Bromley Safeguarding Children Board

Safeguarding Children and Young People Living with Parental Substance Misuse Multi-Agency Protocol

December 2017

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1. Purpose of Protocol

The purpose of this multi-agency protocol is to improve understanding of the impact of an adult's substance misuse problems on children's lives and to ensure that children living in families where there is substance misuse are appropriately safeguarded through systematic and consistent focus on:

- Early intervention by universal and specialist services to improve the identification of children in need of help and protection
- Provision of co-ordinated, multi-agency services to families in which there are dependent children of parents, carers and / or pregnant women with substance misuse problems
- Effective co-operation, collaboration and timely decision-making between services focused on achieving the best and safest outcomes for children

The protocol seeks to strengthen professional practice, informed by the context of the child's life and how this may be adversely affected by parental substance misuse, and will be guided by:

- **The Context and Experience of Children and Young People**
- **NSPCC - Sophie's Story**
- **London Child Protection Procedures - Parents who Misuse Substances (2017)**
- **National Patient Safety Alert - Preventing Harm to Children from Parents with Mental Health Needs (2009)**
- **Hidden Harm - Responding to the Needs of Children of Problem Drug Users (2011)**
- **Think Child, Think Parent, Think Family (SCIE, 2012)**

2. Context and Experience of Children and Young People Affected by Parental Substance Misuse

“My parents both used drugs and when I was growing up there was no one there to do the basic things that a child needs, like cooking meals. Mum wouldn’t even notice whether I had or hadn’t gone to school as she was always upstairs smashed out of her face. I wanted to go to school as I didn’t want a life like my parents. I could pretend that whilst I was there that everything was fine at home.”

“I was often left by myself and I felt so lonely. I even felt lonely when mum and dad were in the house because mentally they were completely out of it.”

“My dad did eventually turn up but he was drunk as always. The day felt so long and it was just me and my dad and my dad conked out and I didn’t know what to do.”

"I often felt low and one of my lowest points was when I tried to go and speak to my mum and dad about their drug use. I just wanted her to admit that she had a problem. They just kept yelling and yelling, so I left. I didn't know what I was going to do, it was like everyone hated me and thought I was lying and I felt that I was completely alone. It really did feel that there was nothing at that point. I took an overdose as I felt there was no way out. I wanted them to listen to me."

(**Excerpts from "SOPHIE'S STORY" - NSPCC Website)**

Although there are some parents who are able to care for and safeguard their child/ren despite their dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of development. A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family.

Where a parent has enduring and / or severe substance misuse problems, children in the household are likely to suffer significant harm primarily through emotional abuse and neglect. The child/ren may also not be well protected from and / or subjected to physical or sexual abuse. See **Responding to Concerns of Abuse and Neglect Procedure**.

Significant harm is defined in **Responding to Concerns of Abuse and Neglect Procedure, Concept of Significant Harm** as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

(London Child Protection Procedures - Parents Who Misuse Substances, 2017)

National Prevalence of Substance Misuse

The Advisory Council on the Misuse of Drugs (1998) characterised substance misuse and problem drug use as a condition which may cause an individual to experience social, psychological, physical or legal problems related to intoxication and / or regular excessive consumption, and / or dependence, as a consequence of their use of drugs or other chemical substances.

(Advisory Council on the Misuse of Drugs (ACMD) - Drug Misuse and the Environment, 1998)

Around 1 in 12 (8.4%) adults aged 16 to 59 in England and Wales took an illicit drug in 2015-16. This equates to around 2.7 million people. Around 1 in 5 (18.0%) young adults aged 16 to 24 had taken an illicit drug in 2015-16. This equates to around 1.1 million people and was similar to 2014-15 (19.5%), but significantly lower compared with a decade ago (25.2% in 2005-06).

As in previous years, cannabis was the most commonly used drug, with 6.5% of adults aged 16 to 59 having used it in the last year (around 2.1 million people).

295,224 individuals were in contact with drug and alcohol services in 2014-15. More people were treated for opiates than the other three categories (alcohol, non-opiate and alcohol and non-opiate) combined.

(Health & Social Care Information Centre (HSCIC) - Statistics on Drug Misuse, July 2016)

The *Opinions and Lifestyle Survey (OPN): Drinking Habits Amongst Adults* carried out by the Office for National Statistics in 2014 found that 28.9 million people in Great Britain reported

drinking alcohol in the previous week. This equates to 58% of the population; with 2.5 million people drink more than 14 units of alcohol on their heaviest drinking day.

151,000 people presented for alcohol problems in 2014-15. 89,000 were treated for problematic drinking alone and 62,000 were treated for alcohol problems alongside other substances.

(Health & Social Care Information Centre (HSCIC) - Statistics on Alcohol, June 2016)

More than 9 million people in England drink more than the recommended daily limits. In the UK, in 2014 there were 8,697 alcohol-related deaths. Alcohol is 10% of the UK burden of disease and death, making it one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity.

An estimated 7.5 million people are unaware of the damage their drinking could be causing. Alcohol-related harm costs England around £21bn per year, with £3.5bn to the NHS, £11bn tackling alcohol-related crime and £7.3bn from lost work days and productivity costs.

Alcohol was 61% more affordable in 2013 than it was in 1980 and costs the NHS £3.5bn per year; equal to £120 for every tax payer.

(Alcohol Concern, 2016)

Local Context

Estimates suggest that the level of drinking in Bromley is similar to that for London and England, with 17% of people in the increasing and high risk categories. Local GP data suggests that 21% of men and 6% of women drink above the recommended levels of alcohol each week and this is most prevalent in those aged between 40 and 69 years.

In 2014 there were 121 alcohol-related deaths in Bromley. The mortality rate from alcohol-related causes in Bromley appears to be on a rising trend for women whilst remaining level for men in the period between 2009 and 2013. The alcohol-related mortality rate for men in Bromley is approximately twice that for women.

The rate of alcohol-related hospital admissions has been increasing at national, regional and local levels, but remains lower in Bromley than for London and England. The hospital admission rate for males (2,396 per 100,000 population) is almost twice the rate for females (1,361 per 100,000 population) in Bromley. Screening and advice on alcohol use are delivered in both primary care (for new patients and at NHS Health Checks) and secondary care (Princess Royal University Hospital, PRUH).

During 2015-16, there were 238 adults engaged in structured alcohol treatment services in Bromley; of these 58% were men and 42% women. The average age of adults in alcohol treatment is 45 years, and the age distribution for both genders is very similar. Of the 158 new presentations to treatment in Bromley in 2015-16, 5% were pregnant, as compared with 1% nationally. The new presentation cohort also included 16% who were currently receiving care from mental health services for reasons other than substance misuse.

In addition to the 238 adults in structured treatment for alcohol only, there were additionally 132 adults who were in treatment for alcohol and drug use. In Bromley, many of those requiring structured treatment for alcohol misuse are in regular employment, 37%, as compared with 29% nationally.

In Bromley, a much higher proportion of adults starting treatment (20%) report a housing problem compared with nationally (11%), although the proportion with an urgent housing problem is the same as the national figure. Bromley had a lower proportion of successful treatment completers in

2015 than the national value. 28% of individuals left alcohol treatment successfully and did not return within 6 months, as compared with 38% nationally.

(Bromley Joint Strategic Needs Assessment, 2016)

Parental or carer drug or alcohol use can reduce the capacity for effective parenting. In particular, the children of parents or carers who are dependent on drugs or alcohol are more likely to develop behaviour problems, experience low educational attainment, and be vulnerable to developing substance misuse problems themselves. Some children's health or development may be impaired to the extent that they are suffering or likely to suffer significant harm.

So the prevalence and potential for adverse impact of parental substance misuse on the lives, safety and development of children and young people, both nationally and locally, is significant and warrants serious, sustained, co-ordinated response and action by organisations and individuals working with both adults and children and young people.

3. Learning Related to the Impact of Parental Substance Misuse

Serious Case Reviews

Substance misuse is only one of a range of inter-related risk factors which may lead to increased need and risk of significant harm to children and young people. Biennial research and reviews of national Serious Case Reviews has shown that substance misuse features alongside parental mental ill health and domestic violence/abuse in three-quarters of the Serious Case Reviews conducted (Brandon et al 2009). Brandon et al have previously referred to this interrelation of risk factors as the **"Toxic Trio"**.

Recommendations include improving communication, co-ordination and collaboration between all services and agencies, to ensure that the needs of the children whose parents misuse substances are addressed. Parental substance misuse can negatively impact on parents' ability to look after their children through:

- Lack of awareness of the child's needs
- Lack of emotional control
- Neglect of the child's physical needs
- Poor attachment

(Cleaver et al, 1999)

NSPCC Learning from Serious Case Reviews

Reasons Case Reviews were Commissioned:

The NSPCC briefing is based on case reviews published since 2010, where substance misuse is a key factor. It pulls together and highlights the learning contained in the published reports. In these Serious Case Reviews, children died, or were seriously injured in a number of different ways:

- Sudden Infant Death Syndrome associated with co-sleeping
- Accidental ingestion of drugs
- Accidents (fire and drowning) due to inadequate adult supervision

- Parents deliberately giving children drugs

Parents with Substance Misuse Problems - Summary of Risk Factors and Learning for Improved Practice:

Case reviews highlight that professionals often focus on the issues faced by parents who misuse substances without considering the impact on their children. Substance misuse by a parent or carer is widely recognised as one of the factors that puts children more at risk of harm. The biggest risk posed to children is that parents, when under the influence of drugs or alcohol, are unable to keep their child safe (including overlay through co-sleeping with babies and accidents caused through lack of supervision).

Many of the learning and recommendations contained in the Serious Case Reviews repeat lessons from numerous other reviews. Reviews emphasise that professionals need to conduct child-centred assessments, and continue to reassess the potential risks that children in substance misusing households face.

Key Issues - Parental Substance Misuse in Case Reviews:

- **Assessment**

  There is a clear message about the importance of timely and thorough assessments with regards to all children cared for by people who are misusing drugs or alcohol. The assessments need to be child-focused. They should contain a clear picture of the user's drug and alcohol consumption, and carers' usage and behaviour must be properly analysed to understand the risks that this poses to the children. This should include an assessment of parenting capacity. Where other risk factors are also present (e.g. parental mental ill health and domestic violence), the relationship between these factors and a parent's substance misuse should be taken into account. Risk assessments should be a dynamic and ongoing, rather than a static (one-off) process, which are reviewed in the light of emerging evidence, information and presentation

- **Rule of Optimism**

  Professionals too often trusted the parents' self-reporting of their drug and alcohol consumption. Their substance misuse was known about but not seen as excessive or problematic. Some reviews talk about tidy and clean homes and happy and healthy children

- **Communicating with Parents**

  It is important that information is delivered in such a way that parents are able to understand it. Professionals should regularly check that parents have understood the risks and are complying with the advice. Written leaflets are not suitable for functionally illiterate adults. Some parents said they did not feel that the risks of co-sleeping, for example, had been explained in such a way that they had fully understood them, or had been able to take them on board

- **Interventions**

  Work with adults often focused on their individual needs rather than their role as parents. In other cases, the focus was on looking for a holistic family support package, which meant the immediate risks faced by the child were not prioritised, and the necessary safeguarding action was not taken

Learning for Improved Practice:

- **Assessment and Professional Awareness and Skills**
  - A child-focused assessment must be carried out with regards to the needs, safety and welfare of every child who is looked after by adults who misuse drugs or alcohol
  - The assessment must look at parenting capacity and must analyse the adults' substance misuse and behaviour to understand its impact on the children in their care
  - Professionals should treat with caution the parent's / carer's account of how much and how often they drink / take drugs
  - The assessment must consider whether safeguarding action is necessary
  - Professionals must be alert to and take note of new or increased risks and be prepared to take safeguarding action at any point, if and when it becomes necessary
  - Professionals must remain alert to risks even if the parents seem to be complying at the moment
  - Professionals must be aware of, and understand, the risks to children posed by parents' substance misuse. They must be confident in challenging carers about the risks they are exposing their children to
  - Professionals must be aware of, and understand, the risks to children posed by co-sleeping. They must be comfortable with discussing these risks with carers and crucially know how to give advice around safe sleeping arrangements

- **Recommendations - Working with the Family**
  - Drugs and alcohol in the home must be stored securely at all times, out of the reach of children
  - The risks of children ingesting drugs or alcohol must be explained to parents / carers, in a way they understand and are able to take this information on board
  - Children must be unable to get close to potential hazards in the home (e.g. ponds or heating appliances)
  - The risks of co-sleeping must be explained to all adults who look after the children, in a way that they understand and are able to take this information on board
  - Professionals working with families who abuse drugs or alcohol should check compliance with the issues listed above on every visit / meeting

- **Reassessing Risk as Family Circumstances Change**
  - **New and increased risks include:**
    - New partner (or previous partner coming back)
    - Involvement of extended family members in family life
    - Non-family visitors to the home
    - Missed appointments with any agency
    - Dropping out of treatment programme
    - Domestic violence or mental ill health problems
    - Criminal activity or anti-social behaviour incidents
    - Stress (which may impact upon substance misuse habits)
    - Moving home

(NSPCC Learning from Serious Case Reviews, NSPCC Website, 2016)

Hidden Harm

The Advisory Council on the Misuse of Drugs has a statutory duty to advise the Government on drugs of misuse and the health and social problems these may cause. Its Prevention Working Group carries out in-depth Inquiries into aspects of drug use that are causing particular concern, with the aim of producing considered reports that will be helpful to policy makers, service providers and others. Past topics have included HIV and AIDS, Drug Misuse and the Environment, and Reducing Drug-Related Deaths.

In 2000, the Council launched an Inquiry placing children of problem drug users as its centre of attention. Its terms of reference were to:

- Estimate the number of children so affected in the UK
- Examine the immediate and long-term consequences of parental drug use for these children from conception through to adolescence
- Consider the current involvement of relevant health social care, education, criminal justice and other services
- Identify the best policy and practice in the UK and abroad
- Make policy and practice recommendations

The Six Key Messages from the Inquiry:

- Estimated between 250,000 and 350,000 children of problem drug users in the UK; about one for every problem drug user
- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice
- Effective treatment of the parent can have major benefits for the child
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children
- The number of affected children is only likely to decrease when the number of problem drug users decreases

4. Principles

All professionals who come into contact with children, their parents or carers in their work have a statutory duty to safeguard and promote the welfare of the child (Children Act 2004). This applies to volunteers, staff working in statutory or non-statutory agencies and also community organisations. The following principles underpin work to safeguard children living with parental substance misuse:

- The child's welfare and safety is paramount whether you work predominantly with adults, parents, children or families
- Where parents, carers or pregnant women have substance misuse issues, consideration and sustained focus must be given to the needs of the child and their development
- Risks to children are significantly reduced through effective information sharing and multi-agency working. Agencies have a duty to share information where there are concerns for the welfare or safety of a child. The absence of consent from parents or carers to liaise with appropriate agencies should not be a barrier to prevent liaison with the appropriate agencies. For further information on consent and confidentiality see Section 9 of this Protocol and the Bromley Multi-Agency Children's Safeguarding Information Sharing Protocol at the following hyperlink:

Bromley Multi-Agency Children's Safeguarding Information Sharing Protocol

- Assessments and interventions should be based on observable evidence, and objective judgements
- Improved outcomes for children can be achieved through building effective relationships with the children, parents and through partnership working with other agencies
- Substance misuse by parents and pregnant women should not be seen in isolation, but needs to be placed in a wider context which includes the impact on the individual and family
- Parents and pregnant women who misuse substances should be supported to acquire necessary skills to put their child's welfare first
- The wishes of children of parents who misuse substances must be taken into account in any decisions made on their behalf and on behalf of their family
- Assumptions should not be made that parents or others in the home are either misusing or have stopped misusing substances and should not be based on whether they are engaged with services (which can create false assurance)
- Consideration should be given to the role of the child / young person as a young carer and the pressure this places on them

  Young carers are children and young people between 4 and 18 years whose lives are in some way restricted because of the need to take responsibility or care for someone in their family with long-term illness and/or disability (which can include an alcohol/substance misuse problem)

  Young carers can be particularly vulnerable and in need of specialist support and advice. The London Borough of Bromley works in partnership with Young Carers Bromley to ensure that they receive the help they need

Young Carers Bromley can provide:

- After-school and holiday activities
- One-to-one keyworker support
- Regular newsletter
- Information on services and opportunities open to young carers
- Young Carers Forum
- Freephone Helpline service
- Specific information sessions and workshops
- Mentoring support

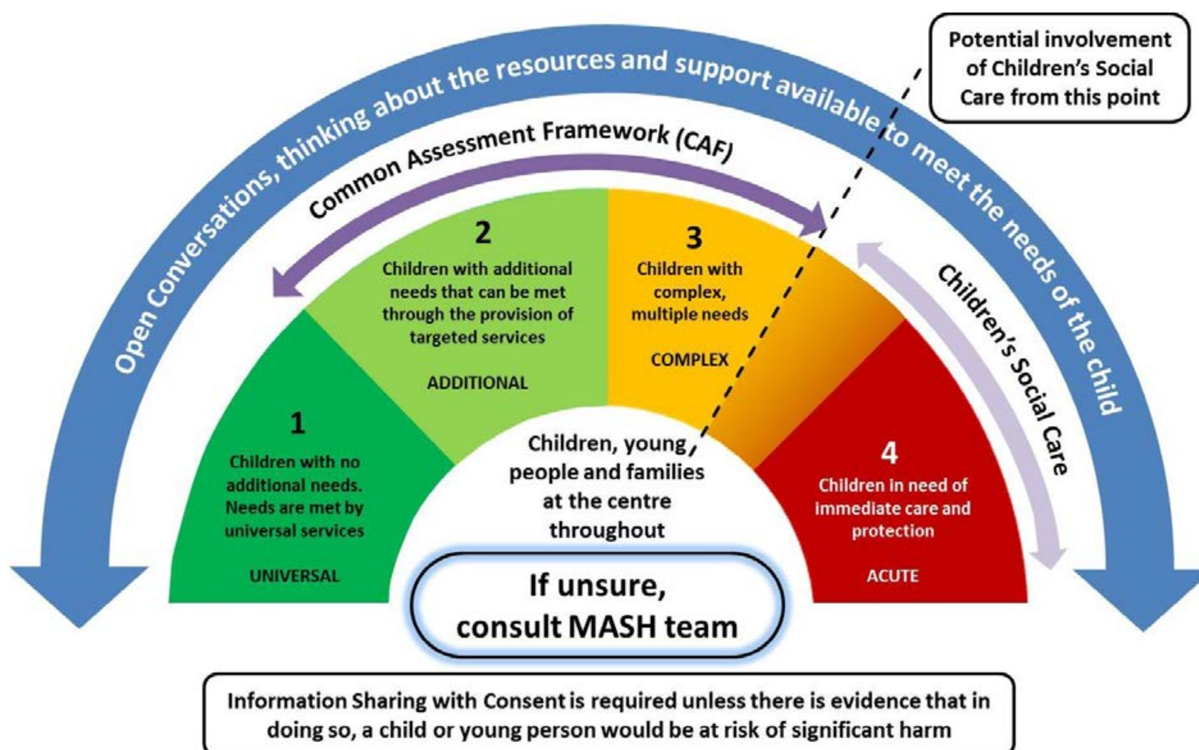
5. Identifying the Needs of Children and Unborn Babies Where their Parents or Carers Misuse Substances

Identifying the needs of children where their parents or carers misuse substances is a role for everyone working with children and families; including health, education, voluntary organisations and adult-focused agencies (including substance misuse agencies and adult mental health services).

Adult-focussed agencies should include systematic focus on the needs of the child and impact of parental / carer substance misuse within their assessments of all adult service users. Children living in households in which parents are misusing substances will potentially be in need of assessment for services provided by a range of agencies; from universal and early intervention to specialist services.

It is important to explore, during assessment, the substance misuse from the child's point of view and the impact it has on his / her life and development.

The following Bromley Continuum of Need (found in the **London Borough of Bromley Thresholds of Need, May 2017** document is designed to better enable the identification of the types of services and intervention that are required for children and young people:



Identifying Substance Misuse in Pregnancy

Some pregnant women who misuse substances do not present for antenatal care until late in pregnancy or when they are actually in labour. Those who do not present may feel that it is better not to reveal their substance misuse to antenatal care staff due to fear of the response of staff and potential involvement of statutory services. Some women may not be aware that they are pregnant, or may not be clear about the duration of the pregnancy.

Agencies in the community can play a key role in supporting these women in a variety of ways. This includes:

- Identifying substance misuse / pregnancy at an early stage
- Referring on to appropriate help and support
- Identifying risks
- Providing support and advice around pregnancy and / or substance misuse

Where appropriate, substance misuse agencies and other agencies should offer and carry out a pregnancy test with the consent of the woman. If the woman is pregnant she should be encouraged to inform her GP as soon as possible and refer herself / or be referred to antenatal services.

Antenatal Assessment and Care

When an agency identifies a pregnant woman / partner of a pregnant woman experiencing substance misuse problems a Common Assessment Framework (CAF) should be considered and, if they are not already involved, a referral made to adult substance misuse services. This should include gathering relevant information from the GP and Substance Misuse Services, in addition to any other agencies involvement, to ensure that the full background is obtained about any existing or previous assessment, diagnosis or treatment for mental illness. This is particularly important where service awareness of earlier births may need to be clarified (e.g. in the case of older or overseas children).

On no account should any agency inform a pregnant woman to stop misusing substances without first referring the matter to the woman's obstetrician and key worker or discussing with the key worker in substance misuse services

Immediate withdrawal of such drugs or alcohol could result in premature birth or miscarriage

All pregnant women should be asked about their use of prescribed and non-prescribed drugs (legal and illegal) as part of routine enquiries about general health during pregnancy. Time should be allowed for the exploration of the patient's and the professional's concerns regarding the risks for both the mother and the child. This should be done sensitively so that the woman is not deterred from seeking help, even if she continues to misuse substances.

Practitioners should ensure that the pregnant woman and her partner are aware of the risks and implications of the following behaviours:

- Use of tobacco, street drugs, alcohol and some over-the-counter drugs; including the adverse effects of some medicines
- Chaotic drug / alcohol use (e.g. polydrug use, erratic dosage precipitating withdrawals or intoxication)
- Injecting and sharing of injecting paraphernalia

- Unprotected sexual activity

If the woman's partner misuses substances, they should be encouraged to access treatment as this increases the chances of the service user being able to control and stabilise her substance misuse during pregnancy. Agencies working with men who misuse substances should consider the impact on unborn children of the service user's partner and make appropriate referrals to ensure support and assessment.

Cases of antenatal substance misuse should be referred to the maternity cause for concern meetings via the woman's midwife. These meetings plan interventions, monitor progress throughout pregnancy and are often undertaken along side CAF and other assessment processes such as Child in Need and Section 47 child protection enquiries.

Substance misuse workers, maternity staff and other practitioners working with pregnant women, their partners, children and their families should consider the following as a part of the ongoing assessment process:

- Which substances are being used
- Current amounts of substance use
- Patterns of use
- Route of administration (injecting or smoking)
- Other risk behaviours related to the substance use
- Whether the woman is receiving substitute medication which means that they are stable
- Stage of pregnancy
- The woman's support networks
- The needs of unborn child
- Whether the women has other children, their living situation and their main carer / guardian

It is recognised that assessment is an on-going process and practitioners must ensure that the other key professionals involved with the pregnant woman are aware of the following in line with confidentiality agreements:

- Changes in amounts, patterns, or routes of administration (injecting/smoking) of drug / alcohol use
- Changes in accommodation
- Changes in relationships / support networks

A multi-agency meeting may be called at any point, by any professional, during the course of the pregnancy to co-ordinate the care plan and monitor its effectiveness.

Maternal Substance Misuse in Pregnancy

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.

See: **Referral and Assessment Procedure, Pre-birth referral and assessment**.

(London Child Protection Procedures - Parents Who Misuse Substances, 2017)

Maternal substance misuse while pregnant may place the unborn child in danger. In problem drug use, factors include the composition of the drug, the gestation of pregnancy as well as how the drug is administered and the duration of the substance misuse. Risks include: low birth weight, premature delivery, perinatal mortality and cot death.

The effect of alcohol on the developing foetus is related to the amount and pattern of alcohol consumption and the stage of pregnancy. Drinking in the first three months of pregnancy is linked with increased miscarriage rates. Drinking alcohol can lead to Foetal Alcohol Syndrome, whose features include: deficiencies in height and weight, distinctive pattern of facial features and physical characteristics and central nervous system dysfunction.

Newborn Babies and Children

Newborn babies may experience withdrawal symptoms (e.g. high pitched crying and difficulties feeding), which may interfere with the parent / child bonding process. Babies may also experience a lack of basic health care, poor stimulation and be at risk of accidental injury.

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 **Young Carers Procedure**)

- 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

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.

See the **National Patient Safety Alert (November 2009) Preventing harm to children from parents with mental health needs.**

(London Child Protection Procedures - Parents Who Misuse Substances, 2017)

Signs and Symptoms in Older Children

For the older child, research indicates that children's educational attainment may suffer as children's thoughts become occupied by their parent's problems. Some believe they are to blame for their parents' problem, the relationship between the parent and child may deteriorate and the child feels less important in their parent's life. Such children may feel they need to grow up more quickly, take care of themselves, school work is neglected, and attendance at school may be erratic and there maybe difficulties forming friendships. For others school, clubs and friendships may offer respite. In adolescence, there is also the possibility that a few young people mirror their parents coping strategies and experiment with drugs and alcohol themselves.

Further information about the impact of parental substance misuse on children and unborn babies is available in Appendix 2.

Co-Morbidity

The co-existence of mental health issues and substance misuse is generally referred to as 'co-morbidity' or 'dual diagnosis' and people with mental health issues and substance misuse problems have particular needs that must also be met with a co-ordinated approach from substance misuse agencies and mental health services.

Since both substance misuse and mental health problems carry a powerful social stigma, difficulties may arise for parents with co-morbidity in accessing either the substance misuse or mental health agencies. In some instances Children's Social Care may be the initial agency to identify these issues. Where this is the case, the allocated Social Worker should therefore consider referring these parents to the substance misuse service in order to be assessed. This assessment will include a risk assessment and aim to maximise the support that the parents receive.

Where parents have both substance misuse and mental health problems, a referral should be made to either the substance misuse or mental health service; informed by the priority of the issues; and the services will work together.

Parents with substance misuse and mental health issues are not necessarily unable to successfully parent their children. However, for many such parents there is a clear need for support and access to joined-up services; with services assessing the level of risk posed by their substance misuse and / or mental health problems.

6. What to do if You Are Worried a Child is at Risk of Significant Harm

Referral to London Borough of Bromley Children's Social Care

If you think that a child or young person under the age of 18 years old, who lives in the borough, is being abused or neglected, contact the MASH Team using the contact details below. Outside of office hours and at weekends and public holidays contact the 'out of hours contact' service on 030 0303 8671.

Not all concerns raised about a child will automatically lead to a child protection investigation. Less serious concerns may lead to a more general assessment of need and the provision of services or the offer of advice and information.

If you are seriously concerned about a child's immediate safety, dial 999

Multi-Agency Safeguarding Hub (MASH)

Telephone: 020 8461 7373 / 7379 / 7026
Address: Civic Centre, Stockwell Close, Bromley, BR1 3UH

mash@bromley.gov.uk

mash@bromley.gcsx.gov.uk (secure email for those professionals with GCSX compatible emails, such as NHS, police and council staff. Do not email this account unless you are sure your email is compatible).

Out of Hours Duty Service: 030 0303 8671

A Referral into Social Care

Referral form, information and guidance

- Safeguarding_children_poster_January_2016.pdf
- Children's Social Care Referral Form Updated with SoS July 2016.doc
- What happens when you make a referral July 2016.pdf
- Thresholds of Needs Guidance May 2017
- Government guidance on 'What to do if you are worried a child is being abused' - a guide for practitioners
- Referrals into MASH re FGM

IF IN DOUBT ALWAYS CALL THE MASH TEAM FOR ADVICE

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

Triggers that may alert for a referral to children's social care for child protection are given below. This is not an exhaustive list and is provided to assist professional decision-making:

- Step up from Common Assessment Framework (CAF)/ Team around the Child (TAC) - where a CAF / TAC have been in place and the concerns escalate
- Concerns that parents/carers substance misuse is presenting a risk to the health / and or welfare of the child
- Pregnant women who are substance misusing, and where there are concerns about the impact on an unborn child, or a woman's ability to meet the child's needs once born
- Concerns about domestic violence which exist alongside substance misuse issues
- Concerns about parental/carer mental health which exist alongside substance misuse
- Where a family member or partner is a person identified as presenting a risk to children
- When a pregnant woman or her partner has been identified with substance misuse, a pre-birth assessment must be undertaken in accordance with the London Child Protection Procedures (2010) Section 6.8
- Children who have been the subject of previous child protection investigations, child protection registration, local authority care, or alternative care arrangements

Pre-Birth Assessments

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

- A sibling in the household is subject of a child protection plan
- A sibling has previously been removed from the household either temporarily or by court order
- The degree of parental substance misuse is likely to significantly impact on the baby's safety or development
- In addition to substance misuse, the degree of parental mental illness/impairment is likely to significantly further impact on the baby's safety or development
- There is a high risk of relapse of significant mental illness either in the ante- or post natal period
- There is significant domestic violence reported within the household
- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother
- Any other concern exists that the baby may be at risk of significant harm:
  - Parent previously suspected of fabricating or inducing illness in a child
  - Individual living in the household with a substance misuse problem

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

A professional / planning meeting for the expectant mother may be called at any time to update and coordinate the multi-agency care plan. The meeting should be an opportunity to discuss the mother's and baby's needs for the last part of the pregnancy and after the birth. The meeting should look at the needs of the woman, the father and baby; and identify any likely problems, and the services that parent(s) need to care for the new baby. It is important to note that the birth of the baby may create further problems, particularly if there is an unstable relationship or financial or housing difficulties.

If a pre-birth conference is considered necessary, this should be convened by the 30th week of the pregnancy. The GP, health visitor, staff from the maternity and neonatal services and substance misuse services as well as relevant professionals from other specialist services such as mental health care coordinator should be invited. The London Child Protection Procedures (2017) must be followed.

Ongoing Review and Assessment

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

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

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

Any strategy meetings /discussions, child protection conferences and core group meetings must include professionals from any substance misuse service involved with the family.

7. Importance of Working in Partnership

Substance misuse professionals must identify those adults who are parents, or who have regular care giving access to children, and share the information with LA children's social care as early as possible.

Local Authority Children's Social Care, substance misuse services and other agency services must undertake a multi-disciplinary assessment using the **Assessment Framework** (see **Referral and Assessment Procedure**) including specialist substance misuse and other assessments, to determine whether or not parents with substance misuse problems can adequately care for their child/ren. Such assessment should include whether they are willing and able to lower or cease their substance misuse, and what support they need to achieve this.

Professionals in all agencies must recognise that their primary duty is to safeguard and promote the welfare of the child/ren. All care programme meetings for adults who are a parent must include ongoing assessment of the needs or risk factors for the child/ren concerned. Children's Social Care should be invited to such meetings if appropriate and contribute.

Strategy meetings / discussions, child protection conferences and core group meetings, must include professionals from any drug and alcohol service involved with the subject child and their family.

Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring that inter-disciplinary / agency protocols and training are in place for the co-ordination of assessment and support and for close collaboration between all local children's and adult's services.

(London Child Protection Procedures - Parents Who Misuse Substances, 2017)

Professionals should familiarise themselves with the local threshold criteria for referral to services based on children's needs which can be found via the following hyperlink:

Bromley Safeguarding Children Board - Information for People Working With Children (2017)

Using the Common Assessment Framework (CAF)

The Common Assessment Framework (CAF) can be carried out at anytime that you have concerns about the child's welfare and need greater clarity. The use of the CAF process enables the needs of the children to be identified at an early stage and can be used when:

- You are worried about how well a child is progressing in terms of health, welfare, behaviour, learning
- Parents have raised concerns with you
- Needs are unclear and it would help to have them clearly identified
- Needs go beyond the service your agency provides

The CAF Team can be contacted at any point for further information and to discuss if it is appropriate to do a CAF. Agencies can also contact the CAF Team to identify whether a CAF has already been initiated. Where a CAF already exists for a child, then your agency can update the CAF with the new information you hold about the family and contribute to the multi-agency support for the child. Contact details for the CAF Team are in Appendix 4.

Where there are a number of professionals involved with a child, a Team Around the Child (TAC) approach can help practitioners to come together and assess those needs and decide with the child / family a course of action to provide the services needed. Where consent is not given by parents or carers to undertake a CAF, this must be discussed with the child protection lead in your agency to decide whether there is sufficient evidence to support a referral to Children's Social Care.

Referral to Adult Substance Misuse Services

Services for children and young people must work with the family as a whole, maintaining the child's needs as the focus. These services should consider parental substance misuse when making an assessment of the child's needs. Agencies should incorporate the themes from the assessment tool in Appendix 1 into existing assessment procedures to help ensure that children receive an appropriate assessment.

Referral to adult substance misuse services should always be made if there is concern about an individual's substance misuse which indicates a risk to the service user themselves or to others,

particularly children. The substance misuse service can also be contacted for consultation before a formal referral is made. Contact details for the Adult Substance Misuse Service are included in Appendix 4.

If there is an immediate danger to the service user or others, including a child, the Police must be contacted via 999

Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated. Contact with the GP and Substance Misuse Services is essential to ensure that the full background is obtained regarding any information about previous or current treatment or referrals.

Triggers that may indicate that a referral should be made to Substance Misuse Services for parents include:

- Previous or current history of significant 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 (depending on the nature and intention of the overdose it may be appropriate to refer to mental health services e.g. for overdoses of prescription drugs)
- 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
- Co-morbidity with mental health problems

Joint Working

Joint visits between key agencies working with families should be made to fully assess the needs of the family and to plan joint working arrangements.

8. Think Child, Think Parent, Think Family

In 2012 the Social care Institute for Excellent (SCIE) launched the ***Think Child, Think Parent, Think Family*** initiative with the accompanying key messages:

- Think child, think parent, think family in order to develop new solutions to improve outcomes for parents with mental health problems and their families

- Take a multi-agency approach, with senior level commitment to implement a think family strategy

- Review whether criteria for access to adult mental health and to children's services take into account the individual and combined needs of children, parents and carers

- Ensure screening systems in adult mental health and children's services routinely and reliably identify and record information about adults with mental health problems who are also parents

- Listen to parents and children - most want support that is flexible, based on a relationship with a key worker and takes account of their practical priorities

- Build resilience and manage risk - ensure ready access to specialist mental health and children's safeguarding services when needed and that staff know who makes what decision in what circumstances

- Be creative - consider allocating an individual budget to provide flexibility and tackle stigma by developing non-traditional ways of providing services

- Increase every family member's understanding of a parent's mental health problem – this can strengthen their ability to cope

The following links to the SCIE ***Think Child, Think Parent, Think Family*** webpage:

SCIE Think Child, Think Parent, Think Family Site within the Parents Who Misuse Substances section of the London Child Protection Procedures (2017)

9. Multi-Agency Information Sharing

Successful multi-agency working depends on effective information sharing.

Please refer to the Bromley Multi-Agency Children's Safeguarding Information Sharing Protocol, using the following hyperlink:

Bromley Multi-Agency Children's Safeguarding Information Sharing Protocol (March 2017)

10. Resolving Professional Differences

Research and case enquiries have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child.

If there is a difference of opinion the professionals concerned should try to resolve the issue through multi-agency discussion within one working week. If the differences cannot be resolved then the **Bromley Safeguarding Children Board (BSCB) Escalating Concerns Protocol (July 2017)** should be used to resolve the difference and ensure a safe and positive outcome for the child.

The **Bromley Safeguarding Children Board (BSCB) Escalating Concerns Protocol (July 2017)** is found using the following hyperlink:

BSCB Escalation Policy - Resolving Professional Difference (July 2017)

Appendix 1 Assessment Tool

Assessment tool for assessing problem drug / alcohol use and impact on parenting

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

It is important to note that this is a multi-agency risk assessment; it is not expected that one agency would be able to gather all of the information alone from the family. Close liaison with the range of services involved with the family is required to complete this risk assessment.

Children in the Family - Provision of Good Basic Care

- How many children are in this family?
- What are their names and ages (wherever possible include dates of birth)?
- *For each child:*
- Where and with whom they live?
- Who else cares for them? And whether the carers misuse drugs/alcohol?
- Is there adequate food, clothing and warmth for the child? Is height and weight normal for the child's age and stage of development?
- Is the child's health and development consistent with their age and stage of development? Has the child received necessary immunisations? Is the child registered with a GP and a dentist? Do the parents seek health care for the child(ren) appropriately?
- Does he or she attend nursery or school regularly? If not, why not? Is he or she achieving appropriate academic attainment?
- Does the child present any behavioural problems, or emotional problems?
- Does the parent manage the child's distress or challenging behaviour appropriately?
- Are children engaged in age-appropriate activities?
- Are there any indications that any of the children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities etc.)?
- Is the care for the child consistent and reliable? Are the child's emotional needs being adequately met?
- Is there a risk of repeated separation for example because of periods of imprisonment (e.g. short custodial sentences or fine default)
- How does the child relate to unfamiliar adults?
- Are there non-drug using adults in the family readily accessible to the child who can provide appropriate care and support when necessary?

Describing Parental Drug Use
(Identify sources of information, including conflicting reports)

- Is the drug use by the parent:

  - **Experimental** - Use of drugs / alcohol as a means of 'finding out' about their effects. People may experiment with different drugs or with the same drug in different situations

  - **Recreational** - Regular use of drugs / alcohol (whether occasional or often) without development of associated problems. The extent to which people can use drugs / alcohol recreationally will vary

  - **Problematic** - Use of drugs / alcohol which causes, or linked with other problems present in user's life. Problems caused by drug / alcohol use can be far reaching and may include detrimental effects on health (mental and physical), relationships, family, employment, finances, accommodation, legal aspects and the community as a whole

    - **Dependent** - Use of drugs / alcohol due to physical or psychological dependence; generally associated with problematic use, but not always the case (e.g. user prescribed methadone may be dependant but does not necessarily experience problematic drug use)

    - **Chaotic** - Use of drugs / alcohol which follows no pattern and causes multiple problems in user's life. Chaotic users are likely to use a range of different drugs (including alcohol)

- Does the user move between these types of drug use at different times?

- Does the parent misuse alcohol?

- Does the parent use alcohol concurrently with other drugs?

- How reliable is current information about the parent's drug use?

- Is there a drug free parent, supportive partner or relative?

- Is the quality of parenting or childcare different when a parent is using drugs and when not using?

- Does the parent have any mental health problems alongside drug use? If so, how are mental health problems affected by the parent's drug use? Are mental health problems directly related to drug use?

Accommodation and the Home Environment

- Is the family's living accommodation suitable for children? Is it adequately equipped and furnished? Are there appropriate sleeping arrangements for each child, for example does each child have a bed or cot, with sufficient bedding?
- Are rent and bills paid? Does the family have any arrears or significant debts?
- How long have the family lived in their current home / current area? Does the family move frequently? If so, why? Are there problems with neighbours, landlords or dealers?
- Do other drug users share or use the accommodation? If so, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug using community?
- If parents are using drugs, do children witness the taking of the drugs, or other drugs/alcohol?
- Could other aspects of drug use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?

Procurement of Drugs

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

Health Risks

- Where in the household do parents store drugs?
- Do the children know where the drugs are kept?
- What precautions do parents take to prevent their children getting hold of their drugs? Are these adequate?
- What do parents know about the risks of children ingesting methadone and other harmful drugs?
- Are they in touch with local agencies that can advise on such issues such as needle exchanges, substitute prescribing programmes, detoxification and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?

If Parent(s) Inject

- Where do they keep injecting equipment? In the family home? Are works kept securely?
- Do they share injecting equipment?
- Do they use a needle exchange scheme?
- How do they dispose of syringes?
- What do they know about the health risks of injecting or using drugs?

Family and Social Supports

- Do the parents primarily associate with other problem drug users, non-drug users or both?
- Are relatives aware of parent(s) drug use? Are they supportive of the parent(s)/ the child?
- Will parents accept help from relatives, friends or professional agencies?
- Is social isolation a problem for the family?

- How does the community perceive the family? Do neighbours know about the parents drug use? Are neighbours supportive or hostile?

Parents' Perception of the Situation

- Do the parents see their drug use as harmful to themselves or to their children?
- Is there evidence that the parents place their own needs and procurement of drugs before the care and welfare of their children?
- Do the parents know what responsibilities and powers agencies have to support and protect children at risk?
- The ability of a parent to care adequately for their children may at any given time vary depending on the amount of drug use, treatment undertaken, withdrawal from drugs and other circumstances.

Some parents who use drugs have poor parenting skills for reasons other than their problem drug use. If parents stop using drugs suddenly, withdrawal can increase stress and anxiety and decrease the ability of parents to care for children. Nor should it be assumed that if the problem drug use is controlled, the parents will immediately be capable of looking after children safely or satisfactorily. Any change in the parents' drug/alcohol use will warrant re-assessment of the impact of the change on other family members, and in particular dependent children.

Appendix 2 Impact of Parental Drug / Alcohol Use on Children

Pregnancy

The following factors are linked to dependent / chaotic drug/alcohol use and may impact on the health and wellbeing of the foetus:

- Poor nutrition and vitamin deficiencies
- Anaemia
- Infections
  - a) Bacterial (Abscesses, Septicaemia, Bacterial Endocarditis)
  - b) Blood borne viruses (HIV, Hep A, B & C)
  - c) Sexually transmitted diseases
- Chest infections – recurrent, acute and chronic
- Non or poor attendance at Antenatal Clinic
- Delayed confirmation of pregnancy
- Possible intermittent withdrawal or overdose from drug/alcohol use

Drug/alcohol use may impact on the foetus in the following ways:

- Intra-uterine growth retardation
- Preterm delivery
- Increased rates of low birth weight and perinatal mortality
- Death in utero

The Effects of Individual Drugs

Cocaine

- Intra-uterine growth retardation, premature delivery, low birth weight, death in utero
- Higher rates of early miscarriage
- Higher rates of third trimester placental abruption
- Higher rates of stillbirth and neonatal death (Chasnoff et al)
- Higher rates of Sudden Infant Death Syndrome (Kandall et al)

Opiates

- No reports of increase in foetal abnormalities
- Intra-uterine growth retardation, premature delivery, low birth weight, death in utero
- Abruption of the placenta with consequent stillbirth or neonatal death

Barbiturates

- Withdrawal effects may occur in infants
- Studies have shown a small increase in fetal abnormalities possibly related to folate deficiencies

Benzodiazepines

- Some evidence of increase in oral cleft deficits
- If the mother is taking these drugs at the time of delivery the baby may be hypnotic, hypothermic and have respiratory difficulties
- Also theoretical risk of increased neonatal jaundice due to enzyme reduction

Neonatal Period

Drug/alcohol use during pregnancy can impact on the child in the following ways:

- Abstinence syndrome (24-72 hours after delivery but can be delayed if the mother has been using Methadone and Benzodiazepines)
- Foetal distress
- Foetal Alcohol Syndrome

Childhood

Children of drug / alcohol misusing parents are at greater risk of the following hazards:

- Sustained or intermittent poverty
- Physical; emotional; sexual abuse
- Neglect, inadequate supervision and inappropriate parenting practices
- Toxic substances and drug using paraphernalia (needles/syringes etc) in the home and therefore possible exposure to blood borne virus infection or poisoning
- Exposure to criminal or other inappropriate adult behaviour
- Domestic abuse is observed
- Inadequate accommodation and frequent changes in residence and carers
- Social isolation

The above may be in addition to, and interact with mental health problems and parental under-attainment.

Possible adverse consequences of parental drug/alcohol misuse

- Emotional, cognitive and behavioural problems
- School refusal / truanting
- Increased prevalence of learning problems and poor educational achievement
- Inadequate healthcare:
- Higher rates of chronic illness
- Respiratory infections
- Hearing loss
- Nutritional and growth problems
- Accidents (Kurtz & Stanley 1995)
- Incomplete immunisation
- Poor socialisation
- Early drug/alcohol use / misuse
- Early offending behaviour

Protective Factors

1. The risk of a child developing behavioural or other problems will not be determined by one single risk factor (parental drug/alcohol use) but by the interaction between risk and protective factors over time (Dawe et al 2000)

2. Protective factors include strong family support; support from a non-using adult such as teacher or other professional; parental controlled drug dosage and maintenance of family routines (Barnard and McKegany 2004).

Bromley Changes – Referral Form

Drug and Alcohol Support Service for Young People

If you have any questions about the form or want to discuss a potential referral please do not hesitate to contact us on 0208 3131107 or 07920 813660. Please send all referrals to admin.bromley@cgl.cjsm.net /David.dunkley@cgl.org.uk

Details: Does the Young Person have a CAF in place? [ ] Yes [ ] No

Name			
Gender	☐ Male ☐ Female	**DoB**	
Nationality		**Ethnicity**	
Address			
Tel		**Mobile**	
Parent/Carer's details			

Are parents aware of the referral being made? ☐ Yes ☐ No
Has Young Person consented to the referral being made? ☐ Yes ☐ No
Is it appropriate to visit the Young Person at home? ☐ Yes ☐ No
Would a joint visit be appropriate? ☐ Yes ☐ No

Drug of Choice

☐ Cannabis	☐ Cocaine	☐ Crack	☐ Ecstasy	☐ Amphetamine
☐ Alcohol	☐ Solvents	☐ Heroin	☐ Ketamine	Other:

Reason for Referral

Referrer's details

Name			
Organisation			
Address			
Tel		**Mobile**	
Email address			
Relationship with client			
Professionals involved			
Date			

Bromley Drugs & Alcohol Service Treatment Pathway

Self-Referral/ Open Access
Monday & Friday: 10- 4pm
Tuesday & Thursday: 1:30- 8pm
Wednesday: 1:30-4pm
BDAS-35, London Road, BR1 1DG
Tel: 020 8289 199

Adult/ Children Social Services Complex Care teams

Criminal Justice Team/ NOMS -Probation, Community Rehabilitation Company

Hospital Teams & A&E

Job Centre & Housing Teams

Community Mental Health Team/ OXLEAS, Acute Psychiatric Units

GP, Health Care Specialists Midwives, Health Visitors

Referral sent to Admin.bromley@cgl.cjsm.net

Entry into Service Assessment

Completed by Care Co-ordinators supported by Volunteers.

- Advice and information
- Triage Assessment
- Access to Mutual Aid – AA, CA, NA
- Complimentary Therapy
- Auricular Acupuncture
- Brief Intervention
- Alcohol Services
- Opiate substitute therapy
- Community Care Assessment
- Stimulant/Cannabis Pods
- Over the counter medication interventions.

If a client's Alcohol Audit is 20+ and SADQ is 16 +

Comprehensive Assessment

Health & Wellbeing PODS 2x weekly sessions for 4 weeks

Foundations of Change PODS 2x Sessions 4 week programme focused around hope, empowerment, inspiration & motivation

If client is opiate dependant.

Health & Wellbeing Induction with Nurse/ Recovery Worker

Medical Assessment with Psychiatric consultant to coincide with POD

Weekly Foundations of Growth Sessions
Care Co-ordination progress Reviews conducted regular

Including Ambulatory Alcohol Detox, Opiate Growth PODs

More sessions may be required depending on dependency

Early Intervention POD

Comprehensive Assessment, Workbook (cohort specific) Preparation for accessing structured psychosocial interventions.

Non-Dependant Alcohol and Non-opiate

Foundations of Growth Sessions & Care Co-ordination Reviews

16 week - Foundations of Life Sessions & Care Coordination Reviews prior to exiting

Including, T2- Controlled Drinking, Alcohol Abstinence PODS

T3- Community prescribing PODS

Appendix 4 Who to Contact

If you are concerned about a child you must always take action to reduce risk/harm

If you are unsure - seek advice

If you want to report a crime against a child, contact your local police station

If you think a child is in immediate danger contact the police by dialling 999

Children's Social Care
To make a referral to a service or discuss a potential referral contact:

Multi Agency Safeguarding Hub (MASH) Team
London Borough of Bromley
St Blaise Building, Civic Centre
Stockwell Road
Bromley
BR1 3UH

Telephone 0208 461 7373/7379/7026
E-mail: mash@bromley.gov.uk
mash@bromley.gcsx.gov.uk (secure)

Emergency Duty Team (Out of Hours)
5pm – 9am weekdays, weekends and bank holidays
030 0303 8671

Common Assessment Framework (CAF) Team
Common Assessment Framework Team
Bromley Central Library, 3rd Floor
High Street
Bromley BR1 1EX

Tel: 020 8461 7174

Adult Substance Misuse
Bromley Community Drug and Alcohol Service (BDAS)
35 London Road,
Bromley
BR1 1DG
Disabled access is available
Service manager: Jonathan Williams
T: 0208 289 1999 F:0208 289 5507

W: www.changegrowlive.org

Bromley Community Drug and Alcohol Service is commissioned by LBB. The service offers a range treatment options including, substitute prescribing, outreach, psychosocial interventions, one to one and group interventions. The service works holistically and in partnership to address the many issues related to substance misuse such as poor physical health, offending housing, education, training and employment. Assessment, as well as advice and information and consultation with professionals is also provided.

The Young People's Substance Misuse Service
Bromley Changes
6 Cobden Court
Bromley
BR2 9JF

Manager: *David Dunkley*
T: 0208 313 1107 M: 07920 813660
W: www.changegrowlive.org
Twitter: @Bromley Changes
Facebook: CGL Bromley Changes

We're a confidential drug and alcohol support service for young people aged between 10 and 18. We have a highly skilled team with many years' experience of supporting young people to live healthier and safer lives. We work within the community, so our workers will arrange a time and place suitable to you, whether that is at school, home or another location in Bromley.

Health

Designated Nurse for Safeguarding
01689 866 332

Designated Doctor for Safeguarding Children
020 8466 9988

Hospital
Princess Royal University Hospital
Farnborough
01689 863 000

Bromley Healthcare Safeguarding team
Phoenix CRC
Mason's Hill
020 8466 9988

Mental Health
Oxleas NHS Foundation Trust

Liaison & Intake Team
Stepping Stones
38 Masons Hill
Bromley, BR2 9JG

Telephone: 020 8466 2500

Bromley Community Wellbeing Service for Children and Young People
(formerly known as Bromley Y)
17 Ethelbert Rd
Bromley
BR1 1JA.
Tel: 020 3770 8848
Fax: 020 3121 3005
Email: info@bromleyy.org
Website: www.bromleywellbeingcyp.org
NOTE: A screening form is necessary for a referral. See website above for form.

Child and Adolescent Mental Health Services (CAMHS)
2 Newman Road
Bromley
BR1 1RJ
020 8315 4430

NOTE: All referrals to CAMHS are routed through Bromley Community Wellbeing Service for Children and Young People.

Police
Child Abuse Investigation Team 020 7230 3700

Education
Education Welfare Office

Civic Centre, 1st Floor
Stockwell Close
Bromley
BR1 3UH

020 8313 4158 or 020 8461 7443

Appendix 5 References

- NSPCC - Sophie's Story
- London Child Protection Procedures - Parents who Misuse Substances (2016)
- National Patient Safety Alert - Preventing Harm to Children from Parents with Mental Health Needs (2009)
- Hidden Harm - Responding to the Needs of Children of Problem Drug Users (2011)
- Think Child, Think Parent, Think Family (SCIE, 2012)