

The Cambridgeshire Safeguarding Children with Drug & Alcohol Misusing Parents/Carers Offer

Introduction

The Cambridgeshire Drug and Alcohol Action Team, Cambridgeshire County Council and the LSCB (The Partnership) recognise that not every case of children with drug and alcohol misusing parents/carers (parental substance misuse) needs the same response – varying degrees and types of support are needed from different organisations depending on the circumstances of the individual child(ren), parents and carers and the extended family. Prevention is also important, offering children support will help to break the intergenerational cycle of substance dependence and help children to overcome other vulnerabilities.

The purpose of this guide is to help ensure that all staff working with children or families understand:

- The impact of parental substance misuse on parenting and the impact this may have on children;
- The risks to children from parental substance misuse and the difference between safeguarding and child protection;
- How agencies can work together and support each other within their field of expertise to ensure safeguarding concerns are addressed at an early stage, avoiding escalation to significant harm;
- Parental substance misuse can cause concern about the welfare of children and is clearly a risk factor as evidenced by serious case reviews and research. However it is recognised that the use of drugs/alcohol does not preclude the possibility of good parenting;
- Drug/alcohol use by itself will not lead to a child being considered at risk of abuse or neglect but professionals should positively ascertain why they think a parent's drug/alcohol misuse does not impact significantly on their ability to parent and does not constitute a safeguarding/child protection issue. The long term effect of substance misuse may not be immediately apparent but the continued absence, emotional or physical unavailability of a parent through substance misuse can be very detrimental to children and young people in numerous ways;
- All organisations within Cambridgeshire will treat parents and pregnant women who use drugs/alcohol in the same way as other parents who require their support and services in terms of their eligibility for services.

Substance misuse refers to the problematic use of drugs (legal and illegal) and alcohol which can lead to social, psychological, physical and legal problems. Whilst they may have different treatment methodologies for the adults with these problems, they are considered together because the consequences for the child are similar. One of the main difficulties in assessing the harm to children of living with parental substance misuse is that, in the majority of cases, substance misuse is associated with a range of other factors: such as, poverty and deprivation, poor physical and mental health, poor housing, domestic abuse, debt, offending and unemployment. Any or all of these factors are

likely to have an impact on the parent and on the child. The relationship between these factors and substance misuse is complex and the substance misuse should not be addressed in isolation. Substance misuse is often, but not always, associated with poor or inadequate parenting. Although a significant number of children of substance misusing parents receive good parenting, stability and have all their needs fully met. The impact of parental substance misuse can show itself in a number of ways. There may be physical neglect in that children are not kept clean, warm, or fed; emotional neglect through intoxication or the parent displaying little or no affection or nurture; and lack of care for the child's safety. The parents' behaviour is often characterised by unpredictability e.g. too much/not enough discipline, mood swings, being very affectionate or very distant. This leads to inconsistent parenting which can be confusing and damaging to the child. Children may be introduced to drug and alcohol misuse at an early age by the behaviour of the parents/associates and the availability of the substances within the home.

Local context

Data from the treatment services also reflects that in 2014/15, 25% of clients in structured drug treatment and 26% of clients in structured alcohol treatment had children living with them (NDTMS database 2014/15). These figures are likely to be an under-representation of the number of children who are affected by parental substance misuse, as this only shows what we know about those people in treatment who have declared that they have children.

Snapshot data from the drug and alcohol treatment services in 2014 showed that there were a total of 646 children living with 365 substance misusing parents in treatment; there are concerns that these children may be 'hidden' and their needs are not being met. This is a significant number of children, many of which may not be known to services. It poses challenges to services regarding information sharing, liaison and joint working.

Information sharing

"Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective safeguarding measures. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children (Working together to Safeguard Children, 2015)."

Agencies, when beginning work with any service user, should inform the service users as a matter of course about their policy on information sharing and confidentiality and explain the kinds of situations where they may need to share information. Agencies should give some indication

of why, and with whom they may need to share information. They should ask for the service user's consent to sharing necessary information in advance. This will save time, misunderstanding and potential conflict later.

Workers need to be

1. **Prepared**, protect themselves and their clients, with support from their seniors, and have complete access to all updated policies and procedures;
2. Be skilled to have the **conversation**;
3. Back up what they say with the right **knowledge** of appropriate support.

Concerns that a child may be suffering significant harm, or is likely to, will always override a practitioner or agency requirement to keep information confidential. Practitioners have a responsibility to act immediately to ensure that a child whose safety or welfare may be at risk is protected from harm, sharing information appropriately.

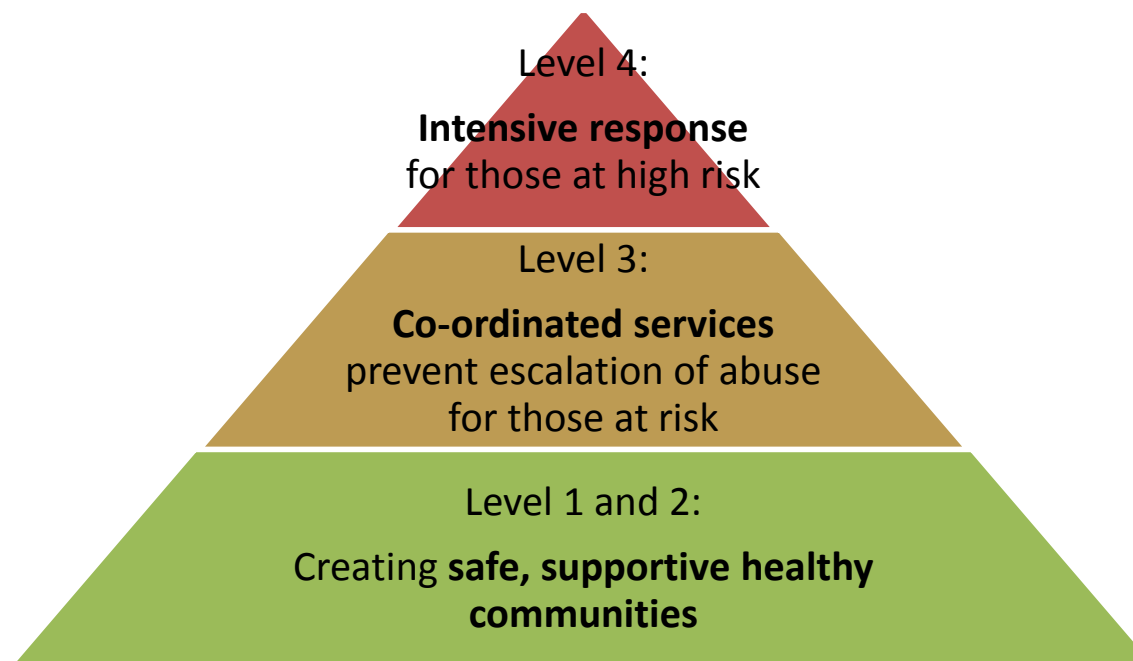
When practitioners are asking for information, they should be able to explain:

- What kind of information they need;
- Why they need it;
- What they will do with the information;
- Who else may need to be informed if concerns about the child persist.

Consent should be sought prior to sharing information unless to do so would put a child/ young person at increased risk, interfere with a possible criminal investigation or put a member of staff at risk. When seeking information, it is important to be specific about the reason for needing the information and what information is required. Information shared is to be proportionate for the purpose it is required. The reasons for sharing or not sharing information should be clearly recorded. The service user should always be offered a copy of the consent form and related information.

The below model provides a framework for developing a common understanding of people's needs; and a shared understanding of the roles and responsibilities of different services and organisations.

Model of staged intervention for parental substance misuse



These levels are about prevention, lowering risk and managing demand on our more intensive services. The aim is to ensure that there are fewer people in the higher levels, receiving more targeted, intensive support. Early help as soon as need is identified is preferable to 'late help' when problems have escalated; but intensive safeguarding and support is always available to those that need it. Getting this right requires us to build capacity in communities to support people to help themselves; as well as creating effective, coordinated pathways and referrals between organisations, which will be developed as part of the action plan for this strategy.

Identification and Assessments to support the Cambridgeshire Offer model for parental substance misuse

Assessment is an on-going process, not a single event. Individuals and families can move between levels of need (both through increasing and/or reducing their needs and vulnerability) according to their particular circumstances, therefore it is essential that those working with those impacted by parental substance misuse can be flexible and able to respond to changing needs and risk of harm.

Although repeated assessments are not always necessary to move those affected from one level of support to another, **risk to children in parental substance misuse cases is fluid and can escalate quickly**. Practitioners must take into account the risk that the escalation of parental substance misuse poses and be prepared to revisit screening (Professional Support Pack available via www.cambridgeshire.gov.uk/thinkfamily (page 5)) and assessments such as the Family CAF (FCAF) (http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/298/children_and_families_procedures_and_resources/3) as the need arises. The Model of Staged Intervention (MOSI) can help professionals to assess the level of needs.

Where an agency identifies a concern for a child within a family setting, a practitioner will need to assess this initial level of concern, the risk or likelihood of harm to the child and which aspects of the child's development are being impacted upon or adversely affected. This assessment should focus on the impact upon the child as part of the family, rather than the adult's drug or alcohol use, though it is important that the agency and professional agree to work in a 'whole family' way.

Please refer to Appendix 1 for early indicators of potential harm and Appendix 2 for some useful tips on how to conduct conversations about substance use. Professionals are encouraged to use the following resources: 1. 'You are not on your own' 2. 'Help me understand' publications by the Children's Society.,3. the Taylor Chart, 4. the Roller Coaster of Change and 5. Complicated Matters ([http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/complicated-matters-stella-project-toolkit-and-e-learning-\(2013\).aspx](http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/complicated-matters-stella-project-toolkit-and-e-learning-(2013).aspx)). These publications will help professionals to determine the impact on children at different developmental stages. All publications can be found at <http://www.cambsdaat.org/help-support/adult-treatment/parental-substance-misuse-2/psm-professional-resources/> when working with children and young people who are affected by their parents/carers substance misuse regardless whether parents or carers are seeking help in the treatment services or not.

Local Specialist Treatment Providers

Inclusion (0300 5550101) provides adult drug and alcohol treatment services and *CASUS* (01480 415278 or 01223 214614) provides the young people's treatment service in Cambridgeshire.

- Service users will need to consent and be willing to enter treatment;
- You may ask for general advice and information on alcohol and other drugs, the services they offer and their referral procedures;
- Establish their protocol to conduct joint assessments and joint visits and with permission, conduct three-way meetings with service users and specialist services;
- Establish information sharing boundaries before work starts;
- Offer two-way support to colleagues, eg. training exchanges;
- Maintain regular communication and meetings with specialist services;
- **None of these services have any threshold to access support and help!**

Limitations of the Cambridgeshire Offer model

It is intended that the 'Cambridgeshire Offer' model should be used as a tool to enable individuals, families and agencies to communicate their concerns regarding parental substance misuse: using a common format, language and understanding of the levels of needs, concern or risk.

It is also intended as a tool to enable practitioners to complete a needs 'map' to assess individuals / families, and articulate their needs and strengths and the risks and protective factors that may exist.

The model, and the descriptors included within the matrix, is not intended to be prescriptive, exhaustive or definitive. Need and risk have always to be considered on a case by case basis, and responses based on assessment and judgement and relevant statutory guidance. Practitioners should use their professional judgement, experience and training at all times to inform assessment and intervention.

The model does not guarantee service provision by particular agencies at each level. There may be restricting factors such as:

- Specific service criteria related to the agency's specialist area of work;
- Previous interventions;
- Geographical location;
- Age limits;
- Availability of community-based provision.

Finally, it should be recognised that those impacted by parental substance misuse (both the adults and the children) may seek to deny or minimise their experiences / level of risk. Practitioners should always be conscious of this issue but curious when considering need, and be prepared to escalate concerns according to local and statutory safeguarding guidance.

Cambridgeshire Parental Substance Misuse Offer	
Level 1 (Universal)	
What is the purpose of the offer?	To create safe, supportive healthy communities with low levels of substance misuse.
What are the needs that the offer aims to meet?	Prevention, lowering risk and managing demand.
What are the desired outcomes?	At Level 1 , we want to build safe, supportive and healthy communities with low rates of substance misuse. In safe, supportive and healthy communities, communities have the capacity to support themselves, and the number of children affected by parental and their own substance misuse is reduced; with a wide range of agencies playing a part in empowering communities and delivering preventative work.
What is the nature of the interventions the offer provides?	<p>Services are able to respond to a disclosure of substance misuse sensitively and in a way that ensures people's safety. They should also be able to direct people to specialist services. Roles such as:</p> <ul style="list-style-type: none"> • Care Assistants • Receptionists • Teaching Assistants • Non-specialist voluntary and community sector workers • Young Carers workers <p>All staff should also be able to identify and direct people, via in-house assessment tools or FCAF, to non-specialist services that offer protective factors relevant to need. At Level 1 these include access to:</p> <ul style="list-style-type: none"> • Personal development activities • School-based prevention activities • Group activities designed to promote health and wellbeing • Sports and other exercise types • Education, employment and training opportunities • Housing services • Health services.
How does the Partnership measure whether the	<u>Outcome Measurement (achieved and sustained)</u>

<p>Outcomes have been achieved and sustained; the Performance and quality of the offer at this Level?</p>	<p><u>Performance Measurement (quantity and quality of service)</u></p>
<p>What are the training needs to facilitate the offer at this Level?</p>	<p>Staff should be trained to respond to a disclosure of substance misuse sensitively. They should also be able to direct people to specialist services.</p> <p>Workforce Development Offer:</p> <ul style="list-style-type: none"> • IBA (Identification Brief Advice) by LSCB, Inclusion and CCC Workforce Development Team • Basic drug and alcohol training by LSCB • Basic Parental Substance Misuse E-Learning session by LSCB • Noval Psychoactive Substances (NPS)
<p>What are the commissioning needs to facilitate the offer at this Level?</p>	<p>The Partnership should consider commissioning relevant partner agencies to develop a training strategy to ensure relevant staff are accessing the above training sessions. The Partnership should also consider commissioning activity to ensure that all relevant agencies receive awareness materials from the Partnership to facilitate signposting from universal services to specialist agencies.</p>
<p>Level 2 (Targeted)</p>	
<p>What is the purpose of the offer?</p>	<p>To build protective factors and resilience into communities.</p>
<p>What are the needs that the offer aims to meet?</p>	<p>Prevention, lowering risk and managing demand.</p>
<p>What are the desired outcomes?</p>	<p>At Level 2, we want to build safe, supportive, resilient and healthy communities with low rates of substance misuse. In safe, supportive and healthy communities, communities have the capacity to support themselves, and the number of children affected by parental and their own substance misuse is reduced; with a wide range of agencies playing a part in empowering communities and delivering preventative work.</p>
<p>What is the nature of the interventions the offer</p>	<p>Staff are able to ask and challenge client's substance use in a way that makes it easier for people to discuss it. This involves an understanding of the epidemiology of substance use, how it affects people's lives and the</p>

<p>provides?</p>	<p>role of professionals in intervening safely. Staff should also be able to respond with empathy and understanding, assess someone's immediate safety and offer referral to specialist services. Roles such as:</p> <ul style="list-style-type: none"> • Family Workers • Youth Support • Teachers • Recovery Workers and Family Leads in the Treatment Service • Children's Service's practitioners such as FIP workers • Young carers workers <p>All staff should also be able to identify and direct people, via in-house assessments or FCAF (and other DTT and other tools), to non-specialist services that offer protective factors relevant to need. At Level 2 these include access to:</p> <ul style="list-style-type: none"> • Personal development activities • School-based prevention activities • Group activities designed to promote health and wellbeing • Sports and other exercise types • Education, employment and training opportunities • Housing services • Health services.
<p>How does the Partnership measure whether the Outcomes have been achieved and sustained; the Performance and quality of the offer?</p>	<p><u>Outcome Measurement (achieved and sustained)</u></p> <p><u>Performance Measurement (quantity and quality of service)</u></p>
<p>What are the training needs to facilitate the offer at this Level?</p>	<p>Level 1 training sessions are HIGHLY RECOMMENDED before further levels.</p> <ul style="list-style-type: none"> • Alcohol Foetal Syndrome • Understanding the impact of Parental Substance Misuse on children (full day of blended learning – half a day E-learning (pre-session completion) and half a day group session)

What are the commissioning needs to facilitate the offer at this Level?	<p>The Partnership should consider commissioning relevant partner agencies to develop a training strategy to ensure relevant staff are accessing the above training sessions. The Partnership should also consider commissioning activity to ensure that all relevant agencies receive awareness materials from the Partnership to facilitate signposting from targeted services to specialist agencies.</p>
Level 3 (Coordinated / Specialist)	
What is the purpose of the offer?	<p>To prevent escalation of abuse for people at risk and support those who need it to promote recovery for them and their family.</p>
What are the needs that the offer aims to meet?	<p>Prevention, lowering risk and managing demand.</p>
What are the desired outcomes?	<p>At Level 3, we want to ensure that co-ordinated services are available early on that prevent escalation of abuse for people at risk – both for the person affected by substance misuse and any dependent children and ensure that people are aware of what is available within their own communities.</p>
What is the nature of the interventions the offer provides?	<p>Staff are able to provide an initial response that includes risk identification and assessment, safety planning and continued liaison with specialist support services, including referral to specialist community-based programmes. Roles such as:</p> <ul style="list-style-type: none"> • Parental Substance Misuse Champions • Safeguarding workers • Midwives, health visitors, etc. • MARAC representatives • Drug and Alcohol Services • ASYE – Newly qualified Social Workers • Social Workers • Consultant Social Workers • Senior Family Workers • Family Intervention Partnership <p>All staff should also be able to identify and direct people, via in-house, FCAF or S.17 assessments, to non-specialist services that offer protective factors relevant to need. At Level 3, these include access to:</p> <ul style="list-style-type: none"> • Personal development activities • School-based prevention activities

	<ul style="list-style-type: none"> • Group activities designed to promote health and wellbeing • Sports and other exercise types • Education, employment and training opportunities • Housing services • Health services.
How does the Partnership measure whether the Outcomes have been achieved and sustained; the Performance and quality of the offer?	<u>Outcome Measurement (achieved and sustained)</u> <u>Performance Measurement (quantity and quality of service)</u>
What are the training needs to facilitate the offer at this Level?	<p>Level 1 and 2 training sessions are HIGHLY RECOMMENDED before further levels.</p> <ul style="list-style-type: none"> • Understanding the implications of Parental Substance Misuse on practice (full day of blended learning – half a day E-learning (pre-session completion) and half a day group session)
What are the commissioning needs to facilitate the offer at this Level?	The Partnership should consider commissioning each relevant partner agency to develop a training strategy to ensure relevant staff are accessing the relevant training courses. The Partnership should also consider commissioning specialist community-based programmes to enable onward referral, whilst ensuring that practitioners are confident to casework at Level 3.
Level 4 (Intensive)	
What is the purpose of the offer?	To address the immediate risk of harm and protect children and families in urgent need.
What are the needs that the offer aims to meet?	Prevention, lowering risk and managing demand.
What are the desired outcomes?	At Level 4 , we want to provide an intensive response in a coordinated manner, to address the immediate risk and protect children and families urgently, stepping back once the immediate situation is resolved but ensuring that those affected by substance misuse and their families have immediate access to further support if needed. This level of involvement is required when somebody affected by substance misuse is pregnant or need Tier 4, rehabilitation programmes.
What is the offer model or methodology?	Community-coordinated response model.

<p>What is the nature of the interventions the offer provides?</p>	<p>Practitioners are able to give expert advice and support to people affected by substance misuse, and are able to manage risk and safety as part of their casework. This may include onward referral to specialist community-based programmes. Roles such as:</p> <ul style="list-style-type: none"> • Midwives, health visitors, etc. • MARAC representatives • Drug and Alcohol Services • ASYE – Newly qualified Social Workers • Social Workers • Consultant Social Workers • IDVAS <p>All staff should also be able to identify and direct people, via in-house assessments, to non-specialist services that offer protective factors relevant to need.</p>
<p>How does the Partnership measure whether the Outcomes have been achieved and sustained; the Performance and quality of the offer?</p>	<p><u>Outcome Measurement (achieved and sustained)</u></p> <p><u>Performance Measurement (quantity and quality of service)</u></p>
<p>What are the training needs to facilitate the offer at this Level?</p>	<p>Level 1 and 2 training sessions are HIGHLY RECOMMENDED before further levels.</p> <ul style="list-style-type: none"> • Understanding the implications of Parental Substance Misuse on practice (full day of blended learning – half a day E-learning (pre-session completion) and half a day group session)
<p>What are the commissioning needs to facilitate the offer at this level?</p>	<p>The Partnership should consider commissioning each partner agency to develop a training strategy to ensure relevant staff are accessing all levels. The Partnership should also consider commissioning specialist community-based programmes to enable onward referral at this level.</p>

Appendix 1

Indicators for children at risk of parental substance misuse

- Being left home alone or with inappropriate carers;
- Emotional difficulties e.g. crying for no apparent reason, inexplicable feelings of anger, showing inconsistent emotion or no emotion
- Self harming/suicidal behaviour;
- School problems e.g. truancy, levels of attainment dropping, difficulty in concentrating;
- Offending behaviour;
- Neglect and other forms of abuse, high levels of accidents in the home, possibly due to poor parental supervision;
- Early use of substances – minimisation of the risks associated with or a very strong dislike of substances;
- Attachment issues and behavioural difficulties e.g. bullying;
- Feelings of gloom, worthlessness, isolation, shame and hopelessness, poor self-esteem, disempowerment;
- Unwillingness to expose family life to outside scrutiny, social isolation, not taking friends home;
- Tendency to keep secrets;
- Developmental delay;
- Role reversal and confusion e.g. protecting others, acting as a mediator and/or confidant, taking on an adult role;
- Extreme anxiety and fear, fear of hostility, violence;
- Family dislocation e.g. moving schools, relationship conflict, domestic abuse;
- Presenting as not being used to a routine e.g. irregular attendance at nursery or school;
- For children with disabilities there can be increased risks to their safety and inconsistent approach to the management of the child's medication and needs.

What makes substance misuse different to other issues?

Absent Parenting, Unpredictable Parenting, Hidden nature of addiction, Unsafe physical environment, Social stigma, Normalisation and early introduction, Acceptance of alcohol, prescribed medication stored at home (safe storage), danger of paraphernalia.

Further reading: <https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users>

Appendix 2

POCKET GUIDE FOR ALL THOSE WORKING WITH CHILDREN AND FAMILIES WHERE THERE IS A PARENT WITH ALCOHOL OR SUBSTANCE MISUSE ISSUES

All service users have the right to professional support, delivered by well-trained, well-supervised workers. All workers should be able to intervene confidently and effectively where they encounter alcohol and drug problems.

SOME DO's & DON'Ts

DON'T assume that other professionals will have identified or assessed for alcohol and drug problems or that other agencies are involved;

DO regularly check who is involved with the family from the professional network and ask for their expertise when you feel you don't know;

DON'T be afraid to ask: your work is all about dealing with sensitive personal issues. Be curious!

DON'T worry if you don't understand what people say about alcohol or drugs; they can explain;

DON'T be judgmental: nobody starts drinking or using drugs *intending* to develop a problem;

DO expect there to be prejudice and stigma associated with alcohol and drug users;

DO explain your role with the child and family and the purpose of your agency and intervention; and about consent and the sharing of information;

DO remember that even brief interventions from front-line workers can help people change;

DO routinely address alcohol and drug issues. The more you practice the better;

DO routinely address alcohol and drug issues. The more you practice the better you'll get and remember – anyone might be affected;

DO make it your business to know about referral pathways to specialist alcohol and drug services or to services for children and young people and consider that all family members may need some help from time to time;

DO escalate your concerns if you are concerned about the action of other agencies;

DON'T base your assessment on one source of information;

DO your best to view alcohol and drug use in its wider context: is it making any problems worse or is it helping to reduce them?

AVOIDING COMMON PITFALLS

DRUGS: people frequently forget to ask about drugs, including prescription drugs. If drug use is identified it is easy to be distracted by it. Drug use is only ever part of the picture; the person's behaviour and experiences need to be assessed as a whole;

ALCOHOL: drinking is so common it may simply be overlooked, especially when there are other obvious problems. Because alcohol use is the norm, it should always be addressed. Many drug users have even worse problems with alcohol;

MONEY and FINANCES: Problem use of drugs and alcohol is likely to impact on family finances and children in terms of the provision of necessities –ensure that you ask services users about this;

IT'S NOT MY JOB: alcohol and drug use are so prevalent among vulnerable service users that working with them is everybody's job. Safeguarding children is everybody's responsibility. You do not have to be a specialist but you need to know enough to identify any issues, conduct an initial assessment and make a referral to an appropriate specialist;

PASS IT ON/STEP DOWN/STEP UP: when referring people on to specialist services, it is essential to ensure that everyone understands what services and other professionals will continue to offer and deliver.

Further information: http://cdn.basw.co.uk/upload/basw_31759-10.pdf

Parental Substance Misuse Workforce Development Pathway

This document uses the Model of Staged Intervention when refers to Levels of training.

