



**SAFEGUARDING THE
CHILDREN OF
DRUG/ALCOHOL MISUSING
PARENTS/CARERS
PROCEDURES&GUIDANCE**

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Procedures for Safeguarding Children Where Parents/Carers are Misusing Substances/Alcohol

1. Where there are concerns that a woman who is pregnant is misusing substances/alcohol section 2 of these procedures should be implemented.
 - 1.1 These procedures should be informed by the guidance for working with parents/carers who misuse substances/alcohol.
 - 1.2 These procedures should be implemented when:
 - Any agency/professional has information that adults caring for/residing with a child are, or are suspected of, misusing either substances or alcohol;
 - There is information that a person who is known to be misusing substances/alcohol is visiting a household where a child resides;
 - There is information that a person who is known to be misusing substances/alcohol, is having regular contact with a child;
 - Any agency/professional has information that the partner of a pregnant woman, who is not misusing substances/alcohol, is, or is suspected of, misusing drugs/alcohol.
 - 1.3 The professional/agency receiving the information should decide whether it either warrants an immediate referral to the Social Care Access Team or further enquiries should be undertaken.
 - 1.4 When making a referral to the Social Care Access Team workers should refer to the South Yorkshire Local Safeguarding Children Boards Child Protection Procedures, chapters 5&6.
 - 1.5 Where there is no immediate risk identified the professional should liaise with his/her manager and the Pre-CAF (Common Assessment Framework) check list (see Safe and Well Procedures at <http://www.rscb.org.uk/getdoc/a7c38c5e-2f30-46ab-b84d-037aa9c345c0/Procedures.aspx> should be completed within 2 working days to decide whether there should be either an immediate referral to the Social Care Access Team or consideration given to initiating a CAF. The Pre-CAF check list should include establishing:
 - Details about the child/ren
 - The main carers and relationship to child/ren;
 - Whether any agency/professional has concerns about the children, e.g. health, schools;
 - Child's age, physical and emotional development;
 - Basic care and safety;
 - Adult mental health issues;
 - Whether there have been historical concerns, previous child protection enquiries/planning or children removed;
 - Whether child/parent has a social worker with name of agency and worker;
 - Whether specialist drug/alcohol services have been involved with the adult;
 - Whether there is/or has previously been a CAF in place;
 - Violence within the household;
 - Any other concerns that would indicate risk to the child/ren;

- 1.6 Having completed the pre-CAF checks the worker and manager must assess the information to decide the next course of action.
- 1.7 Where there are no concerns identified the decision making process should be recorded clearly along with plans to manage the situation on a single agency basis.
- 1.8 Where there is either a CAF in place or Social Care is involved contact should be made with involved professionals to ensure that relevant information is accurately recorded and acted on.
- 1.9 Where there are concerns but not at the level that would justify a referral to the Social Care Access Team a CAF should be initiated.
- 1.10 The parent/carer's consent should be sought for a CAF but where this is refused there should be consultation with a manager within two working days to decide whether this increases concerns for the child/ren and warrants a referral to the Social Care Access Team.
- 1.11 Where the parent/carer's refusal does not result in a referral to the Social Care Access Team the decision making process should be recorded clearly along with plans to manage the situation on a single agency basis.
- 1.12 Where a CAF is initiated workers should refer to the Safe and Well procedures on....
- 1.13 Where a CAF is initiated and a plan put in place the lead worker should be a professional from the children's work force.
 - Adult agencies/professionals should contribute to a CAF and participate actively in a plan to ensure that the child/ren's needs are being met
- 1.14 Where a CAF has been initiated and a plan put in place but, within the agreed timescales, is having no demonstrable impact on the child care concerns a referral should be made to the Social Care Access Team.
- 1.15 Where the carer is either a foster parent or in the process of adopting a child, contact must be made the same working day with the Social Care Access Team who will ensure that it is passed to the relevant professionals that day.

The Welfare of the child is paramount and it is important to remember that assessment is a continuous process; when a parent/carer who misuses either substances or alcohol comes to the attention of any professional/agency that process commences. Continuous assessment is crucial in situations where parents/carers are either misusing substances or alcohol as the situation can be unpredictable and change/deteriorate rapidly. Self reporting of progress by parents/carers who misuse substances/alcohol should always be underpinned by evidence from involved professionals and specialist workers. Within this context all professionals have a responsibility to ensure continuous assessment of a child's circumstances including an analysis of the risks/needs following each contact and emergence of new information.

Immediate Risk

If at any juncture it becomes apparent that the child is either suffering or likely to suffer significant harm a referral should be made to the Social Care Access Team the same working day.

Non-immediate Risk

If at any juncture throughout the above process a professional has any doubt about the appropriate course of action, contact should be made within one working day with his/her line manager; if the manager cannot be located contact should be made with a duty manager.

2. Procedures for Safeguarding Pre- and Neonatal Babies Where Pregnant Women Are Misusing Substances/Alcohol

2.1 Where any agency/professional has concerns that a pregnant woman is misusing either substances or alcohol, there must be a referral to the Specialist Midwife, Substance Misuse, within two working days.

2.2 If any professional is unsure how to make the referral, contact should be made with either the Health Visitor or Community Midwife for advice.

2.3 The Specialist Midwife, Substance Misuse, will refer all pregnant women to Social Care at 22 weeks or the same working day if the referral for Specialist Midwife involvement is received after this date.

2.4 Social Care will undertake a Pre-Birth Assessment in all cases.

2.5 The Specialist Midwife, Substance Misuse, will ensure that appropriate documentation is recorded in the woman's obstetric notes, including the name and contact number for all involved professionals.

2.6 Where Social Care has undertaken a Pre-Birth Assessment and ceased involvement, the Specialist Midwife, Substance Misuse, will organise a Multi-Agency Meeting at 36 weeks gestation.

2.7 Where Social Care has undertaken a Pre-Birth Assessment and ceased Involvement, the situation should be re-referred within two working days
In the following circumstances:-

- Woman stops attending antenatal or substance misuse/alcohol clinic;
- Woman begins defaulting appointments with involved professionals;
- A significant health or obstetric problem is identified;
- Woman's, or partner's, substance misuse/problematic, high risk drinking becomes chaotic;
- Family becomes homeless, or family network breaks down;
- The care plan breaks down.

2.8 Where a case is re-referred, Social Care will revisit the Pre-Birth Assessment and give consideration to the need for a Pre-Birth Child Protection Conference.

2.9 The Pre-Birth Assessment should be completed by the 28th week of pregnancy. Where this is not possible, there should be clear recording of the reasons.

2.10 Where circumstances do not allow for a Pre-Birth Conference to be convened and held prior to the baby's birth, a Multi-Agency Meeting should precede the Conference to ensure that sufficient safeguards are in place.

- 2.11 Where there is a need for a Pre-Birth Child Protection Conference, it should be convened by the 32nd week of pregnancy.
- 2.12 Where a Child Protection Plan is put in place, the Core Group will be agreed and meet within procedural timescales to ensure a plan to safeguard the baby is formulated.
- 2.13 The Specialist Midwife will complete a paediatric alert form for the consultant paediatrician who will decide on the baby's minimum post birth stay in hospital, post discharge medical plan and follow up.
- 2.14 Whether or not a Child Protection Plan is in place, there will always be a Pre-Birth Planning Meeting held at 36 weeks gestation. This meeting will include all involved professionals and will be held at the hospital.
- 2.15 Following the birth, there will be an observation/assessment period from 48 hours to 5 days, depending on the type and use of substances and/or alcohol.
- 2.16 Following the observation period, a Pre-Discharge Planning Meeting will be held to consider available information and assessments to ensure safeguards are in place and services co-ordinated. This meeting will be held at the hospital.
- 2.17 In cases where the woman's substance/alcohol is not known until the baby is born, an assessment will be needed and these procedures still apply.
- 2.18 Where a baby is a Looked after Child with the Local Authority and therefore, subject to either an Interim Care Order or placed under section 20 of the 1989 Children Act, all relevant/involved professionals must be included in planning and Statutory Reviews. Those directly responsible for the day to day care of the baby following discharge must be present at the Pre-Discharge Planning meeting.
- 2.19 Where a baby is in Special Care and looked after by the Local Authority, the Pre-Discharge Planning Meeting will still be convened to ensure information is shared; safeguards are in place and services co-ordinated. Those directly responsible for the day-to-day care of the baby following discharge must be present at this meeting.
- 2.20 Where a baby is subject to a Child in Need Plan, Interim Supervision Order or time limited Residence Order all relevant and involved professionals must be included in the planning and meetings. Those directly responsible for the day-to-day care of the baby following discharge must be present at this meeting.
- 2.21 Pregnant women misusing substances and/or alcohol should be given priority in respect of treatment and resources.
- 2.22 The Pre-and Post-Birth Planning Meeting will have identified which professionals should remain involved following the baby's discharge from hospital. The role and responsibility of each professional should be clearly recorded and minutes of the meeting distributed.
- 2.23 The agreed medical regime and oversight following the baby's discharge should be clearly recorded, with monitoring in place to ensure compliance of those responsible for the baby's day-to-day care.

The multi-disciplinary pre-birth assessment, led by Social Care, incorporating all available information and an analysis of risk is crucial to inform what interventions should be put in place pre and post birth to safeguard the child and maximise the opportunities for the parent/s to care for the child. Self reporting of progress by the pregnant woman and or her partner should always be underpinned by evidence from involved professionals and specialist workers. Awareness and safety of other children within the household must always be included in this assessment.

Where agencies/professionals learn that the partner of a pregnant woman (who does not misuse substances/alcohol) misuses substances/alcohol section 1 of these procedures should be implemented.

Interagency Guidelines for Gathering Information When Working with Substance/Alcohol Misusing Parents/Carers

3. Introduction

The purpose of these guidelines is to assist staff in all agencies in identifying situations where action is needed to safeguard a child or promote their welfare as a result of their parents/carers' misusing substance/alcohol.

These guidelines are based on:

- SCODA (Drug Using Parents-Policy Guidelines for Interagency Working 1997)
- Hidden Harm – Responding to the Needs of Children of drug using parents 2003
- DCSF High Focus Area Programme – Safeguarding the Children of Misusing Parents, 2007
- Drug Misuse and Dependence: UK Guidelines on Clinical Management
- Every Child Matters Common Assessment Framework for Children and Young People: Practitioners' Guide and Managers' Guide

These guidelines should be used in conjunction with the Rotherham Safe and Well Protocol (the Common Assessment Framework).

They are applicable to all professionals who may come into contact with and/or are working directly with parents/carers where there may be concerns about substance/alcohol misuse in order to:-

- Provide information which will enhance understanding of the impact on children and assist the process of identifying what to do next
- Ensure early identification of children living in such circumstances and the assessment of impact on them.
- Provide children affected with appropriate support and/or protection where this is necessary.

The framework underpinning this guidance is not absolute and does not replace good practice and sound professional judgement based on analysis of all the available information and evidence. It is intended to have general application when any professional becomes aware that a child is living with, being cared for by or having contact with, an adult who is misusing substances/alcohol and should be used alongside any existing assessment format and procedures produced by individual agencies.

Assessment of the impact on a child of their parents'/carers' substance/alcohol misuse needs to be holistic in nature and take full account of the whole circumstances and areas of importance in a child's life. This means for example, considering the role of other family and trusted adults in a child's life and their capacity to contribute to a child's safety and well-being. Every child's circumstances are different and the nature and pattern of the parents'/carers' substance/alcohol misuse will require individual assessment in order to determine the extent to which the quality of care to their children is affected.

3.1 Defining the Problem

Substance/alcohol misuse refers to the legal or illicit drug taking and high risk problematic drinking, which severely interferes with an individual's physical and mental health, social situation and responsibilities. The substance/alcohol misuse may become the person's central pre-occupation to the exclusion of significant personal relationships. It could be of a dependent nature or it may be caused by intermittent drug taking or 'binge' drinking which could significantly impair health and social functioning. Problem substance/alcohol misusers who are parents/carers may find their substance/alcohol misuse affects how well they are able to look after their children and their relationships with their families.

Dependent substance/alcohol misuse is a chronic and relapsing condition which requires treatment and support and may require continuing review in order to identify long- term and flexible support. It is in this context that those clients on methadone prescriptions and in treatment for substance/alcohol misuse and who are responsible for child care should be supported by the use of the procedures described in this document. Stabilisation/abstinence from substance/alcohol misuse does not automatically mean that an adult's parenting is improved and/or changed in a way that promotes a child's ongoing welfare. Ongoing assessment and monitoring should therefore be a fundamental part of the joint working arrangements between adult drug/alcohol treatment services and children's services.

Substance/alcohol misuse by parents/carers does not on its own automatically indicate that children are at risk of abuse or neglect. However, it is almost inevitable parenting ability will be affected and it is essential that workers recognise that this group requires regular assessment of risk. Adults who misuse substances/alcohol may be faced with multiple problems including homelessness, accommodation or financial problems, difficult or destructive relationships, lack of effective social and support systems, issues relating to criminal activities and poor health, including blood borne viruses. There may be issues of safety, social stigmatisation or support networks to address. The presence of other adults in the household, whether they are substance/alcohol misusers and the extent of their involvement in the care of the child also needs to be considered. Assessment of the impact of these factors is as important as the substance/alcohol misuse.

Agencies working with parents/carers should remain aware that substance/alcohol misuse could affect and seriously compromise the quality of their parenting. However, substance/alcohol misusing parents/carers often feel that they will be judged negatively and

avoid accessing appropriate agencies for advice and support. This is counter productive in safeguarding and promoting the welfare of children, as evidence suggests that appropriate interventions which improve family functioning can reduce long term harm to children.

3.2 Principles Underpinning the Work

- Children deserve to be helped as individuals in their own right
- Services working with substance/alcohol misusers should see the well-being of the child as being of paramount importance.
- The voices of children of substance/alcohol misusers should be heard and listened to.
- All substance/alcohol misusers should routinely be asked if there are children within the household where they are residing.
- All substance/alcohol misusing parents/carers should routinely and regularly be asked about their parenting and childcare practices.
- Services should be accessible, welcoming and non-stigmatising to substance/alcohol misusers who care for/have contact with children. Parents/carers with substance/alcohol misuse issues should be assessed like other parents/carers whose personal difficulties may affect/compromise their parenting and care of children
- Early identification, support and treatment of the parents'/carers' substance/alcohol misuse is one of the most likely ways to enhance their parenting capacity
- Early support for the extended family may prevent family breakdown and enable support for children
- Services should share information when it is in the interest of the child to do so.
- An integrated approach is crucial, based on a common assessment framework, by professionals including alcohol & drug workers, social workers, Health Visitors and GPs, nursery staff and teachers, child and adolescent mental health services.
- Each case must be assessed individually with the focus of assessment being around the child's development, the parent's/carer's ability to care for the child and the environmental factors which come into play in a protective or detrimental way.
- By working together, services can take many practical steps to protect and improve the health and well being of affected children.

3.3 Confidentiality and Approach to Information Gathering /Assessment

The inter-agency confidentiality and information sharing protocol at Section 3.-3.3 of the South Yorkshire Local Safeguarding Children Boards Child Protection Procedures should be followed.

With parental/carer drug/alcohol misuse a 'Thorough assessment is required to determine the extent of need and level of risk in every case.' (Working Together Safeguard Children 2006 – S 11.51).

The Rotherham Safe and Well Protocol (local Common Assessment Framework,) is based on the Framework for the Assessment of 'Children in Need' and their Families (Department of Health 2000) which provides a systematic basis for information collection and analysis, in order to determine how best to help and support a child. The assessment should be carried out in a multi agency way, where professionals from different backgrounds contribute to the assessment. The involvement of other professionals provides an opportunity to check the validity of the information. The information gathering and assessment headings are:

- Child's Developmental Needs
- The Parenting Capacity
- The Family and Environmental Factors

3.4 Child's Developmental Needs

Health

- Are the parents/carers accessing appropriate health care and routine health appointments for the child?
- Is the child being exposed to unnecessary risks resulting in accidents and injuries?
- Are the children physically at risk due to substance/alcohol misuse, conflict or violence?
- Is the young person misusing substances/alcohol or involved in other high-risk activities?
- Is there evidence of failure to thrive or poor general health?
- Is the child displaying health problems as a result of parental/carer substance/alcohol misuse i.e. disturbed sleep patterns or bedwetting?

Education

- Are the child's pre-school educational needs being met?
- Are parents/carers supportive of their children's education?
- Are the children attending nursery or school regularly and on time?
- Are they experiencing difficulties learning?
- Are they displaying disruptive behaviour at school?

Emotional and Behavioural Development

- Is the parent/carer child interaction warm and positive?
- Is the child supported with problems, homework and worries?
- If the parents/carers are misusing substances/alcohol, do children witness the taking of drugs/alcohol, or other substances?
- Could other aspects of the substance/alcohol misuse constitute a risk physically or psychologically to children e.g. conflict with or between dealers, exposure to criminal activities related to drug/alcohol misuse?
- Are the children engaged in age-appropriate activities?
- Are the child's emotional needs being adequately met?
- Is the child aware of the parent's/carer's substance/alcohol misuse and what is their understanding of it?
- What is it like when their parent/carer is under the influence of drugs/alcohol? What is it like when they are not?
- Do they feel safe, where do they run for comfort, help and protection?
- Are there things that make them feel scared?
- Do they have fears, anxieties, and hopes about their parent's/carer's behaviour?
- Is help available to assist them in developing decision making skills?
- Are children being denied the reality of what they see via euphemisms to describe or explain parental/carer behaviour or expected to cover up parent's/carer's substance/alcohol misuse?

Identity

- Is the child involved in the substance/alcohol misuse either as an active participant or as a messenger or runner – e.g. obtaining supplies?
- Does the child have a positive identity?
- Does the child see him/herself as lovable?
- Do they have guilt feelings or feel responsible for parents/carers?
- Are there feelings of powerlessness, helplessness?
- Is there shame and embarrassment about parental/carer substance/alcohol misuse related behaviour?
- Is there support, consistency and reliability from parent/carer to help young people through any difficulties?

Family and Social Relationships

- Are there any indications that any of the children are taking on a parenting role within the family, e.g. caring for other children, excessive household responsibilities?
- Do the parents/carers and children associate primarily with other substance/alcohol misusers, non users, or both?
- Are there a number of people coming and going and are the children adequately protected from the possible adverse behaviours that they might exhibit?
- Are they able to maintain and form friendships?
- Are they able to spend time at home and feel safe?
- How do the children spend their free time?
- Are the children involved in leisure activities outside of the family home?
- Are activities age appropriate?

Social Presentation

- How is the child being taught about problem solving and coping skills?
- Is the child replicating parental/carer behaviours?
- Does the child experience difficulties in social situations?
- Are they isolated, excluded or involved in criminal behaviour?
- Is the child aware of and able to demonstrate cleanliness and good hygiene?
- Is dress and behaviour appropriate?

Self-care Skills

- Has the child taken on caring responsibilities for the parent/carer?
- Are these responsibilities age appropriate?
- How long and to what extent?
- Is there a demonstration of development of skills required for independence?

3.5 Making Sense of Information Gathering- Child's Developmental Needs

Some common indicators may be the child who is left alone in the playground, who doesn't know how to play, is bullied or the bully. Children may also develop a highly sophisticated fantasy world either as a way of dealing with living in a non-stimulating home environment where parents/carers are too intoxicated to play, or the isolation they may face as other

children are told by parents not to play with children whose parents/carers are substance/alcohol misusers.

How children approach problems is also indicative. Children who run away or have temper tantrums when confronted with something not immediately resolvable may also come from chaotic substance/alcohol misusing families. Some children may also be misusing substances/alcohol or have a sophisticated knowledge about them.

There is also the 'parental' child who assumes care for other children or is seemingly over protective/over sensitive. Such children have high absentee rates when they have to look after parents/carers or siblings, becoming 'at home' kids with roles including baby sitting, cooking, shopping, etc.

3.6 Parenting Capacity

Basic Care

- Are levels of care different when a parent/carer is using and when not using?
- Is there adequate food clothing and warmth for the child?
- Is there a healthy, clean living environment?

Ensuring Safety

- Where does the parent/carer obtain their drugs/alcohol from and where is their child whilst they do this?
- Where the parent/carer is either a foster carer or in the process of adopting a child has the Local Authority been notified?
- What arrangements have the parents/carers put in place for the supervision of the child whilst procuring/using and under the influence of substances/alcohol?
- Is the child being taken to places that may be considered risky?
- Do other substance/alcohol misusers visit the home to purchase/use drugs/alcohol?
- Do drug dealers visit the home to deliver drugs?
- Are drugs/alcohol and drugs equipment stored securely and out of the reach of a child in the home?
- Where do parents/carers store methadone/alcohol and other medicines and are extra precautions taken to minimise access by a child, including supervised consumption of methadone, where appropriate?
- Do the children get left either with unsuitable carers or unsupervised while parents/carers are elsewhere/unavailable either physically or as a result of the effects of substance/alcohol misuse through procuring, using or intoxication?
- Are the premises being used to sell drugs/distribute alcohol?
- Are the parents/carers allowing their premises to be used by other substance/alcohol misusers or other inappropriate adults?
- If the drugs/alcohol and/or injecting equipment are kept on the premises, are they kept securely?
- Are the children aware of where are the drugs/alcohol are kept? Are they kept out of reach?
- If the parents/carers are on a substitute prescribing programme, such as Methadone, are the parents aware of the dangers of children accessing this medication and do they take adequate precautions to ensure this does not happen?
- Have appropriate safety measure been taken within the home, e.g. safety gates?

Emotional Warmth

- Is the parent/carer physically and emotionally available for the child? Do they provide positive reinforcement of who and what their children are and celebrate their skills?
- Is the parent/carer able to recognise the child's emotional needs?
- Is the child being burdened with emotional difficulties experienced by the adult?
- Is the parent/carer able to offer the child reassurance that substance/alcohol misuse is about the parent not the child?
- To what extent are the parents/carers able to place their children's needs before their own?

Stimulation

- Is the parent/carer able to engage in meaningful play and communication with the child?
- Is the parent/carer able to respond appropriately to stimulate the child?
- Are there appropriate toys, activities and educational opportunities available for the child?

Guidance and Boundaries

- Is the parent/carer able to set appropriate boundaries and manage behaviour?
- Is there consistency and expectations of the child's behaviour?
- Is the parent/carer able to demonstrate and model appropriate behaviour and emotions and interactions with others?
- Does the parent /carer draw the child into criminal activities?

Stability

- Are there structured routines in the child's daily life?
- Are there dramatic differences in parent's/carer's behaviour when misusing substances/alcohol or not?
- Is there consistency in behaviour and communication?
- Have there been periods of substance/alcohol related criminal activity, convictions, periods of imprisonment?
- What happened to the children if parents/carers have been absent?
- Has the child a consistent main parent/carer and living environment?

Making sense of Information Gathering- Parenting Capacity

It is important to know whether the childcare has changed for the better or worse from when the parent/carer was a non-substance/alcohol misuser. It would be incorrect to assume that detoxification or ceasing of substance/alcohol misuse would in itself lead to better childcare. This is not always the case and this expectation only serves to put the focus on the substance/alcohol misuse rather than the parenting skills. An examination of the provision of basic necessities can allow some insight into how a child can be affected by parent/carer substance/alcohol misuse. Key questions to be addressed are whether the child's daily life revolves around the parent's/carer's substance/alcohol misuse and to what extent the child is assuming inappropriate responsibilities. Needs of a child whose parents/carers misuse substances/alcohol are no different than those of other children. Therefore, questions about whether there is adequate food, clothing, warmth and age appropriate activities and opportunities need to be considered, including school or nursery attendance and whether the child is reaching age appropriate milestones. It is important to ensure that the child's

emotional needs are not being compromised as a result of either the substance/alcohol misuse or associated stress factors including poverty and poor accommodation. It should be established whether the child is being cared for by a large number of people while the parents/carers place their own needs over those of the child.

There may be identified risks to a child attached to the ways in which a parent/carer obtains substances/alcohol. A parent/carer may take risks with the child's safety when procuring drugs/alcohol. For example, a young child may be left alone while the parent/carer goes out to obtain drugs/alcohol or the child may be taken to procure drugs/alcohol to places where they would be deemed at risk. Alternatively a child may be used by a parent/carer to collect substances/alcohol and may be tempted to try them. In some cases the family's accommodation may be used for selling drugs/distributing alcohol, prostitution or by other substance/alcohol misusers, to which the child may be exposed. Issues of how much the substances/alcohol being used are costing and how the money for them is obtained will need to be addressed, including whether the child is being involved in shoplifting or other illegal activities to raise money for drugs/alcohol.

In some situations there is clear evidence of health risks to children due to their parents/carers substance/alcohol misuse, for example, used syringes on the floor, bottles of tablets/alcohol accessible, methadone stored in fridge. Questions about where drugs, alcohol and other substances are stored, and if parents/carers are injecting drugs how syringes are disposed of need to form part of the assessment. Consideration should also be given to the parents/carer's awareness of health risks to themselves of their substance/alcohol misuse. This could include whether they drive whilst under the influence of drugs, alcohol, or other substances.

A child may be more likely to come to harm where substance/alcohol misuse is uncontrolled or chaotic, and the parent swings between states of severe intoxication and periods of withdrawal, particularly when substances are mixed. In addition, frequent use of stimulant drugs like crack cocaine can result in mental health problems. It is the consequences for the child of a parent/carer experiencing physical or emotional changes because of substance/alcohol misuse that needs to be assessed, for example, drug or alcohol misuse may cause a carer to become unconscious or incapable whilst looking after the child, fail to notice or pursue treatment for the child's illnesses or accidental injuries or to become violent. The type, quantity and method of administration of drugs/alcohol are important but needs to be viewed within the context of the impact on the child. In households where there are two parents/carers and drug/alcohol misuse is organised to enable one carer to assume responsibility for child care when the other is intoxicated, or in households where there is a drug/alcohol free carer or supportive partner, or the parent makes arrangement for the care of the child, the actual effect on the child from the substance/alcohol misuse high risk may be minimised with little intervention necessary. It is therefore important to separate substance/alcohol misuse/ and to be clear what, if any, are the risks to the child.

3.7 FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning

- Are both parents/carers misusing substances/alcohol?
- Is there a non drug/alcohol misusing parent/carer?
- Is there conflict or violence as a result of substance/alcohol misuse within the family?
- Is there domestic violence in the household?

- Is there a history of substance/alcohol misuse within the family or extended family?
- Will parent/carers accept help from relatives and other professionals or non-statutory agencies?
- If they are foster carers or potential adopters has the Local Authority/Independent Agency been notified?
- What are parents/carers hopes for the future for themselves and the child?

Wider family

- Are the relatives aware of the substance/alcohol misuse?
- What are their attitudes regarding the substance/alcohol misuse?
- Are they supportive?
- What support are they able to offer?
- Do they have any support needs?
- Are these relationships stable?
- What is the quality of the relationships?

Housing

- Is the accommodation adequate for the children i.e. facilities, furniture, heating?
- Is the housing stable?
- Does the family remain in one area or move frequently, if the latter why?
- Is the family living near their support networks – informal and formal?

Employment

- Is the parent/carer accessing relevant support agencies in regard to training and employment?

Income

- Are the parents/carers ensuring that the rent/mortgage and bills are paid?
- Are they accessing appropriate benefits?
- How much are the drugs/alcohol costing?
- How is the money being obtained?
- Is this causing financial, social or legal problems?

Family's Social Integration

- Is the family living in a substance/alcohol misusing community?
- Is the family socially isolated from family, friends, and community?
- Are there threats or harassment from neighbours or the community?

Community Resources

- Are the parents/carers aware of and in touch with local specialist agencies that can advise on issues such as needle exchange, substitute prescribing, detoxification and rehabilitation facilities?
- How regular is contact?
- Are these relationships positive and how do they impact on family functioning?
- Are the family linked into other community resources?

- How regular is contact?
- Are these relationships positive and how do they impact on family functioning?

Making sense of Information Gathering- Family and Environmental Factors

Most adults who abuse drugs/alcohol are often in contact with their wider family network. It is important not to overlook the positive aspects of this when considering what childcare interventions are necessary. The relatives' awareness of the substance/alcohol misuse although probable must not be assumed. Support when offered by relatives is not always without its own difficulties and therefore whether parents/carers are accepting of help from relatives needs to be explored. The adults' social network may primarily involve other substance/alcohol misusers who due to their own circumstances may have limited capacity to provide support. The family's responses to the involvement of professional or voluntary agencies will also need to be considered.

Previous contact with services may have proved difficult for them. It is important that substance/alcohol misusing parents/carers are able to ask for advice and support when needed and are not judged on their substance/alcohol misuse. Questions to parents/carers and children about their friends, asking what they do with them can help to identify isolated parents/carers and children.

The expense involved in drug and alcohol misuse can represent a considerable drain on the family's financial resources. The factors alongside the chaotic and unstable lifestyle of some substance/alcohol misusers can affect the accommodation and home environment. It is therefore necessary to assess whether the accommodation is adequate for the child and whether the rent and bills for essential services are being paid. Stability for the child will be enhanced if the family remain in one locality while frequent house moves may disrupt service provision of health and education for the child. The reason for frequent house moves, if they are part of the family's pattern, therefore needs to be explored. There may be issues of safety, social stigmatisation or support networks to address. The presence of other adults in the household, whether they are substance/alcohol misusers, and the extent of their involvement in the care of the child also needs to be considered.

3.8 Responding to the Issue/Key points

- All agencies working with substance/alcohol misusing parents/carers should routinely consider the impact on the child and whether a child has additional needs for support or whether the child is at risk of significant harm.
- All agencies should ensure that self reporting of progress by parents/carers who misuse substances/alcohol is underpinned by evidence from involved professionals and specialist workers.
- All agencies coming into contact with parents/carers where there is concern about adult substance/alcohol misuse should assess the potential impact on and needs of the child by considering an assessment within CAF processes, Child in Need guidelines/Fostering procedures or indeed Child Protection Procedures if and where there are concerns that a child may be at risk of significant harm.
- Early support for the parent/carer, rather than waiting for a crisis to occur, provides better outcomes for the child.

- An integrated approach from all agencies based on the Common Assessment Framework and locally agreed processes.

3.9 Conclusion

This framework attempts to provide a basis for professionals to assess the impact that parental/carer substance/alcohol misuse may have upon the provision of care to children in the family. It reinforces that misuse of substances/alcohol by parents/carers should be seen in the context of family life and functioning, not purely as an indicator or predictor of child abuse or neglect.

It is essential to share all concerns with senior staff/line managers who may be able to offer a different perspective or reinforce concerns. Sharing information with other agencies may also help clarify areas of concern and provide a fuller picture. Where there are concerns or suspicions that there may be a risk of neglect, sexual, physical or emotional harm/abuse from the parent/carer or the circumstances of the family, or any other source, immediate referral must be made to Children & Young People's Social Care, with or without agreement of the parent/carer, but where possible and appropriate with the knowledge of the parent/carer.

4. Guidelines for Multi-Agency Assessment of Pregnant Women and their Babies in cases where there is Substance/Alcohol Misuse.

These guidelines should be read in conjunction with section 2 of this document.

These guidelines are based on 'SCODA (Drug using parents - policy guides for interagency working 1997) and are applicable for all staff working with women, and their partners, disclosing drug and/or alcohol use during pregnancy. They should be used in conjunction with the 'SOUTH YORKSHIRE SAFEGUARDING CHILDREN BOARDS CHILD PROTECTION PROCEDURES' and 'THE INTERAGENCY GUIDELINES FOR GATHERING INFORMATION WHEN WORKING WITH SUBSTANCE MISUSING PARENTS' and 'DoH FRAMEWORK FOR THE ASSESSMENT OF CHILDREN IN NEED AND THEIR FAMILIES'

These guidelines are intended to:

- encourage pregnant women who misuse substances and/or alcohol to seek antenatal care as soon as they are aware they are pregnant and, where appropriate, treatment.
- normalise antenatal and postnatal care as much as possible whilst recognising the social and medical problems associated with substance/alcohol misuse and providing appropriate services to address these.
- To establish an action plan to meet the needs of the pregnant woman, her baby and any other children within the family.
- To ensure communication exists between all professionals so that advice to the woman is consistent, and that any concerns about substance/alcohol misuse and/or child protection issues are identified and dealt with appropriately.

[In this document Substance Misuse is defined as:

“...use that is harmful, dependent use or use of substances as part of a wider spectrum of problematic or harmful behaviour”.

H.A.S. 1996]

Alcohol misuse is defined as problematic and high risk drinking.

4.1 Identification

It is important to ensure early identification of women who misuse substances and/or alcohol in order to provide appropriate care. All pregnant women must be asked by their community midwife about their use of prescribed and non-prescribed drugs (both legal and illicit) alcohol and tobacco as a part of routine enquires about medical conditions. All women disclosing substance/alcohol misuse should be routinely referred to the specialist midwives who have specialist knowledge in this area.

Pregnant women must be given accurate and honest information about the risks of their substance/alcohol misuse. This needs to be done sensitively, and in a non-judgmental way, so that the woman is not deterred from seeking help, even if she continues to misuse substances/alcohol.

The expectant mother is likely to need re-assurance that substance and/or alcohol misuse in itself will not result in professionals assuming the expected baby will be at risk of abuse. However, there should be information given explaining that there will be discussion amongst professionals regarding whether there are any concerns for the well being of the expected baby. It is important that the woman is helped to make choices about how to manage the situation.

With pregnant women who are misusing substances/alcohol a multi-agency assessment needs to be completed in order for the appropriate support package to be provided for the mother and the unborn child. This will ensure the mother has access to a consultant obstetrician, specialist midwife substance misuse, health visitor, drugs and/or alcohol worker and a social worker for the expected baby and this should continue where appropriate in the first months of the baby's life.

Consent should be sought from the woman for the referral to the specialist midwife in substance/alcohol misuse. Where consent is refused the professional must take advice from a manager with consideration given to the need for a referral to Social Care. Where consent is given, the specialist midwife for substance/alcohol misuse will coordinate a plan of care for pregnancy, delivery and post natal care. The specialist midwife should ensure that all other relevant professionals are involved. A substance/alcohol misuse needs assessment will be undertaken (this is the appropriate service for both drugs and alcohol misusing women). Advice, treatment and support will thus be provided.

Where there are concerns that a pregnant woman is misusing substances/ alcohol issues there should always be a multi agency assessment undertaken.

4.2 Route to the Multi-Agency Assessment.

Where a pregnant woman, or a parent/carer, misuses drugs and/or alcohol, family life will be affected even though the children may not necessarily be at risk of significant harm. However, any decisions to inform planning regarding the safety of the unborn baby cannot be made without a multi-agency assessment

Assessment

This needs to consider the impact of the substance/alcohol misuse and associated activities on the unborn child and whether there are any resultant concerns for the child's welfare or safety. Assessment will be informed by multi-agency collaboration. The Local Government Drug Forum (LGDF) and Standing Conference on Drug Abuse (SCODA) produced guidance (1997) on working with pregnant women who are substance/alcohol misusers strongly advocates multi-agency collaborative case management.

Where a pregnant woman informs a professional person that she is misusing substances and/or alcohol, the person receiving this information must refer her to the Specialist Midwife.

The Specialist Midwife will refer all pregnant women where there are concerns about substance/alcohol misuse to Social Care by 22 weeks unless there are exceptional reasons for a delay which should be recorded. The woman must be informed by the referrer that a referral has been made and what this entails; including knowing that her whole family situation will be discussed.

The Specialist Midwife, Substance Misuse, will ensure that appropriate documentation is recorded in the woman's obstetric notes, including the name and contact numbers for all the workers involved.

The information to be recorded for each woman will include:

- the health and care of the pregnant woman;
- progress in management of the substance and/or alcohol misuse, including history of substance/alcohol misuse and whether it was an issue in previous pregnancies;
- willingness to co-operate and be available for professionals, including attendance for antenatal care;
- whether there are appropriate family support networks available;
- what preparations have been made for the birth, including whether the home environment is adequate for a new born;
- the woman's, and her partner's, perception of the situation, and if necessary commitment to change;
- whether the woman, or her partner, is previously known to Social Care and why; whether known to the Safeguarding Children Unit;
- care of existing children;
- list of agencies involved with the family;
- information relating to her partner.

This information will provide the basis for the pre-birth assessment that will be undertaken by Social Care.

Adequate information may not be available the first time a woman's situation is discussed. The multi-agency group should liaise until the pre-birth assessment process is completed and a plan of action put in place.

4.3 Factors that should be Considered by and Inform the Pre-Birth Assessment.

The pre-birth assessment should follow the Assessment Framework and include potential difficulties which could affect the safety and welfare of the newborn baby.

Pregnant substance/alcohol misusing women may be in poor general health as well as having health problems related to their drug/alcohol use. Substance/alcohol misuse during pregnancy increases the risk of:-

- having a premature or low weight baby,
- the baby suffering symptoms of withdrawal from drugs used by mother during pregnancy,
- the death of the baby shortly before or after birth,
- Sudden Infant Death Syndrome,
- physical and neurological damage to the baby before birth, particularly if violence accompanies parental use of drugs or alcohol,
- the baby being born with Foetal Alcohol Syndrome.

Consideration should also be given to the following questions:-

- Is the mother making adequate preparations for the baby's arrival? Is there sufficient material provision?
- What help might the mother need to provide good basic care?
- Is the home environment safe for a new-born baby? A chaotic, dirty or impoverished household may not meet basic requirements for hygiene, stimulation or safety thresholds,
- Is there evidence of adequate support available for the mother and child? Is the baby's father/mother's partner supportive? What is the role of the extended family and are members safe and available to offer any support?
- Is there any evidence of domestic abuse?
- Is there any evidence of mental health issues?
- Does mother's partner/baby's father misuse substances/alcohol?

- Are there any older children and if so what is their history and mother's parenting history?
- Is the pregnant woman complying with substance/alcohol misusing programmes?
- What is the substance/alcohol misuse history?
- Has the parent any substance misuse/alcohol related convictions/police activity, particularly regarding the care of children?
- Pregnant woman's recognition/acceptance of a problem and commitment to/potential for change.

The above is not an exhaustive list but emphasises the need for a full and thorough pre-birth assessment that takes account of the current situation within a historical context to inform the risk assessment, short and long term planning for the baby from birth.

4.4 Outcomes of the Pre-Birth Assessment

The Pre- birth/core assessment should aim to be completed by the 28th week of pregnancy. There will, however, be circumstances where this is not possible. The reasons for this should be recorded and where necessary a multi-agency case discussion should be convened followed by a child protection conference.

Where the Social Care assessment indicates a need for a pre-birth child protection conference, it should be convened by the 32nd week of pregnancy to which the family will be invited. It is important that all agencies involved attend. The conference will decide whether the baby should be the subject of a Child Protection Plan. The conference will draw up a Child Protection Plan for the protection and care of the baby. A pre-discharge meeting will be held following the birth. The child protection plan agreed at the conference needs to be incorporated in the woman's obstetric notes.

If the pre-birth assessment does not indicate a need for a pre-birth child protection conference, a pre-discharge meeting is held in every case and the Specialist Midwife, Substance Misuse, will document this in the woman's obstetric notes.

The purpose of the pre-discharge meeting is to ensure that the community based care of the woman and her baby is well co-ordinated prior to their discharge into the community. The pre-discharge meeting will normally include Specialist Midwife, Health Visitor, Hospital Midwife, Specialist Nurse for Child Protection and other involved professionals as appropriate.

Where there has been a pre-birth child protection conference and the baby has been made subject to a Child Protection Plan, a core assessment will be undertaken based on the Child Protection Procedures, looking at the impact on the child of the parent's/carers substance/alcohol misuse. This will be followed by a Review Child Protection Conference three months from the initial conference to assess how the parents/carers are managing to care for the baby, and whether there is a continuing need for a Child Protection Plan or other

formal support mechanisms. Thereafter, a Child Protection Conference will be held every six months whilst the child remains subject to a Child Protection Plan

In cases where the woman's substance/alcohol misuse is not known until the baby is born an assessment will still be needed, a referral should be made to Social Care and an assessment undertaken before the baby is discharged from hospital.

It also needs to be noted that a Child Protection Conference may be convened, not because of concerns about the pregnant woman, but due to concerns relating to her partner.

The Specialist Midwife always completes a paediatric alert form that is sent to the consultant paediatrician who will decide on the baby's minimum stay in hospital, post discharge medical plan and follow up.

Where a baby is subject to a Child Protection Plan all relevant/involved professionals must be included in the Core Group that meets monthly, even if their involvement is time limited.

Where a baby is subject to Care Proceedings with an Interim Care Order in place or accommodated under section 20, 1989 Children Act, and therefore, Looked After by the Local Authority, all relevant/involved professionals, including those directly responsible for the day to day care of the baby following discharge, must be included in planning meetings and Statutory Reviews.

Where a baby is subject to a Child in Need Plan, Interim Supervision Order or time limited Residence Order all relevant/involved professionals must be included in the planning and meetings. Those directly responsible for the day to day care of the baby following discharge must be included in the planning and meetings.

Where Social Care has ceased involvement following completion of the pre-birth assessment and it becomes apparent that the situation is deteriorating, information should be passed immediately to the relevant professional, and the situation re-referred to Social Care.

Factors indicating deterioration include:-

- woman stops attending antenatal or substance/alcohol misuse clinic
- woman begins defaulting appointments with personnel involved with family
- a significant health or obstetric problem is identified
- woman, or partner's, substance/alcohol misuse becomes chaotic
- family become homeless, or family network breaks down
- the care plan breaks down

Professionals must remain alert to any deterioration and make a referral to Social Care if/when necessary.

4.5 Assessment for Substance/Alcohol Misuse Treatment

Pregnant women are given priority in respect of treatment services and resources.

Many women want to stop misusing substances/alcohol when they become pregnant. However, it is appropriate for them to stabilise their use with medical supervision and support. It is important to be flexible and respond to changes in the woman's substance/alcohol use. There is a need for agreement and co-ordination between all services involved in the woman's substance misuse/ problematic, high risk drinking management programme to ensure that she is given consistent advice.

Appropriate treatment will depend on past history, the amount and types of drug/alcohol used, as well as the woman's motivation and current situation. The substance/alcohol misuse care plan should aim to reduce the risks to the parent, the unborn child and any other family members.

Substitute medication can be prescribed to stabilise the drug use of women who use opiates and opioids. Research has shown that this enables better contact between the woman and services during pregnancy and therefore provides greater stability for the foetus.

If the woman's partner also uses misuses substances/alcohol, he should be encouraged to access treatment as this would increase the chances that the woman will be able to stabilise/maintain her drug/alcohol treatment during pregnancy. Where possible, the partner should be fast-tracked into treatment.

Where professionals have a concern that a pregnant woman's partner is misusing substances/alcohol but she is not, there may still be a need for a referral to Social Care as there could be implications for the baby. See section one of this document.

All agencies should ensure that self reporting of progress by the pregnant woman and/or her partner is underpinned by evidence from involved professionals and specialist workers.

Conclusion

The related medical and social problems increase the likelihood that substance/alcohol misusing women will have a high-risk pregnancy with serious implications for the baby both pre and post birth. Such pregnancies require multi-agency assessment and care planning to ensure that specialist support is available to both parent and baby and resources/services are in place to maximise the life chances of the baby within a secure and safe environment following birth.