

# Brief Practice Guidance: Safeguarding Children affected by Substance Misuse



Safeguarding Children affected by  
Substance Misuse Joint Working Protocol



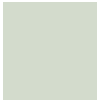
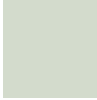

This is a summary of the Safeguarding Children affected by Substance Misuse Joint Working Protocol and is for all staff who work in Drug and Alcohol Treatment Services and Children's Social Care services in Hackney, managing the potential risk posed to children and families due to adult substance misuse.

It covers the key points within the Safeguarding Children affected by Substance Misuse Joint Working Protocol; specifying referral pathways across both service areas for families affected by substance misuse, joint working practices, principles and shared goals. The full protocol and other key pieces of research and legislation can be found on the intranets/ websites of both organisations: [www.hackney.gov.uk](http://www.hackney.gov.uk), [www.chcsb.org.uk](http://www.chcsb.org.uk) and [www.hackneydaat.org.uk](http://www.hackneydaat.org.uk).

All staff are expected to follow the steps set out in the protocol and to seek advice where appropriate from their designated officer. We would like to thank everyone who has contributed to the development of this protocol.

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# Principles, shared goals and working together

- 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 a way that recognises and values cultural diversity
- Poor practice is not acceptable as it can lead to direct harm of children and young people



# Referring into Treatment Services from Children's Social Care



## Referring into Treatment Services from Children's Social Care Summary

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

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 as understood at point of referral.

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 assessment, Children's Social Care will be informed of the levels of substance use and receive an assessment from the treatment provider to clarify the levels of risk that any drug or alcohol use may be having on the individual's ability to parent or care for a child appropriately.

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 the 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.





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

# Referring into Children's Social Care by Drug and Alcohol Treatment Providers



## Referring into Children's Social Care by Treatment Providers Summary

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 the levels of risk posed to children's wellbeing.

Initial treatment triage 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 with or visits the household.

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

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 outlined in the Hackney's Child Wellbeing Model (<http://www.chscb.org.uk/content/41>). This considers child, parenting, family and environmental factors which may present risk to children. This model should be used as a tool when considering making any referral.





## Referral pathway from Drug & Alcohol 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 client's with children or in regular contact with children.



## Information Sharing

Worries that staff may have about any potential damage to a therapeutic relationship by sharing information are always overridden by child protection issues.

A client that 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 must be taken. Under such circumstances other parties must be advised as soon as possible.



## Joint Assessments

Joint assessment should be considered good practice when both agencies are working with a family or family members. Meetings should be

held during the assessment to discuss progress and analyse information. Joint visits should always occur when the secondary agency becomes involved and thereafter as appropriate.



## Professional Meetings

Treatment workers and Children's Social Care workers must be invited to all meetings and reviews that are held by each of the services (for example Child Protection conferences, core groups and treatment reviews). Each should receive full minutes of all meetings. Any agency can call a professionals meeting to share

information or decide on further action. Should attendance at such meetings not be possible, the allocated worker should ensure alternative means of sharing relevant information is facilitated.



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 (PNA) 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 any treatment 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 in the instance to the First Response Team who will acknowledge the first 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 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 affected by parental substance use.

For further information contact:

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**First Response**

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