



Best Practice Guidance When Parents are Using Drugs/Alcohol: Working Together with Parents and Children

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www.surreyscb.org.uk

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1.0 Introduction

This inter-agency document was commissioned and produced by Surrey Safeguarding Children Board (SSCB) and is intended for any agency that works with parents who use drugs/alcohol.

In 2003, the Advisory Council for the Misuse of Drugs (ACMD) published *Hidden Harm*, a report on the impact of parental drug use on children. More recently in 2012, the Children's Commissioner for England published *Silent Voices*, a report on the serious impact of parental alcohol misuse on children. Both reports highlighted the significant number of children that are affected. This is supported by the Home Office survey :Drug misuse: findings from the 2013 to 2014 Crime Survey for England and Wales which reports cannabis was the most commonly used drug in the last year among adults aged 16 to 59 (6.6%) and young adults aged 16 to 24 (15.1%) As in recent years, after cannabis, the next most commonly used drug in the last year by adults aged 16 to 59 was powder cocaine (2.4%).

Levels of last year drug use in 2013/14 were higher than in 2012/13. In 2012/13, 8.1% of 16 to 59 year-olds and 16.2% of 16 to 24 year-olds had taken an illicit drug in the last year.

Alcohol concern (2010) highlighted that "drinking habits have changed significantly. Alcohol is 75% more affordable than in 1980 and alcohol consumption has more than doubled over the past 50 years with 1 in 4 adults drinking regularly above lower risk guidelines.

Drinking has moved out of the public domain – pubs – and into the private sphere – home. Thousands more children now grow up in homes where alcohol is misused by one or both parents.

Current estimates suggest 30% of children in the UK live with at least one adult binge drinker, 22% live with a hazardous drinker, 2.5% live with a harmful drinker and 6% live with a dependent drinker (Manning et al, 2006).

This equates to 3.3 million children affected - 2.6 million children in the UK living with a parent/carer who drinking at increasing or higher risk levels (this includes binge drinking and regular drinking) and a further 705,000 are living with a parent/carer who is alcohol dependent.

Professionals from the various agencies in the county have different roles in relation to drug/alcohol issues, and safeguarding / child protection issues; therefore, certain information may seem unnecessary to one reader but be informative to another.

There is growing acknowledgement that the welfare of children in families affected by problem drug/alcohol use has been overlooked in the past. Some professionals in specialist drug/alcohol agencies feel ill-equipped to manage the often complex needs of both parents/carers and their children and have focused on the adult. Similarly, some professionals in services working with children and families have, at times

lacked the knowledge, skills and confidence to address parents' drug/alcohol related problems even when these are affecting children.

Not all families affected by drug/alcohol use will experience family difficulties. However, parental drug/alcohol use may have significant and damaging consequences for children who are entitled to help, support, and protection. Sometimes they will need agencies to take prompt action to secure their safety. Parents/carers will need support to tackle and overcome their own problems and promote their children's full potential.

The message throughout this document is that children's welfare is the most important consideration for all agencies and agencies will need to work together to safeguard children. Parents/carers with drug/alcohol related problems need professionals to take responsibility for their children's welfare when they are no longer in a position to care for them adequately. That may mean intervening against their wishes. The guidance is intended to enable agencies to help children in these families achieve their full potential.

Important Note

This document replaces all previous versions and should be read in conjunction with the Surrey Safeguarding Children Board Procedures Manual <http://surreyscb.procedures.org.uk/> and Working Together to Safeguard Children (2015) <http://www.workingtogetheronline.co.uk/>

This document aims to facilitate information sharing and clarify the role of **all** practitioners working with families where there may be substance misuse problems. This includes children and young people whose care may be affected because of their parents / carers who are misusing substances

2.0 Acknowledgements

Thanks are due to everyone involved, either in the revision of the document or reading the drafts and responding to them.

3.0. Policy Statement

- All organisations within Surrey will treat parents/carers and pregnant women who use drugs/alcohol in the same way as other parents who require their support and services.
- These guidelines are applicable in all situations irrespective of ethnicity, gender, age, sexuality, class, culture, disability and marriage / relationship status.
- It is important to be aware of the particular stereotypes and assumptions that exist about people who use various drugs/alcohol. It is essential that these stereotypes and assumptions do not influence the assessment. Assessments must be based on observable evidence and objective judgements.
- Parental drug/alcohol use can cause concern about the welfare of children. However it is recognised that the use of drugs/alcohol does not preclude the possibility of good parenting.
- Drug/alcohol use by themselves will not lead to a child being considered at risk of abuse or neglect. Professionals should positively ascertain why they think a

parent's drug/alcohol use is "safe" and does not constitute a child protection issue.

- Accordingly, assessments across agencies must be designed to highlight child protection issues that may lead from drug/alcohol use.
- All agencies need to recognise the importance of working together, particularly in the area of assessment of risk to children and adhere to [Surrey's Multi-agency Information Sharing Protocol](#).
- Children must be seen and listened to and their needs assessed and responded to.

4.0. Purpose

- To establish clear joint working arrangements between agencies working with children and their families and partner agencies
- To increase knowledge within organisations of structures and referral pathways to enable this work to take place safely and efficiently.
- To clarify the process for assessing the impact of drug/alcohol use on parental capacity and whether a child is in need of support or at risk of significant harm;
- To clarify the role of all workers in supporting substance misusing parents;
- To clarify the roles of all agencies in working with families where there may be substance misuse and clarify the points at which agencies should consider making referrals to one another;
- To clarify the roles of agencies in providing one another with expert knowledge and support and completing joint assessments;
- To clarify issues of consent and confidentiality.

This protocol is intended to be a dynamic document, and will be updated regularly in response to local or national guidance / service developments.

5.0 Principles

- The child's needs and safety are paramount. In the event of concerns about a child's safety, the [Surrey Safeguarding Children Board Procedures manual](#) must be followed.
- Wherever possible, children's needs are best met within their own family. All professionals involved have a responsibility for the safety and well-being of children.
- Children have a right to services that promote their physical and emotional well-being and development so that they can achieve their potential.
- The well-being of children and their families is best served by a multi-agency approach where different services work effectively together.
- Risk is reduced when information is shared in a timely manner.

6.0 Definitions and Terminology

6.1 Alcohol /Drug and substances

The term 'drug' is used to refer to any psychotropicactive substance, including illegal drugs, illicit prescription drugs, New Psychoactive Substances (NPS) commonly know as "legal highs and volatile substances. Drug use and misuse is often inextricably linked with alcohol use and misuse, therefore it will be common in this document to refer to drugs and alcohol together as 'substances'

6.2 Use

There is acknowledgement that clear distinctions between uses, often styled experimental or drug taking, and misuse are hard to draw. Most drug use is illegal and some who experiment may have adverse consequences, sometimes fatal. Drug use will require screening and assessment of the implications of this use to ensure appropriate provision of prevention initiatives such as education, advice and information and prevention work, to reduce potential harm

6.3 Misuse

Misuse is a broad term. It encompasses the definitions of harmful use and dependence or drug taking that is part of a wider spectrum of problematic or harmful behaviour. This broad term does need greater specificity, such as harmful use and dependence, especially when in a clinical setting. However, for ease of clarity the term misuse will encompass harmful use and dependence. Those who misuse substances will require more comprehensive assessment and appropriate interventions. (could refer to frequent binge use as well)

6.4 Child Protection

The process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

6.5 Safeguarding

According to the DfE the term 'safeguarding and promoting the welfare of children' is defined as:

- Protecting Children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

6.6 Early Help

Early help forms a national standard approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across services in England. Early help is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors

on their development. For more information on Early Help, Practitioners should refer to the SSCB's Early Help and levels of Need [Document](#).

Early Help is crucial for children and families affected by substance misuse, Inter-agency communication and co-ordination is essential for safeguarding and protecting children from harm and consultation between staff from specialist drug and/or alcohol, child health and child protection services should occur as part of good practice.

7.0 Children affected by parental substance misuse

In considering the impact of parental drug and/or alcohol misuse, practitioners should ask themselves what it would be like to be a child in this family.

A common theme for children affected by their parents or carer's drug and/or alcohol misuse is the child's commitment to keeping secret the family dynamic of drug and/or alcohol misuse and their depth of understanding of these issues.

Parental drug and/or alcohol misuse can have a range of effects across the life course of the individual, beginning at conception, including neglect of the child's emotional and physical needs; exposure to criminal behaviour and the effects can include:

- Developmental delay, including foetal alcohol disorders and neonatal abstinence syndrome;
- Neglect and other forms of abuse; high levels of accidents in the home, possibly due to poor parental supervision; missed health-related appointments
- Attachment issues and behavioural difficulties
- Being left at home alone or with inappropriate carers;
- Emotional difficulties e.g., crying for no apparent reason, inexplicable feelings of anger;
- School problems e.g., poor attendance, non-attendance, levels of attainment dropping, poor concentration;
- Unwillingness to expose family life to outside scrutiny, social isolation, not taking friends home;
- Role reversal and confusion e.g., protecting others, acting as a mediator and/or confidant, taking on an adult role; being a young carer;
- Extreme anxiety and fear, fear of hostility, violence;
- Offending behaviour;
- Early use of drug and/or alcohol and minimisation of the risks associated with, or conversely a very strong dislike of drug and/or alcohol;
- Self-harming/suicidal behaviour;
- Feelings of gloom depression, worthlessness, isolation, shame and hopelessness, poor self-esteem self-worth, disempowerment;
- Family dislocation e.g., moving schools, relationship conflict, domestic abuse.

8.0 Identifying key risks around substance use and parenting

It is hard to know with any degree of certainty how many children are living with parents/carers who are problem substance users when such behaviour is regularly characterised by secrecy and denial. However, the prevalence of substance misuse as a factor in child protection cases is often a common theme. Parents that misuse substances (including alcohol) were found in a third of cases where there was a current or past history of parental drug misuse (biennial overview of Serious Case Reviews 2005-7 Brandon et al 2009). Areas where parental substance misuse can result in parents or carers experiencing difficulty:

- Organising their own and their children's lives
- Being unable to meet children's needs for safety and basic care
- Being emotionally unavailable
- Putting their own needs and feelings first
- Having difficulty in controlling and disciplining their children
- Becoming detached from reality and losing consciousness
- Allocating funds to acquire substances rather than meet the basic needs of the family
- Being involved in criminal activity
- New mothers with a history of substance use may find it hard to respond appropriately to their newborn baby
- Problem drug use may also affect the parents ability to empathise/bond with the baby
- Unpredictable or dramatic change of mood
- Supporting adolescent children through puberty appropriately
- Collusive use of substances with Children, substance misuse normalised
- Involving children in risky relationships or relationships of others that put them at risk of harm
- Lack of privacy and safe environment

The full impact of parental problem substance misuse will depend on the child's age and stage of development as well as his or her personality and ability to cope. Consideration needs to be given to both the type of drug(s) used and the effect on the individual; the same substance will affect different people in different ways. The situation is further complicated because the same substance may have very different consequences for the individual depending on their current mental state, experience and/or tolerance of the substance, expectations, personality, the environment in which it is taken, the amount used and the way it is consumed. When parents/carers, or others in the home, stop taking substances children can be particularly vulnerable.

It is not only their parents whose substance misuse may place the child at risk of suffering significant harm, but also the problematic substance use of other family members such a parent's / carer's new partner, siblings, or other individuals within the household. Problematic substance use is likely to continue over time. Although treatment may prolong periods of abstinence or controlled use for many individuals, relapse should be expected as a normal part of many individuals recovery journey. Assumptions about the use or abstinence of drugs should not be based on whether or

not parents/carers, or others in the home, are engaged with services for their problem drug use. Both Surrey children's services and treatment providers therefore need to consider a wide range of factors when assessing risk, not only within the context of the family setting, but also extending to any significant contact the client may have with children and young people, as a partner of a parent, in the extended family network or socially.

Professionals must also take into consideration the broad range of measures that may be used to evidence progress made by the client against specific levels of compliance as specified within a realistic plan. This will mean ***working closely with any drug or alcohol treatment provider that the client is engaged with to understand what is reasonable and expected within the treatment plan*** (as identified following comprehensive assessment).

For example, if a client is using heroin, one would not expect them to stop using without arranging for substitute prescribing or medically supervised detoxification. Once implemented, progress within the treatment plan must be defined, with clear outcomes specified. Being drug or alcohol free may not be a core requirement to facilitate a healthy family environment. The emphasis is better placed by those agencies involved in working with the service user to evidence their capacity to moderate their use and not place their children at risk as a result of their drinking and/or drug using behaviour.

Opioid Substitution Therapy (OST) can be prescribed for take-home use or on a 'supervised consumption' regime, whereby service users are required to take the medication in the presence of a health professional. The risks posed to children is highlighted by the Health and Social Care Information Centre (HSCIC) which show that between 2003 and 2013, at least 310 children (aged 0-17) were hospitalised due to methadone poisoning and a further 18 children in 2013/14, including seven under-fives.

Professionals should be able to address the intentional administration of OST medicines and other drugs to children with service users and promote positive parenting practices. Professionals working with vulnerable families, especially those undertaking home visits, need to be alert and vigilant about the dangers of OST drugs and clearly discuss safe storage (Adfam 2015)

There is no singular tool that provides an entire and comprehensive overview of the risk an individual's drug or alcohol use could have on their ability to parent or look after children and young people appropriately. Each situation will be different and must be assessed as such. It is possible that lower levels of use could be more dangerous than higher levels due to the individual adult, the needs of the child, their environment, and support available. Therefore, assessing any risk posed by substance use **must** be undertaken on an individual basis and be unrestricted by stereotypes or assumptions about drug and alcohol use. However, at the higher end of risk, there is far greater clarity that parenting will be compromised due to problematic use, as the parent/carer will not be able to cope with most areas of functioning, including caring for any children.

9.0 Role of agencies working with children, young people and their families

All agencies, including adult focussed agencies, have an important role to play in safeguarding children. Practitioners working primarily with children and families must adopt a proactive approach to routinely enquire about drug and/or alcohol misuse as part of assessments. Open questions such as “Can you tell me about your use of alcohol and drugs?” are more likely to prompt discussion than a closed question such as ‘Do you use illegal drugs’?

Within adult focused services, although not all parents/carers who present to drug/alcohol agencies need involvement with Surrey children’s services, there may be occasions where services have concerns.

Drug treatment alone is rarely sufficient to deal with the complex needs that drug dependent parents face. So it is crucial that drug and alcohol services, health professionals, children and families service and other local support services work together to provide support for children and a foundation for recovery.

(NTA 2012 –Parents with Drug Problems: How Treatment Helps Families)

All professionals and agencies have an important role to play in promoting and protecting the welfare of children and supporting mothers and fathers to raise children to the best of their ability. Helping families is best achieved when all agencies work together, share information and co-ordinate their response in a way that works for families.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/information_sharing_advice_safeguarding_practitioners.pdf

Although each professional has a specific role a ‘Lead Professional’ should be identified in order to improve the delivery of care to children and families who need extra help and support.

10.0 Assessment of parental drug/alcohol use

Assessment is a continuous, complex, and multi-faceted process. It involves gathering and sharing information about families, analysing the meaning of that information, and making decisions, based upon that analysis, of how best to help a child and family. However, the way assessment is conducted – the process of gathering information and making sense of it – is as important as the information itself. Adopting an ecological approach, and a multidisciplinary and multi-agency perspective on the needs and circumstances of a child and family, should strengthen the assessment process and lead to better decision making and planning.

Good quality assessments normally involve a combination of: Systematic approaches to the assessment of child wellbeing, parenting capacity and environmental factors (using recognised procedures and measurements), In-depth analysis of current and historical information, Professional knowledge and experience, professional judgements and decision-making, and Active involvement of the parents/carers, children and wider family.

Assessment of alcohol and drug use, and alcohol and drug-related problems, normally incorporates several different but inter-related domains, including:

- Substance use and dependence (e.g. type of substances used, pattern/frequency of use, consumption levels, signs and symptoms of dependence, history of use and problem development)
- Effects of substance use on mental state and behaviour (e.g. intoxication and withdrawal effects, memory and cognitive functioning, affect, alertness/responsiveness, disinhibition etc.)
- Substance related risk behaviours (e.g. drink driving, injecting, working in the sex industry)
- Physical health related consequences and risks (e.g. blood borne viruses, overdose risk, liver disease)
- Mental health related consequences and risks (e.g. anxiety, depression, drug-induced psychosis or delirium tremens, self-harm, loss and bereavement, stigma and discrimination)
- Family history (e.g. upbringing, history of abuse or neglect/DA/local authority care, other family members with an alcohol or drug problem)
- Economic consequences and risks (e.g. weekly expenditure on drink or drugs, unpaid debts and fines, loss of benefits)
- Legal consequences and risks (e.g. offending behaviour, charges, convictions, imprisonment, exposure to violence and aggression)
- Impact on social circumstances and social networks (e.g. unemployment, homelessness, social isolation, association with other drinkers or drug-takers, no social life or leisure pursuits)
- Impact on partner, siblings, parents and wider family (e.g. stress, conflict/violence, DA, level of contact and support, separation or estrangement from family)
- Impact on parenting and family functioning (e.g. to what extent does the person's alcohol and drug use affect day-to-day family life and parenting practices)
- Impact on children and parent-child relationships (e.g. impact on the health, development and wellbeing of the children, including attachment to caregivers, and the safety of children in the home and in the community)
- Impact on the home environment (e.g. lack of household possessions, shortage of heating or electricity, unsafe storage of drink or drugs in the home)

- Treatment history (e.g. previous admissions for detoxification, rehabilitation, episodes of prescribed methadone, previous compliance with and response to treatment)
- Motivation and coping strategies (e.g. 'stage of change', 'readiness to change' / 'treatment readiness', coping skills, relapse prevention skills)
- Treatment goals and aspirations (e.g. stabilisation/controlled drinking, stopping injecting, abstinence from main drug of use, abstinence from all drug use, recovery goals and aspirations)

- Treatment and support needs, including aftercare (e.g. childcare, transportation, mutual aid, training or employability programmes, re-housing, recovery community engagement)
- Support needs of partner, relatives and children (in their own right) – e.g. does any family member require counselling and support and/or practical help to deal with the effects of alcohol and drug use within the family.

Keeping the child at the centre of assessment is key. Children living in families affected by parental/carer problem substance use are often not seen or observed, spoken to, or listened to enough, and can suffer from chronic emotional and physical neglect and/or abuse unnoticed. Often the extent of the parent's problems can consume professionals who are working with families, making it more difficult to maintain a focus on the needs of the children. Equally, parents can conceal the extent of their problems, making it more challenging for professionals to develop a true picture of the realities of the child's day-to-day life. Keeping the child at the centre of the care process, and their welfare paramount, is therefore both an important principle and a skill.

Services whether focusing primarily on adults or children should incorporate the risk assessment tool developed by Drugscope (previously SCODA) for professionals assessing risk when working with parents/carers with substance misuse issues into existing assessment procedures to ensure that clients are assessed in terms of potential risks to children in their care.

Initially this should be within the context of early help, for further information in respect of early help please refer to SSCB's Early Help and Levels of Need [Document](#).

Assess:

- Is there a substance free parent/carer, supportive partner or relative?
- Does the parent / carer move between different substance misuses?
- Are levels of child care different when a parent/carer substance misuses?
- Is there any evidence of co-existence of mental health problems alongside substance misuse?

10.1 Provision of basic needs

- Is there adequate food clothing and warmth for the children?
- Is there adequate supervision of the children?
- Are children attending school regularly?
- Are the children engaged in age appropriate activities?
- Are the children's emotional needs being adequately and consistently met?
- Are there any indications that any of the children are taking on a caring role for the others?
- Has consideration been given to the financial stability of the accommodation?
- Does the family remain in one area or move frequently?
- Are other substance misusers sharing the accommodation?

- Is the family living in a substance misusing community?
- If parents/carers are substance misusing do children witness this?
- Some parents / carers may find it difficult to give priority to the needs of their children, finding money for substances may reduce the money available in the household to meet basic needs, or parents may be drawn into criminal activities or conflicts between dealers.

10.2 Health Risks

- If drugs, illicit or prescribed and /or injecting equipment are kept on the premises are they kept securely away from children? Children may be at risk of physical harm if drug paraphernalia (e.g. needles) are not kept safely out of reach. Some children have been killed through inadvertent access to drugs (e.g. methadone kept in a fridge)
- Are parents/carers intravenous drug users?
- Are parents /carers aware of and in touch with specialist agencies? If they are how regular is the contact?
- The children of substance dependent parents/carers may be in danger if they are in a car whilst a parent is driving under the influence of drugs or alcohol. Or being taken to purchase drugs with their parents and left unsupervised.
- The children of substance misusing parents / carers are at increased risk of developing substance problems themselves and of being separated from their parents/carers
- Children who start drinking and experimenting with drugs at an early age are at greater risk of other risky behaviours including unwanted sexual encounters and injuries through accidents and fighting.

10.3 Family and Social Networks

- Are relatives aware of the substance misuse? Are they supportive? Collude or provide protective factors
- Will parents/carers accept help from relatives, friends and agencies?
- Is there evidence of social isolation? The degree of social isolation should be considered.
- Do parents/carers see their substance misuse as harmful to themselves or to their children?
- Are parents/carers aware of the potential consequences of their behaviour (e.g. child protection plan)

As well as working with the professional network it will be important to consider information that may exist within the wider family. The family network and particularly grandparents, often take a caring role in relation to children of parents who are substance dependent. Including them in the assessment, with permission, is important as they can provide both strength and support within the family as well as vital evidence for the assessment.

Avoid depending on the pattern of use to assess risk as there is no simple

relationship between what is taken, how much is taken, the behaviour of the parent /carer and the effect on the child. The important factor is to maintain a focus on the child and how their health, social, emotional and physical needs are being met by their parents/carers. The needs of the children will also depend on factors such as their age and vulnerability;

Substance misusing can affect a parent's / carers practical caring skills, perceptions, attention to basic physical needs, control of emotion, judgement and attachment to a child. Babies may experience a lack of basic health care and poor stimulation.

An Adult's management of their own lives is a good indicator of their ability to look after their child. If they are causing themselves harm, through their failure to manage their own lives; this indicates concern about their ability to manage their child's life.

The best predictor of future behaviour is past behaviour, it is therefore important to collate an accurate chronology from historical file information, direct work with the family and contact with other professionals

Resilience factors may be useful to include in assessment especially important in formulating appropriate CP plan

11. Other Useful tools for assessment

Useful tools for gathering and mapping historical information are:

Genograms – a 'genogram' provides a visual display of a person's family relationships and medical history. It maps hereditary patterns, psychological factors and relationships. It can be used to identify repetitive patterns of behaviour, family relationships and hereditary tendencies.

Chronologies – a 'chronology' provides a timeline of important events in a child's life and milestones achieved. It is not an assessment, nor is it an end in itself. It is a tool which professionals can use to help them understand what is happening in a child's life over time.

EcoMaps – an 'ecomap' provides a visual display of key relationships between a child, their family and their social network. It maps strengths of connections between the child, the family and their ecological environment, displays familial dynamics and reciprocity of relationships, and access to or absence of available resources.

12. Substance use in pregnancy and Child Protection

Maternal substance misuse in pregnancy can have serious effects on the health and development of the child before and after birth. Many factors affect pregnancy outcomes, including poverty, poor housing, poor maternal health and nutrition, domestic violence and mental health. Assessing the impact of parental substance

misuse must take account of such factors. Pregnant women (and their partners) must be encouraged to seek early antenatal care and treatment to minimise the risks to themselves and their unborn child.

Experienced practitioners report that most drug/alcohol using women have similar attitudes and motivations to pregnancy as non-drug/alcohol using women; and it is important to note that most women with drug/alcohol problems are of childbearing age. However, those with drug/alcohol problems may also have poor general health, housing and financial problems.

Some pregnant drug/alcohol users do not come for antenatal care until late in pregnancy or when they are in labour. There are many reasons why drug/alcohol-using women may present late to antenatal services. The local service may not be able to meet their specific needs or it may be perceived to be inaccessible, their drug/alcohol use may place other demands on their time, which often take priority for the user. Some may feel that it is better not to reveal their drug/alcohol use to antenatal care staff as they fear the attitudes of staff and the possible involvement of statutory services. Also due to the possibility of amenorrhoea caused by the drug/alcohol use, the woman may not know that she is pregnant, or may not be clear about the duration of the pregnancy. Many of these problems can be overcome if an appropriate service, which meets the needs of drug/alcohol-using women, is available, easily accessible and well publicised.

Agencies in the community can play a key role in supporting these women in range of ways. This includes identifying drug/alcohol use / pregnancy at an early stage, identifying & assessing risk, referring on to appropriate help and support, and providing support and advice around pregnancy and/or drug/alcohol use.

Newborn babies may experience withdrawal symptoms (e.g. high pitched crying and difficulties feeding), which may interfere with the parent / child bonding process. Babies may also experience a lack of basic health care, poor stimulation and be at risk of accidental injury. Newborn babies are particularly vulnerable due to their total dependence and need for 24-hour care, supervision and protection. Parents who are using drugs and alcohol may not be in a position to attend to all the care needs of a newborn infant appropriately. Unborn babies may be harmed by parental substance misuse Depending on the type of Substances and the extent of the use. Any decision to withdraw from substances during a pregnancy will need to be managed by the specialist obstetric / midwifery teams as there are negative effects of withdrawing in pregnancy.

13. Young Carers

In many families, children contribute to family care and wellbeing as a part of normal family life. A young carer is a child who is responsible for caring on a regular basis for a relative who has an illness or disability. Children of parents with substance misuse problems are vulnerable to becoming young carers due to their parents' temporary or permanent incapacity in certain areas. Their caring responsibilities may include a large

burden of household management, emotional support to their parent or care and supervision of siblings.

Caring responsibilities can significantly impact upon a child's health and development. Many young carers experience

- Social isolation;
- A low level of school attendance;
- Some educational difficulties;
- Impaired development of their identity and potential;
- Low self-esteem;
- Emotional and physical neglect;
- Conflict between loyalty to their family and their wish to have their own needs met.

Professionals need to recognise that older children may miss school, be anxious about their parent's health and take on caring roles for other siblings. This may be exacerbated by Parents/Carers leaving children alone whilst they secure drugs or go drinking, or sending them to other adults within the drug community where they could be at risk.

Children are particularly vulnerable when parents are withdrawing from drugs. The risk will be greater when the adult's substance dependency is chaotic or out of control and when both parents are involved.

Professionals in all agencies should be alert to a child being a young carer. Where a young carer is identified, professionals should consider the child's support needs. www.surreynhscarersprescription.org.uk There are circumstances in which a young carer can be suffering, or at risk of suffering, significant harm through emotional abuse and / or neglect.

Where professionals have these concerns, they should make a referral to Surrey children's services

14. Domestic abuse

Local data on child protection conferences suggest that there is a strong link between drug/alcohol use and domestic abuse; experienced professionals suggest that the links are more apparent when there is evidence of alcohol misuse, including binge drinking. As with parental drug/alcohol use, domestic abuse is a relatively hidden problem among both perpetrators and victims. Professionals should be aware that domestic abuse may be an issue for all clients and should be considered as a part of all assessments. Professionals should also consider that drug/alcohol use may be a coping mechanism linked to domestic abuse or part of the abusive behaviour.

Where domestic abuse is identified professionals should follow SSCB Procedures. It is important to note that there is often reluctance among victims of domestic abuse to disclose that abuse is happening. This is for a number of reasons including fear of

further abuse/reprisals, guilt, shame, lack of awareness of services and/or uncertainty that they will be believed. For victims who misuse drugs/alcohol and dependence is an issue, this reluctance may also be linked to their partner's control over access to drugs/alcohol.

Support services, including drug/alcohol agencies should be aware that some victims may temporarily move from their accommodation in an attempt to escape the abuse. The victim, their children and significant others may become even more vulnerable at this point and their safety and that of their children may be at greater risk. When service users do move in these circumstances, practitioners should make every attempt to ensure that the parent continues to receive the same level of care and support, particularly when clients move across catchment areas. Arrangements need to be made across drug/alcohol agencies to ensure that there is minimal disruption to the care of clients in this situation. (Hostels who support women in this situation will have their own policy and guidance on accepting drug/alcohol users)

For information on local and national services and resources to support victims of domestic abuse, visit <http://www.surreyagainstda.info/>

15. Confidentiality and Information Sharing

The need to offer confidential services is an important aspect of health and social care and is enshrined in law and professional codes of conduct. It is also an important factor in enabling children, young people and parents to access the help and support that they require. However, confidentiality is conditional not absolute, and families need to be aware of the circumstances in which confidentiality cannot be guaranteed, for example, when a child is believed to be at risk of harm.

Seeking consent from parents, carers and children (when deemed to have capacity), to share information about the family is a fundamental part of engaging and involving families in the care process and is central to establishing a trusting and respectful relationship. The ability to share relevant information between professionals and agencies is central to providing a good quality service and achieving positive outcomes for children and families. The care process by nature, involves accessing information about the child or children, information about the parents and wider family, and information about the wider environment in which the family lives. A comprehensive understanding of these domains is necessary in order to appreciate the needs of the child and family, and what additional help if any, is required.

Confidentiality is an important principle of service delivery in the case of drug/alcohol use. Many drug/alcohol users will not use an agency if they believe they will be reported to the Police. For the same reason, there is already some reticence about contact with statutory services for children.

When children are in the care of a client, it is essential to acknowledge that there are certain limits to confidentiality - important information must be shared with other agencies where children may be at risk.

Where there are child protection concerns, Children's Services may make enquiries under s47 of the Children Act 1989:

"Where a local authority...has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide what action they should take to safeguard or promote the child's welfare."

The 1998 Data Protection Act allows for the disclosure of personal information in appropriate circumstances. Where enquiries are taking place under s47 Children Act 1989 (child protection), Adult Services may be asked to divulge relevant information about the service user without their consent having necessarily been obtained. Adult Services may be asked for information about past and present contact including details of the parent's drug using history and their acceptance of services.

While, in general, professionals should seek to discuss any concerns with the family, and where possible, seek their agreement to making referrals to children's services, there will be some circumstances where professional should not seek consent, e.g. where to do so would:

- Place a child at increased risk of significant harm;
- Place an adult at risk of serious harm; Prejudice the prevention or detection of a serious crime;
- Lead to unjustified delay in making enquiries about allegations of significant harm.

In some situations there may be a concern that a child may be suffering or at risk of significant harm or of causing serious harm to others, but professionals may be unsure whether what has given rise to concern constitutes 'a reasonable cause to believe'. In these situations, the concern must not be ignored.

Professionals should always talk to their agency's nominated child protection adviser and, if necessary and where they have one, a Caldicott Guardian – who will have expertise in information sharing issues, though not related to child protection. The child's interests must be the overriding consideration in making any decisions whether or not to seek consent.

16. Referring to specialist substance services

- Catch22 SYPSMS where the child is misusing substances
<http://www.catch-22.org.uk/programmes-services/surrey-young-peoples-substance-misuse-service/>

17. Referring to Surrey Children's Services

There is an expectation that agencies consider, prior to any referral, which is the most appropriate service to meet the family's needs. Therefore, Practitioners should refer to the SSCB's Early Help and Levels of Need Document.

Referrals should be made to Surrey children's services in line with the Levels of Need document giving due consideration to the following circumstances:

- Children disclosing information about their parenting that evidences poor boundaries and/or inappropriate disclosures to their children.
- Using drugs or being intoxicated through alcohol use around children and Young people
- Using to the extent that the individual is incapable of functioning
- Using to the extent that psychosis is induced
- Bringing strangers into the home to use or deal and/or leaving children with inappropriate supervision to use or acquire substances
- Drugs, alcohol and paraphernalia are left in places where children and young people can easily access them
- Leaving children unattended to use or acquire substances
- Being involved in unlawful activities to acquire monies to spend on drugs/alcohol or using children directly in unlawful activity, children involved in exploitation
- Prioritising spending money on drugs/alcohol
- Being so entrenched in dependency that the basic nourishment, hygiene, care of any children and attendance at school is being neglected

As a result of cases considered by the Serious Case Reviews in Surrey and other areas, SSCB policy is that in making a decision to refer to Children's Services, professionals are clear what the risks are and where they believe the threshold for referral is not met should positively ascertain why they think a parent's drug/alcohol use is "safe".

On receipt of the referral the information will be assessed by Children's Services against the SSCB Early Help and Levels of Need Document to determine appropriate action.

Where the concerns are of an urgent nature, referral should be made immediately by telephone, and then confirmed in writing within 48 hours.

18. Useful contacts and service information

Catch22 SYPSMS

<http://www.catch-22.org.uk/programmes-services/surrey-young-peoples-substance-misuse-service/>

Health and Wellbeing Surrey

<http://www.healthysurrey.org.uk/your-health/drugs-and-substance-misuse/>

Needle exchange programme for adults (provided through VCSL) Contact Tel 01932 355533

Drug and Alcohol support for veterans

<https://www.combatstress.org.uk/veterans/substance-misuse-pilot-scheme/?gclid=CNaZ1t6C9csCFsSq0wodASUKWQ>

Drug and Alcohol support list Diocese Guildford

<http://cdn.cofeguildford.org.uk/docs/default-source/default-document-library/drug-and-alcohol-supportfbee1e4c90046456ad78ff0000437928.pdf?sfvrsn=0>

Support for Families (action on addiction)

<http://www.actiononaddiction.org.uk/ForFamilies.aspx?gclid=COWNteaD9csCFUeeG odDcoL7g>

19. Other resources

For the NICE guidance on pregnancy for women with complex social factors go to <http://guidance.nice.org.uk/CG110>

For National organisations working with Families, Drugs and Alcohol go to <http://www.adfam.org.uk/home>

20. Training

The Surrey Safeguarding Children Board provides training to partnership agencies on a range of safeguarding topics.

For a full list of available training please go <http://www.surreyscb.org.uk/sscb-multi-agency-training-programme/>

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