Bexley Local Safeguarding Children Board

MULTI-AGENCY PROTOCOL

Safeguarding Children and Unborn Children whose Parents or Carers have Substance Misuse Problems

October 2011

CONTENTS

Part 1 - Introduction

1.1 Introduction on behalf of the Local Safeguarding Children Board

1.1.1 This protocol has been produced in to meet the requirement set out in the Children Act 2004 and Working Together to Safeguard Children 2010 that all services will work more closely to promote the health and wellbeing of children, young people their families and carers. It has also be developed to respond to the recommendations from Government's Hidden Harm Document (2003, 2006) and National Drug Strategy (2010).

Working Together to Safeguard Children (2010) states;

> "*Safeguarding and promoting the welfare of children and in particular protecting then from significant harm- depends on effective joint working between agencies and professionals that have different roles and expertise*" (P.31).

Ofsted's evaluation of 50 Serious Case Reviews 2007/2008 highlighted;

> *" the failure of all professionals to see the situation from the child's perspective and experience; to see and speak to the children; to listen to what they said, to observe how they were and to take serious account of their views in supporting their needs is probably the single most consistent failure in safeguarding work with children" (page 18).*

1.1.2 This Protocol has been produced by the Bexley Local Safeguarding Children Board (LSCB) with full agreement of its partner agencies. It should be used by practitioners and managers working with children or with parents/ carers or pregnant women who have substance misuse issues across all agencies/organisations in Bexley.

1.1.3 The purpose of the protocol is to ensure professionals in Bexley work together to safeguard and promote the welfare of children whose lives are affected by parents/carers who have substance misuse issues. It acknowledges that the levels of need for individual families will vary and that not all will require the involvement of Children's Social Care. However children of parents with vulnerabilities are more likely to have some level of additional needs that may require targeted services at an early stage to reduce the risk of those needs escalating later.

1.1.4 This protocol aims to provide guidance for those involved in early assessment of need and help and those with statutory responsibilities. It must be remembered that the level of need or risk of the child may be higher than that of the adult and that under the Children Act 1989 children's needs are paramount when considering the impact on families.

1.1.5 This protocol does not set out that a parent or carer of children should abstain from the use of substances in order to parent children. It encourages them to seek help, support and treatment to address their substance misuse problem to reduce the harm it causes to the individual, family and society.

1.1.6 Parental substance misuse problems can have a negative impact on outcomes for children and can in some cases lead to the child being at risk of or experiencing significant harm. The potential impact of parental misuse on children is set out in

appendix 1, this refers to evidence from Hidden Harm and contained in Working Together (chapter 9). The 2009 study of Serious Case Reviews[1] found that a third of cases there was a current or past history of parental drug misuse. There is often a link with drug and alcohol misuse, domestic violence and mental health issues. Findings from Serious Case Reviews include death as a result of co-sleeping[2], serious neglect[3] and physical injury[4]. All stress the importance of early assessment of need that is multi-agency in nature.

1.1.7 The most effective assessment and support for children & families comes through clear communication between agencies, good information sharing, joint assessment and understanding of need, joint planning, professional trust within the inter-agency network and joint action in partnership with families.

1.1.8 This protocol applies irrespective of race, gender, age, sexual orientation, class, cultural and religious beliefs or disability of those involved. Professionals must ensure that assessments are undertaken in a sensitive and informed way, and are not influenced by stereotypes or prejudice regarding parental substance misuse problems. Nevertheless, professionals must be clear that child abuse or neglect, caused deliberately or otherwise, cannot be condoned or excused for religious, cultural or substance misuse reasons and that child's needs are paramount.

1.2 Aims

1.2.1 To safeguard children and ensure their welfare needs are met.

1.2.2 To increase understanding of the impact of an adult's substance misuse on children's lives and to share risk assessments.

1.2.3 To ensure that universal and specialist services improve the early identification and assessment of children in need and implement the appropriate action to ensure children's needs are met.

1.2.4 To support adults who are parents or carers who have substance misuse problems in their parenting to ensure it is positive and effective whilst, acknowledging their own vulnerability.

1.2.5 To ensure the provision of co-coordinated services to families in which there are dependent children of parents, carers or pregnant women with substance misuse problems.

1.2.6 To ensure good co-operation and collaborative decision-making between all services particularly between children and adult services.

1.3 Safeguarding Children and Promoting their Welfare

1.3.1 All those who come into contact with children, their parents and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of the child as set

[1] Brandon et al (2009) Understanding Serious Case Reviews and their Impact : A Biennial Analysis of Serious Case Reviews 2005-07
[2] Nottingham SCB – Executive Summary AN09 (2010)
[3] Merthyr Tydfil SCB – Executive Summary Child A (2010)
[4] Southampton SCB – Executive Summary Child E (2010)
Sunderland SCB – Executive Summary Child D (2010)

down in Working Together to Safeguard Children 2010. This protocol should be implemented in conjunction with the London Child Protection Procedures[5], single agency Procedures and Guidance and professional guidance (appendix 2). The work to safeguard children and promote their welfare should be considered under all the levels of the LSCB Safeguarding Continuum of Need from early help through to child protection.

1.3.2 Patterns of family life vary and there is no one way to parent. Good parenting involves caring for the child's basic needs, keeping them safe, showing them warmth and affection, providing stimulation for their development and enabling them to reach their potential within a stable and consistent environment. Despite misusing substance some parents are able to parent their child effectively however this must always be assessed from the child's perspective.

1.3.3 This protocol applies whenever there are concerns about the well-being or safety of children whose parents or carers have substance misuse problem, specifically where these difficulties are impacting, or are likely to impact, on their ability to meet the needs of their children. It also applies to pregnant women who have substance misuse problem. It includes the parent and their partner(s).

1.3.4 Involvement may focus on support to parents, carers and pregnant women with substance misuse problems to safeguard their children's well-being. Nevertheless, it is essential to assess the impact of parental substance use for each child in the family and the capacity to parent. It is important to recognise when substance misuse and mental health problems exist together this can exacerbate the impact on the child and the parents ability to parent. Substance misuse can fluctuate, and this may impact on parenting. When parents, or others in the home, stop taking drugs children can be particularly vulnerable as the withdrawal may interfere, at least for a while, with the parent's capacity to meet the needs of their children. Risk assessment and risk management are crucial especially at times of crisis or particular stress. It is helpful to consider the interaction of any problems or stressors and not to view them in isolation.

1.3.5 Young people's involvement in substance misuse can also have a serious impact on younger siblings and parents' ability to manage the conflicting demands on them. Should this problem be identified the young person should be referred to the appropriate services and an assessment of the young siblings undertaken as necessary.

1.3.6 It is also important to be aware that risk assessment in substance misuse work and risk assessment in child protection work are two different concepts and it can be dangerous to confuse them. The former is concerned with predicting the likelihood of a patient's substance misuse deteriorating to the point where she/he poses a risk to self and/or others while the latter involves the analysis of immediate and trend information to consider whether or not the children's experiences are acceptable in terms of risk of significant harm through physical or sexual assault, of omission of care or neglect, or threat to emotional wellbeing.

1.4 **Substance Misuse**

1.4.1 In this document the term substance misuse will mean the misuse of illicit and prescribed drugs and the misuse of alcohol. Substance misuse is where substance taking harms health or social functioning, it may cause dependency.

[5] London Child Protection Procedures 2010 – London Safeguarding Children Board

1.4.2 Parental misuse of drugs or alcohol becomes relevant to safeguarding children when the misuse of the substance impacts on the care provided to the child (Appendix1).

1.4.3 Even very young children are sensitive to the environment around them, thus the parent's (or their partner's) state of mind, behaviour and physical condition can have an affect on any child although the parent's understanding of this and their ability to address the issues can reduce the impact.

1.4.4 Strengths in the family such as having another adult in the home or close extended family/friends networks can have an ameliorating effect. Protective as well as risk factors should always be considered.

1.4.5 Environmental factors that can be associated with long term illness, substance misuse or mental health issues will also have an impact e.g. poor housing, financial problems, hostile neighbours and domestic violence.

1. 5 Joint Working

1.5.1 Joint assessments should be considered when an agency is working either a parent or carer who is known to have substance misuse problems or the children of a parent who has substance misuse problems in line with the Bexley Safeguarding Continuum of Need. If the level of need appears to fall under Levels 1 or 2 this should be through the Bexley Early Assessment of Need (BEAN). If the needs of the child come under levels 3 or 4 there should be a referral to Children Social Care who will undertake a joint assessment with adult services.

1.5.2 There should be joint Team Around the Child (TAC) or Child in Need (CIN) meeting with agencies involved to review information and discuss progress; the option of joint visits should also be explored where appropriate.

1.5.3 All agencies involved should be invited to all such meetings that are held regarding the case and should receive full minutes of all meetings. Any agency can request a TAC or CIN meeting which should be convened by the child's Lead Professional to share information and discuss concerns where appropriate and plan future action should attendance at such meetings not be possible, the allocated worker should ensure alternative means of sharing relevant information is facilitated.

Part 2 - Early Assessment of Need & Team Around the Child

2.1 Early Identification of the Needs of Children, including Unborn Children

2.1.1 All agencies and professionals coming into contact with pregnant women, their partners, parents or carers have a responsibility to identify if they have substance misuse problems that may impact on the needs of the child/unborn child. They may require services for themselves as well as the child at an early stage. The Munro Report[6] and Reports on Early Intervention[7] all stress the importance of the early assessment of need and the provision of early help.

2.1.2 Pregnant women with a previous history of substance misuse problems may be vulnerable to relapse during pregnancy and following the birth of their baby. Midwives play an important role in screening women who are pregnant and identifying those at risk of substance misuse and those currently misusing substances.

2.2 Undertaking a Bexley Early Assessment of Need (BEAN)

2.2.1 The BEAN has been adopted by partner agencies across Bexley as the standard approach for undertaking an assessment of the needs of a child and their family and deciding how those needs should be met. It provides a framework for a multi-agency assessment with the consent of parents. The focus is on improving outcomes for the child through the provision of early help by the Team Around the Child (TAC). It also provides a format for referral to agencies/services that may be required.

2.2.2 Information on the integrated approach to working with children in need in Bexley and the criteria for assessment using the Safeguarding Continuum of Need Matrix can be found at
www.bexleylscb.org.uk/news_andpublications.html

2.2.3 When an agency identifies that a parent, carer or pregnant woman is experiencing substance misuse problems a BEAN should be undertaken to consider the needs of the child/unborn child and to establish a 'Team Around the Child' approach. This should include Identifying partners[8] of pregnant women or parents who may have substance misuse problems. To ensure that the full background is obtained about any existing or previous substance misuse problems or previous child care concerns. Information should be gathered with consent including:

- Previous BEANs/CAFs undertaken
- GP held information, (if a person has moved recently, it is advisable to seek out health records from the previous GP).
- Substance Misuse Services &/or Adult Mental Health Services
- Any other agencies' involved with either the adult or the child
- Where appropriate a consultation with Children Social Care (CSC) should be undertaken.

This is especially important where service awareness of earlier births may need to be clarified, for example, in the case of older or overseas children. The gathering of such information is not an easy task and requires the close co-operation of those working with the adults and the children. Effective information sharing is essential (see section 9)

[6] Munro Review of Child Protection – A Child Centred System (2011)
[7] Graham Allen MP – Early Intervention, the Next Steps (2011)
[8] Bexley LSCB - Guidance on the Assessment of Fathers, Partners and Extended Family

2.2.4. The agency that identifies the concerns for the child should initiate the BEAN. The Lead Professional is likely to be from the agency that has the responsibility for working with the child. The plan agreed should focus on improved outcomes for the child and include the coordination of services to meet the needs of the parent as well as the child.

2.2.5 A referral to Maternity Concerns and Best Beginnings (for young and vulnerable women with mental health/drug/alchohol related issues) at South London Healthcare Trust should be considered for pregnant women who are vulnerable to substance misuse problems. Such a referral would normally be made by the midwife. If it is anticipated that the mother may need a place at a mother and baby unit, it is important to seek in advance what requirements that service may have, including contingencies such as assessing who will care for the new born child if the mother is admitted without them. This may require a referral to Children Social Care.

2.2.6 If the BEAN identifies serious concerns that indicate the child or new born child may be at risk of significant harm a consultation should be undertaken with Children Social Care (CSC) via the Safeguarding Children Service or Duty Social Worker and the case stepped up to a referral to CSC if there are indications of significant harm.

2.3 Guidance for Substance Misuse Professionals

2.3.1 For adult substance misuse professionals the identification of those service users who are pregnant or are parents or who have regular access to children, whether they reside with the children or not, is essential. They should consider whether the child's needs can be most appropriately addressed through a BEAN & TAC approach or if the children are potentially at risk of significant harm. Later sections of this protocol provide more guidance on this and professionals should also refer to sec 5.34 of the London Child Protection Procedures (2010).

2.3.2 Dual Diagnosis (the co-existence of substance misuse and mental health problems) is a serious issue which can exacerbate parenting difficulties and put the child at particular risk, especially where the potential for dealing with the substance misuse problem is limited. Where a parent/carer has mental health and substance misuse issues the assessment must be conducted in partnership between the Mental Health Care Management Team and the Adult Substance Misuse Care Management Team. Such complexity may indicate that the Safeguarding Children's Service should be consulted as it is likely a referral to CSC is indicated

2.3.4 Questions to be Considered

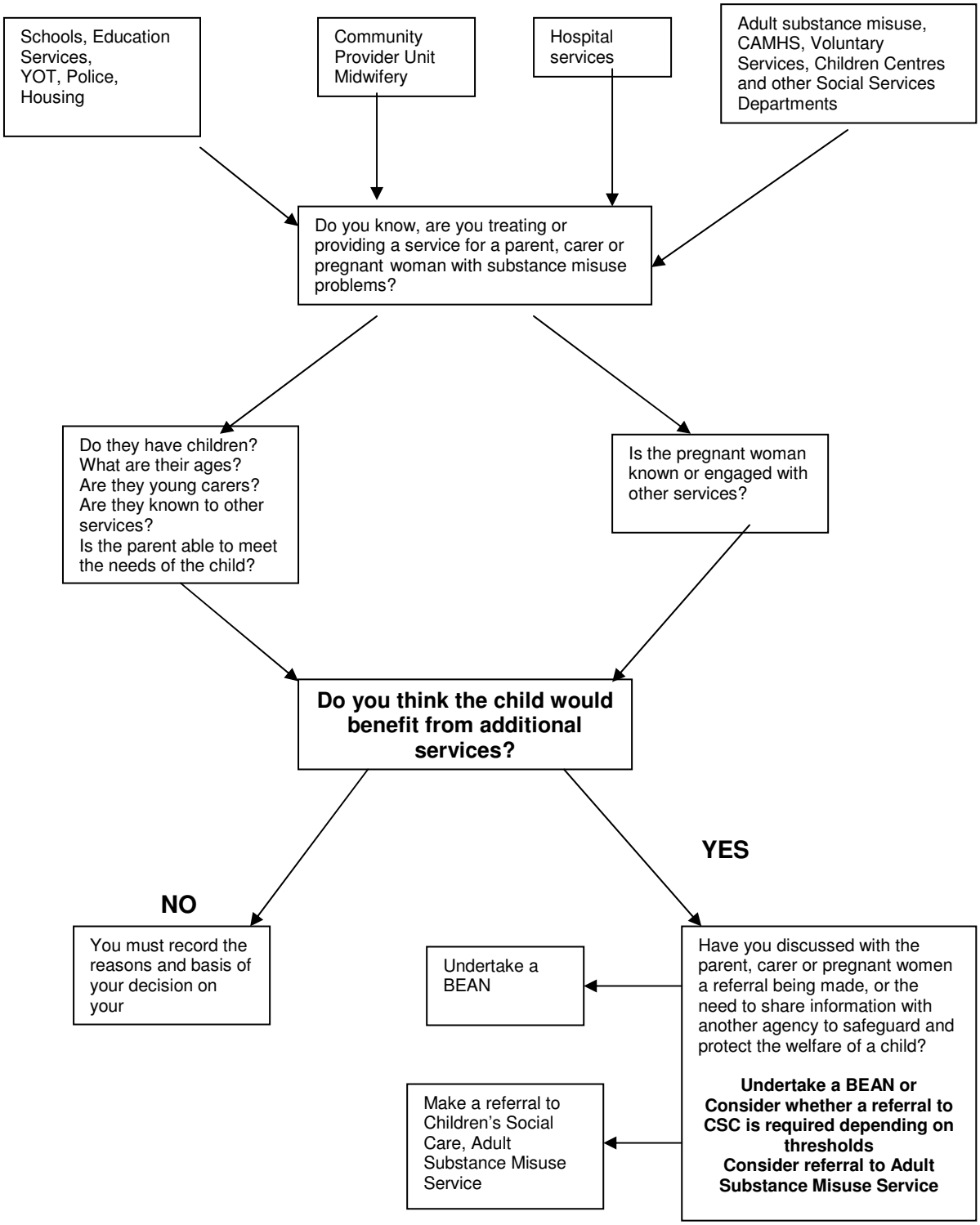
The following set of questions and flowchart are designed to guide your decision making about how you can best meet the needs of children and adults in families experiencing substance misuse problems:

- Are you treating or providing a service to a parent, carer or family member with a substance misuse problem?
- Are you providing a service to a child/children where an adult in the household has substance misuse problems?
- How old are the children? Are they at school? **Record details of the children including full names, dates of birth, ethnicity and their schools**
- Do any of the children have caring responsibilities for their parent or younger siblings? Have they been involved in any assessment and their views sought? Do you need to consider a referral for Young Carer's Support?
- Have you considered the impact of your patient or client's substance misuse on

their ability to meet the needs of their children? This will be determined by several factors; nature, severity, and duration of the addiction, involvement in and exposure to parental symptoms, alterations in parenting, changes in family structure or functioning or the effects of parental treatment, any special needs of the child (Appendix 1).

- Do you have any concerns about their children's well being or safety? Are they at risk of harm? Do you need to make a referral to Children Social Care?
- Is there any history of domestic violence? Have you used the London CP Procedures Risk Assessment Matrix for Domestic Violence?
- Is there a previous history of concern in respect of parenting ability or the welfare of the children?
- Is your client pregnant? If so has she accessed ante-natal care?
- Do you think the family, child or pregnant woman would benefit from additional services?
- Do you have concern that the parent may be co-sleeping with their baby whilst using substances – **Discuss concerns with Health Visitor without delay**
- Do you need to make a referral to another service? Do you need to consider an early assessment of need (BEAN)?
- Do you know what other services are involved and what their role is?
- Have you discussed the need for any additional services, undertaking a BEAN or making a referral to another service, with the parents, carers or pregnant woman?
- Has the service user expressed views about harming themselves &/or the children or delusional beliefs involving the child? **If so an urgent referral to Children Social Care should be made & a Strategy Meeting (sec 47 Children Act 1989) held to consider the risks.**
- Is anyone, patient or their children, at immediate risk? **If so consider what emergency action is required without delay.**
- Is there anyone in the household with special needs or a disability? Are they receiving services/had an assessment?

Decision-Making Flowchart



Part 3 - High Level Intervention

3.1 Guidance for Referral to Children's Social Care (CSC)

3.1.1 A referral to Children Social Care (CSC) for a child in need initial assessment under sec 17 Children Act 1989 or pre birth assessment should always be made if a parent, carer or pregnant woman is considered to have significant substance misuse problems. Guidance on significant harm and substance misuse can also be found in the London Child Protection Procedures sec 5.34. Pre-birth assessments are normally undertaken by CSC once the woman has reached week 30 of the pregnancy.

3.1.2 A referral should always be discussed with your manager and/or the agency's Named Nurse or Safeguarding Advisor. If there is an immediate danger to the client or others, including a child, the Police must be contacted.

3.1.3 A BEAN may already have been undertaken as set down in section 6, this may have identified the need to step up to a referral to CSC, the BEAN should form the basis of the referral.

3.1.4 When a parent or carer has been receiving in-patient services, in whatever setting, consideration must be given to discharge arrangements to ensure provision for the children is appropriate and their welfare and safety has been properly assessed. A formal meeting with CSC should be held where they are already involved or if safeguarding concerns for the child are identified. If a parent or carer discharges themselves out of hours a referral to the Emergency Duty Team should be made to ensure the children's welfare is protected.

3.1.7 Where the need for referral is unclear, this must be discussed with a line manager, safeguarding adviser or Named Nurse (see appendix 2) before referring to the appropriate services. If a referral is not made this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated. Telephone referrals this must be followed up with a written referral within 48 hours.

3.1.8 If you are unsure if the child's needs meet the criteria for a referral to CSC a consultation can be undertaken with CSC either with the Duty Officer or through the Safeguarding Children Service. If you undertake a consultation you should record this & include the name of the person spoken to, the information shared and the decision or recommendation made. The consultation will be recorded by CSC as a contact. You should always speak to a Social Worker and not simply ask if a child is known. You will be asked the following:

Your details (you should be rung back)
The nature of your concern
Any relevant background information

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

• Where a parent or carer expresses thoughts of self-harm and/or harm to a child or your assessment indicates that they may harm their child an immediate referral to Children's Social Care under sec 47 Children Act 1989 should be made.

• Children for whom there are concerns that they may be at risk of significant harm as a result of physical, sexual or emotional abuse, or experiencing neglect including a chaotic home environment. The harm can be as a result of direct action or by omission
• The pre-birth assessment of women and their partners who have a history of; significant substance misuse and where there are concerns about the impact on a child/unborn child, or a woman's ability to meet the child's needs once born.
• Where the parent has expressed delusional beliefs about the child
• Any carer exhibiting signs of significant substance misuse where there are concerns surrounding the impact on a child's well-being.
• There has been a previous unexplained death of a child whilst in the care of either parent.
• There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother with substance misuse problems.
• The baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.
• There are concerns about domestic violence (NB if a child is unborn or under 12 months a referral to children social care must be made). The Barnado's Risk Assessment Matrix for Domestic Violence (London Child Protection Procedures) should be used to assess risk associated with a history of domestic violence.
• A family member or partner is a person identified as presenting a risk to children.
• Parents or carers with substance misuse problems who are caring for a child with a chronic illness, disability, or special educational needs.
• Children who are caring for parents or carers with substance misuse (young carers).
• Children whose parents have substance misuse problems and there are co-existing social, education or additional health needs, e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services (see Continuum of Need Matrix).
• Children for whom there have been past significant concerns in respect of parenting, or concerns for the safety or welfare of older children in the household and for whom there are new or ongoing concerns.
• Children who have been the subject of previous child protection investigations, a child protection plan, local authority care, or alternative care arrangements and for whom there are new or ongoing concerns.

3.2. Guidance for Referral to Substance Misuse Services

3.2.1 Referrals to substance misuse services should be made if there are concerns or suggestions that indicate that there are risks to one self or others due to substance misuse, this including children or young people. As far as possible these concerns should be discussed with the client. A referral should always be discussed with your line manager.

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

3.2.3 Contact with the GP and adult substance misuse services is essential to ensure that the full background is obtained regarding any existing substance misuse, and information about previous or current treatment or referrals.

3.2.4 When a pregnant woman or her partner has been identified with significant substance misuse problems, a pre-birth assessment must be undertaken. Guidance

on pre-birth assessments is provided in the London Child Protection Procedures (2010) Section 6.8 (and also sections 5.34)

3.2.5 Triggers that may indicate referral to Substance Misuse Services for initial assessment are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making. (Appendix 2) All referrals must indicate Name, Date of Birth, Address and contact telephone number:

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

Part 4 - Practice Issues

4.1 Inter-agency information sharing

4.1.1 It is essential for all services to accurately record the names, dates of birth, ethnicity, and involvement of other agencies, school and attendance. Areas of concern for all children in families known to them must be documented. If parents, carers or pregnant women decline to provide basic information about themselves or their families this should be recorded and, if necessary, advice sought.

4.1.2 Any areas of identified concern or support need to be discussed with the parents, carers or pregnant women. The need for involvement of another service should be explained, while taking account of parents', carers' or pregnant women's right to confidentiality about their illness.

4.1.3 Personal information held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. Unless there is reason to believe that a child is suffering, or is likely to suffer, from significant harm the consent of parents or carers should normally be obtained before making a referral to any other service.

4.1.4 Knowing when, how and how much information to share is essential to effective inter-agency working to safeguard children and for improving outcomes for children. Children and their families do need to be reassured that information is generally only shared with their consent. However, there are occasions when that consent has to be overridden for example, if a professional has reason to believe that a child may be at risk of significant harm and the child's parent/carer refuses to give consent to share information. In this situation the requirement to share information with other agencies must be made clear to the service user an d their views recorded, unless to do so would place the child or another adult at risk.

4.1.5 Bexley Children & Young People's Partnership does have an Information Sharing Protocol that all partner agencies across the borough have signed up to; this can be found at http://www.bexley.gov.uk/index.aspx?articleid=4645
Governmental guidance[9] can be found on https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00807-2008

4.1.6 If in doubt seek advice from your line manager, safeguarding advisor or Named Nurse - do not withhold information just because you do not know what to do.

4.2 Review and on-going work

4.2.1 Assessment and identification of parents, carers or children's need for services is not a static process. The assessment should also inform future work and build in evaluation of the progress and effectiveness of any intervention. Agencies should always take into account the changing needs of adults and children. Where possible and practical assessments should be conducted jointly between key agencies and focus on the outcomes for the child.

[9] Information Sharing – Guidance for Practitioners and Manager (DCSF 2008)

4.2.2 Assessments and meetings for any adult who is a parent must include ongoing monitoring of the needs and risk factors for the children concerned. CSC should be invited to contribute if they are involved with a family or where risks and needs have been identified that justify their involvement. If they are involved with a child CSC will be required to hold a Child in Need meeting and the adult's services should be invited to any such meeting. Regular TAC meetings should be held to review progress when early help services are involved.

4.2.3 Time scales for adults under going recovery may be too long for children to manage the uncertainty. Issues regarding emotional abuse and neglect as a consequence of possible fluctuation of parental substance misuse or relapse will need to be carefully weighed with the desirability for children to remain within their family networks in a stable situation**.**

4.2.4 Where more than one agency continues to be involved in assessment or provision of services for parents or carers with substance misuse problems, and their children, regular review dates must be set to jointly review the situation and to ensure that inter-agency work continues to be co-ordinated. Each agency should document their own actions and responsibilities clearly and also the roles and responsibilities of other agencies. There should always be the flexibility for cases to be reviewed at any time, or jointly re-assessed speedily before planned review dates if new concerns or support needs are identified. Any decision to close a case by any agency should be discussed fully with any other agency involved prior to closure. Good practice would suggest such decisions should be made in a multi-agency review meeting.

4.2.5 The issue of parental capacity may arise and CSC may approach Adult Substance Misuse Services to comment on this. Psychiatrists may be approached to give their view on whether the adult's mental health impairs their capacity to act as a parent in any way. Following the *Children's National Service Framework,* it is important that CSC put any psychiatric opinion on capacity in the context of the whole assessment. Decisions about whether a child is safe to remain with their parent rest with the Local Authority and the courts, and rarely turn on psychiatric opinion alone, which, while important, can only contribute to the overall assessment made by the Local Authority. All workers should bear in mind their responsibilities for assessing capacity under the Mental Capacity Act 2005 and the Mental Health Act 2007 which amends but does not replace the Mental Health Act 1983.

4.2.6 The parameters for assessment of risk within agencies must be clear between agencies and each agency must address and discuss the risks to other people in the household , especially children or vulnerable adults.

4.2.7 It is important that cases are discussed in supervision and that any decisions made there are clearly recorded on the file and shared as appropriate.

4.3 Conflict Resolution and Escalation where there is a Disagreement between Professionals/Agencies

4.3.1 Research and case enquiries have shown that difference of opinion between agencies can lead to conflict resulting in less favorable outcomes for the child. If disagreement remains between agencies every effort should be made to reach satisfactory resolution under the guidance provided in the London Child Protection Procedures (2010) (sec 18.5).

4.3.2 Currently (Autumn 2011) CSC and the Adult Substance Misuse Services are undertaking a piece of work designed to strengthen working relationships and to develop a joint protocol for high threshold work. Once complete this will be attached to this Multi-Agency Protocol as an attachment.

4.3.3 Professionals should also refer to their single agency procedures on conflict resolution.

4.3.4 If a dispute is ongoing the respective Heads of Service or the Bexley Business Support Unit Designated Nurse for Safeguarding should be approached to intervene as necessary.

Appendix 1 – Assessment Tools

Summary of Potential Impact of Parental Drug & Alcohol Misuse on Children

Age	Health	Education & Cognitive ability	Relationships & Identity	Emotional & Behavioural Development
0-2	Drug & alcohol misuse in pregnancy may result in symptoms of withdrawal Poor ante-natal care, missed medical appts & Immunisations Unsuitable clothing, very poor hygiene Risk of serious injury or death by overlaying Failure to provide safe environment	Development may be delayed through parent's inconsistent, under-stimulating & neglectful behaviour	Risk of use of multiple carers that can lead to insecure attachments Parents' own inconsistent & chaotic behaviour can lead to attachment problems Drug or alcohol use can be placed before the needs of the child	Emotional insecurity in the child due to parental lack of commitment, indifference, unhappiness, tension or irritability
3-4	May be placed in physical danger by excessive drug or alcohol misuse and by the presence of drugs in the home Physical needs may be neglected	Lack of stimulation Nursery or pre-school attendance may be irregular	May be left home alone or with unsuitable carers May take on responsibilities beyond their years because of parental incapacity Children may blame themselves for problems and try to put them right	Emotional insecurity continues Unable to tell of their distress therefore at risk of emotional disturbance. behaviour does not always reflect mental state
5-9	Medical & dental appt missed Psychosomatic symptoms eg sleep problems, bed-wetting, head & stomach aches	Academic progress may be negatively affected with related problems of school attendance, punctuality & concentration affected. Some children may immerse themselves in school and attain well	May develop poor self-esteem & blame themselves for parental problems Feelings of shame & embarrassment over parental behaviour may affect friendships & social interactions	Behaviour may become a problem at school Conduct disorders in boys-hyperactivity, inattention Depression & anxiety in girls May be in denial of own needs & feelings Child may be labelled as the 'problem' by the family & others
10-14	Little or no support during puberty due to parental emotional withdrawal Early experimentation with substances more likely May have difficulty in developing healthy & balanced attitude to alcohol use	Continued poor academic performance Higher risk of school exclusion	Caring for siblings &/or parents Restricted friendships Poor self-image & low self-esteem Neglect & poor appearance may lead to them becoming highly self-conscious and this may lead to loss of friendships	Increased risk of emotional disturbance & conduct disorders including bullying At risk of becoming drug mis-users themselves
15 +	Increased risk of substance misuse Risk of pregnancy, STIs, self neglect & failed relationships	Poorer life chances due to poor school attainment or exclusion due to behavioural problems Parents incapable of supporting getting them back into school or their continued learning	Lack of appropriate role models If parental behaviour is chaotic may have low self-esteem, feelings of rejection, unable to control events in their lives	Emotional problems may result from self-blame & guilt leading to an increased risk of suicidal behaviour & vulnerability to crime

Source: Adapted from Hedy Clever: The Child's World, Assessing Children in Need, Reader DoH (2000)

Risks that May Trigger Referral to Adult Substance Misuse Service and Children Services – Assessment Tool

Indicator/Behaviour Observed	Impact on the Child	Early Assessment of Need	Referral to Adult Services Indicated	Referral to Children Social care
PARENTS				
Using illicit drugs or being intoxicated through alcohol use in presence of children				
Using to the extent the individual is blacking out				
Using to the extent that psychosis is induced				
Prioritising spending money on drugs/alcohol				
Bringing adults into the home to use or deal drugs				
Leaving children with inappropriate adults to use or acquire substances				
Leaving children unattended to use or acquire substances				
Being involved in unlawful activities to acquire monies to spend on drugs/ alcohol or using children directly in unlawful activity				
Having a physiological dependency requiring inpatient detoxification				
Disclosing information about their parenting style that indicates poor parenting or child protection concerns				
Non-engagement with either adult or children's services services				
CHILD / YOUNG PERSON				
Child is neglected physically, emotionally or ill treated				
Becomes the target for parental aggression or rejection				
Witnessing disturbing or frightening behaviour arising for parental substance misuse				
Unsupervised contact with non-resident parent who is substance misusing				
Has caring responsibilities inappropriate to age				
Emotional impact on child of living with substance misusing parent				
Parent unable to address problems within timescale of child				

Appendix 2 -
Policies & Procedures

This Protocol is informed by:

- Children Act 1989 Crown Copyright
- Framework for the Assessment of Children in Need and their Families DoH 2000
- What to do if you 're worried a Child is being abused DoH 2003
- National Service Framework for Children, Young People and Maternity Services DoH 2004
- Children Act 2004 Crown Copyright
- Working Together to Safeguard Children 2010
  www.education.gov.uk
- Hidden Harm 2003 & 2006
- National Drug Strategy 2010

London Child Protection Procedures (version 4 2010)
www.londoncpc.gov.uk/procedures

Bexley Early Assessment of Need

Child in Need - A Guide for those working with Children & their Families and the Safeguarding Continuum of Need Matrix www.bexleylscb.org.uk

Policies & Procedures of:
Bexley LSCB www.bexleylscb.org.uk
LB Bexley Education and Social Care Directorate (Tri-X)
South London Healthcare NHS Trust
Oxleas NHS Foundation Trust

Appendix 3 – Who to Contact

If you are concerned about a child you must always do something.

If you're not sure – seek advice
If you think a child is in immediate danger contact the police by dialing 999. If you want to report a crime against a child, contact your local police station.

To make a referral to Children's Social Care :
East Child Care: 0208 303 7777
West Child Care Unit 0208 303 7777
If you are seeking advice or support for a disabled child, you should contact the Children with Disabilities Team: 020 3045 3600

Out of hours
In an emergency, after 5pm and at weekends or on bank holidays, you can contact the Out of Hours Duty Social Worker : 0208 303 7777

Adult Substance Misuse Services:
Bexley Drug Project Civic Centre, Bexleyheath 020 8294 6686

Nexus 298 Broadway, Bexleyheath 020 3326 7309

Signpost Erith Health Centre, 50 Erith Road, Erith 01322 357940

Designated Professionals and Advisers in Child Protection/Safeguarding:
Education
Each school has a Designated Person for Child Protection.
Safeguarding Children (Education) Co-ordinator : 020 3045 4130

Police
Metropolitan Police - Child Abuse Investigation Team (CAIT): 0207 230 3700

Health
NHS SE London Business Support Unit : 0208 298 6000
SLHT: 0208 302 2678
Oxleas NHS Trust: 01322 625029

Family Information Services (FIS)
Provides a central point of contact for information on all aspects of childcare and support for children and young people from 0-19 years.
email: fis@bexley.gov.uk 020 3045 4448

Early Assessment Hub 020 3045 4448

General
If your agency does not have its own guidance or child protection adviser contact the Safeguarding Children's Service: 01322 356302

Young Carers
Bexley Moorings, Danson Centre, Brampton Road, Bexleyheath 020 8304 9609