Enfield
Safeguarding
Children Board
...because safeguarding children
is everybody's business

Protocol for Safeguarding Children where there are concerns of Parental substance misuse

Revised March 2015

ACKNOWLEDGEMENTS

This inter-agency document was commissioned and produced by Enfield Safeguarding Children Board (ESCB)

Thanks are due to everyone involved, either in the project or reading the drafts and responding to them.

Important Note

This protocol should be read in conjunction with the London Child Protection Procedures, 5th Edition (*London Safeguarding Children Board, 2014)* and Working Together to safeguard children (2013)

This protocol aims to facilitate information sharing and clarify the role of **all** practitioners working with families where there may be substance misuse problems. This includes children and young people whose care may be affected because of their substance misusing parents.

This protocol provides mandatory guidance within the parameters of the All London Child Protection Procedures. Additional protocols which may assist workers include:

- Enfield's protocol for safeguarding children where there are concerns of parental mental illness
- Young carers protocol

Contents

1. Purpose of the protocol

1.1 To establish clear joint working arrangements between agencies working with children and their families and partner agencies in the drug and alcohol services

1.2 To increase knowledge within organisations of structures and referral pathways to enable this work to take place safely and efficiently.

1.3 To clarify the process for assessing the impact of substance misuse on parental capacity and whether a child is in need of support or at risk of significant harm;

a) To clarify the role of all workers in supporting substance misusing parents;
c) To clarify the roles of all agencies in working with families where there may be substance misuse and clarify the points at which agencies should consider making referrals to one another;
d) To clarify the roles of agencies in providing one another with expert knowledge and support and completing joint assessments;
e) To clarify issues of consent and confidentiality.

1.4 This protocol is intended to be a living document, and will be updated regularly in response to service developments.

2. Principles

2.1 The child's needs and safety are paramount. In the event of concerns about a child's safety, the procedures outlined in the London Child Protection Procedures manual must be followed.

2.2 Wherever possible, children's needs are best met within their own family. All professionals involved have a responsibility for the safety and well-being of children.

2.3 Children have a right to services that promote their physical and emotional well-being and development so that they can achieve their potential.

2.4 The well-being of children and their families is best served by a multi-agency approach where different services work effectively together.

2.5 Risk is reduced when information is shared in a timely manner.

3. Definitions and Terminology

3.1 **Alcohol /Drug and substances**

The term 'drug' is used to refer to any psychotropic substance, including illegal drugs, illicit prescription drugs, and volatile substances. Young people's drug use and misuse is often inextricably linked with alcohol use and misuse, therefore it will be common in this document to refer to drugs and alcohol together as 'substances'.

3.2 **Use**

There is acknowledgement that clear distinctions between uses, often styled experimental or drug taking, and misuse are hard to draw. Most drug use is illegal and some who experiment may have adverse consequences, sometimes fatal. We recognise that the use of substances has different implications at different ages. Drugscope refer to drug use as drug taking, they acknowledge that harm can still occur through use, whether through intoxication, illegality or health problems even though it may not be immediately apparent. Drug use will require screening and assessment of the implications of this use, depending on age and any vulnerability, then provision of prevention initiatives such as education, advice and information and prevention work, to reduce potential harm.

3.3 **Misuse**

Misuse is a broad term favoured in most reports. It encompasses the definitions of harmful use and dependence or drug taking that is part of a wider spectrum of problematic or harmful behaviour. This broad term does need greater specificity, such as harmful use and dependence, especially when in a clinical setting. However, for ease of clarity the term misuse will encompass harmful use and dependence. Those who misuse substances will require more comprehensive assessment and appropriate interventions.[1]

3.4 **Child Protection**

The process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

3.5 **Safeguarding**

According to the DfE website www.gov.uk the Government has defined the term 'safeguarding and promoting the welfare of children' as:

- Protecting Children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and

- Taking action to enable all children to have the best outcomes[2]

3.6 **Early Help Form**

The early help forms a nationally standard approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England. The early help form is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development

4. Legislation/Guidance

4.1 Section 10 of the Children Act 1989 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners (such as health services) and such other persons or

[1] Adapted from the Health Advisory Service – the substance of young needs review 2001
[2] Working together 2006

bodies working with children in the local authority's area, as the authority consider appropriate. The arrangements are to be made with a view to improving the well-being of children in the authority's area - which includes protection from harm or neglect, alongside other outcomes.

4.2 Section 11 of the Children Act 1989 requires a range of agencies (including health services, Police, probation) to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged with regard to the need to safeguard and promote the welfare of children.

4.3 Children in Need Threshold

Section 17 of the Children Act 1989 states:

(10) For the purposes of this Part a child shall be taken to be in need if—

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled

4.4 Duty to Investigate

Section 47 of the Children Act 1989 states:

(1) Where a local authority—

(a) are informed that a child who lives, or is found, in their area—

(i) is the subject of an emergency protection order; or
(ii) is in police protection; or

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

5. Confidentiality/Information sharing

5.1 Where there are child protection concerns, Children's Services may make enquiries under s47 of the Children Act 1989: *"Where a local authority…has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or likely to suffer, significant harm, the authority shall make, or cause to*

be made, such enquiries as they consider necessary to enable them to decide what action they should take to safeguard or promote the child's welfare."

5.2 The 1998 Data Protection Act allows for the disclosure of personal information in appropriate circumstances. Where enquiries are taking place under s47 Children Act 1989 (child protection), Adult Services may be asked to divulge relevant information about the service user without their consent having necessarily been obtained. Adult Services may be asked for information about past and present contact including details of the parent's drug using history and their acceptance of services.

5.3 The London Child Protection Procedures give the following guidance regarding information sharing where there are concerns about significant harm:

5.3.1 Professionals who work with, or have contact with children, parents or adults in contact with children should always share information with LA children's social care where they have reasonable cause to suspect that a child may be suffering or may be at risk of suffering significant harm.

5.3.2 While, in general, professionals should seek to discuss any concerns with the family, and where possible, seek their agreement to making referrals to children's social care, there will be some circumstances where professional should not seek consent, e.g. where to do so would:

5.4 Place a child at increased risk of significant harm;

5.5 Place an adult at risk of serious harm;

- Prejudice the prevention or detection of a serious crime;
- Lead to unjustified delay in making enquiries about allegations of significant harm.

5.5.1 In some situations there may be a concern that a child may be suffering or at risk of significant harm or of causing serious harm to others, but professionals may be unsure whether what has given rise to concern constitutes 'a reasonable cause to believe'. In these situations, the concern must not be ignored.

5.5.2 Professionals should always talk to their agency's nominated child protection adviser and, if necessary and where they have one, a Caldicott Guardian – who will have expertise in information sharing issues, though not related to child protection. The child's interests must be the overriding consideration in making any decisions whether or not to seek consent.

(London Child Protection Procedures 5th Edition 2014 – London Safeguarding Children Board)

5.6 Where there are no child protection concerns, similar information may be requested, within the context of the service user's consent having been obtained.

5.7 It should be borne in mind that information is generally needed within a short timescale, either in order to assess immediate risk to children, or so that the initial assessment can be completed within the 10 day timescale.

6. Working with families who are affected by substance and alcohol misuse

6.1 **Risk factors**

The risk to child/ren may arise from:

- Substance misuse affecting their parent/s' practical caring skills: perceptions, attention to basic physical needs and supervision which may place the child in danger (e.g. getting out of the home unsupervised);
- Substance misuse may also affect control of emotion, judgement and quality of attachment to, or separation from, the child;
- Parents experiencing mental states or behaviour that put children at risk of injury, psychological distress (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 or irregular school attendance);
- Children are particularly vulnerable when parents are withdrawing from drugs;
- The risk is also greater where there is evidence of mental ill health, domestic violence and when both parents are misusing substances;
- There being reduced money available to the household to meet basic needs (e.g. inadequate food, heat and clothing, problems with paying rent [that may lead to household instability and mobility of the family from one temporary home to another]);
- Exposing children to unsuitable friends, customers or dealers;
- Normalising substance use and offending behaviour, including children being introduced to using substances themselves;
- Unsafe storage of injecting equipment, drugs and alcohol (e.g. methadone stored in a fridge or in an infant feeding bottle). Where a child has been exposed to contaminated needles and syringes
- Children having caring responsibilities inappropriate to their years placed upon them (see section on Young carers);
- Parents becoming involved in criminal activities, and children at possible risk of separation (e.g. parents receiving custodial sentences);
- Children experiencing loss and bereavement associated with parental ill health and death, parents attending inpatient hospital treatment and rehab programmes;
- Children being socially isolated (e.g. impact on friendships), and at risk of increased social exclusion (e.g. living in a drug using community);
- Children may be in danger if they are a passenger in a car whilst a drug / alcohol misusing carer is driving.

6.2 Children whose parent/s are misusing substances may suffer impaired growth and development or problems in terms of behaviour and / or mental / physical health, including alcohol / substance misuse and self-harming behaviour. This is particularly the case with unborn babies.

6.3 If a child has suffered or is at risk of suffering significant harm as the result of commission or omission on the part of the parent/carer, then the welfare of the child must be paramount.

6.4 When assessing the risk of significant harm, views can be sought from relevant, involved childcare professionals eg. Schools, Health Visitors, Pediatricians, CAMHS etc.

7. Assessing Risk to children where there are concerns of parental substance misuse and alcohol

Agencies assessing risk to children can use the guidelines below to assist them in their analysis:

7.1 The following Drugscope guidelines (previously SCODA) for professionals assessing risk when working with parents/carers with substance misuse issues should be used to assist with the assessment process, initially this should be within the early help form, further information in respect of EHF please refer to www.enfieldlscb.org

- Is there a substance free parent/carer, supportive partner or relative?
- Does the person move between different substance misuses?
- Are levels of child care different when a parent/carer substance misuses?
- Is there any evidence of co-existence of mental health problems alongside substance misuse?

7.2 **Provision of basic needs**

- Is there adequate food clothing and warmth for the children?
- Is there adequate supervision of the children?
- Are children attending school regularly?
- Are the children engaged in age appropriate activities?
- Are the children's emotional needs being adequately and consistently met?
- Are there any indications that any of the children are taking on a caring role for the others?
- Has consideration been given to the financial stability of the accommodation?
- Does the family remain in one area or move frequently?
- Are other substance misusers sharing the accommodation?
- Is the family living in a substance misusing community?
- If parents/carers are substance misusing do children witness this?
- Some parents may find it difficult to give priority to the needs of their children, finding money for substances may reduce the money available in the household to meet basic needs, or parents may be drawn into criminal activities or conflicts between dealers.

7.3 **Health Risks**

- If drugs, illicit or prescribed and /or injecting equipment are kept on the premises are they kept securely away from children?
- Are parents/carers intravenous drug users?
- If parents/carers are on a substitute prescribing programme, such as methadone, contact must be made with the Doctor prescribing the drugs?
- Are parents aware of and in touch with specialist agencies? If they are how regular is the contact?
- Children may be at risk of physical harm if drug paraphernalia (e.g. needles) are not kept safely out of reach. Some children have been killed though inadvertent access to drugs (e.g. methadone kept in a fridge)
- The children of substance dependent parents may be in danger if they are in a car whilst a parent is driving under the influence of drugs or alcohol. Or being taken to purchase drugs with their parents and left unsupervised.

- The children of substance misusing parents are at increased risk of developing substance problems themselves and of being separated from their parents.
- Children who start drinking and experimenting with drugs at an early age are at greater risk of unwanted sexual encounters and injuries through accidents and fighting.

7.4 **Family and Social Networks**

- Are relatives aware of the substance misuse? Are they supportive?
- Will parents/carers accept help from relatives, friends and agencies?
- Is there evidence of social isolation? The degree of social isolation should be considered.
- Do parents/carers see their substance misuse as harmful to themselves or to their children?
- Are parents/carers aware of the potential consequences of their behaviour (e.g. child protection plan)

7.5 As well as working with the professional network it will be important to consider information that may exist within the wider family. The family network and particularly grandparents, often take a caring role in relation to children of parents who are substance dependent. Including them in the assessment, with permission, is important as they can provide both strength and support within the family as well as vital evidence for the assessment.

7.6 Avoid depending on the pattern of use to assess risk as there is no simple relationship between what is taken, how much is taken, the behaviour of the carer and the effect on the child. The important factor is to maintain a focus on the child and how their health, social, emotional and physical needs are being met by their parents/carers. The needs of the children will also depend on factors such as their age and vulnerability;

7.7 Substance misusing can affect a parent's practical caring skills, perceptions, attention to basic physical needs, control of emotion, judgement and attachment to a child. Babies may experience a lack of basic health care and poor stimulation.

7.8 An Adult's management of their own lives is a good indicator of their ability to look after their child. If they are causing themselves harm, through their failure to manage their own lives; this indicates concern about their ability to manage their child's life.

7.9 The best predictor of future behaviour is past behaviour, it is therefore important to collate an accurate chronology from historical file information, direct work with the family and contact with other professionals

8. Pregnancy and Child Protection

8.1 Maternal substance misuse in pregnancy can have serious effects on the health and development of the child before and after birth. Many factors affect pregnancy outcomes, including poverty, poor housing, poor maternal health and nutrition, domestic violence and mental health. Assessing the impact of parental substance misuse must take account of such factors. Pregnant women (and their partners) must be encouraged to seek early antenatal care and treatment to minimise the risks to themselves and their unborn child.[3]

8.2 Newborn babies may experience withdrawal symptoms (e.g. high pitched crying and difficulties feeding), which may interfere with the parent / child bonding

[3] London Children Protection procedures (2007)

process. Babies may also experience a lack of basic health care, poor stimulation and be at risk of accidental injury.[4]

8.3 Newborn babies are particularly vulnerable due to their total dependence and need for 24-hour care, supervision and protection. Parents who are using drugs and alcohol may not be in a position to attend to all the care needs of a newborn infant appropriately. Unborn babies may be harmed by parental substance misuse Depending on the type of Substances and the extent of the use. Any decision to withdraw form substances during a pregnancy will need to be managed by the specialist teams as there are negative affects of withdrawing in pregnancy. It is essential that Children's services do not advise women on this area and direct them to specialist resources in order for them to make an informed decision.

9. Young Carers

9.1 In many families, children contribute to family care and wellbeing as a part of normal family life. A young carer is a child who is responsible for caring on a regular basis for a relative who has an illness or disability. Children of parents with substance misuse problems are vulnerable to becoming young carers due to their parents' temporary or permanent incapacity in certain areas. Their caring responsibilities may include a large burden of household management, emotional support to their parent or care and supervision of siblings.

9.2 Caring responsibilities can significantly impact upon a child's health and development. Many young carers experience:

- Social isolation;
- A low level of school attendance;
- Some educational difficulties;
- Impaired development of their identity and potential;
- Low self-esteem;
- Emotional and physical neglect;
- Conflict between loyalty to their family and their wish to have their own needs met.

9.3 Professionals need to recognise that older children may miss school, be anxious about their parent's health and take on caring roles for other siblings. This may be exacerbated by Parents/Carers leaving children alone whilst they secure drugs or go drinking, or sending them to other adults within the drug community where they could be at risk.

9.4 Children are particularly vulnerable when parents are withdrawing from drugs. The risk will be greater when the adult's substance dependency is chaotic or out of control and when both parents are involved.

9.5 Professionals in all agencies should be alert to a child being a young carer. Where a young carer is identified, professionals should consider the child's support needs using the Common Assessment Framework. There are circumstances in which a young carer can be suffering, or at risk of suffering, significant harm through emotional abuse and / or neglect.

9.6 Where professionals have these concerns, they should make a referral to Children's Services, or directly to an appropriate agency, eg. DAZU Young Carers' Project.

[4] London Children Protection procedures (2007

10. COMPASS

10.1 Compass' remit is to provide both Tier 2 and 3 interventions to Enfield residents who want to address their substance misuse issues, alongside and in partnership with Westminster Drug Project and other key partner agencies providing support to this particular client group.

The service is delivered across two sites by a multi disciplinary team including Recovery Workers, nurses a consultant psychiatrist and doctors. Service users at the beginning of their treatment generally access the Claverings site wherte they are stabilized and receive harm minimization work as well as structured psychosocial interventions and substitute prescribing. The Forest Rd site is used to deliver more recovery focused treatment once service users have progressed through treatment such as counselling, access to the Day programme, peer support and ETE interventions. Across the two sites the following range of interventions is available to people :- :Harm minimisation Advice and information, Structured psychosocial work, Stimulant, alcohol, gender specific and stabilization groups, counselling, alternative therapies, needle exchange, opiate substitute prescribing, community alcohol detox, GP Shared Care as well as an abstinence based day programme and access into inpatient detoxification and residential rehabilitation.

Contact details are as follows: 12a Centre Way, Claverings Industrial Estate, Montagu Road, Edmonton, N9 0AH. 0208 379 6010

Forest Primary Care Centre, Compass Enfield, 308a Hertford Road, 2nd Floor, Edmonton, N9 7HD. Telephone number 0208 3443180. Fax number 0208 3443147.

11. Westminster Drug Project

11.1 Westminster Drug Project (WDP). WDP provide the Drug Interventions Programme (DIP) in Enfield Borough. Their remit is to provide both Tier 2 and Tier 3 treatment alongside Compass and in partnership with other Criminal Justice Agencies work towards reducing both illicit substance misuse and offending behaviour. There are two teams: Arrest Referral, whom are based in Edmonton Green Police Station and a Throughcare Aftercare Team that are based on the Claverings Industrial Estate, Edmonton.

The service remit is to target Class A Adult misusing individuals in Police Custody, individuals whom are subject to licence conditions within Probation Services, individuals whom are at Court and eligible for Restrictions on Bail, and provide a link for individuals from HM Prison Service back in to the community.

We share offices and work alongside the Enfield Probation Substance Misuse Unit (SMU) that comprises of the Priority and Prolific Offender Team as well as the Drug Rehabilitation Requirement Team. 0208 379 6972

Contact details are as follows: 12a Centre Way, Claverings Industrial Estate, Montagu Road, Edmonton, N9 0AH. 0208 379 6970. enfield.spoc@wdp.cjsm.net

12. Dual Diagnosis Network

12. The Dual Diagnosis Network is a specialist Tier 3 treatment service working with adult service users who have complex mental health and concurrent drug and alcohol problems within Enfield and Haringey. Dual Diagnosis Recovery workers are embedded into local mental health services and can be accessed at those services. The Dual Diagnosis Network in Enfield operates alongside and in partnership with Compass, Westminster Drug Project and other key partner agencies providing support to this particular client group.

12.1 The Dual Diagnosis Network in Enfield presently work only with cases referred internally to your DD spokes by BEH mental health services, whereby clients receive input from these services for their mental health needs. We do not accept any direct referrals from GPs, other SM or external/third sector agencies, or client self-referrals.

12.2 The service operates under a 'hub & spoke' model and at the moment is delivered across three sites (Lucas House, Silver Street, Chase Farm Hospital) by a team of Dual Diagnosis Recovery Workers 'spoked out' to Enfield mh services, and one senior practitioner (under the operational management and directive of the DDN central resource/'hub': ie DDN operations manager, consultant psychiatrist and service manager). Service users receive substance misuse comprehensive assessments (including parental/carers assessments), advice and information, harm minimization/reduction work as well as structured psychosocial interventions, counselling and relapse prevention. Substitute prescribing needs are met by referrals to and partnership work with Compass (Enfield lead SM prescribing service). DDN staff are also delivering recovery focused treatment interventions such as facilitating access to mutual aid, peer support groups (ie Smart Recovery) and ETE referrals. By virtue of joint work/partnership with Compass the following range of interventions are also available to service users: alternative therapies, needle exchange, opiate substitute prescribing, community alcohol detox, GP Shared Care as well as an abstinence based day programme and access into inpatient detoxification and residential rehabilitation.

Contact details are as follows:

Lucas House, 305-309 Fore Street, Edmonton, London, N9 0PD, Tel: 020 8702 3100 Fax: 020 8345 6950

East Enfield Community Support and Recovery Team, 58-60 Silver Street, Enfield, Middlesex, EN1 3EP, Telephone: 020 8379 4142, Fax: 020 8379 5094

Chase Farm Hospital, 127 The Ridgeway, Enfield, Middlesex, EN2 8JL, Tel: 020 8702 5040 Fax: 020 8367 9785

13. Sort-It!

13.1 Sort-It! is Enfield's young people's drug and alcohol early intervention and recovery service. We aim to support young people (up to the age of 18) to reduce, gain control over and cease their substance misuse. The staff provide a flexible and tailored service and work with young people on their terms and in their chosen environments by offering tier 2 (early intervention) and tier 3 (recovery) interventions. Our staff work pro-actively to positively engage some of the borough's most difficult to reach young people and can be found working in key agencies across generic young people's Services these include, youth clubs, schools, street based locations and children's support services.

Much of our work is about supporting young people and keeping them safe through the difficult situations they face, we work with young people to ensure that they mitigate and navigate the risks associated with youth alcohol substance misuse and work in partnership with young people's, their families, Schools, Youth Offending Service, CAMHs and SAFE (to name but a few). For a smaller proportion of cases, our work is about supporting young people through the fears, concerns, misconceptions and myths they have formed around the substance/s misuse they are coming into contact with.

Young people can expect to receive talk therapies, complementary therapies, advice and information, comprehensive aftercare and onward referrals, from approachable non-judgemental staff intrinsic to their personal and tailored packages of care.

Contact Details: 29 Folkestone Road, Enfield, N18 2ER, and Telephone Number: 020-8360-9102

14. Enfield's Hidden Harm Parental Substance Misuse Service

Enfield's Hidden Harm Parental Substance Misuse Service is a family focused service providing needs based interventions to families where there are parental drug or alcohol issues; supporting parents to care for their children. Working to empower parents the Service encourages parents to acknowledge and address their behaviours and the issues impacting on the safety and well-being of their children through a range of services; such as the Parent Recovery Programme, Individual key working sessions for parent/carer where this is deemed necessary and support accessing and engaging with universal services

The Service offers bespoke training for services operating in Enfield and professional consultation and support to frontline professionals working with children and families where parental substance misuse is a factor.

The Hidden Harm Worker will act as the first point of contact for substance misuse services where there are concerns around the impact of parental substance misuse on children. This does not replace the reporting of immediate concerns for the safety of a child, which should be reported directly to Children's Services.

The Hidden Harm Worker will act as first point of call for external agencies where there are concerns that a parent is misusing substances. The worker will offer guidance and support where needed and can act as liaison between Adult Substance Misuse services and Children's Services.

Contact details: 29 Folkestone Road, Enfield N18 2ER,
020 8360 9102 / 020 8344 3180 / 07860 438 505

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15. Primary roles within Children's Services

15.1 **The Referral & Assessment Team** is responsible for taking all outside referrals regarding children who may be in need or about whom there are child protection concerns. This team screens all initial referrals and conducts children and family assessments where necessary. The Referral & Assessment Team conducts child protection investigations and will take cases to initial child protection conference where necessary. The Referral & Assessment Team will also initiate legal action to protect a child where this is necessary in emergency. Where children need further services, their cases are transferred to specialist teams.

15.2 **The Child and Family Support Team** takes cases where children require further services, either because they have been made subject to a child protection plan at an initial child protection conference, or where children are identified as children in need, requiring services to maintain a reasonable level of health and development. The CFST will continue to work with the child and family until the concerns are resolved, or, if this is not possible, will initiate legal proceedings.

15.3 **The Looked After Children Team** works with children who have been placed in foster care or residential care by agreement with parents/carers or under care orders.

15.4 **The Emergency Duty Team** works out of normal working hours at evenings weekends and public holidays to provide an emergency service for children who may be in immediate need of support or protection. The service is staffed by one social worker with management support. See Contact Details in appendix.

16. Referrals to Children's Services

16.1 There is an expectation that agencies consider prior to any referral which is the most appropriate service to meet the families needs, many families needs can be met by community support services and do not require statutory intervention. This is the case with many drug and alcohol affected families and referrals should only be made to children's safeguarding where there is a concern that parental drug of alcohol use is causing significant harm to the child or children in the family. Any professional working with a family who becomes concerned about the welfare of

a child should make a referral to Children's Services. This is normally done through the Referral & Assessment Teams (see contact details in appendix**)**.

16.2 On receipt of the referral the Referral & Assessment will consider the information provided and assess against their threshold referral criteria to determine if they will accept the referral.

16.3 **Where the concerns are of an urgent nature, referral should be made immediately by telephone,** to be confirmed in writing within 48 hours. Referrals should be made in writing on the Referral for Assessment Form (see appendix). Some referrals may not meet the threshold for a service from the Assessment Team. In this situation the Referral & Assessment Team, will inform the referrer of the reasons for this and will direct them to appropriate services or pass the referral on to colleagues in the Integrated Support Team who will liaises with the referrer so that an early help form is completed in respect of the child. If the referrer is not satisfied with the response they should contact in the first instance the duty manager, in the event the matter is not resolved they should follow the Children services escalation procedure.

16.4 The Referral & Assessment Team will process the referral according to either s47 Children Act 1989 (child protection) or s17 Children Act 1989 (child in need). For further detail on these definitions see appendix 1. **A** children and family assessment will be completed and authorised as part of this process, within 45 days. The referrer may be asked for more information to complete this assessment. All referrals should be evaluated on the day of receipt

16.5 Where there are significant child protection concerns, Children's Services will convene a **strategy meeting** of professionals only, to plan further investigation and assessment and protection of the child/ren. Where there is a need for immediate action, this can take the form of a strategy discussion on the phone between Children's Services and the Police. The strategy meeting or discussion must be convened within 3 working days of child protection concerns being identified. Where there is serious risk of harm to a child, this should happen on the day of the referral.

16.6 Where concerns are validated following investigation, a **Child Protection Conference** will be convened. This will consider the risks to the child/ren, consider whether the children concerned need to be made subject to child protection plans or family support plans. Parents/carers and all professionals involved with the family will be invited to these meetings. Where the concerns are primarily as a result of parental substance misuse it will be of crucial importance for all adult services professionals involved with the family attend to share their specialist knowledge of the impact on the children of the parental drug use.

16.7 Where a child is made subject of a **Child Protection Plan, Core Groups** will be held regularly to implement and monitor the progress of the plan. All professionals involved with the family and contributing to the plan are expected to attend core group meetings.

17. Children Services checks with Drug and alcohol services

17.1 Children's Services receives a (significant) number of referrals where there are concerns of parental substance misuse expressed by the referrer or arising during the children and family assessment, but where there is no information about involvement of Services.

17.2 As part of routine checks, the Referral & Assessment Team must establish whether the client is known to Services. The Children services social worker should seek advice from Hidden Harm team, Westminster Drug Project, Compass, and/or Enfield Dual Diagnosis team on issues that could be regarded to parental substance misuse.

17.3 Working Together to Safeguard Children highlights the importance of information sharing between partner agencies in order to ensure the needs of children who are affected by their own drug and alcohol use or those of their parents are being met. Professionals in all agencies must recognize that their primary duty is to safeguard the welfare of children.

18. Joint Visits

18.1 The Hidden Harm Worker and / Compass worker is able to carry out joint home visits with a substance misuse worker, or another frontline professional worker, where there are concerns regarding parental substance misuse. This will form part of the risk assessment prior to referral to Children's Services

18.2 Children's Services will conduct visits to children and families at home if it is decided that the referral warrants a children and family assessment being completed. Childrens Services will discuss the appropriateness of a joint visit with the drug and alcohol worker, to help with the parenting capacity element of the assessment. The substance specialist worker will be expected to advise in respect of the impact of the parents drug use on their capacity to parent in a consistent and safe way.

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19. Procedures to be followed by Drug and Alcohol services where there are child welfare concerns

19.1 Drug and alcohol professionals will refer directly to Children's Services if in the course of their work they have any **Safeguarding concerns in respect of the children of the families with whom they are working.**

19.2 Parents would normally be informed of this action by the referrer; however, it may not always be in the interests of the child if the referral is previously discussed with the service user. There should be agreement between and Drug and Alcohol Services and Children's Services as to how the parent will be informed of the referral.

19.3 The Drug and Alcohol worker should record all incidents and actions taken in relation to child care concerns in their ongoing recording, including any decisions and their rationale. If recordings cannot be shared with the service user because of child protection concerns or because of confidential third party information, these matters should be recorded separately in the service users file. Advice should be sought from a team manager if in doubt.

19.4 The Drug and Alcohol worker can seek advice from Children's Services on issues that could be regarded as a child protection referral. Advice is available either through the Duty manager Assessment and Referral Team at Charles Babbage House,through the duty Reviewing Officer at the Safeguarding and Quality Assurance Service, or the Health and Safeguarding Team.

20. When Parents/carers are Inpatients

20.1 **Admission**

When an adult is admitted to a, detox or rehab setting the Community Care Assessor should enquire if the person has parental responsibilities or regular contact with children. They should note any childcare issues on the assessment, including:

i. Details of who is looking after the children and a detailed care arrangement throughout the parent's admission in hospital.

ii. To ascertain as to whether a risk assessment has been carried out, in order to maintain the safety of the child.

iii. Any concerns about the care of the children while the patient is on the ward.

iv. Any issues about visiting, taking into account ward policy.

v. Issues about parental leave.

vi. List the relevant agencies to be involved.

vii. Establish if the child (ren) are subject to child protection plans.

viii. There is a legal responsibility to inform the Health Visitor in the case of an infant.

ix. Ascertain the views and opinions of parents and carers with regard to the admission, its impact on the child (ren), to ensure the necessary support is made available and that Children's Services are informed.

If, due to the nature of the client's drug use or for any other reason, it is not possible to gather information about the children, this should be sought from other sources available. In the first instance, ward staff should contact the Children's Services Referral and Assessment Team to see if the families are known, if it is believed that there are children involved. Any gaps in information about a patient's child or children should be noted in the case records and must be followed up with the patient, their relatives or other professionals involved, for example the GP or health visitor, within five days. If any child visits are being

arranged to the parent whom is in residential rehabilitation then this needs to be agreed with the Community Care Assessor whom will confirm this with the rehab.

20.2 **Client known to Children and Families**

Where a Client is known to Children's Services, there should be consideration about informing Children's Services when:

a) There is a change to the clients drug use and they become chaotic
b) Where a client disengages from services
c) Where a drug and alcohol worker is made aware that the parents are involving their child in their use or purchase of drugs and that this is placing the child at increased risk.
d) Changes within the family structure or dynamic

If Children's Services are involved with a client, or accept a referral, they should be invited to all care planning meetings If the patient does not agree to the Children's Services social worker being invited to their meeting, the manager will discuss the patient's objections with them and explain the importance of professionals working together for the benefit of themselves and their children. It may be possible to arrange for the Children's Services social worker or another children's worker to attend part of the meeting. Whether or not childcare professionals attend the meeting, where there are concerns about the wellbeing of the children, the need to share information takes precedence over the patient's right to confidentiality.

20.3 **Discharge Plans**

Where there are issues about children's welfare, discharge plans must involve and be agreed by all professionals working with the family. Copies of plans must be filed in both and Children's Services files.

21. When a parent is pregnant

21.1 Where a practitioner is concerned about the current or future welfare of an unborn baby, they should make a referral to the Children's Services Referral & Assessment Team.

21.2 Referrals should be made at the earliest opportunity to allow practitioners time to make a full children and family assessment, and put in place any arrangements or services needed for when the baby is born.

21.3 The Midwifery Service offers support to all women through pregnancy and after childbirth. Referral to the service should take place at the earliest opportunity, to ensure that women access screening early within the pregnancy. Referral to the service often happens at a much later stage for women who are isolated or not in touch with services. In practice, a number of women receive no antenatal care up to the time they go into labour.

21.4 The Hidden Harm Service will offer ongoing support to women who are using substances during pregnancy, whether engaged within the Adult drug and alcohol treatment system or not. When a client within the drug and alcohol treatment system is identified as pregnant an automatic referral should be made to the Hidden Harm Service.

The Midwifery Service.

i If any concerns arise, a link form is completed, and brought to the Link Meeting at North Middlesex and an antenatal meeting is held at Royal Free and Barnet Hospital attended by Midwifery, Paediatrics, SCBU, Children's Services and Community Mental Health Services. The role of the meeting is to track and discuss concerns and develop a plan for treatment of the mother and safe care of the baby. The meeting may recommend further assessment of a mother if she is not already linked with services.

ii Upon receiving a referral, the Children's Services Referral & Assessment Team may hold a strategy discussion or meeting with the referrer and any other agencies involved with the parent. If there are significant child in need or child protection concerns about the unborn child, a pre-birth core assessment will be initiated.

v If there are child protection concerns, a **pre-birth child protection conference** will be convened, within 15 days of the strategy meeting. Pre-birth conferences should be held at least 10 weeks before the expected date of delivery, however due to the risk of premature delivery associated with substance misuse it may be convened earlier. The conference will decide whether the unborn child needs to be made subject to a child protection plan, and will devise this plan. Such a plan will typically make arrangements for the safety of the child with the maternity ward, make plans for where the child and mother should discharged for further assessment.

vi The first **review child protection conference** will be held within one month of the birth of the baby, or within 3 months of the initial conference, whichever is sooner. This will review the child protection plan made at the initial conference, decide whether the child still needs to be subject to a child protection plan, and make any new plan required to protect or support the child.

vii **Discharge Planning Meetings** are usually held where there are child protection concerns or Children's Services are currently involved. The decision to hold one is made jointly between the Midwifery Service and Children's Services. The role of the meeting is to plan the services and actions required so that newborn babies can be safely discharged from hospital. The **Discharge Planning Meeting Form** should be used as a checklist for the agenda of the meeting and to record the discussion and decisions.

viii The Midwifery Service should be invited to meetings of women receiving services from to help plan medication programmes for pregnancy and breastfeeding.

ix A referral should be made to the Hidden Harm Service if a woman is identified as using substances during pregnancy.

22. Training

22.1 Child protection and substance misuse is a complex area of practice where the risks to children can be high. Good interagency working in this area is crucial if children are to be effectively protected. Adult services have mandatory child protection training for their staff. Staff from all agencies working in this area

should avail themselves a suitable training when the opportunity arises. Enfield Children Safeguarding Board runs an annual programme of child protection training, which is circulated to adult mental health services. Hidden Harm offer bespoke training. All agencies with direct contact with children should offer level 2 child protection training to their staff. There will be some joint training events.

22.2 There is an expectation that professionals working with children and families attend substance and alcohol training.

23. Safeguarding Adults

23.1 The definition of an adult at risk is:

An adult aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (DH, 2000). This definition is taken from the current Department of Health guidance to local partnerships.

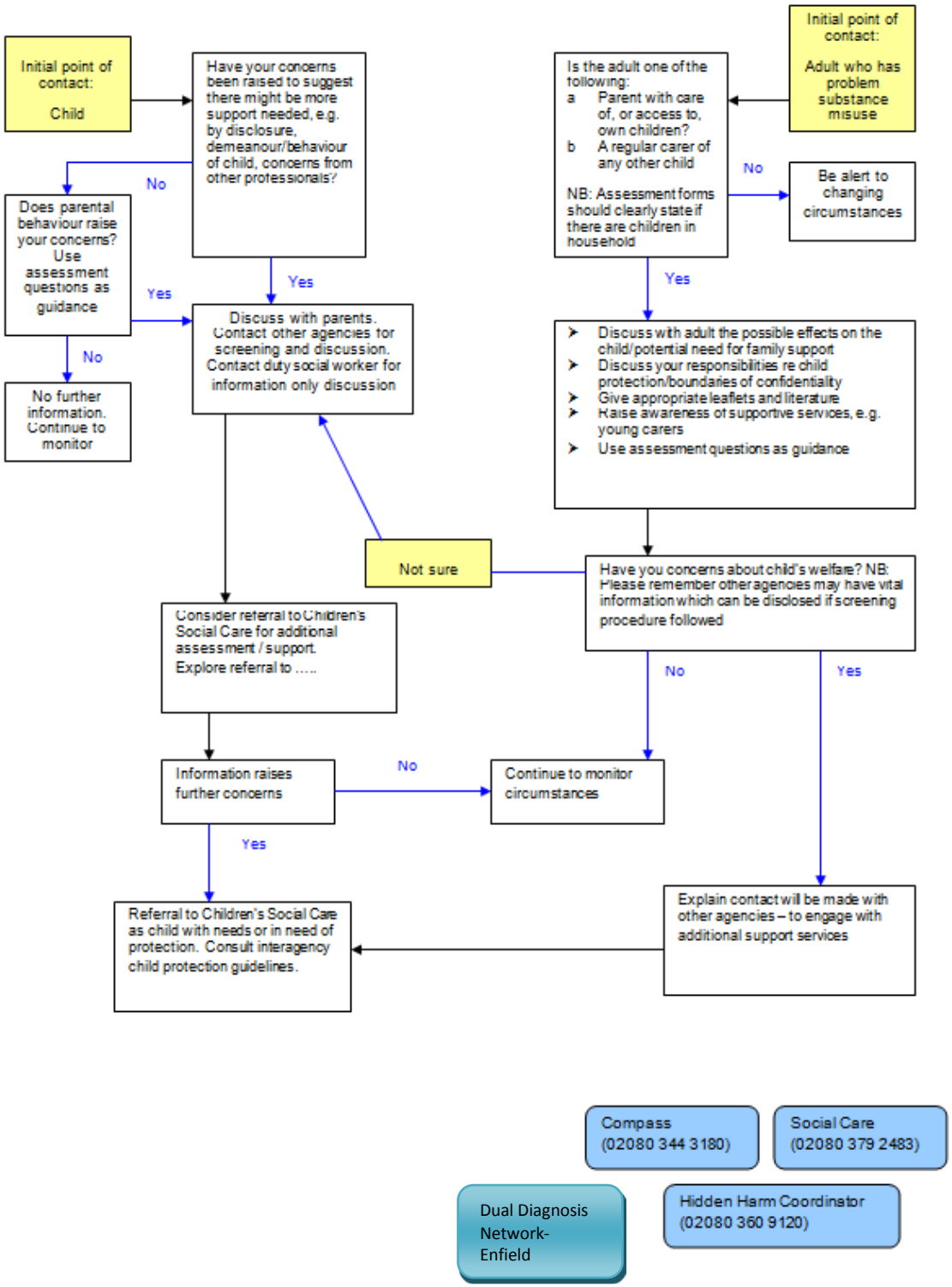
23.2 Other definitions exist in partner organisations. An adult at risk may therefore be a person who misuses substances or alcohol.

23.3 Safeguarding Adults is about preventing and responding to allegations of abuse, harm or neglect of adults at risk in Enfield and aims to work with local people and partner so that adults at risk are:

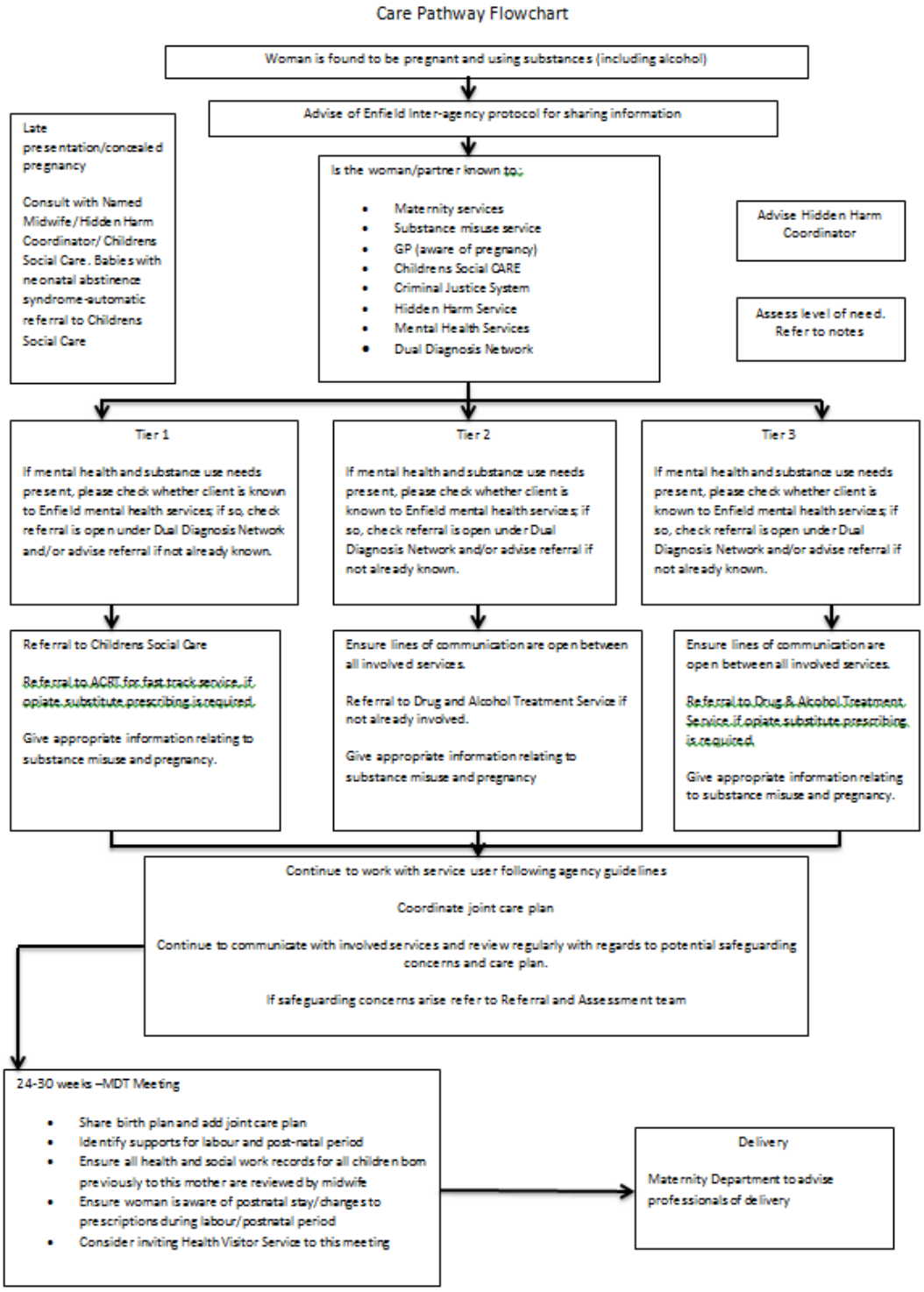
- Safe and able to protect themselves from abuse and neglect
- Treated fairly and with dignity and respect
- Protected when they need to be
- Able to easily get the support, protection and services that they need

23.4 The Children Act 2004 places a duty on partners to safeguard and promote the welfare of children, and current statutory guidance sets clear and explicit expectations that adult and children's services should work cooperatively together to safeguard and promote the welfare of children.

Appendix 1: Management of Parental substance misuse - flowchart



Appendix 2: Management of Pregnant Substance Users - flowchart



Tier system:

Tier 1 – very chaotic cases to include:

- Late presentation
- Hiding of pregnancy from services
- Active, chaotic, substance misuse and non engagement in treatment services (including poly substance use)
- No support services in place (including social / family support)
- Mental Health difficulties and substance misuse co-morbidity

Tier 2 – more stable presentation

- Open with regards to pregnancy
- Actively involved in treatment and engaging with other support services
- More 'stable' substance use (managed)
-

Tier 3 – very low level substance use (including alcohol, cannabis)

- Actively engaging in support services (not necessarily drug treatment, depending on substance used)
- Tier 1 / 2 intervention; brief intervention and advice

Appendix 3. Enfield Key Contact Numbers

If you have any concerns about a child

Intake & Assessment Team (Mon-Fri - 9am-5.pm)	020 8379 2507
Fax	020 8379 2498
Out of Office Hours	
Emergency duty social work team	020 8379 1000
Police Child Abuse Investigation Team	020 8733 5070
Hidden Harm Team	020 8360 9102
Alcohol and Drug service	
COMPASS	020 8379 6010 020 8344 3180
Dual Diagnosis Network - Enfield	(Lucas House) 020 8702 3100
	(Silver Street) 020 8379 4142
	(Chase Farm Hospital) 020 8702 5040
	(Senior Practitioner Mr Mitchell Lewis) 020 8702 4128 (BEH DDN Operational Manager Miss Helen Kyriakidou) 020 8702 5378
Foundation 66 (CAFADS)	
Westminster Drug Project (WDP) (Enfield Drug Interventions Programme)	020 8379 6970
Sort It	020-8360-9102
Enfield designated doctor Enfield designated nurses	020 8375 2620
Chase Farm hospital	
Named doctor	020 8375 2915
Named nurse	020 8216 5207
Named midwife	
North Middlesex University Hospital	
Named doctor	020 8887 3865
Named nurse	0208 887 3093
Named midwife	0208 887 3412
Integrated Support Teams	020 8372 1500
CAMHS	020 8379 2000

Relevant websites for further information:

FRANK: www.talkto**frank**.com/
LSCB*:* http://www.enfield.gov.uk/enfieldlscb/
COMPASS: www.**compass**-uk.org/

Communication

It is not sufficient to leave messages about a patient on voicemail or answer phones; all voicemails should leave a number that can be dialed and which will be answered by a social worker in person. Information must be left with the service user's Children's Services social worker, the duty worker or the relevant administrative officer and a record made of the person spoken to. Out of normal office hours, information should be passed to the emergency duty social worker. It should then be faxed to the relevant duty team the next working day.

Appendix 4. Legal definitions of children in need and duty to investigate

a. Children in Need Threshold

Section 17 of the Children Act 1989 states:

(10) For the purposes of this Part a child shall be taken to be in need if—

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled

b. Duty to Investigate

Section 47 of the Children Act 1989 states:

(2) Where a local authority—

(a) are informed that a child who lives, or is found, in their area—

(i) is the subject of an emergency protection order; or
(ii) is in police protection; or

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Appendix 5. Key Documents, Legislation and Guidance

- Mental Health Act 2003
- The Children Act 1989
- The Children Act 2004
- Mental Capacity Act 2005
- Data Protection Act 1998
- National Service Framework for Mental Health 1999
- The Framework for Assessment of Children in Need and their Families 2000
- Fair Access to Care Practice Guidance (DH 2002)
- Fair Access to Care Guidance on eligibility criteria for Adult's Services (DH 2002)
- All London Child Protection Procedures (LSCB, 2007, 3rd ed)
- All London Child Protection Procedures (LSCB, 2010, 4th ed)
- All London Child Protection Procedures (LSCB, 2014,5th ed)
- Working Together to Safeguard Children 2013
- Hidden Harm 2003