parents/carers primarily associate with other substance misusers, non-drug users or both?
- Are relatives aware of parents/carers problem alcohol/drug use? Are they supportive of the parents/carers/children/young people?

- Will parents/carers accept help from relatives, friends or professional agencies?
- Is social isolation a problem for the family?
- How does the community perceive the family? Do neighbours know about the parents/carers drug use? Are neighbours supportive or hostile?

Parents/carers perception of the situation

- What do parents/carers think of the impact of the substance misuse on their children?
- Is there evidence that the parents/carers place their own needs and procurement of alcohol or drugs before the care and welfare of their children/young people?
- Do the parents/carers know what responsibilities and powers agencies have to support and protect children/young people at risk?