

Practice Guidance: Safeguarding Children affected by Substance Misuse



**Safeguarding Children affected by
Substance Misuse Joint Working Protocol**



Introduction

This joint protocol between Hackney Drug and Alcohol Action Team (DAAT) and Children’s Social Care (CSC) outlines the agreed responsibilities of workers within each service area to ensure the risk management and safeguarding of children when working with parents with substance misuse issues. The term substance misuse includes both controlled substances and alcohol.

Joint working across service areas is paramount to safeguard children and this protocol must be adhered to by all Children’s Social Care workers, those employed in DAAT commissioned services and DAAT support services.

The protocol applies whenever there are concerns about the welfare of a child where the levels of drug and/or alcohol use being presented within a treatment setting, or as assessed by Children’s Social Care, compromise the ability of the parent or carer to care for their children effectively.

Parental substance misuse does not necessarily have an adverse impact on a child’s developmental needs but it is essential to continually

assess the impact on, or the potential risk to, each child within a family to make appropriate plans accordingly.

The stigma associated with drug and/or alcohol dependency can create barriers for both parents and children when it comes to engaging with services due to fears that they will be separated.

This area of work is therefore most sensitive and requires both skilled and thorough interventions across both service areas to ensure the child’s needs are being met and that services are working in partnership to support the needs of the whole family. Additionally, interventions must take into account other difficulties e.g. domestic violence, mental health and learning disability.

A core aim of this protocol is to enable practitioners to feel more confident when assessing risk factors when working with child protection and substance misuse issues, having clarity on referral pathways, thresholds for intervention and to fully embrace multi-agency working.

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Principles, shared goals and working together

The core principles underpinning this protocol are:

- The child's welfare and safety is paramount
- All professionals involved have a responsibility for the safeguarding and well being of children
- All agencies and professionals must be alert to the potential indicators of abuse or neglect and the risks of harm that individual abusers or potential abusers may pose to children
- Children are generally best placed within their own families and support should be provided to facilitate this wherever possible in the best interests of the child
- The well-being of children and families is best served by a multi-agency approach where the different services involved work effectively together
- Services will be delivered based upon a needs-led approach
- Parents with substance misuse issues have a right to be supported in a non-judgmental way that enables them to fulfil their parental responsibilities
- Parents and children should be fully involved in the planning of any work that services aim to undertake with them
- Professionals should not generalise or make assumptions about children, families and the knowledge and experience of professionals that they are working alongside
- All services need to work in away that recognises and values cultural diversity
- Poor practice is not acceptable as it can lead to direct harm of children and young people



Turning key principles into effective partnership working

Recognising that child protection is the responsibility of all services involved is the foundation upon which joint working practices are built. Differences in how each service area work such as:

- professional language and meanings
- thresholds for referral and interventions
- timescales
- staff experience, knowledge and confidence

can all be barriers to effective joint working. The guidance set out within this protocol should help to break down these barriers and enable workers throughout service areas to feel supported and have clarity about appropriate interventions and actions.

As soon as it is established that a client is being worked with by both agencies, clear and regular communication should be maintained, particularly if there are any changes in the situation. Always check that communication has been received by partner agencies.

Agencies will share all relevant assessment paperwork and jointly plan and record ongoing work and service provision in client files in both services. These will include full care planning with clear responsibilities defined for each agency and/or the professionals involved. This will include clarity on review periods with an understanding that all relevant parties are to be involved in all review meetings and discussions.

Agencies will also always consider the involvement of the wider family network in engagement and involve both children and families in both assessment and planning. No major decisions should be made without full consultation across service areas, unless emergency action needs to be taken. Under such circumstances, other parties need to be advised as soon as possible.

Recognising the different skills and competencies specific to each service area, partners will seek advice, input and consultation on those matters more naturally sitting within their partner agencies' area of expertise as and when required.



Identifying key risks around substance use and parenting

It is hard to know with any degree of certainty how many children are living with parents who are problem substance users when such behaviour is regularly characterised by secrecy and denial.

However, the prevalence of substance misuse as a factor in child protection cases is often a common theme. Parents that misuse substances (including alcohol) were found in a third of cases where there was a current or past history of parental drug misuse (biennial overview of Serious Case Reviews 2005-7 Brandon et al 2009).

Areas where parental substance misuse can result in parents or carers experiencing difficulty:

- Organising their own and their children's lives
- Being unable to meet children's needs for safety and basic care
- Being emotionally unavailable
- Putting their own needs and feelings first
- Having difficulty in controlling and disciplining their children
- Becoming detached from reality and losing consciousness
- Allocating funds to acquire substances rather than meet the basic needs of the family
- Being involved in criminal activity
- New mothers with a history of substance use may find it hard to respond appropriately to their newborn baby
- Problem drug use may also affect the parents ability to empathise with the baby
- With unpredictable or dramatic change of mood
- Support adolescent children through puberty appropriately

The possible consequences of maltreatment for the child include major long term effects on all aspects of their health, development and well-being. The immediate and longer term impact can include poor concentration, anxiety,

depression, substance misuse, eating disorders and other self destructive behaviours, such as offending.

The child may harbour:

- Feelings of responsibility for their parents actions, believing they are to blame for their parents drug use
- Feelings of inadequacy and guilt when their actions fail to make any positive impact on their parents drug use
- Beliefs that they are second place in their parents lives that can lead to feelings of anger, betrayal and worthlessness
- Feelings of loss for their own childhood, particularly if playing a caring role for their parents or siblings, being both inappropriate and even dangerous from a child development perspective

However, it is important to retain a rational and evidence based approach to assess the extent to which the use of drugs and alcohol actually affects parenting capacity and therefore each case must be assessed individually.

The full impact of parental problem substance misuse will depend on the child's age and stage of development as well as his or her personality and ability to cope. Consideration needs to be given to both the type of drug(s) used and the effect on the individual; the same substance will affect different people in different ways.

The situation is further complicated because the same substance may have very different consequences for the individual depending on their current mental state, experience and/or tolerance of the substance, expectations, personality, the environment in which it is taken, the amount used and the way it is consumed.

When parents, or others in the home, stop taking substances children can be particularly vulnerable.

It is not only their parents whose substance misuse may place the child at risk of suffering significant harm, but also the problematic substance use of other family members such as a parent's new partner, siblings, or other individuals within the household.

Problematic substance use is likely to continue over time. Although treatment may prolong periods of abstinence or controlled use for many individuals, relapse should be expected as a normal part of many individuals recovery journey.

Assumptions about the use or abstinence of drugs should not be based on whether or not parents, or others in the home, are engaged with services for their problem drug use.

Both Children's Social Care and treatment providers therefore need to consider a wide range of factors when assessing risk, not only within the context of the family setting, but also extending to any significant contact the client may have with children and young people, as a partner of a parent, in the extended family network or socially (refer to Appendix 8: Tools CSC use to manage and approach risk).

Children's Social Care must also take into consideration the broad range of measures that may be used to evidence progress made by the client against specific levels of compliance as specified within a realistic treatment plan.

This will mean working closely with any drug or alcohol treatment provider that the client is engaged with to understand what is reasonable and expected within the treatment plan (as identified following comprehensive assessment). For example, if a client is using heroin, one would not expect them to stop using without arranging for substitute prescribing or medically supervised detoxification. Once implemented, progress within the treatment plan must be defined, with clear outcomes specified.

Being drug or alcohol free may not be a core requirement to facilitate a healthy family environment. The emphasis is better placed by those agencies involved in working with the service user to evidence their capacity to moderate their use and not place their children at risk as a result of their drinking and/or drug using behaviour.

There is no singular tool that provides an entire and comprehensive overview of the risk an individual's drug or alcohol use could have on their ability to parent or look after children and young people appropriately.

Each situation will be different and must be assessed as such. It is possible that lower levels of use could be more dangerous than higher levels due to the individual adult, the needs of the child, their environment, and support available.

Therefore, assessing any risk posed by substance use must be undertaken on an individual basis and be unrestricted by stereotypes or assumptions about drug and alcohol use. However, at the higher end of risk, there is far greater clarity that parenting will be compromised due to problematic use, as the parent will not be able to cope with most areas of functioning, including caring for any children.

High risk parental substance misuse requiring referrals into Children's Social Care will include:

- Using controlled drugs or being intoxicated through alcohol use around children and young people
- Using to the extent that the individual is 'blacking out'
- Using to the extent that psychosis is induced
- Bringing strangers into the home to use or deal and/or leaving children with inappropriate adults to use or acquire substances
- Using to the extent that drugs, alcohol and paraphernalia are left in places where children and young people can easily access them
- 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
- Prioritising spending money on drugs/alcohol
- Being so entrenched in dependency that the basic nourishment, hygiene, care of any children and attendance at school is being neglected
- Having a physiological dependency that would require inpatient detoxification

- Disclosing information about their parenting that evidences poor boundaries and/or inappropriate disclosures to their children.

Through joint care planning with substance misuse services at point of identification, Children's Social Care workers will be able to thoroughly understand the impact any substance use will be having on

the parent's ability to cope and be involved in the process of treatment planning.

They will also be able to work more effectively with the family by having realistic expectations with reference to treatment and recovery from drug and alcohol dependency issues.



Client presentation with both alcohol and substance misuse treatment needs or complex needs

Workers in both alcohol and drug services need to remain vigilant about the impact of secondary drugs of choice if they fall outside the remit of their service areas. In other words, a primary opiate user may also be using alcohol problematically and vice versa.

Secondary 'drugs of choice' must not be minimised or under assessed, with workers needing to ensure treatment for that issue is

secured and that they regularly review the impact that area of concern may be having on the client's ability to parent or look after children appropriately.

Additionally, it is important to remain aware of the possibility of other difficulties within the family – e.g. mental health, domestic violence, learning disability and to report these issues also to Children's Social Care when and if they arise.



During pregnancy

Neglect may occur during pregnancy as a result of maternal substance misuse. Drugs and/or alcohol used while pregnant may endanger the unborn child depending on the pharmacological make-up of the substance, the frequency of use during pregnancy and the route/amount/duration of substance use.

Structural damage to the foetus is most likely during 4-12 weeks of gestation; substance taken later can affect growth or cause intoxication or abstinence syndromes.

For pregnant drink or drug users in general, irrespective of the substance used, especially where poor social conditions prevail, there is an increased risk of low birth weight, premature delivery, peri-natal mortality and cot death. The risk to the child is complicated when mothers take a combination of substances.

There are also clear and strong links between adult domestic violence and substance misuse, with domestic violence often starting during pregnancy.

The majority of pregnant drug/alcohol users will require a referral to Children's Social Care for a pre-birth assessment due to the broad range of risks associated by parental substance use.

All pregnant drug/alcohol users should be referred to the Specialist Substance Misuse Midwife (Appendix 3) who can work with the mother/parents throughout pregnancy and for 6 months post birth.

In the case of expectant partners, referrals should be made to Children's Social Care, so that the level of risk resulting from the contact they will be having with the child and mother can be assessed.

Expectant partners should receive the same information as the pregnant woman on pregnancy, child birth, the impact of substance misuse on parenting and should be encouraged to explore the level of involvement of role they would like to play in the child's life.

Referring into Treatment: A referral pathway for Children's Social Care practitioners



Children's Social Care Referral Pathway

Client identified as having substance misuse issue



Refer to Safeguarding Lead within specialist treatment provider



Forward relevant paperwork



Triage, Comprehensive and Parental Needs Assessment completed by treatment provider



Joint Treatment Plan developed



Commence joint work

Following initial assessment by Children's Social Care workers, if it has been established that substance misuse is a factor within the family, workers should contact the appropriate treatment provider to undertake a comprehensive substance misuse assessment.

Treatment services across the borough are delivered by both voluntary and statutory providers (all service details are given in Appendix 3). Treatment for primary alcohol or drug issues are delivered separately, so if a client presents with both drug and alcohol using behaviours, referrals will need to be made to both relevant services. Following assessment, Children's Social Care will be made fully aware of the levels of using and be in receipt of an expert assessment to clarify levels of risk appropriately. Needs for the client will at this stage be identified following the assessment and further joint working and care planning should commence.

If the parent does not attend the initial appointment, Children's Social Care will be informed within 24 hours either by phone, fax or email. Second and third appointments for assessment will be offered if the client fails to attend. If the client fails to attend a third appointment, the referrer will be contacted to discuss possible ways to address the matter jointly. Treatment services will acknowledge the outcome of the assessment in writing.

In the first instance, referrals into services should be made to the Safeguarding Lead within any treatment service. Referrals should be supported by attaching any assessment paperwork completed by Children's Social Care and an outline of the treatment issue.

Referrals from Children's Social Care will be treated as priority referrals and the individual referred will be invited to attend an assessment within 5 working days by the relevant treatment provider. Following comprehensive assessment by the treatment provider, Children's Social Care and treatment practitioners will arrange to meet with the client jointly to construct a realistic treatment plan, taking into consideration fully the needs of the child(ren) who may be at risk from parental substance misuse.

In those cases where drug testing may be considered by judicial services, Children's Social Care workers need to ensure the client is fully engaged with services and have fully explored that abstinence is a realistic and achievable goal at that time.

Emphasis should be placed on avoiding drug testing wherever possible, as it can often be a punitive and misleading measure for compliance and progress. Workers from both service areas need to work closely in such cases to agree what behaviour and use is safe enough and to advise the courts on what the most beneficial interventions and assessment tools would be.



Referring into Children's Social Care

Following presentation and identification that the client has child caring responsibilities, is pregnant or has regular contact with children and young people, all treatment workers must complete the Parental Needs Assessment (PNA).

This document will be used alongside the Comprehensive Assessment to build an accurate picture of the levels of drug/alcohol use and ability thereof to care responsibly for any children. Initial treatment assessment paperwork will also gather basic information on any children or contact with children and young people a client may have.

Data about the children (names, dates of birth, residency, details of main carer, health visitor/schools attended, any involvement with Children's Social Care current or historical) will be logged onto a central database to ensure information can be shared between service areas consistently and efficiently.

Treatment workers will also establish (if the client has children living with them) who else lives in or regularly stays or visits the household.

The PNA is an active document to be regularly revisited throughout a client's treatment journey,

as needs will change over time. All workers must take responsibility for reviewing progressions and assessing the impact that changes in using behaviour will have on parenting.

Key workers will advise the Safeguarding Lead within their service, following assessment (triage, full and parental), of any client who presents with childcare responsibilities for the purpose of review and monitoring.

This second tier assessment by the Safeguarding Lead is good practice, enabling the key worker to feel additionally supported and provide a mechanism to ensure that decisions are not being made in isolation.

However, this must be timely. If there are immediate concerns for a child's welfare, this second tier assessment must not hold up a

referral to Children's Social Care for a possible s47 enquiry.

All clients presenting with parental responsibilities or who are regularly coming into contact with children and young people should be referred onto the Family Service to receive specific support around these issues where appropriate.

For those clients who present who are already involved with Children's Social Care, consent should be sought to liaise with the unit working with them to feed into care planning and joint working.

Thresholds for referral into Children's Social Care are to be in line with Hackney's Child Wellbeing Model (Appendix 1) including the assessment of child, parental, family and environmental factors.



Making the referral to Children's Social Care

The First Response Team (FRT) acts as a front door into Hackney Children and Young People's Service. It is the first point of entry where all new referrals should be sent in order for a decision to be made regarding the next appropriate steps. FRT consists of 2 Screening and Referral managers, 6 social workers and 2 unit coordinators.

Making a referral should initially be done by phone and followed up with a completed interagency referral form completed and submitted within 24 hours.

Children's Social Care will acknowledge receipt of the referral within 1 working day. If you do not receive receipt within this time it is good practice to contact the FRT to follow up the referral and ensure it has been received.

The FRT staff are available to discuss any concerns and provide advice in relation to enquires regarding thresholds to initiate child protection referrals, assessment of risk and information about safeguarding children.

FRT will also signpost professionals and families to suitable support services that may fall outside of Tier 3 services and act as an advice service to partnership agencies and other professionals.



How Children's Social Care determines what should happen with a referral

The Hackney Child Well Being Model has been developed and endorsed by the Hackney Children and Young People's Partnership and the City and Hackney Children's Safeguarding Board. It provides professionals with a way of describing the presenting needs of children and families and links that with the types of services that will be needed to be involved with that family.

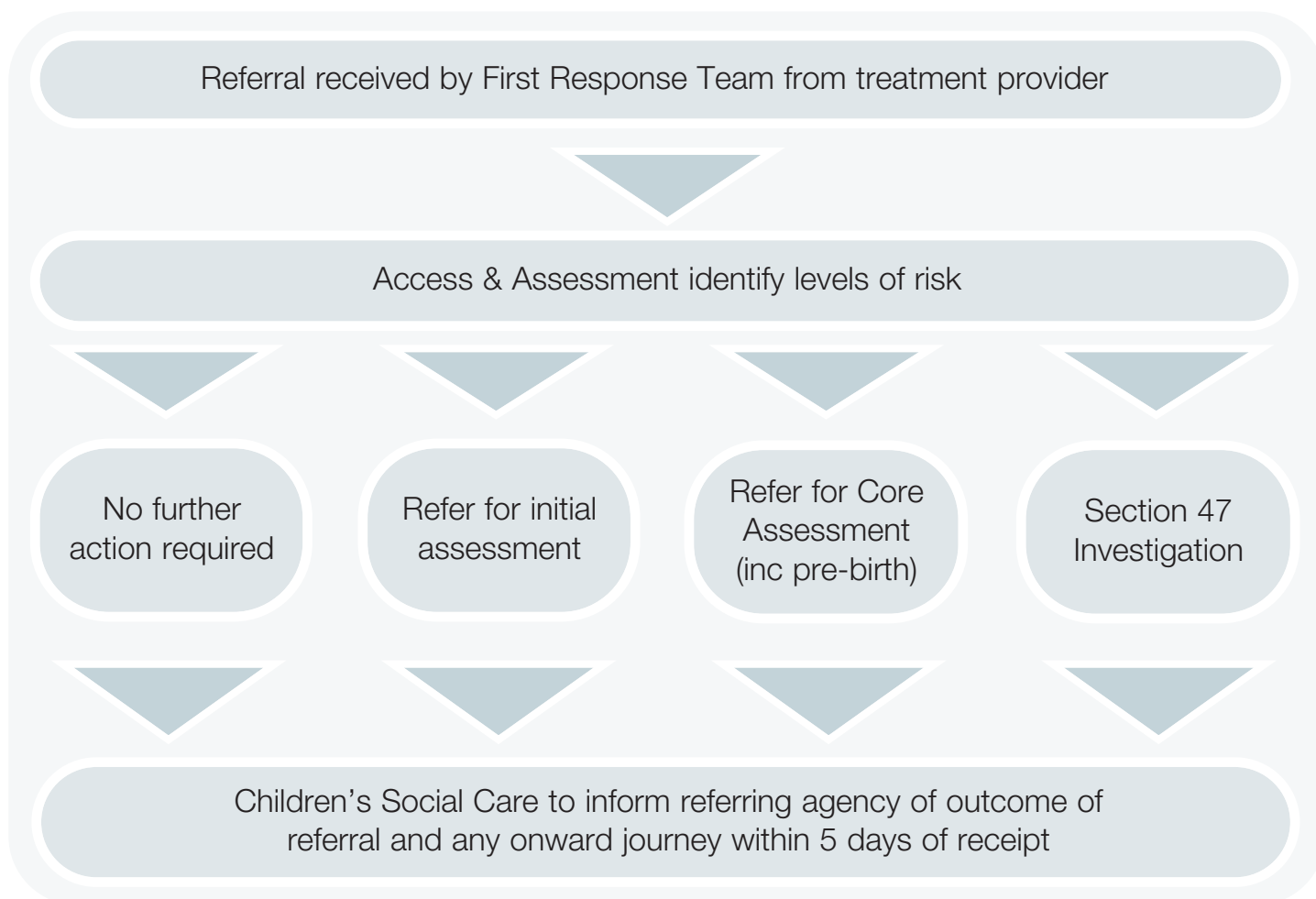
It acts as a tool to help clarify the different tiers of risk and need from universal through to Children's Social Care-Tier 3. It therefore helps determine

the most appropriate route into assessment and services. It is important to understand the continuum of support services at Tier 2 and universal community resources that are available for all families in Hackney.

All decisions made by Screening and Referral Managers regarding whether to initiate s47 investigations, complete further assessments, signpost to other services or take no further action are made utilising the Child Wellbeing Model and London Child Protection Procedures.



Children's Social Care Referral Outcome



If you email a referral to the FRT, the response is automated to the referrer, with a decision to accept the referral being made within 48 hours of receipt.

If the referral is forwarded to another unit within Access and Assessment or a decision is made to take no further action, the referrer will be informed by letter.

Pathways: Treatment Services

When a client presents who has children, parental responsibilities and/or significant contact with children, the relevant service should undertake a Comprehensive Assessment and Parental Needs Assessment.

If they are already known to Children's Social Care, the keyworker should liaise directly with the social work unit already working with the client and commence joint work. They should also forward the relevant documents and speak with the Safeguarding Lead and make a referral into the Family Service. The Family Service is eligible for any person who has family or parenting support needs with a substance use issue.

If they are not known to Children's Social Care but it is felt that a referral is necessary, the keyworker should contact the First Response Team. They should also forward the relevant documents and speak with the Safeguarding Lead and make a referral into the Family Service.

If it is felt that there is no need to refer to Children's Social Care, the key worker should discuss the case and forward the relevant documents to the Safeguarding Lead and make a referral into the Family Service.

If the presenting client is pregnant, a referral should be made to the Specialist Midwife Service following Comprehensive Assessment and Parental Needs Assessment. Treatment practitioners will work in partnership with the Specialist Midwife to support any pregnant service users (and their partners), identifying jointly any treatment needs and onward referrals necessary.

As noted previously, all clients who have received a Parental Needs Assessment, regardless of any onwards referrals to Children's Social Care, must have that assessment revisited on a regular basis, specifically with any changes to using behaviour and associated risks.

How services work with clients with reference to onward referrals to Children's Social Care needs to be handled sensitively but unapologetically, emphasising and articulating to the client that the aim of Children's Social Care involvement will be to help and support the family not break it up (which can often be the fear for many clients).

Workers need to remain child focused and recognise that discussing consent, confidentiality and child protection issues with a client is in fact an opportunity to motivate and support the client towards a better understanding of the value of a referral to Children's Social Care.

Services should aim when ever possible for an inclusive and transparent referral process, acknowledging that it will lead to the safeguarding of any children involved and the likelihood of a more positive treatment outcome for the parent.





Referral Pathways: treatment services

Client presents with parental responsibilities, is pregnant or has significant contact with children

Complete Triage, Comprehensive & Parental Needs Assessment*

Is not known to Children's Social Care & no referral necessary

Is not known to Children's Social Care & referral is necessary

Is already known to Children's Social Care

Continue to review PNA throughout treatment

Liaise with First Response Team

Liaise with Social Work Unit

Refer to Safeguarding Lead within your service

Refer into Family Service

* The PNA is an active document and must be regularly reviewed in line with any changes that could impact on parenting for all clients with children or in regular contact with children.



Information Sharing

Uncertainty about the legality of sharing information between services can sometimes bring challenges.

Service areas are encouraged to discuss these concerns and any intention to share information with colleagues, with each other and with the parent(s) - unless by doing so there would be an increased risk to the child(ren).

In its simplest form however, consent is not required if concerns are to do with child protection matters. Worries that staff may have about any potential damage to a therapeutic relationship by sharing information are always overridden by child protection issues.

Governmental guidance as part of Every Child Matters identifies six key points to guide practice in this area:

1. You should explain to children, young people and families from the outset, openly and honestly what and how information will, or could be shared (and why) and seek their agreement (unless to do so would place a child at risk).
2. You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them.
3. You should, where possible, respect the wishes of children, young people or families who do not wish to share confidential information.
4. You should seek advice from the Safeguarding Lead, your managers and/or the Safeguarding Children's Team where you are in any doubt, especially if it relates to harm of a child or risk to others.
5. You should ensure that all information you share is accurate and up to date, shared in a secure fashion with only those people who need to see it and that you can evidence the purpose for which you are sharing it.
6. You should always record the reasons for your decisions, whether you decide to share information or not.



Training

All treatment staff are required to attend training focused on Child Protection and Safeguarding for a minimum of 1 day every year.

New employees will receive this training as part of a mandatory induction by providers to familiarise the worker with child protection responsibilities, policies and procedures, local services and so on.

Children's Social Care staff should attend basic and advanced drug awareness courses, a minimum of 1 days training every year.

Children's Social Care & the DAAT will continue to work closely to develop bespoke training courses and skill sharing workshops to improve practice in this area of joint working and to develop opportunities for staff across both service areas to feel more informed and knowledgeable about the other.



Supervision

Safeguarding and child protection issues with regard to all client work should be a regular item in the monthly supervision structure for treatment workers.

Practitioners in Children's Social Care should also keep a focus throughout supervision on the

impact or prevalence of substance use on any parent, child or family they are working with.

Where there are complex cases, the need for joint supervising across agencies, or the use of an external practice mentor should always be considered.

Summary

All clients who present to treatment services who are parents and/or have regular contact with young people need to undertake a Parental Needs Assessment and this data, along with the details of the children and young people will be recorded onto a central database.

The PNA is an active document and will be regularly reviewed throughout the duration of treatment.

Any concerns or issues with reference to safeguarding in the first instance should be directed to the Safeguarding Lead within the service. However, workers can also make referrals autonomously to Children's Social Care or contact them directly to discuss any concerns or ask questions (relaying any contact with Children's Social Care to the Safeguarding Lead as necessary).

Referrals into Children's Social Care should be made initially to the First Response Team who will acknowledge the referral within 24 hours of receipt.

Practitioners working across all treatment services in Hackney will use the Hackney Child Well Being model to assess the need to refer into Children's Social Care.

Those clients who present within Children's Social Care with identified substance misuse issues will be referred into the appropriate treatment provider(s) for Comprehensive Assessment, leading to joint care planning between the treatment provider and Children's Social Care.

Referrals into treatment services by Children's Social Care will be treated as a priority, with referrals being acknowledged within 24 hours and the client assessed within 5 working days.

Children's Social Care will involve the treatment worker in all relevant meetings, reviews, planning sessions and so forth. Treatment workers will similarly include Children's Social Care practitioners in review meetings held within treatment services.

Children's Social Care workers will recognise that substance use in its broadest sense does not immediately equate to poor parenting, but that there will be a spectrum of potential harm that can only be advised on through joint work with treatment agencies.

Working towards abstinence using harm reduction techniques within a multi-agency framework is more likely to provide positive outcomes for all members of the family.

Attending joint training events and workshops across both service areas will help facilitate closer working relationships, strengthening the ability of all staff to safeguard those children effected by parental substance use.



1. Hackney Child Well Being Model
2. Contact details Children's Social Care Services
3. Hackney Treatment Map (including commissioned & non-commissioned services)
4. An overview of how Children's Social Care is organised and what service areas do
5. Children's Social Care Practice & Interventions
6. Possible pathways through Children's Social Care
7. Child Protection conferences
8. Tools used by Children's Social Care to manage and approach risk
9. An overview of how treatment services in Hackney are organised and what service areas do
10. Possible pathways through treatment services
11. Understanding the principles of Harm Reduction
12. Key legislation, guidance and research

● Universal Safeguarding

Tier 1

Child uses universal services and may at times require some general support.

This is the earliest level of prevention and intervention. In general, the child's emerging needs are isolated and less entrenched. They will often yield positive outcomes with minimal intervention and usually do not require an integrated response.

● Tier 2 Services

Services for children under 11 are delivered via a range of providers in the community which can be accessed via referral to Children Centre based Multi-Agency Team (MAT) meetings fortnightly or Primary School Multi-Agency Partnership (MAP) meetings which meet at the beginning of each term.

Services for children and young people 11+ are referred to the Youth Partnership Resource and Review Panel which comprises of a range of service providers for young people.

The implementation of the Common Support Framework (CSF) across the partnership aims to ensure that all referrals for Tier 2 Services are coordinated and delivered through a multi-agency partnership.

Referrals are sent to the Partnership Triage to enable a multi-agency database enquiry of all previous or current services involved with the family. The CSF coordinator will forward referrals to the appropriate panels for a lead professional to be identified and a Team Around the Family (TAF) Plan to be formulated.

● Child Protection (Responsive Safeguarding)

Tier 3

The child and/or family has difficulties that have already caused significant adverse effects.

Children with Tier 3 needs require specialist services and may be in a family environment that is harmful. They are already experiencing poor outcomes and need specialist and statutory support to address their needs and those of their families.

There is an increasingly likelihood of many more poor outcomes, often passed through the generations, the more problems that are present in the wider family.

● Common Support Framework (CSF)

The Common Support Framework is Hackney's response to the need to provide appropriate, integrated and effective support for families in the most efficient way possible.

It incorporates elements of, and learning from, the Common Assessment Framework, but places the emphasis upon the delivery plan(s) and outcomes rather than information gathering and duplicate assessments.

It is designed to bring families closer to the ideal of "No Wrong Door" and to eliminate unnecessary bureaucracy for practitioners.



Child Factors

Tier 1	Tier 2A	Tier 2B	Tier 3
<ul style="list-style-type: none">● Is healthy and well● Has a healthy diet and appears well nourished● Is registered with GP and basic services such as dentist, optician● Can manage their treatment for any conditions (e.g. asthma) and take part in everyday life	<ul style="list-style-type: none">● Chronic or serious illness● Low self esteem● Frequent accidents/illness● Mild level of disability● Developmental delay● Under/over weight● Illegal employment● Challenging behaviour that parents find difficult to manage● Bullying/being bullied● Difficulties with peer relationships● Poor concentration● Low motivation● Difficulties with school attendance	<ul style="list-style-type: none">● Occasional self harm● Substance misuse potentially damaging to health/development● Organic failure to thrive● Multiple A & E attendances causing concern● Child has caring responsibilities that impact significantly on behaviour/development● Challenging behaviour caused by parenting/environment● Out of school/excluded and family unengaged	<ul style="list-style-type: none">● Child persistently runs away● Child's behaviour/activities place self or others at imminent risk● Inappropriate sexualised behaviour● Concerns about nonorganic failure to thrive● Significant developmental delay where concerns about parenting capacity exist● Injuries not consistent with explanation● Disclosure of abuse from child/young person



Parenting Factors

Tier 1

- Consistent parenting providing appropriate guidance and boundaries
- Child's physical needs are adequately provided for
- Parenting generally demonstrates praise, emotional warmth and encouragement
- Development facilitated through play
- Positive family relationships, including between separated parents

Tier 2A

- May have mental or physical health needs that do not significantly affect the care of the child
- Unsupported parent
- Not accessing ante/postnatal care
- Postnatal depression
- Difficulties with managing child's sleeping, feeding or crying
- Inappropriate anxiety regarding child health
- Child/young person not exposed to new/stimulating experiences
- Condoned absence from school
- Inconsistent or harsh parenting
- Lack of consistent boundaries and guidance
- Relationship difficulties that impinge on child
- Isolated or unsupported parents
- Unsupportive or negative parents

Tier 2B

- Substance and/or alcohol misuse affecting parenting
- Criminal or antisocial behaviour affecting parenting
- Physical or mental health needs that affect the care of the child
- Learning difficulties that affect parenting
- Child or young person being asked to take on inappropriate caring responsibilities
- Chaotic, intolerant, critical or rejecting parenting
- Concerns about physical care of the child
- Child/young person deliberately kept out of school
- Difficulties providing emotional warmth
- Physical health needs that affect the care of the child
- A known but stable mental illness that affects the care of the child

Tier 3

- Very young child left alone
- Substance misuse affecting ability to function
- Child/young person rejected from home
- Evidence of fabricated/ induced illness
- Inability to judge dangerous situations
- Unable to protect child from harm
- Persistent concerns have been raised about child and parent(s) refusing to engage with professionals
- Emotional neglect where intervention has failed to be effective
- Adult mental health is significantly impacting on the care of the child; Any carer for the child presents as acutely mentally unwell and /or attempts significant self harm and/or children are the subject of parental delusions
- Severe emotional abuse of child/young person causing severe distress
- Child sexually abused/Schedule 1 offender in household
- Significantly physically harms child/young person



Family and Environmental Factors

Tier 1	Tier 2A	Tier 2B	Tier 3
<ul style="list-style-type: none">● Good family relationships● Family feels accepted by the community● Family members are physically well and mentally stable● Family has positive relationships with and appropriate support from others● Income is consistent and sufficient to meet basic family needs● Lives in an area that has good age appropriate facilities	<ul style="list-style-type: none">● Inadequate/overcrowded housing● Socially or physically isolated● Lack of appropriate stimulation/home not conducive to play● Sibling with disability or significant health problems● Regular truanting● Family experiencing harassment, discrimination or are the victims of crime● Minor disturbances in neighbourhood● Children sometimes wear inappropriate clothes or appear unkempt● Some money pressures, but basic needs are met● Neighbourhood is not safe for children to play outdoors● Scale 1 domestic violence as per Barnardo's guidance	<ul style="list-style-type: none">● Inadequate/overcrowded housing is likely to significantly impair health or development● Homeless in temporary accommodation● Hygiene of home environment is a cause for concern and has not improved with intervention● Family involved in criminal activities● Children often wear inappropriate clothes/ appear unkempt● Family does not have money to meet basic needs● Scale 2 domestic violence as per Barnardo's guidance	<ul style="list-style-type: none">● Lack of adequate food, warmth, essential clothing● Schedule 1 offender in contact with or living with the family● Children constantly appear dirty and clothing is inappropriate to season● Homeless and destitute● Scale 3 or 4 domestic violence as per Barnardo's guidance● Family home used for drug taking, prostitution, illegal activities● Imminent family breakdown

Appendix 2: Contact details – Children’s Social Care Services



City and Hackney Children’s Safeguarding Board

The City and Hackney Safeguarding Children Board (CHSCB) is made up of representatives from local statutory, voluntary and community organisations and services.

The core objectives of the CHSCB are to co-ordinate what is done by each agency represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and to ensure the effectiveness of what is done by each agency for that purpose.

- City and Hackney Safeguarding Children Board (CHSCB)
Hackney Service Centre
1 Hillman Street
Hackney E8 1DY
- Tel: 020 8356 3661
- Web: www.chscb.org.uk



Children’s Social Care

For information and contact details for all the divisions that make up CSC please use the link provided

- <http://staffroom.hackney.gov.uk/cyp-childrens-social-care.htm>



First Response

All referrals and related enquiries about any child protection concerns should be directed in the first instance towards First Response.

- First Response
Hackney Service Centre
1 Hillman Street
Hackney E8 1DY
- Tel: 0208 356 5138 / 5136 / 5500
- Email:
grp.hackneycypduty@hackney.gov.uk
- Web: www.hackney.gov.uk

Appendix 3: Hackney drug and alcohol treatment services map

1 The Elizabeth Fry Centre
including the following services:

1a) Lifeline Hackney - Community Drug Services (CDS)

The first point of contact for advice and support in the community offering drug advice, counselling, access to GP shared care, assessment and onward referrals.

14-20 Tudor Grove, Hackney, London, E9 7QL
Telephone 020 8985 3757

1b) The Grove Alcohol Recovery Centre (ARC)

The first point of contact for alcohol related advice and support in the community offering advice, information, counselling and onward referrals.

18-20 Tudor Grove, Hackney, London, E9 7QL
Telephone 020 8985 3757 **Fax** 020 8985 3807

1c) Health Enhancement and Recovery Team (HEART)

The Health Enhancement and Recovery Team (HEART) provides advice and information for drug users to ensure they minimise the risks associated with their drug use. HEART work in partnership with several pharmacies across the Borough to provide local needle exchanges with drop points for the disposal of clinical waste (used works)

18-20 Tudor Grove, Hackney, London, E9 7QL
Telephone 020 8985 3757

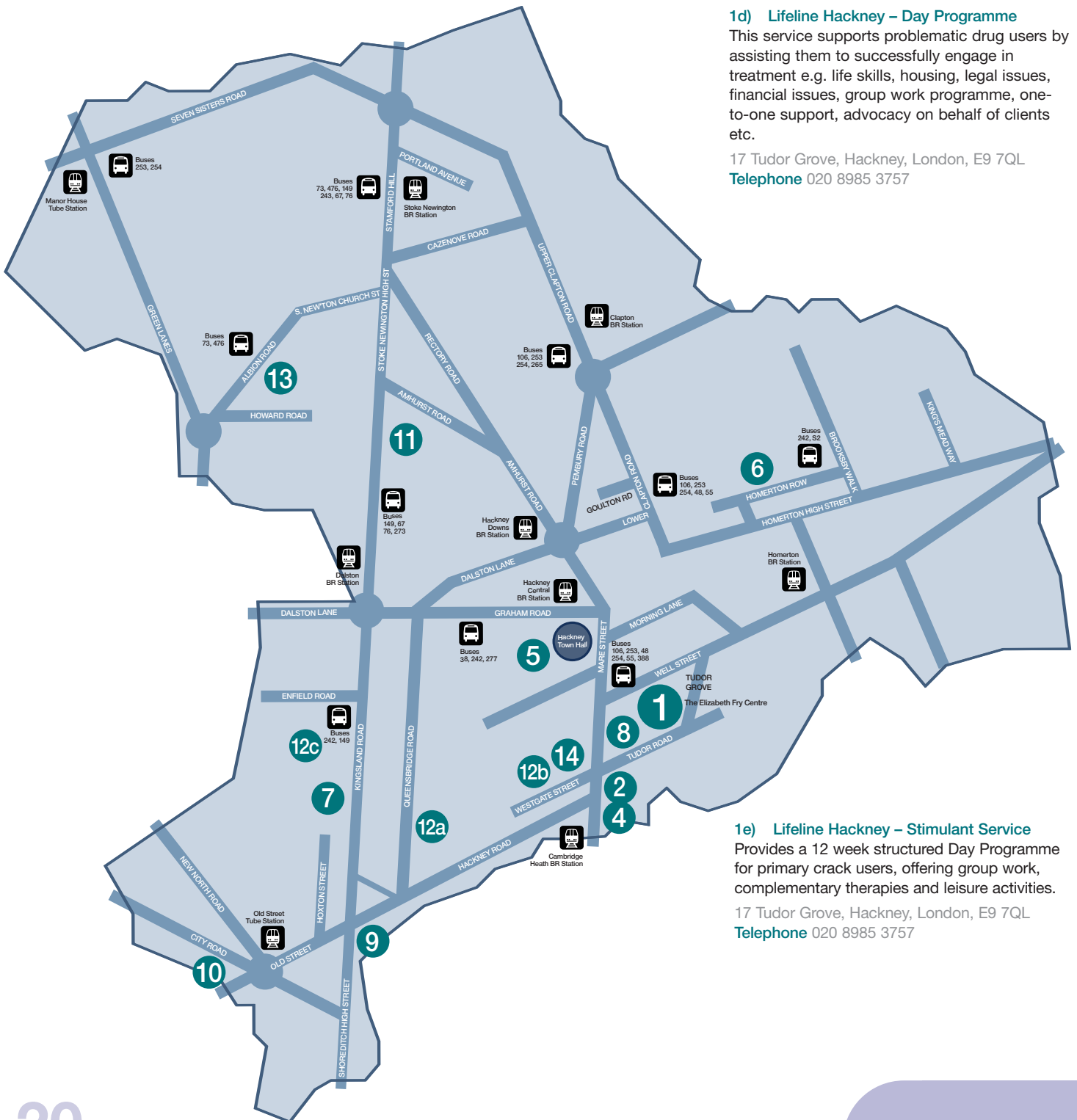
1d) Lifeline Hackney – Day Programme

This service supports problematic drug users by assisting them to successfully engage in treatment e.g. life skills, housing, legal issues, financial issues, group work programme, one-to-one support, advocacy on behalf of clients etc.

17 Tudor Grove, Hackney, London, E9 7QL
Telephone 020 8985 3757

1e) Lifeline Hackney – Stimulant Service
Provides a 12 week structured Day Programme for primary crack users, offering group work, complementary therapies and leisure activities.

17 Tudor Grove, Hackney, London, E9 7QL
Telephone 020 8985 3757



1f) Westminster Drug Project (WDP) – Drug Interventions Programme (DIP)

Provides a range services to clients in contact with the criminal justice system, including fast-prescribing and access to appropriate treatment and support. Proactively engaging with and motivating clients to access appropriate treatment programmes.

13 Tudor Grove, Hackney, London, E9 7QL

Telephone 020 8525 6100

24/7 Line 0845 601 6217

2a) Lifeline Hackney – Women and Family Service

Services delivered for women who wish to engage in treatment in a safe women-only space. Family support and parenting interventions for families effected by substance misuse are delivered by the Family Service (no gender restrictions apply).

110 Mare Street, Hackney, London E8 3SG

Telephone 020 8985 3757

2b) Lifeline Hackney – Aftercare Services

This service assists clients to maintain positive lifestyle changes, offering support with education, training and employment, relapse prevention, and practical issues such as housing, finance, family and relationships.

110 Mare Street (entrance on Tudor Road),

Hackney, London E8 3SG

Telephone 020 8985 3757

3 Domestic Violence and Hate Crime Team (DVHCT)

Provide advice, support and counselling to victims of domestic violence or hate crime i.e. racial or homophobic harassment.

Freephone number: 0800 056 0905

4a) Hackney Drug and Alcohol Action Team

Offers advice and information to service users, families and friends as well as assessment and access to specialist drug and alcohol services including detoxification and rehabilitation.

102 Mare Street, Hackney, London E8 3SG

Telephone 020 8356 2180

4b) DAAT Assertive Outreach Team (DART)

Frontline substance misuse outreach service working with 'hard to reach' individuals resistant to changing their anti social behaviour.

102 Mare Street, Hackney, London E8 3SG

Telephone 020 8356 2180

4c) DAAT Carers and family support

Offer offering support to families and significant others affected by someone else's substance misuse.

Telephone 07772 227 420 or 020 356 2180

4d) Hackney's Service User Forum

A group of Service User representatives based at various local drug and alcohol treatment services, working towards better engagement and retention of clients to increase the positive outcomes for all service users.

102 Mare Street, Hackney, London E8 3SG

Telephone 020 8356 2180

5a) Hackney Young People's Substance Misuse Service (Early Intervention/ Specialist Treatment)

Advice and information, as well as structured drug and alcohol counselling for young people.

Hackney Service Centre, 1 Hillman Street,

Hackney, London E8 1DY

Telephone 020 8356 6313

5b) Hackney Substance Misuse Team

Offers advice and information to service users, families and friends as well as assessment and access to specialist drug and alcohol services including detoxification and rehabilitation.

Hackney Service Centre, 1 Hillman Street,

Hackney, London E8 1DY

Telephone 020 8356 2180

6a) Hackney Specialist Addiction Unit (SAU)

The SAU facilitates rapid access for clients who are assessed as a priority. These include: Pregnant drug users; Patients who have been transferred to general practice who become unstable; Patients with serious mental and physical health problems.

Drug Dependency Unit, Homerton University

Hospital NHS Foundation Trust, Homerton Row,

London E9 6SR

Telephone 020 8510 8629

6b) Substance Misuse Liaison Midwife

Provides support and care to pregnant women misusing drugs and alcohol, who attend Homerton Hospital in order to safeguard both mother and child.

Drug Dependency Unit, Homerton University

Hospital NHS Foundation Trust, Homerton Row,

London E9 6SR

Telephone 020 8510 7805

6c) Clinical Nurse Specialists Homerton University Hospital

Provide support to patients who are admitted to Homerton University Hospital with drug or alcohol problems. Provides information and advice to patients attending Accident and Emergency with drug or alcohol problems along with referral to specialist treatment services

Drug Dependency Unit, Homerton University

Hospital NHS Foundation Trust, Homerton Row,

London E9 6SR

Telephone 020 8510 5555 Bleep 308;

Or 020 8510 7738 (answer machine)

7 Open Doors

Outreach service for vulnerable women working in outdoor sex markets in Hackney. Also provides a drop-in service on Thursdays (phone for location)

St Leonard's, Nuttall Street, Hackney N1 5LZ

Telephone 020 7683 4601

Mobile 079717 95203

8 Greenhouse (Thames Reach)

Provides free health, housing and welfare advice for homeless people.

19 Tudor Road, Hackney, London E9 7SN

Telephone 020 8510 4490

9a) Spitalfields Crypt Trust

Supports people who have experienced homelessness and substance use problems.

Provides abstinence based rehabilitation services for homeless people with alcohol problems, provides supported housing

(abstinence based) for people coming out of alcohol rehabs.

Acorn House, 116-118 Shoreditch High St,

Hackney, London E1 6JN

Telephone 020 7613 3055

9b) Shoreditch Community Project

Drop-in for people with alcohol, drug and homelessness issues.

116-118 Shoreditch High St, Hackney,

London E1 6JN

Telephone 020 7613 3232

9c) The New Hanbury Project

A centre for personal development and training providing a range of life and practical skills training for stable and drug free clients.

3 Calvert Ave, Hackney, London E2 7JP

Telephone 020 7613 5636

9d) Choices 4U

Choices 4U is a peer support social club for local service users in recovery who want a safe place to meet like minded people. Opening times: Friday 4pm to 8:30pm and some weekend activities.

3 Calvert Ave, Hackney, London E2 7JP

Telephone 020 7613 5636

10 Release

Release is the national centre of expertise on drugs and drugs law providing free and confidential specialist advice to the public and professionals. They also provide a range of services dedicated to meeting the health, welfare and legal needs of drugs users and those who live and work with them.

124-128 City Road, London EC1V 2NJ

Telephone 020 7324 2979

Helpline 0845 4500 215

11 Rugby House (Foulden Road)

Provides a supportive environment and programme for men and women who have completed residential treatment and are awaiting re-housing.

Rugby House, 50 Foulden Road, Stoke

Newington, London, N19 7UR

Telephone 020 7690 5944

12a, 12b & 12c Starbright

A Community based Specialist Parenting Programme with three team venues in Hackney.

Call Nikki Moore on the number below for details of each: Sebright Children's Centre, E2; Ann Taylor Children's Centre, E8 and Comet Children's Centre, N1.

Telephone 020 8510 7805 or 07786 250 915

13 Women's Peer Support Group

A self support Service User lead group for women who want to kick the buzz of their drug and alcohol use, free refreshments available. Opening times: Every Monday 11am till 1pm.

St Mungo's Women's Hostel, Church Walk,

Stoke Newington, N16 8QQ

Telephone 07772 227 420

14 City and Hackney Alcohol Service (CHAS)

Offering alcohol counselling services to adults and young people.

2 Westgate Street, Hackney E8 3RN

Telephone 020 8525 1313

Appendix 4: An overview of how Children's Social Care is organised and what service areas do

● Access and Assessment

This service identifies if the level of risk warrants further investigation and assessment, or whether concerns can be safely managed by a partner agency. If the level of risks suggests there may be a need for a Tier 3 social work intervention the family are transferred within the service for longer term work after the period of assessment is complete. The initial assessment is undertaken utilising Framework for Assessment of Children and Need and their Families and should be completed in 10 working days.

● Children in Need

Works with children and families where it has been assessed that longer term direct work needs to be undertaken to effect positive change within the family.

● Looked After Children

Works with children where it is in the child's best interest to be permanently cared for by the Council. Most children will be cared for by foster carers but in a small number of cases children's needs are best met in specialist residential care.

● Children's Resources

This service is involved with recruiting and supporting foster carers, and commissioning placements from residential providers or independent fostering agencies. Also supports children by 'family finding' for potential adoptive families, supporting and assessing potential adopters and ensuring that adopters can meet children's needs and a range of adoption support services.

● Disabled Children's Service

Provides specialist services to children and young people that meet the criteria for Tier 3 services, where disabilities are permanent and substantial. The service is co-located with education and health provision at the Hackney Ark.

● Safeguarding Service

This service provides independent advice and support to staff about safeguarding children and young people including, chairing child protection conferences and statutory reviews for looked after children.

● Family Support Service

Provides additional services to social work units to support families to achieve positive change and to facilitate supervised contact for children separated from their families.

● Parenting Support Service

Will provide practical assistance and support to families being managed within Tier 3 using task centred methodology. Parenting Support Practitioners may support a family in the short, medium or long term.

● Tier 2 services

Primarily Children's Social Care's core business is child protection, supporting families where their children are on the edge of care and improving long term life chances of children permanently looked after by the state.

As preventative thinking and services develop across the Children and Young People's Partnership, more of the tasks that have traditionally been seen as the preserve of Tier 3 (specialist) children's social care services, are now provided through Tier 2 (additional support) children's services and Tier 1 (universal) children's services. There is a growing Tier 2 social work response in place in partnership with local children's centres and schools.

Hackney's Tier 2 Social Work service for children aged 0-11 years is based in Children's Centres and Schools and aims to support families and children with early intervention and preventative work. There are 6 Social Workers based in the strategic children's centre for each cluster and they are supervised by a Team Manager.

The aims of the service are to divert children and families from statutory interventions by Tier 3 Social Work and to utilise the range of preventive community based services available in Hackney to identify and address additional needs of children. The Tier 2 social workers work with families that meet the criteria for Tier 2B category of Hackney's Wellbeing Model, and will co-ordinate plans of support for those families using the Common Assessment Framework (CAF) and Team Around the Family (TAF) meetings.

Partnership working is an essential aspect of the Tier 2 service. The social workers work with a wide range of professionals and community representatives including Health Visitors, a variety of Children's Centre and School Family Support practitioners, Teaching and Behaviour support staff, Early Intervention Parenting Programme practitioners, community advocates, Family

Network Co-ordinators and Community Mental Health Teams.

In cases where the child or family has multiple needs, to access Tier 2 support services for under 5's, practitioners should contact the chair of the Multi-Agency Team (MAT) for each cluster. The practitioner will be asked to complete a CAF1 and present the case to the MAT meeting that meets every fortnight. At these meetings a lead professional will be appointed and action plans of work with families will be outlined.

To access Tier 2 support for children over 5, if the family/child meet the Tier 2B criteria and there is a clear role for a Tier 2 social worker, the practitioner should contact the Team Manager. If the Tier 2A criteria are met then the practitioner can contact any Tier 2 service directly and make a referral for support.

Appendix 5: Children's Social Care Practice & Interventions

● How things are arranged

Hackney Children's Social Care provides its service to families in small multidisciplinary Social Work Units (SWU). Having a range of professionals available in the Units means we are able to provide assessments for children, young people and their families using the expertise of several disciplines, with direct lines of communication to more specialist services within the Borough if such a need is identified.

Each of the forty-eight units is led by a Consultant Social Worker, who will have working alongside them another Social Worker, a Children's Practitioner, a Unit Coordinator and a Clinician. The Units meet on a weekly basis to confer about cases and assessments – both from a social work as well as a therapeutic perspective – and agree tasks with the Consultant Social Worker who has overall case responsibility.

Hackney Children's Social Care has elected to privilege the two working methodologies of Systemic Family Therapy (SFT) and Social Learning Theory (SLT). These two evidence based models of working are fundamental to the vision of multidisciplinary working. An advantage of Systemic Family Therapy and Social Learning Theory is their potential to provide a framework most often experienced as respectful and empowering, enabling partnership working within a multicultural community, exemplified by both Hackney residents and Children's Social Care staff.

● What is systemic practice?

Systemic Practice is where the practitioner is using a range of techniques and methods of work from the systemic tool kit, but is not engaged with the family as the focus of therapeutic practice in what could be described as family therapy. This may involve using systemic techniques with the professional network, school staff plus children and family.

LEVELS OF SYSTEMIC PRACTICE:

- Reflecting on your own practice with a systemic lens - active reflexivity
- Bringing in the 'wider system' in discussion - introducing a view of the systems
- Thinking systemically with colleagues - case discussions with systemic input
- Networking - working systemically with SWU colleagues with the wider network
- Formal consultation to professionals, including within the SWU
- Systemic practice - using systemic tools in a broader range of practices
- Family Therapy - systemic Family Therapy sessions in a course of work

● What is Social learning theory practice?

This is where the practitioner is using the tools and techniques of SLT in order to accurately assess the situation and in order to intervene in evidence based way. There are different levels of practice, depending upon the level of training of the practitioner and on the issues involved. The form of SLT practice in Hackney Children's Social Care is a modern derivation of the behavioural principles developed through the lineage of Skinner, Bandera and others. The UK heritage is through the work of Herbert and has been further developed into a modern, reflective practice.

LEVELS OF SLT PRACTICE:

- Modelling behaviour and reinforcing parent to child behaviour in order for the parent to reinforce the child's positive behaviour.
- Coaching parents in the actions necessary to sustain an agreed plan of action
- Implementation of a pre-determined plan of action, as the key agent of change (alongside the parent or carer) and gathering data about its efficacy.
- Gathering assessment data as part of a comprehensive assessment
- Formulating a plan of action from the detailed assessment
- Intervening as lead agent of change alongside parents and coaching other

professionals in the practice

- Supervising the assessment and intervention processes conducted by other professional staff.

Hackney Child Wellbeing Model

The Hackney Child Wellbeing Model is utilised at key points during social services intervention with families, in order to ascertain whether a Tier 3 service is required and whether a referral to an external agency would be a more effective way to work with the family. Key points where the model is applied is at point of referral and following assessment when decisions need to be made with reference to further and onward interventions.

● Signs of Safety Approach

Signs of Safety may be deployed to expand the processes used to assess risk in a Children's Social Care setting. Hackney Children's Social Care is asking its practitioners to adopt a Signs of Safety approach when working with families.

This method is collaborative and partnership orientated, with the emphasis on a strength-based safety approach to child protection. It encourages the expansion of risk investigation to include Signs of Safety and the practice of building on the strengths that exist within the families being worked with. This practice encapsulates the 5 key stages outlined in the Munroe assessment tool, with a constructive and collaborative approach which fits well within the systemic and behavioural approaches adopted in Hackney.

Appendix 6: Possible pathways through Children's Social Care

● No further action

First Response may assess that no further action is required or that the referral is unwarranted or it is felt that appropriate agencies are already involved that can adequately address any needs of the child or family. Referrers will be advised of this within 48 hours.

When making a decision to take no further action, First Response may signpost to other more appropriate agencies or to Tier 2 where it is recognised that there is a further need for intervention but not of nature that would warrant intervention from Tier 3 services.

● Initial Assessment

This is a brief 'snapshot' assessment to determine whether a child is in need or whether there are concerns of Significant Harm; and to determine the nature of the concerns and what appropriate services may be required.

The initial assessment must provide an analysis of the initial information gathered on a child; and his/her parents/ caregiver's ability to respond to his/her needs; and the role of the wider family and community. This will include information gathered from partnership agencies involved with the children and family. It will also identify possible risks to the child that may require further investigation through a s47 child protection enquiry or through a core assessment.

● Section 47 Child Protection Enquiry

A child protection s47 investigation is initiated when there is reasonable cause to suspect that a child is suffering significant harm and that action might be needed to protect the welfare of a child.

This investigation is often jointly undertaken with the Police but may sometimes be a single agency response from Children's Social Care. Partnership agencies should be aware of the possibility of attending s47 strategy meetings.

They should ensure they make themselves available to visit the family jointly, share information

during this assessment period to ensure multi disciplinary inputs in the assessment of risks and need. A Core Assessment is required if an s47 child protection investigation is instigated.

● Core Assessment

The core assessment is also undertaken in accordance with and utilising Framework for Assessment tools. However, a core assessment provides a more structured, in-depth assessment of a child or young person's needs where their circumstances are complex.

The Core Assessment Record provides a structured framework for social workers to record information gathered from a variety of sources to provide evidence for their professional judgements, facilitate analysis, decision making and planning. A core assessment should be completed within 35 working days of its commencement. A completed Core Assessment Record is then used to develop the plan for the child, young person and family ensuring appropriate support services are in place to address assessed risk or needs.

● Pre-Birth Assessments/ Core Assessments

Referrals made in relation to pregnancy should be made to Children's Social Care at 12 weeks gestation. A referral should be made at the earliest opportunity in order to:

- Provide sufficient time to make adequate plans for the baby's protection;
- Provide sufficient time for a full and informed assessment;
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time;
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments;
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth.

● CP conference

Child protection conferences take place when concerns exist that children are at risk of suffering significant harm. Information about the children and family within the context of wider family and environment is shared and analyzed. Judgments are made about the likelihood of significant harm happening in the future and what action is needed to safeguard and promote their welfare. Hackney Children's Social Care is organising its conferences utilising the 'Signs of Safety' approach in order to improve risk assessment, maximise family relationships and mobilise family resources.

● Core group

Core group meetings are an essential part of multi-agency planning process. It is imperative that all agencies ensure a total commitment to this part of the child protection process, recognising that the sharing of information, working in partnership with families and multi-agency planning is paramount to the effectiveness of protecting children and assessing and providing for their needs.

It is important to acknowledge that professionals can only work together to protect children if there is relevant exchange of information and ownership of the child protection plan. Therefore it is critical that core groups are attended as a way of ensuring that multi agency communication and exchange of information takes place regularly.

The core group is responsible for developing and implementing the child protection plan as a detailed working tool, taking forward the plan that was agreed at the initial child protection conference. Although the Children's Social Care has the lead role, all members of the core group are jointly responsible for the formulation and implementation of the child protection plan, refining the plan as needed, and monitoring progress against specified objectives.

The first core group should be within 10 days of the initial Child Protection conference.

● Child in Need Meeting

The purpose of a Child In Need Planning Meeting is for family, including child where age appropriate, and professionals to meet together to share information, identify need, and identify the most effective inter-agency services to meet needs and promote the child's welfare.

● Family Network Meetings

Seek to engage and mobilise the whole family and community network in reflecting on and finding safe solutions in order to keep children safe. This involves facilitating the network to devise a family led plan to achieve change. They have been shown nationally and in Hackney to be a critical and effective tool in stabilising situations and providing permanent solutions for children.

Appendix 8: Tools Children's Social Care use to manage and approach risk

Dr. Eileen Munroe 5 stage risk assessment tool is utilised in order to analyse risk. It prompts analysis to focus on behaviour (what has happened) and the future risk (what might happen). It is formulated on significant research factors that best predict the potential re-abuse of children. The key five stages of risk assessment are:

- What is or has been happening
- What might happen
- How likely are these outcomes
- How undesirable are they
- The overall risk- a combination of the likelihood and seriousness

Appendix 9: An overview of how treatment services in Hackney are organised and what service areas do

The National Treatment Agency (NTA) is the agency currently responsible for monitoring national standards and assuring the quantity and quality of drug treatment, in accordance with clinical guidelines set by the National Institute for Health & Clinical Excellence (NICE).

NTA guidelines state that a drugs partnership in each local area should have overall responsibility for ensuring adequate assessment of need is made for community, residential and prison interventions for people who misuse drugs and alcohol.

The NTA groups treatment into four "Tiers" or levels. These reflect increasing intensities of intervention and provide a framework for the design of both drug and alcohol services in Hackney. The Tiers are:

Tier 1: This level mainly involves interventions from general healthcare and other services that are not specialist drugs services, for example hospital A&E departments, pharmacies, GPs, antenatal wards and social care agencies. Tier 1 services offer facilities such as information and

advice, screening for drug misuse and referral to specialist drugs services.

Tier 2: This is open-access drug treatment (such as drop-in services) that does not always need a care plan. Tier 2 covers initial triage (need and risk) assessment, advice and information and harm reduction given by specialist drug treatment services.

Tier 3: This is drug treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can be Tier 3 if they are part of a care plan.

Tier 4: This is residential drug treatment – in-patient treatment and residential rehabilitation. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community.

Commissioned Service	Organisation	Description of service
1. Community Alcohol Service	ELFT & Lifeline	Main provider of wide range of tier 2 and 3 services for alcohol misuse. Includes reduced drinking and abstinence day programmes, community detox, counselling, complimentary therapies and after care. First point of referral for primary alcohol clients.
2. Community Drug Service	Lifeline	Main provider of a wide range of tier 2 and 3 services for substance misuse including day programmes, prescribing service, medical services, stimulant user service, harm reduction team, needle exchange and women's & family service. First point of referral for primary drug using clients.
3. Drug Intervention Programme	Westminster Drug Project	Working with substance use clients involved in the criminal justice system.
4. Specialist Addiction Services SAU/SAT	ELFT	Facilitates rapid access service for clients who are assessed as a priority (e.g., pregnant users), often with more complex health needs
5. Substance Misuse Midwife	Homerton University Hospital Trust	Specialist midwife service for pregnant drug and alcohol users
6. CHTPCT Open Doors	CHT PCT	Case manage, signpost and treat the needs of women who sell sex on and off the street
7. Dual Diagnosis Assertive Outreach	EL&C MHT	Rapid response, assertive outreach for users with dual diagnosis
8. Clinical Nurse Specialist (CNS) Nurses	Homerton University Hospital Trust	Specialist nursing service

Please refer to www.hackneydaat.org.uk for up to date information on our services.

Appendix 10: Possible pathways through treatment services

All treatment services in Hackney are working within the Models of Care Assessment Protocol, using standardised documentation across services to facilitate an integrated approach. All assessment paperwork can be downloaded from www.hackneydaat.org.uk searching under 'Models of Care'.

● No further action

Any treatment provider may assess that no further action is required following receipt of referral. This may be due to a number of factors, which will be fed back to the referrer within 48 hours of receiving the referral.

● Triage Assessment

This is a brief assessment to determine the core issues any client is presenting with and to facilitate the prioritisation of onward signposting for the individual (within the service and/or externally).

● Comprehensive Assessment

The comprehensive assessment is a lengthy document that gathers information to enable the treatment worker to build a full and broad understanding of the clients drug and alcohol use throughout their life, historically and currently, including: methods of transmission, patterns of use, periods of abstinence, mental and physical health, family background, dependents, how use is funded and so on. This then provides the basis to develop the treatment plan in association with the client.

● Parental Needs Assessment

The PNA is triggered for completion at point of triage within treatment services for all presentations that have children or regular contact with children and young people.

It gathers a broad range of information regarding any children known to service users, to be held on a central recording system. It also establishes the attitude and awareness of the parent (or adult user in regular contact with children and young people) about how their drug/alcohol use will be impacting on the children.

Completing the PNA leads to an automatic referral to the Safeguarding Lead within each service and a second Tier assessment with reference to child protection is undertaken. The PNA is an active document that is reviewed regularly as part of any treatment plan where family support and child protection issues are highlighted.

● Care Planning

All treatment workers work within a care planned approach, often within a multi-agency framework. Care Planning will clearly define measurable and specific targets with the service user with reference to their goals. They are time-bound and reviewed regularly.

● Planned Exit

All clients exit from treatment services should be planned and clearly worked towards, although this can be a challenge due to the nature of treatment and lapse/relapse.

Appendix 11: Possible pathways through treatment services

Drug and alcohol treatment providers deliver an eclectic mix of interventions which draw from a number of evidence bases and theoretical frameworks.

With reference to drug and alcohol treatment services, harm reduction is the core philosophy that underpins most practice in community services and facilitates the onward journey for clients to become drug and alcohol free. When making referrals into treatment services, the client will be directed into the range of interventions that best meet their individual needs. Due to care packages being built around the individual it is not possible to be more explicit about how services may work with any one client. However, hopefully the following will help referrers understand the range of interventions available.

● Understanding Harm Reduction

Harm reduction is a term that defines policies, programmes, services and actions that work to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs (Newcombe 1992).

The following principles of harm reduction are adapted from those set out by The Canadian Centre on Substance Abuse (CCSA 1996) and Lenton and Single 1998, as stated by the UK Harm Reduction Alliance.

Harm reduction is pragmatic and accepts that the use of drugs is a common and enduring feature of human experience.

It acknowledges that, while carrying risks, drug use provides the user with benefits that must be taken into account if responses to drug use are to be effective.

Harm reduction recognises that containment and reduction of drug-related harms is a more feasible option than efforts to eliminate drug use entirely.

- Harm reduction prioritises goals - harm reduction responses to drug use incorporate the notion of a hierarchy of goals, with the immediate focus on proactively engaging individuals, targeting groups, and communities to address their most compelling needs through the provision of accessible and user-friendly services.
- Achieving the most immediate realistic goals is viewed as an essential first step toward risk-free use, or, if appropriate, abstinence.
- Harm reduction has humanist values: the drug user's decision to use drugs is accepted as fact. No moral judgment is made either to condemn or to support use of drugs.
- The dignity and rights of the drug user are respected, and services endeavor to be 'user friendly' in the way they operate. Harm reduction approaches also recognise that, for many, dependent drug use is a long term feature of their lives and that responses to drug use have to accept this.
- It focuses on risks and harms: on the basis that by providing responses that reduce risk, harms can be reduced or avoided. The focus of risk reduction interventions are usually the drug taking behaviour of the drug user.
- However, harm reduction recognises that people's ability to change behaviours is also influenced by the norms held in common by drug users, the attitudes and views of the wider community. Harm reduction interventions may therefore target individuals, communities and the wider society.
- There is no specific focus on abstinence, although harm reduction supports those who seek to moderate or reduce their drug use, it neither excludes nor presumes a treatment goal of abstinence.
- Harm reduction approaches recognise that short-term abstinence oriented treatments have low success rates, and, for opiate users, high post-treatment overdose rates.
- Harm reduction seeks to maximise the range of intervention options that are available,

and engages in a process of identifying, measuring, and assessing the relative importance of drug-related harms and balancing costs and benefits in trying to reduce them.

● Interventions

● Motivational Interviewing

Motivational interviewing is a directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. Compared with nondirective counselling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counsellor is intentionally directive in pursuing this goal.

● International Treatment Effectiveness Project (ITEP)

ITEP was a development and collaboration between the NTA and the Institute of Behavioral Research at the Texas Christian University. ITEP builds on an internationally evaluated model of service improvement. Following its successful implementation across treatment services, this model of psychosocial interventions provides an evidence base and easily evaluated tools for use by keyworkers across the drug treatment system and throughout the health and social care sector. The interventions focus on concepts node mapping and changing thinking patterns.

● Substitute Opiate Prescribing

Methadone and buprenorphine are both approved by the National Institute for Health and Clinical Excellence (NICE) for the treatment and prevention of withdrawals from opioids and for maintenance programmes.

The aims of prescribing for opioid dependence are to:

- Reduce or prevent withdrawal symptoms.
- Provide an opportunity to stabilise drug intake and lifestyle while breaking with illicit drug use and associated unhealthy risk behaviours.
- Promote a process of change in drug taking and risk behaviour.
- Help to maintain contact and offer an opportunity to work with the patient.

Drug treatment using substitute prescribing helps to protect against a number of harms including:

- Risk of overdose
- Blood-borne infections
- Risk of offending

● Needle Exchange

A needle & syringe programme or syringe-exchange programmes are on the principles of harm reduction, where injecting drug users can obtain hypodermic needles and associated injecting equipment at no cost. The aim of these services is to reduce the damage associated with using unsterile or contaminated injecting equipment and work with injectors to develop safer injecting practices.

● Therapy

Treatment services deliver a range of therapy and counselling and the therapists come from a range of theoretical backgrounds. Therefore services are integrative and eclectic in their approach and will match the most appropriate form of therapy with the profiling and needs of the client.

● Group Work

Groupwork programmes will have different focuses and lengths of delivery to meet the needs of the clients being targeted. Some will be open access, some will be closed and so on. Groupwork can be a powerful intervention to facilitate growth and change. Service users can receive tremendous understanding, support, and encouragement from others facing similar issues, and also gain different perspectives, ideas, and viewpoints on their issues.

● Day programme

Day programmes are either free or funded via a community care assessment. Community services deliver day programmes which include a variety of themes, structures and interventions. For example, they may have a focus of reducing drug or alcohol use or they may be for clients who are already or wishing to become totally drug and alcohol free. Again, duration times can vary across services but the commitment will be on a daily basis throughout the run of the programme.

- **Detoxification and Residential Treatment**

Those clients who require a detox can receive one in either the community or in a hospital setting. Waiting times vary but it is usually quicker to arrange a medically supervised community detox rather than waiting for an inpatient bed.

Full care plans need to be in place prior to detox to ensure the client is receiving adequate support to maintain their drug/alcohol free status on completion.

Sometimes clients will move from detox into residential rehabilitation, which is a far more intensive form of treatment. Residential rehabilitation is costly and requires funding allocated by the Care Panel following

assessment and approval by the Substance Misuse Team. Clients who move into residential treatment will be care managed by the SMT.

Care managers will source the best rehab based on client needs as residential services operate on a variety of theoretical principles. All require the client to be drug and/or alcohol free and lapse or relapse will usually lead to the service user being asked to leave. Full support packages need to be in place for the client when returning from such treatment into their community.

- **Targeted services**

In Hackney, targeted services currently being delivered focus on Aftercare, Primary Stimulant users and the Women & Family Service.

Appendix 12: Key Legislation, guidance and research

- *Children's Act* 2004
- *Every Child Matters* 2005
- *Hidden Harm* ACMD 2003
- *Working Together to Safeguarding Children: a guide to inter agency working to safeguard and promote the welfare of children.* DCSF 2010
- *The London Child Protection Procedures.* London Safeguarding Children's Board 2007.
- *Joint Guidance on the Development of Local Protocols and Local Safeguarding and Family Services.* DCSF, DoH, NTA 2009
- *Working Together to Safeguard Children* (2010) HMSO London
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www.hackneydaat.org.uk

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Safeguarding Children affected by Substance Misuse
Hackney Drug and Alcohol Action Team
and Hackney Children's Social Care Services