

# Working with Children and Families Affected by Substance Misuse in the Borders

## Inter-agency Child Protection Guidelines

June 2004



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## Introduction

These guidelines have been developed as a response to the report '*Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families affected by Substance Misuse*' (2003). The report highlights good practice in working with substance misusing parents/carers, clarifies expectations in terms of information sharing and confidentiality, and provides guidance for when children need help. It also makes clear that the potential risks to children are as great with alcohol misuse as they are with that of illicit drugs.

The '*Getting Our Priorities Right*' report also advocates that local Drug and Alcohol Action Teams and Child Protection Committees work closely together to assess the nature and prevalence of the problem in their areas. This should form the basis of an action plan enabling agencies to work more closely together to protect children and support families. The Borders DAAT completed such an assessment, '*Children Affected by Substance Misuse within the Family*' (Murray 2003), which identified:

- 1306 children and young people living with the impact of parental substance misuse
- 32 of these children were on the Child Protection Register
- Between 10-50% of adults seeking drug/alcohol treatment had dependant children
- Few staff within children & families work or addictions services were trained to deal with this issue
- Few services included the specific needs of children affected in their assessments

These guidelines are a response to these findings and set out to detail the process of inter-agency working in the assessment and care of children and families affected by substance misuse. They should be seen as complementary to Child Protection Guidelines, which should always be referred to if you have concerns that a child may be at risk. Do not delay in making a referral where you feel it is warranted.

Working with children and families where substance misuse is an issue can be very challenging, and staff support and supervision is crucial in sharing this load and ensuring best practice. Where agreement cannot be easily reached practitioners should contact their line manager or specialist advisor for help and advice. Meeting the needs of these children is paramount, and is the shared responsibility of us all.

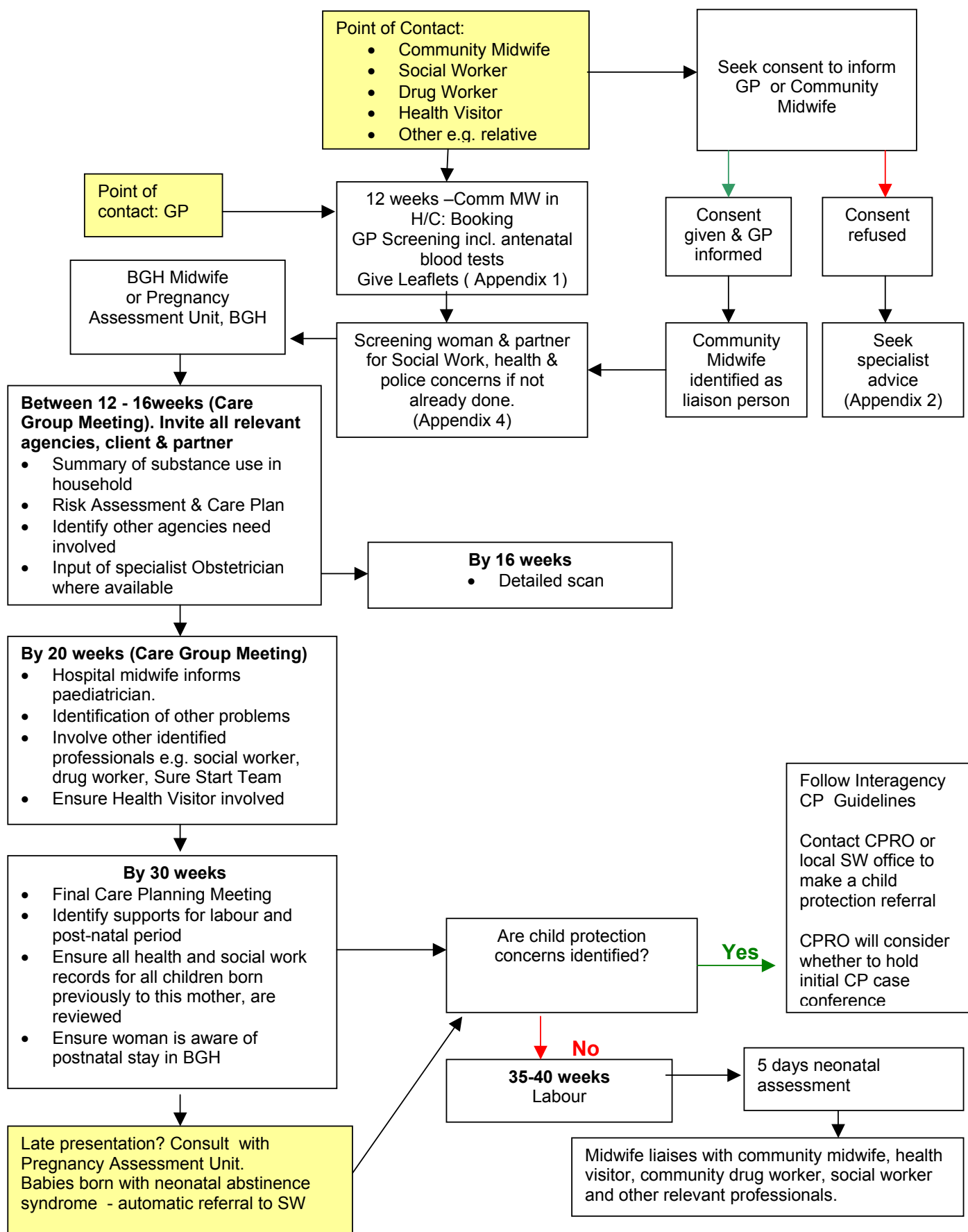
This work has been developed by the Child Protection and Substance Misuse Group on behalf of the Borders Drug & Alcohol Action Team (DAAT) and the Child Protection Committee. Members include representatives from a broad range of agencies from the statutory and voluntary sectors (see Appendix 6).

### **For more information please contact:**

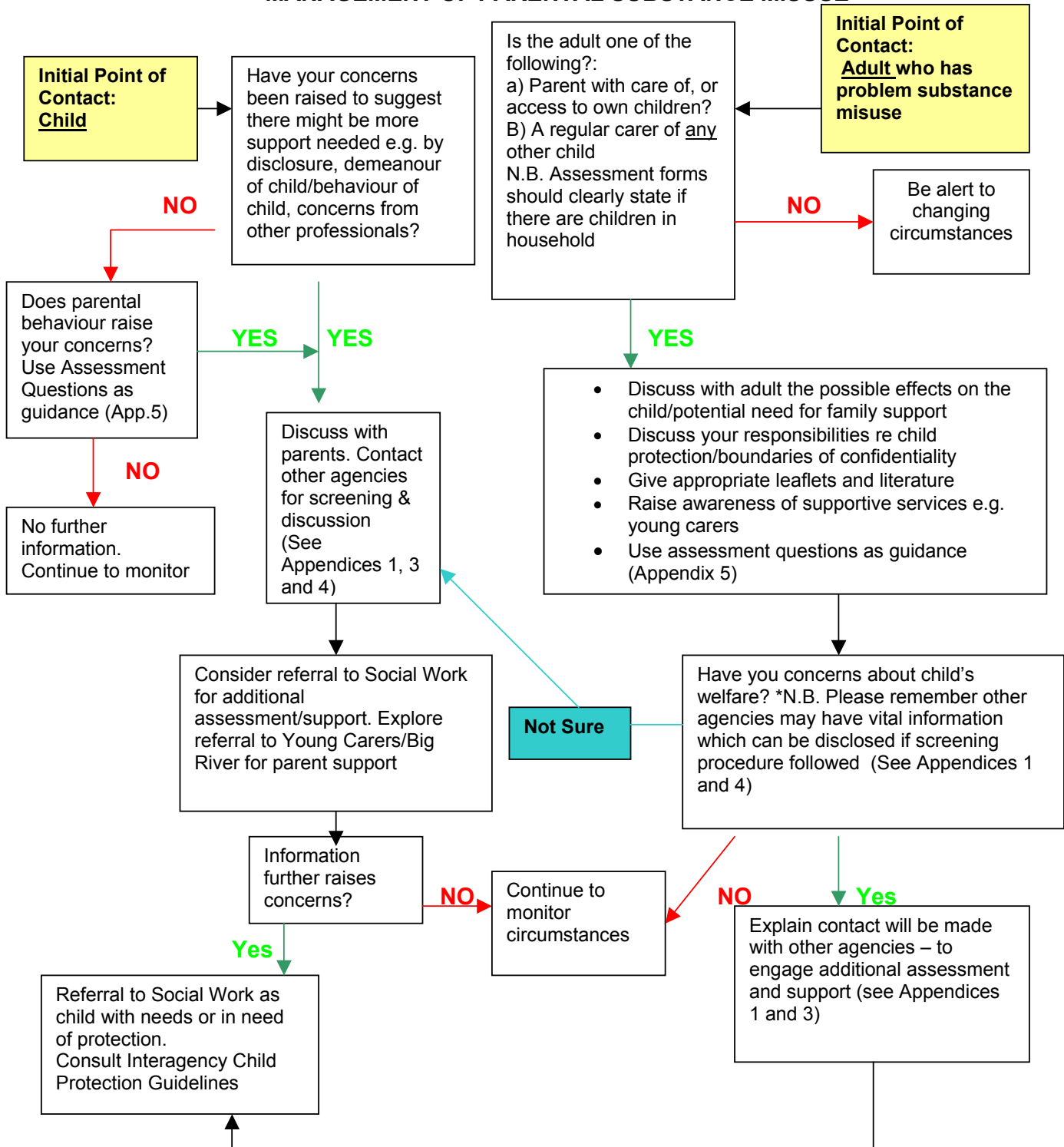
Julie Murray, DAAT Co-ordinator on 01896 825562 or on e-mail [bordersdaat@borders.scot.nhs.uk](mailto:bordersdaat@borders.scot.nhs.uk)

Marjorie Keys, Senior Nurse Child Protection on 01896 754751

# Management of Pregnant Substance Users



## MANAGEMENT OF PARENTAL SUBSTANCE MISUSE



If **at any point** child protection concerns arise **do not delay** in making a “Child Protection Referral” to Social Work as per child protection guidelines

## Appendix 1

### **Local agencies and contacts**

The following agencies may prove a valuable point of contact in building up a picture of the child(ren) and family both to assist the assessment process and facilitate joint working. Contact may be made with those who seem most appropriate depending on the individual circumstances of the client.

#### Local generic services:

- Health Visitor
- School Nurse/Doctor
- GP
- Guidance Teacher for a child at Secondary School
- Head Teacher or Depute for a child at Primary School
- Child Protection Reviewing Officer (CPRO) as noted in the list of specialist advisors  
Tel: 01896 754751
- Sure Start Team Tel: 01750 21926

#### Drug and Alcohol Services (Borders wide):

- Borders Community Addictions Team (BCAT)  
Tel: 01896 664430
- Big River Project (includes parenting support services)  
Tel: 01896 759740
- Young Carers Project (for those affected by others substance use)  
Tel: 01896 752431
- Borders Counselling on Alcohol (BCA)  
Tel: 01896 757657
- Penumbra Community Drug Project (for 16-21 yrs)  
Tel: 01896 751177
- Reiver Project (for under 16s using drugs, alcohol or solvents)  
Tel: 01896 668811
- Castle Craig Clinic (residential care – access via BCAT)  
Tel: 01721 752 625

A leaflet is available in various outlets on drug and alcohol services. Supplies are available from the DAAT office. Tel: 01896 825566

## Appendix 2

### Use of Specialist Advisers

The following people may be contacted to discuss clinical issues relating to substance use, pregnancy or child health or childcare:

A If unsure about the nature and general effect of the specific substance

**Specialist drug workers in Borders Community Addictions Team 01896 664430**

B If unsure about effect on pregnancy and unborn baby:

**Dr Campbell, BGH or any other consultant obstetrician 01896 826724**

**Dr Jane Macdonell, BGH or any other consultant paediatrician 01896 826681**

Any of the above may agree if necessary to seek further advice from national specialist, e.g.

**Dr Mary Hepburn, Glasgow**

C. If concerned about social or lifestyle factors that are presenting a significant risk to the child, that may meet criteria for child protection proceedings:

**Child Protection and Reviewing Officers (CPROs) in the Child Protection & Review Unit  
Tel: 01896 754751**

D. If concerned about professional issues relating to your practice:

**Child Protection & Review Unit (seek contact with relevant discipline) Tel: 01896 754751**

#### Process for A and B:

Worker in consultation with specialist makes one of the following decisions:

1. No further action required at present: continue to monitor, and seek specialist advice again if situation changes; or
2. Considered to be a situation of risk, where worker should inform client of need to make GP aware of all factors. Endeavour to get client's agreement to inform GP and make any referrals necessary to other agencies. If she remains unwilling, make referrals as necessary to protect the health & welfare of unborn child.

#### Process for C:

Contact CPRO and seek advice on an unnamed basis. Two options:

1. No further action at this time but continue to monitor
2. If considered by CPRO to need investigation, give all relevant details to allow for full Social Work screening

## Appendix 3

### **Sharing Information and Confidentiality**

*Extracted from 'Getting Our Priorities Right' (2003)*

#### **The Legal Position**

Disclosures of personal information are governed by the Data Protection Act 1998 (SPA). Personal data covers both facts and opinions about a living individual that might identify that person. The provisions of the DPA ensure that personal information held about any individual cannot be used for purposes other than those for which it was originally supplied without the individual's consent. This prevents unauthorised disclosures of a wide range of information.

There are several important exceptions to this set out in the DPA and related guidance. These enable data to be disclosed to safeguard national security, to prevent or assist the detection of crime or to protect the vital interests of the person. This last provision is usually interpreted as "protecting life and limb". Common law also has a concept of medical confidence, which impacts on capacity to share personal health information. The General Medical Council only allows doctors to share information to prevent or detect a serious crime, i.e. murder, rape or serious assault. Common law enables the disclosure of information where this is necessary to protect a vulnerable person from harm. In some circumstances the police have powers to request professionals to disclose information.

People with alcohol or drugs related problems may be particularly concerned about their support services sharing information with other professionals. They may fear that they will be denied help, disadvantaged, stigmatised or blamed if other professionals or agencies are given any information about them. This may have been their experience in the past. They may also fear investigation by the police about illegal substance misuse or child protection agencies making enquiries. Contact with these agencies may be stressful even if there is no cause for concern. In most circumstances users of treatment and support agencies can rely on confidentiality as their guiding principle. But there are important exceptions to this.

If there is reasonable professional concern that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential. All service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm. They should always tell parents this.

#### **Confidentiality in practice**

Confidentiality is an important factor in enabling service users to engage confidently and honestly with treatment and support agencies and this is an essential requirement for successful rehabilitation. All agencies should respect the need for other professionals and agencies to protect their relationship with their primary client and support the requirement to maintain confidentiality as far as possible. Sometimes professionals will need to share specific information with staff in their agency or other professionals in order to provide treatment or other forms of help. Where it is necessary to obtain informed consent, this should be obtained before sharing information.

Agencies should tell service users about the kinds of situations where they may have to share information. For example, a prescribing GP may need to discuss his or her patient's progress with a Community Psychiatric Nurse in a community drugs service, before adjusting a prescription. Agencies and services should give some indication of why, and with whom, they need to share information and ask for their clients consent to sharing necessary information in advance. This will save time, misunderstanding and potential conflict later.

If there are worries about a child's care, development or welfare, professionals in touch with the family must co-operate to enable proper assessment of the child's circumstances, provide any support needed and take action to reduce risk to the child. This will normally require them to share relevant information. Guidance from professional bodies emphasises that the child's welfare is the paramount consideration when deciding what they should do in such circumstances.

"Personal information about children and families given to professionals is confidential and should be disclosed only for the purposes of protecting children. Nevertheless the need to ensure proper protection for children requires that agencies share information promptly and effectively when necessary. Ethical and statutory codes for each agency identify those circumstances in which information held by one professional group may be shared with others to protect the child."

*Protecting Children – guidance on inter-agency co-operation for health professionals  
– P28 Scottish Executive 2000*

### **Asking for, and giving, information**

***"The amount of information drugs or mental health workers felt able to share varied, and was sometimes dependent on agreement with patients"***

(Scottish Executive 2002)

When any professional or agency approaches another to ask for information they should be able to explain:

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

It is not helpful to contact another professional and ask for everything they know about Family X, because you are worried about Child A. If you are not sure what kind of information the other agency may have or what you might need to know, you should explain your task so that the other person may better understand how they may help.

If a professional or agency is asked to provide information they should never refuse solely on the basis that all information held by the agency is confidential. On receiving answers to the above questions they should consider:

- Whether there is any perceived risk to a child which would warrant breaking confidentiality

- What information the service user has already given permission to share with other professionals
- Whether they have relevant information to contribute – that is information which has or may have a bearing on the issue of risk to a child or others, which enables another professional to offer appropriate help, assist access to other services, or take any other action necessary to reduce the risk to the child
- Whether that information is confidential, already in the public domain or could be better provided by another professional or agency, or the parent directly
- How much information needs to be shared to reduce risk to the child
- Whether disclosure would be permanent in accordance with the Data Protection Act 1998

Regular communication and co-operation between these agencies and professionals will help them develop appropriate and well co-ordinated care plans for their clients, whether these are children or adults.

**Agencies and professionals share information about children where this is necessary to protect them.**

*Protecting Children and Young People: Framework for Standards (Scottish Executive 2004)*

## Appendix 4

### Screening for social work and police concerns

#### Process:

In all cases, contact the Child Protection & Reviewing Officer (CPRO) on 01896 754751 giving the client's name and date of birth. This is not a referral. State this is an enquiry under the agreed protocol.

The CPRO will check for existence of a Social Work record. If the woman/family has moved in from another area, this process may include checking with this previous area. The CPRO will also check to see if police have any concerning background information.

If no record: Continue to monitor

If record exists: CPRO will share information with enquirer. A discussion will identify areas of known risk and one of the following will be agreed:

- a) Continue to monitor and encourage woman/family to accept Social Work Department support.
- b) Agree there are sufficient concerns and that the Social Work Department need to be involved in a risk assessment. Agree who will inform the client of this. A Social Work file will not be opened until that assessment stage.

## Appendix 5

### Assessment procedures

*Extracted from 'Getting Our Priorities Right' (2003)*

'When assessing the well-being of any family, agencies must look at the parent's substance misuse from the perspective of the child to understand the impact this has on the child's life and development. Agencies should consider each child in the house separately.'

Meeting the needs of these children is paramount, and is the shared responsibility of us all. If an agreement cannot be reached between agencies on the action to be taken practitioners should contact their line manager and/or a specialist adviser (see Appendix 2) for advice.

When deciding whether a child may need help all agencies should consider using the following questions as guidance. If you already have concerns about a child do not delay in making the necessary referral.

- Are there any factors that make the child(ren) particularly vulnerable, for example a very young child, or other special needs such as physical illness, behavioural and emotional problems, psychological illness or learning disability? Are there any protective factors that may reduce the risks to the child?
- How does the child's health and development compare to that of other children of the same age in similar situations?
- Are children usually present at home visits, clinic or office appointments during normal school or nursery hours? If so, does the parent need help getting children to school?
- How much money does the family spend on alcohol/drug use? Is the income from all sources presently sufficient to feed, clothe and provide for children, in addition to obtaining alcohol/drugs?
- What kind of help do you think the child needs?
- Do the parents perceive any difficulties and how willing are they to accept help and work with professionals?
- What arrangements are for the child(ren) when the parent goes to get illegal drugs or attends for supervised dispensing of prescription drug(s)?
- What do you think might happen to the child? What would make this likely or less likely?
- Is there evidence of neglect, injury or abuse, now or in the past? What happened? What effect did/does that have on the child? Is it likely to recur?
- Is the concern the result of a single incident, a series of events, or accumulation of concerns over a period of time?
- Do parent(s) think that their child knows about their problem alcohol or drug use? How do they know?
- What does the child think? What do other family members think? How do you know?
- Is there a failure on the parent(s) part to maintain contact with helping agencies?
- Who will look after the child(ren) if the parent is arrested or is in custody?

Agencies working with children should draw together information about:

- The child's age and stage of physical, social and emotional development
- His or her educational needs
- The child's health and any health care needs
- The child's safety, while adults are using drugs and alcohol
- The emotional impact on the child of frequent or unpredictable changes in adult's mood or behaviour
- The extent to which parent's drug use disrupts normal daily routines
- This child's perception of parent's drug use

### **Comprehensive assessment**

Information from this assessment process should be recorded and analysed. If some of this information is not easily understandable, or the implication of it unclear, then help should be sought from the relevant agency for clarification and support. It is also important to ensure that relevant information is passed on as appropriate (see flow charts and appendix 3) on sharing information and confidentiality.

'If an agency's initial assessment suggests that the parent's substance misuse is impairing, or is likely to impair, a child's health or development, or that the child is suffering, or may suffer, significant harm, they should refer the child and family to the social work services. The social work service should respond and where necessary carry out a comprehensive assessment of the family to inform a plan for family support and, if necessary, child protection.'

## Appendix 6

### **Child Protection and Substance Misuse working group members**

- Marjorie Keys, Child Protection & Review Unit – Chair of Group
- Julie Murray, Borders Drug & Alcohol Action Team
- Marion Connor, Child Protection & Review Unit
- Liz Brodie, Borders Community Addictions Team
- Diana Leaver, School Health
- Ann Fernie, Community Midwife
- Joyce Fowles, Public Health Nurse
- Moira Muir, Health Visitor
- Kirsteen Bristow, Big River Project
- Fiona McQueen, Borders Counselling on Alcohol
- Karen Mercer, Young Carers
- Carolyn Kelly, Langlee Primary School
- Shelagh Stewart, Mental Health Social Work Department
- Norrie Tait, Reiver Project
- Pauline Bell, Penumbra Youth Project
- Anna O'Reilly, Children 1<sup>st</sup>

### **References**

Scottish Executive (2003) *Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families Affected by Substance Misuse* available at: [www.scotland.gov.uk/library5/education/gopr-00.asp](http://www.scotland.gov.uk/library5/education/gopr-00.asp)

Murray J (2003) *Children Affected by Substance Misuse within the Family* available at: [www.nhsborders.org.uk](http://www.nhsborders.org.uk) and search for 'DAAT'

Scottish Executive (2004) *Protecting Children and Young People: Framework for Standards* available at: <http://www.scotland.gov.uk/library5/education/pcypfs-00.asp>