

Working with Problematic use of Drugs or Alcohol within Families



Path 2 Recovery (P2R)



September 2017

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1. Introduction

1.1 These guidelines have been written for use by all statutory, non-statutory, independent, voluntary and GP services working in Bedford Borough, Central Bedfordshire and Luton with families where the problematic use of drugs or alcohol is an issue. They should be used alongside the Bedfordshire and Luton Child Protection Procedures: <http://bedfordscb.proceduresonline.com>

1.2 It must be acknowledged at the outset that the problematic use of drugs or alcohol by parents or carers does not automatically indicate that the user poses a risk to others, but all workers involved with these families should recognize that they constitute a high-risk group. Also, in addition to considering risks, it is important to keep a child or young person's needs in mind and to consider whether they may be a young carer and/or require additional support (see section 7). It is important to consider the whole family including siblings and other adults caring for children.

1.3 It is vital that problematic use of drugs or alcohol should be assessed in the context of family life and functioning. It should not merely be regarded as a problem of the parents in isolation or as a direct predictor of abuse or neglect.

1.4 Adults whose use of drugs and alcohol is problematic may face a wide range of associated problems, including accommodation and financial difficulties, difficult or destructive relationships, lack of effective social and support systems, poor health and issues relating to criminal activities. The impact of these stresses on any children involved may be of more importance than the impact of the drug or alcohol use itself.

1.5 Whenever there is concern about the welfare of a child and assessment and planning are taking place, it will be very important that consideration of any problematic use of alcohol or drugs by their parents or carers should be fully integrated into this process.

1.6 If it seems that the child is suffering or likely to suffer significant harm, assessment and planning should be conducted in accordance with established child protection procedures (see section 10).

1.7 The term 'problematic use of drugs or alcohol' is used throughout this document in preference to more familiar expressions such as 'drug use' or 'drug misuse'. 'Drug use' or 'misuse' can be applied to a wide spectrum of behaviors from occasional recreational use of cannabis through to the addictive use of Class A drugs. It is felt that reference to 'problematic use', gives a more accurate picture of the target behaviors.

2. Equal Opportunities

2.1 It is intended that these guidelines be applicable in all situations, irrespective of race, gender, age, sexuality, class, culture, and disability.

2.2 It must be recognised that many stereotypes and assumptions exist concerning people who use drugs and/or alcohol. It is essential that all workers making assessments

should strive to ensure that their judgements are made on the basis of the observable evidence and are not influenced by prejudicial attitudes or suppositions on their part.

3. Information about treatment

3.1 People with problematic use of alcohol and or drugs may have tried a range of different treatments and experienced a number of relapses.

3.2 Changing established habits can be complex and requires considerable motivation and support

3.3 Many users fear losing their children and are reluctant to refer themselves for treatment.

3.4 Staff working with children may not have detailed knowledge of the various interventions and treatments available so it is expected that drug and alcohol services will respond to telephone queries from social workers and attend multi-agency assessments as appropriate. Please see section 12 for details of services available in Bedford Borough, Central Bedfordshire & Luton. Use of adult drugs workers in family safeguarding teams in Luton may mean they act differently, using those workers as consultation points rather than calling services externally.

4. Risk Assessment and Parental Drug or Alcohol Use

4.1 Where a service user has children within their family, drug and alcohol services are expected to complete an assessment of parenting needs and risks. In Luton there are multi agency family safeguarding teams with adult drug and alcohol workers. These workers will be the first point of contact for Social Workers seeking assistance, advice or co working on such cases and they will complete a parenting assessment jointly.

4.2 The checklist below may be considered as part of assessment and/or plan. Third party information (for example, from relatives or neighbours) may also be sought to validate this information, though issues of confidentiality should always be considered. The checklist is also set out as **Appendix A** for staff to photocopy. In Luton staff in the multi-disciplinary family safeguarding teams will complete the Family Safeguarding parenting assessment and will seek support from their alcohol and drug team members for the completion of this jointly or at least with consultation.

4.2.1 Impact on the child's development including the unborn

- What is the child's age and developmental stage?
- What is the quality of the relationship between the child and parent/carer, and the child and peers?
- Is the child showing signs of emotional distress through his or her behaviour? If so, does the parent/carer recognise this?
- Does the child have support networks: friends, relatives, school?
- Is the child up to date with health checks/immunisations/dental checks etc?
- Is the child attending school regularly and on time? Is the child making satisfactory educational progress?

- Does the parents/carers drug or alcohol use disrupt the child's daily routines? If so what is the effect?
- What is the effect on the child of parental mood/behavioural changes?
- Is the child assuming responsibilities beyond his or her years? Has the child taken over the parenting role in the family?
- Does the child experience violence involving his or her parents/carers?
- What models of behaviour is the child observing?
- Does the child have a satisfactory concept of acceptable behaviour?
- Does the child witness the taking of drugs or intoxicated behaviour? What effect does this have on the child?
- What arrangements are made for safeguarding the child during drug use or periods of intoxication?
- Is the child left alone or inadequately supervised while the parents/carers obtain drugs/go out drinking?
- Is the child taken to places where his or her safety is placed at risk? What risks are involved?
- What is the child's understanding of drug and alcohol use?
- Does the child need specific drug or alcohol education to reduce the risk of future use?

4.3 The pattern of parental drug or alcohol use

- Is there a drug-free/sober parent/carer, supportive partner, or relative?
- If the parent uses drugs, is their use:
 - Experimental?
 - Recreational?
 - Chaotic?
 - Dependent?
- If the parents/carers use of alcohol is problematic:
 - Do they drink every day? If so how much?
 - Is there a pattern of binge drinking? What form does it take?
- Does the user move between categories at different times? Does the drug use also involve alcohol or a combination of drugs?
- Do the levels of care differ according to whether a parent is using drugs/alcohol at the time or not?
- Has there been an increase or decrease in stability in the pattern of drug or alcohol use over the previous six months?
- Is there any scope for negotiating changes that might reduce risk, such as a change from injecting to oral use, a move from buying drugs to receiving medication by prescription or reduction in consumption?

4.4 Accommodation and home environment

- Is accommodation adequate for children?
- Are parents/carers ensuring that rent and bills are paid?
- Does the family remain in one area or move frequently. If the latter, why is this?
- Are others with problematic drug or alcohol use sharing the accommodation? If they are, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug or alcohol using community?

- Could other aspects of drug use constitute a risk to children (for example conflict with or between dealers, exposure to criminal activities related to use, exposure to drug dealing)?
- Are there adequate food, clothing and warmth for the children?

4.5 Procurement of drugs or alcohol

- If the parents/carers use drugs, how do they acquire them?
- How much are the drugs or alcohol costing?
- Is this causing financial problems?
How is the money obtained? If through crime, or sex working is this affecting the care and development of the child?
- Are the premises being used to store/sell drugs?
Are the parents/carers allowing their premises to be used by others with problematical drug or alcohol use? How does this impact on the child?

4.6 Health risks

- If drugs, alcohol and/or injecting equipment are kept in the home, have the drug & alcohol service provided a locked safe box? This is provided across Bedfordshire, and in Luton a home visit will be completed for prescribed service users to check on the safe storage of medication.
- Are the children aware of where the drugs and alcohol are kept?
- If the parents/carers are intravenous drug users:
 - Do they share injecting equipment?
 - Do they use a needle exchange scheme?
 - How do they dispose of syringes?
 - Are parents/carers aware of the health risks of injecting or using drugs?
- If parents/carers are on a substitute prescribing programme, such as methadone:
 - Are parents/carers aware of the dangers of children accessing this medication?
 - Do they take adequate precautions to ensure this does not happen?
- Are parents/carers aware of, and in touch with, local specialist agencies that can advise on issues such as needle exchanges, substitute prescribing programs, detox and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?
- Is there any history of mental health problems alongside the drug or alcohol use?
- Is there evidence of other health problem linked with drug or alcohol use?

4.7 Family's social network and support systems

- Do parents/carers and children associate primarily with:
- Others with problematic drug or alcohol use?
- Non-users? Both?
- Are relatives aware of the problematic drug or alcohol use? Are they supportive?
- Will the parents/carers accept help from the relatives?
- Will the parents/carers accept help from statutory/non-statutory agencies?

- The degree of social isolation should be considered particularly for those parents living in remote areas where resources may not be available and they may experience social stigmatisation.
- Has a family worker been suggested to work with the adult and support for the children put in place.

4.8 The parents/carers perception of the situation:

- Do the parents/carers see their drug or alcohol use as harmful to themselves or to their children?
- Do the parents/carers place their own needs before the needs of their children?
- Are the parents/carers aware of the legislative and procedural context applying to their circumstances, (e.g. child protection procedures, statutory powers)?

5. Working with parents/carers whose drug or alcohol use is problematic

5.1 Whilst significant drug or alcohol use by parents/carers does not automatically indicate that children in their care are likely to suffer abuse, it is likely to have some adverse effect on parenting. Agencies working with parents and carers should remain alert to the fact that drug or alcohol use may affect the quality of caregiving offered to children. Despite close supervision on an inter-agency basis, it is not unusual for family functioning gradually to deteriorate over time and neglectful care may result:

http://bedfordscb.proceduresonline.com/chapters/p_neg_pract_g.html#assess

5.2 The link above includes guidelines on the Graded Care Profile 2 which is a validated tool (NSPCC) that helps those working with children, young people and families to measure the quality of care being given to a child. It's an assessment tool that can help practitioners and families to identify anything that's putting that child at risk of harm.

5.3 Where mental health issues are also present with drug or alcohol use, effective liaison with relevant services is essential. There may also be problems with Domestic Abuse/Violence in such chaotic situations. Where all three issues of drug and alcohol use, parental mental ill health and domestic abuse occur they are described as the 'toxic trio'. These have been recognised as significant factors in families where children have died or been seriously harmed. In Luton, skilled mental and domestic abuse practitioners will also be part of the multi disciplinary team and will be invited to work alongside their colleagues as appropriate in those cases where the elements of the 'toxic trio' may be present.

6. Early Help and Support

6.1. Where it has been identified that parents/carers may need additional support to meet the needs of their child/children (rather than child protection), and **consent is agreed**, a referral should be made for an Early Help Assessment

http://bedfordscb.proceduresonline.com/chapters/p_eha.html

7. Young Carers

7.1 A young carer is someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem.

7.2 For most young carers this will mean looking after a parent or caring for a brother or sister if the parent is unable to. They may do extra jobs in and around the home, such as cooking, cleaning, or helping someone to get dressed and move around. Some children also give a lot of emotional help and support.

7.3 Children/young people with caring responsibilities have a right to be assessed (Children and Families Act 2014). If there is an adult being looked after, then the local council has a duty to consider whether there are any children involved in providing care, and if so, what the impact is on that child. From April 2015 a social worker from the local authority must visit to carry out a “young carer’s needs assessment” to decide what kind of help the child and family might need.

8. Procedure for working with pregnant women whose drug or alcohol use is problematic.

8.1 Please follow link to the pre-birth planning procedures:

http://bedfordscb.proceduresonline.com/pdfs/prebirth_plan.pdf

9. Consent, Confidentiality & Information Sharing

9.1 Sharing information between adult and children’s services

9.1.1 Staff in adult services are aware that problems faced by clients who have parenting responsibilities are often likely to affect children and other family members. However this information is not always shared and opportunities to put preventative support in place for the children and family are missed. Where an adult receiving services is a parent or carer, sharing information where appropriate with colleagues in children’s services could ensure that any additional support required for their children can be provided early.

9.2 Sharing information where there are concerns about significant harm to a child or young person

9.2.1 When working with people whose use of drugs or alcohol is problematic, the maintenance of confidentiality will often be of vital importance in engaging service users effectively. However, at the same time, research and experience have shown us that keeping children safe from harm requires professionals and others to share information about any risk of harm to which a child may be exposed. Those providing services to adults whose use of drugs or alcohol is problematic are faced with the challenge of balancing their duties to protect children from harm and their general duty of confidence towards their patients or service users.

9.2.2 It is critical that where you have reasonable cause to believe that a child or young person may be suffering or may be at risk of suffering significant harm, you should always consider referring your concerns to children’s social care or the police. Sharing of relevant information should not be a barrier to referral and takes precedence over confidentiality for the adult service user

9.3 Best practice is always to discuss concerns with the parent or carer unless this will place the child at further risk of harm or it is felt unsafe to do so.

Link to Information Sharing Protocol:

http://bedfordscb.proceduresonline.com/pdfs/info_sharing_pr.pdf

Link to Government Guidance on Information sharing:

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

10. Referral to Local Authority Children’s Social Care Multi Agency Safeguarding Hub (MASH)

10.1. The Multi Agency Safeguarding Hub (MASH) is the first point of contact for all new referrals to Children’s Social Care. Anyone can refer a child to Children’s Social Care whether the adult is an inpatient, living in the community, normally resident in the child’s home or not and whether or not previously known to Children’s Social Care.

10.1.1. If worried about a child’s welfare a prompt referral should be made initially by telephone to the MASH Team followed by a written referral within 24 hours using the Inter-Agency Referral Form for that team

Contact telephone numbers for the MASH Teams

Bedford: 01234 718700

Central Bedfordshire Hub: 0300 300 8585

Luton: 01582 547653

Secure email addresses for the MASH Teams

Bedford: mash@bedford.gcsx.gov.uk

Central Bedfordshire: cs.accessandreferral@centralbedfordshire.gcsx.gov.uk

Luton: Initialassessment@luton.gov.uk.cjism.net

In emergencies outside office hours the Emergency Duty Team (EDT) should be contacted for Children’s Social Care. All referrals must be made by phone in the first instance.

The Emergency Duty Team (EDT) which covers Bedford, Central Bedfordshire and Luton telephone number is: 0300 300 8123

11. MASH Response to Referral

11.1 The referrer will receive an automatic email receipt from the MASH Team for referrals received by email. Referrals will be acknowledged within one working day of receipt either by the MASH Team or from a Social Work Team if the case is already open and allocated.

11.2 For new referrals, the MASH duty manager will decide if a social care assessment is required and if so will arrange for the work to be allocated for a statutory assessment. If the referral is not accepted for allocation they will advise on the reasons for this. If for any reason this does not happen within three working days, the referrer should contact Children's Social Care and ask to speak to the MASH Duty Manager in the first instance and then with the MASH Team Manager if agreement cannot be reached. If agreement is still not reached the escalation process set out on the LSCB website should be followed.

12. Referral to Drug and Alcohol Services

Drug and Alcohol Services in Bedford, Central Bedfordshire and Luton.

Bedford Borough:

Path to Recovery (P2R) Drug & Alcohol Services:

21 The Crescent, Bedford MK40 2RT, Tel: 01234 352220

Secure Email: elt-tr.P2RBedford@nhs.net

<http://www.elft.nhs.uk/service/299/Path-to-Recovery-P2R-Drug-and-Alcohol->

Central Bedfordshire:

Path to Recovery (P2R) Drug & Alcohol Services:

67 High Street North, Dunstable, Bedfordshire LU6 1JF, Tel: 01582 501780

Secure Email: elt-tr.P2RDunstable@nhs.net

Luton:

ResoLUTiONs Drug & Alcohol Services:

2-12 Victoria Street, Luton, LU1 2UA, Tel: 0800 0546608

Secure Email: www.resolutions4luton.org

13. Drug & Alcohol Services Response to Referral

13.1 Path 2 Recovery: Please see plan attached as **Appendix B**

14. Collaboration and case management

14.1 Effective inter-agency communication and multi-agency collaboration are of crucial importance in the management of ongoing work with families where there are dual concerns about problematic drug use and about a child's welfare.

14.2 Assessment must be a continuous process not a one-off event. Should new information be received which may affect the judgement, which has been made about the impact of drug or alcohol use on parenting, this must be shared promptly with all the key agencies involved.

Appendix A.

CHECKLIST

Risk Assessment and Parental Drug or Alcohol Use

The following checklist outlines a number of key issues, which should be taken into account as part of an assessment of risk.

This checklist may be completed with the parents/carers where/if it is felt appropriate . Third party information (for example, from neighbours or relatives) may also be sought to validate this information, though issues of confidentiality should always be addressed.

Gathering this information may be difficult and you will need to be aware that asking parents/carers directly a list of potential harms in relation to their behaviour then they are likely to not answer or may not give you a truthful answer. Therefore you will need to be clear why you need the information, how the information will be used and the implications in respect of their child/ren.

Impact on the child's development

- What is the child's age and developmental stage?
- What is the quality of the relationship between the child and parent/carer, and the child and peers?
- Is the child showing signs of emotional distress through his or her behaviour? If so, does the parent/carer recognise this?
- Does the child have support networks: friends, relatives, school?
- Is the child up to date with health checks/immunisations/dental checks etc?
- Is the child attending school regularly and on time? Is the child making satisfactory educational progress?
- Does the parents/carers drug or alcohol use disrupt the child's daily routines? If so what is the effect?
- What is the effect on the child of parental mood/behavioural changes?
- Is the child assuming responsibilities beyond his or her years? Has the child taken over the parenting role in the family?
- Does the child experience violence involving his or her parents?
- What models of behaviour is the child observing?
- Does the child have a satisfactory concept of acceptable behaviour?
- Does the child witness the taking of drugs or intoxicated behaviour? What effect does this have on the child?
- What arrangements are made for safeguarding the child during drug use or periods of intoxication?
- Is the child left alone or inadequately supervised while the parents/carers obtain drugs/go out drinking?
- Is the child taken to places where [his or her] safety is placed at risk? What risks are involved?
- What is the child's understanding of drug and alcohol use?
- Does the child need specific drug or alcohol education to reduce the risk of future use?

The pattern of parental drug or alcohol use

- Is there a drug-free/sober parent/carer, supportive partner, or relative?
- If the parent uses drugs, is their use:
 - Experimental?
 - Recreational?
 - Chaotic?
 - Dependent?
- If the parent/carers use of alcohol is problematic;
 - Do they drink every day? If so how much?
 - Is there a pattern of binge drinking? What form does it take?
- Does the user move between categories at different times? Does the drug use also involve alcohol or a combination of drugs?
- Do the levels of care differ according to whether a parent/carer is using drugs/alcohol at the time or not?
- Has there been an increase or decrease in stability in the pattern of drug or alcohol use over the previous six months?
- Is there any scope for negotiating changes that might reduce risk, such as a change from injecting to oral use, a move from buying drugs to receiving medication by prescription or reduction in consumption?

Accommodation and home environment

- Is accommodation adequate for children?
- Are parent/carers ensuring that rent and bills are paid?
- Does the family remain in one area or move frequently? If the latter, why is this?
- Are others with problematic drug or alcohol use sharing the accommodation?
- If they are, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug or alcohol using community?
- Could other aspects of drug use constitute a risk to children (for example conflict with or between dealers, exposure to criminal activities related to use, exposure to drug dealing)?
- Are there adequate food, clothing and warmth for the children?

Procurement of drugs or alcohol

- If the parents/carers use drugs, how do they acquire them?
- How much are the drugs or alcohol costing?
- Is this causing financial problems?
- How is the money obtained? If through crime, or prostitution is this affecting the care and development of the child?
- Are the premises being used to sell drugs?
- Are the parents/carers allowing their premises to be used by others with problematical drug or alcohol use? How does this impact on the child?

Health risks

- If drugs, alcohol and/or injecting equipment are kept on the premises, are they kept securely?
Are the children aware of where the drugs and alcohol are kept? If the parents/carers are intravenous drug users:
 - Do they share injecting equipment?
 - Do they use a needle exchange scheme?
 - How do they dispose of syringes?
 - Are parents/carers aware of the health risks of injecting or using drugs?
 - If parents/carers are on a substitute prescribing program, such as methadone:
 - Are parents/carers aware of the dangers of children accessing this medication?
 - Do they take adequate precautions to ensure this does not happen?
 - Are parents/carers aware of, and in touch with, local specialist agencies that can advise on issues such as needle exchanges, substitute prescribing programs, detox and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?
- Is there any history of a mental health problem, including personality disorder, alongside the drug or alcohol use?
- Is there evidence of other health problem associated with drug or alcohol use?

Family's social network and support systems

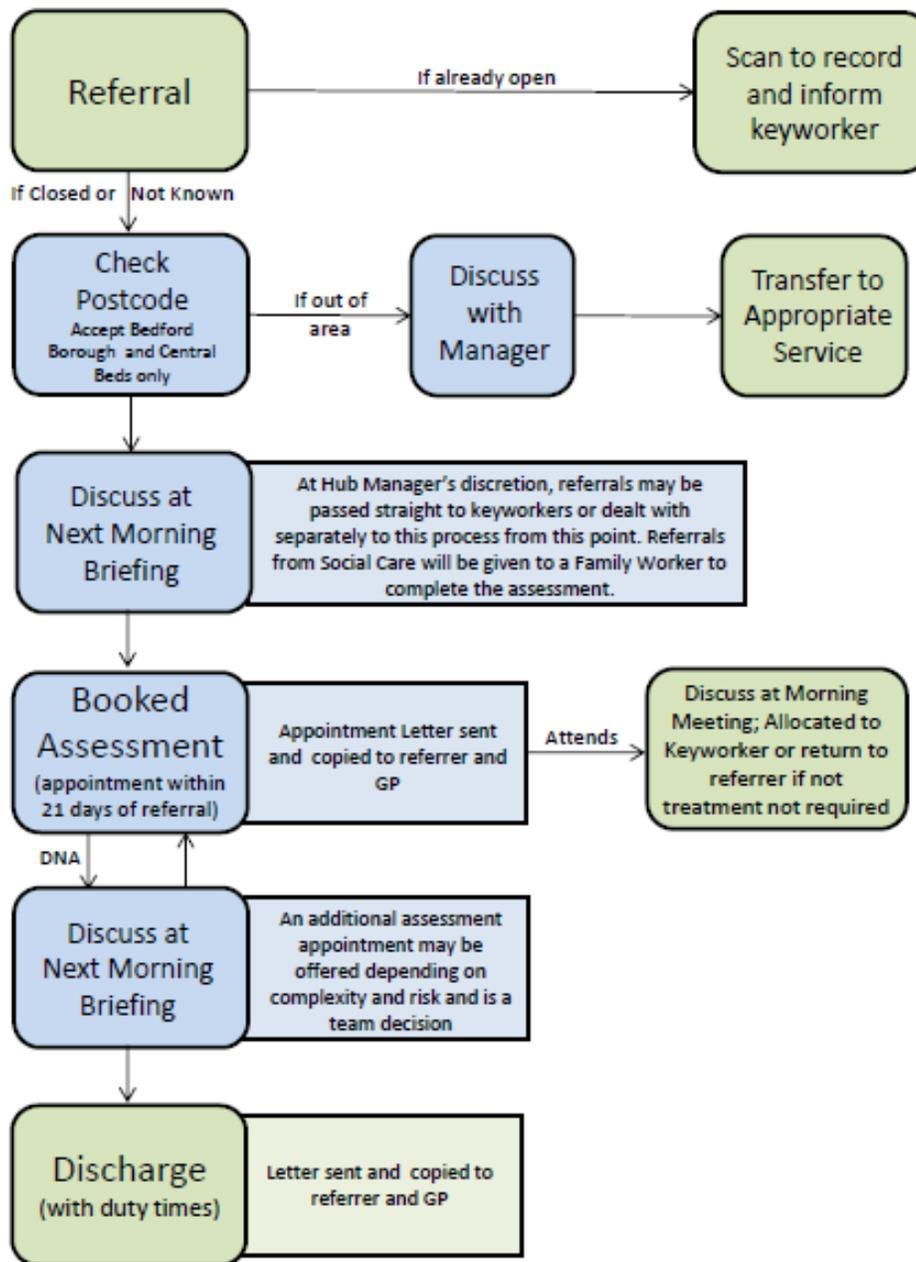
- Do parents/carers and children associate primarily with:
 - Others with problematic drug or alcohol use? Non-users? Both?
- Are relatives aware of the problematic drug or alcohol use? Are they supportive?
- Will the parents/carers accept help from the relatives?
- Will the parents/carers accept help from statutory/non-statutory agencies?
- The degree of social isolation should be considered particularly for those parents living in remote areas where resources may not be available and they may experience social stigmatisation.

The parents/carers perception of the situation

- Do the parents/carers see their drug or alcohol use as harmful to themselves or to their children?
- Do the parents/carers place their own needs before the needs of their children?
- Are the parents/carers aware of the legislative and procedural context applying to their circumstances, (e.g. child protection procedures, statutory powers).

Appendix B - P2R Referral Pathway

P2R Referral Process



Based on V1.5 February 2017
For Social Care – August 2017