



Getting Our Priorities Right For Children Affected by Substance Misuse in Dundee

A Protocol for all
agencies working with
Children and Families
affected by Substance
Misuse in Dundee

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Foreword:

This Protocol has been developed in response to the recommendations in "*Getting our Priorities Right: Good Practice Guidance for working with children and Families affected by Substance Misuse*" (Scottish Executive, 2003). It forms part of a framework of common protocols, policies and procedures agreed by agencies in Dundee who work with families in which parents have substance misuse problems.

Members of Dundee Drug and Alcohol Action Team (DDAAT), Dundee Children & Young Persons Protection Committee, The Executive Group responsible for Planning Integrated Children's Services and the Child Health Strategy Group, have agreed the content of the Protocol.

This protocol contributes to a framework which includes:

- ◆ a commitment to interagency collaboration and co-operation in prioritising and promoting children's welfare, which encompasses all agencies in contact with substance users and their children;
- ◆ a description of the roles and responsibilities of all services, including those for adults who are parents, for family support and promoting children's upbringing by their families, and in protecting children at risk;
- ◆ policies and protocols for sharing information between local agencies, including what will happen to information and how it will be kept;
- ◆ local arrangements for access to advice about child protection for specialist alcohol and drug agencies working with substance misusing parents;
- ◆ local protocols for the assessment and care management of pregnant women who misuse substances, setting out roles and responsibilities of different professionals and agencies delivering ant- and post-natal care;
- ◆ local arrangements for staff in child care and children's health services to obtain specialist advice, assessment and services for parents with substance misuse;
- ◆ arrangements for supporting and resourcing extended family care of children unable to live with their substance misusing parents;
- ◆ arrangements for joint commissioning and access to adult or family residential resources for treatment and rehabilitation of substance misusing parents;
- ◆ links between Dundee's Drug and Alcohol Action Teams' Corporate Action Plans, local Children's Services Plans and Reviews;
- ◆ arrangements for consulting and obtaining the views and experiences of parents with problem substance use and, where appropriate, their children, young people and their families to inform service developments, inter-agency training, policy and practice; and
- ◆ arrangements for foster carers and residential child care staff to be involved in planning when appropriate.

Section 1

Describing the Problem

(a) A Definition of Substance Misuse

In this policy substance misuse is defined as “the stage when the use of drugs or alcohol is having a harmful effect on a person’s life” (Scottish Executive 2003).

Substance misuse is associated with a large variety of drugs from all major groups, illegal, prescribed and legal. There is a wide variation in the impact of substance misuse on individual users and their families.

The Scottish Executive (2003) groups substance misusers into four broad categories:

- *Experimental drug* users those who use substances once or rarely. Their use may have little impact on their functioning or lifestyle and the risk of them developing dependence is low. Nevertheless there is a risk of physical harm, and rarely even death, as a result of ingestion, accidental overdose or substance related infection.
- *Recreational substance* users who use illegal substances regularly. They run similar risks as experimental users and in some circumstances may be at higher risk of developing substance-related problems.
- *People who use legal substances* such as alcohol or prescribed substances to levels which significantly impair their health or social functioning.
- *People who are dependent on illegal substances* whose substance use significantly impairs their health and social functioning. Their usage is usually characterised by addition to the substance(s).

Section 2

The Impact of parent's substance misuse on their children

(a) Risk factors

A wide range of research indicates the range of problems associated with parental substance misuse. Many of the 'risk' factors also occur in families who do not use drugs or alcohol.

Children may

- be at high risk of maltreatment, emotional or physical neglect or abuse, family conflict and inappropriate parental behaviour, with babies in particular being vulnerable to physical neglect and /or failure to thrive;
- be exposed to and involved in drug related activities and crimes;
- display behavioural problems, social isolation and stigma;
- be more likely to have a poor attachment experience which may lead to attachment disorder;
- be more likely to misuse substances themselves when older;
- assume inappropriate levels of responsibility for the social and physical care of parents or the care of younger siblings;
- experience disrupted schooling;
- be exposed to risk through parent's careless storage of medication and disposal of syringes; and/or
- experience repeated separation from parents and multiple episodes of alternative care.

Substance misusing parents may:

- spend considerable time and effort on accessing and using drugs and so be less available to meet the emotional and physical needs of their children;
- experience conflicting pressures, financial hardship and have little support from relatives;
- live in violent environments;
- live in unhelpful and unsupportive peer communities;
- have conflictual relationships with their children;
- provide inconsistent care, ineffective supervision and overly punitive discipline;
- have poor parenting skills as a result of poor role models;
- avoid or fail to seek help & support from agencies regarding their children i.e. health care, family centre, social work
- have periods in prison
- have significant mental health problems caused by abusive experiences and long term drug misuse
- have severe social difficulties and experience isolation; and/or
- frequently move or become homeless.

The impact of parental substance misuse will vary according to the age and developmental stage of children. Some children, young people and their families, for example those with physical or learning disabilities or health problems, may be particularly vulnerable, as parents who misuse substances may have difficulty in

meeting their additional needs. Assessment of the quality of care provided by parents must take into account the present and future needs of each individual child.

(b) Protective Factors

Some children and young people are extremely resilient. This helps them to get over difficulties and limits the damage caused by exposure to risk, neglect or abuse.

Risk associated with parental drug use can be reduced by other, protective factors. These include:

- a sufficient income and good physical standards in the home;
- a consistent and caring adult, who will provide for the child's needs and give emotional support;
- supportive, extended family members;
- regular monitoring and help from health and social work professionals, including respite care and accommodation;
- an alternative, safe residence for mothers and children subject to violence and the threat of violence;
- regular attendance at nursery or school;
- sympathetic and vigilant teachers; and/or
- belonging to organised out-of-school activities, including homework clubs.

It should be noted, however, that children's resilience could fluctuate given the nature of substance misuse and dependence and the potential for recurring crisis and chaos.

Section 3

Deciding When Children Need Help

(a) Children in need

When working with parents who misuse substances, agencies should consider the impact on children, young people and their families, be alert to their needs and welfare and assess and respond to any emerging problems.

Section 93(4) of the Children (Scotland) Act 1995 defines a child in need as:

Being in need of care and attention because

- s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless there are provided for her/him, under virtue of this Part, services by a local authority;
- or
- her/his health or development is likely to significantly be impaired, or further impaired, unless such services are so provided.

A locally agreed definition of children in need in Dundee includes:

- children whose parents misuse drugs, alcohol or substances;
- children who misuse drugs/alcohol or substances;
- children who have been or are at risk of being abused (including physical, sexual and emotional abuse) or who have been, or are at risk of being neglected;
- children who may be adversely affected by serious family difficulties, including domestic violence;
- children who have been, or who are being, or who may be required to be looked after by the local authority;
- children whose educational development is suffering and who may be excluded from schools;
- children who have significant emotional, social or behavioural problems;
- children with a disability;
- children adversely affected by living in the same household as someone (parents or siblings) with physical disabilities or illness, sensory impairment, learning difficulties or mental health problems;
- children who care for relatives;
- children affected by HIV or AIDS;
- children of refugees; and
- children who live in unsuitable housing or are homeless.

Children of substance misusing parents, who are children in need, will usually – if not always- fall into several of these categories.

The report *For Scotland's Children* (2001), stresses the importance of agencies working together to meet children's needs. This document should be read in conjunction with other national guidance on supporting families and inter-agency child protection. (See Appendix 1 for a list of relevant reports, guidance and research material).

(b) Underpinning Principles when Working with Children in Need

Some key themes and principles underpin legislation and apply to all families with children.

These principles should apply to the work carried out by all agencies in Dundee who work with families in which parents misuse substances, whether the agency's focus is on the parent's problems or those of the child.

- The welfare of the child is the paramount consideration.
- Every child has a right to be treated as an individual.
- Every child who can form a view on matters affecting him or her has the right to express those views if s/he wishes.
- Every child has the right to protection from all forms of abuse, neglect or exploitation.
- Parents should normally be responsible for the upbringing of their children and should share that responsibility. So far as is consistent with safeguarding and promoting the child's welfare, local authorities should promote the upbringing of children by their families.
- Any intervention by a public authority in the life of a child must be properly justified and supported by services from all relevant agencies working in collaboration.

(c) Expectations on Agencies

Staff working in alcohol and drug related agencies and in child welfare services working with parents who use alcohol or drugs, either illegally or to excess, should be aware of the potential risks to children in the care of those adults. They should be equipped to provide information and advice to parents about the possible impact of their substance misuse on dependent children, alongside other information and advice about alcohol/drugs and their effects. They should always explore how substance misuse may affect their responsibilities for childcare and for parenting their children. All agencies have a part to play in helping to identify problems at an early stage.

All agencies in contact with children and families have a responsibility to act if they become worried about a child's welfare or a parent's ability to care for the child safely and adequately. The welfare of the child is the paramount consideration. If a child is at risk this must over-ride concerns about the parent's wishes or welfare.

Each agency working with substance misusing parents must have child protection procedures in place. They should consult with Dundee Committee for the Protection of Children and Young People about the content of these procedures.

Section 4

Assessing the needs of children, young people and their families

When assessing the well being of any family, agencies will 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 must consider each child in the household separately and each child as an individual as well as part of a family.

(a) Gathering Information

All agencies supporting adult alcohol or drug users will ask individuals who seek a service:

- √ Are you a parent?
- √ How many dependent children do you have?
- √ Do you have any children who live with others or are in residential or foster care?
- √ What is your child (ren)'s age and gender?
- √ Which school or nursery or other pre-school facility does your child (ren) attend?
- √ Are there any other relatives or support agencies in touch with your family who are supporting your child (ren)?
- √ Do you need help with looking after your children or arranging childcare?
- √ Has your child received social work support or been named on the CP register?

(b) Assessing children's needs

When deciding whether a child may need help, staff in all agencies will consider the following questions:

- Are there any factors which make the child (ren) particularly vulnerable, for example a baby, 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)?
- 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 failure on the parent(s) part to maintain contact with helping agencies? Do parents avoid contact with agencies?
- Who will look after the child (ren) if the parent is arrested or is in custody?
- What do you think might happen to the child? What would make this likely or less likely?

Agencies working with children should draw together information about:

- the child's age and state of physical, social and emotional development
- the child's attachments
- 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 adults' mood or behaviour
- the extent to which parents' drug use disrupts normal daily routines
- the child's perception of parents' drug use

(c) Assessment with Parents

Parents with problem substance use should be assessed like any other parents whose personal difficulties may affect their parenting and care of children. Professionals should always attempt to involve parents, and where appropriate children and young people, as partners in the assessment. Assessments will vary in their complexity and should consider a family's strengths as well as weaknesses.

A checklist for gathering information concerning parental substance misuse and its impact on families is available at Appendix 3. Any professional in touch with a family affected by parental substance misuse can use this checklist. Answers to these questions will enable the professional to identify alcohol- or drugs-related risks and problems likely to affect the child's welfare and development, and highlight areas of strength within the family that may be harnessed to tackle problems with parenting. It should supplement, not replace, generic frameworks for assessment of family functioning and children's welfare used by social work services and specialist children's services and support agencies.

(d) Comprehensive Assessment

If an agency's initial assessment suggests that the parent's substance misuse is impairing, or 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 Department. The Social Work Department 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.

A comprehensive assessment provides a sound basis for effective planning and support to the family. An assessment of a child and family involves gathering information purposefully to:

- identify a child's needs within his or her family and community;
- identify the needs of other family members including parents, siblings and extended family involved in supporting the family;
- describe any risks to the child's healthy development and welfare;
- help the family find ways of tackling problems to ensure that the child's needs can be properly met; and
- decide what help or services, if any, the agency should provide.

Any change in the parents' substance use will warrant re-assessment of the impact of the change on other family members, and in particular, dependent children.

Parents who stop using substances should not automatically be assumed to be safer parents, as stopping use suddenly, or withdrawal, can increase stress and a parent's ability to cope.

(e) Substance Misuse and Mental Health Problems

It is important to assess the mental and physical health of parents with drug or alcohol problems. There is evidence of a rising trend in the number of people with both alcohol/drug problems and mental illness. This is commonly referred to as 'dual diagnosis'. Conditions such as anxiety, depressive illness and some psychotic disorders are known to be more common among people who use drugs than amongst those who do not.

People with dual diagnosis are particularly vulnerable and may have additional complex needs. The need well co-ordinated care from both drug/alcohol and mental health services but are less likely to receive services than people with drug, alcohol or mental health problems alone. The Care Programme Approach should be considered in managing health and social care for people with dual diagnosis. Lead clinicians in local mental health and drugs or alcohol services should agree which service should co-ordinate the person's health care, and appoint a keyworker to ensure smooth communication between health professionals.

(f) The Importance of Regular Review

Agencies should regularly re-assess and review their clients' family and living circumstances. Parents using alcohol or drug services should be asked routinely about how they are coping with parenting responsibilities and given the opportunity to talk about stresses or worries. When visiting families at home, staff, including specialist alcohol or drugs workers, should observe and record the conditions in which children are living. If the worker feels able, they should discuss any worries about the safety or welfare of the children with the parents. If problems persist they should refer the child and family to the social work service for help and any protection needed. If a specialist worker is uncertain about whether the care of, or conditions for, the child (ren) are adequate, they should seek advice from a senior colleague with responsibility for child protection, or from the social work service, the Reporter or the police.

Throughout their involvement with families in which parents have substance misuse problems, all agencies should consider:

- the extent to which parents may try to conceal their illegal drug taking/harmful drinking from agencies because they fear the negative consequences; and
- how difficult parents may find it to change their substance misuse and associated behaviours despite those negative consequences.

Agencies should acknowledge with parents that they recognise these factors, and will test the accuracy of information provided. Parents may also find support and advice about their parenting, and possible risks to their children, difficult to accept. Professionals should be open about these difficulties and talk to parents about the importance of tackling problems early on.

Section 5

Working Together to Tackle Problems in Dundee

(a) Partnership working

For Scotland's Children states that, wherever possible, children's needs should be met from within universal services unless a multi-disciplinary inclusive assessment of needs indicates otherwise. However the needs of children of problem substance misusing parents are likely to be complex and as such no one agency will be able to address these needs on their own.

The key to making effective decisions in determining the degree of risk to the child is good inter-agency communication and collaboration in assessment, planning and intervention. Social work services for children and alcohol and drug related agencies supporting adults have a complex task to combine support for parenting, help to stabilise and reduce substance misuse and assess the effects of both on levels of risk to any child (ren) in the family. Any intervention by one agency will influence or contribute to these aims.

When a person in any agency is worried about a child's welfare they should seek advice from one or more of the following:

- a designated senior staff member in their agency with responsibility for child protection, if there is one (Dundee schools, social work, police and health services and some voluntary agencies will have access to advice from designated senior staff)
- the family's allocated social worker or key worker
- a social worker in the Joint Police Social Work Child Protection Team at Seymour Lodge
- the local duty social work service or Out of Hours Service
- the local Authority Reporter
- Tayside Police Child and Female Enquiry Unit

If the staff member thinks that a child may be in immediate danger, for example of physical injury or abuse, or the child has been left alone or abandoned, they should contact the Social Work Department or Tayside Police immediately.

In most cases workers should tell the parent(s) that they intend to seek advice from other agencies responsible for protecting children, unless to do so may increase the potential risk to the child, or endanger the staff member.

Alcohol and drug agencies should encourage the parent(s), wherever possible, to seek help in their own right, with the agency's support if necessary. They should stress that social work's first priority is to help children in need and to keep families together where possible.

The Social Work Department may offer childcare and respite, practical and material help, help with housing problems and other advice and information. It may allocate a social worker to provide direct assistance and counselling for children and their parents. The social work service may arrange for another agency to provide support and help, or support parents to get more help for their children from health, education or other services. In discharging their duty to promote the child's welfare, the local authority, through the Social Work Department or another department, may ask another agency for assistance under the Children (Scotland) Act 1995.

When referring on to another agency the staff member should give as much information as possible about what they are worried may happen to the child (ren) and why.

- The social work service is responsible for assessing the nature, extent and urgency of any risk to the child and for deciding what to do.
- the police are responsible for criminal investigation of allegations of abuse and neglect, and have emergency powers of entry into a household in which children are at risk because they have been left alone. In many cases, the social work service and the police will work together.
- the Authority reporter will arrange for inquiries into the child's circumstances by the social work service if need be.
- The Social Work Department may ask other agencies to attend a case conference, which may, in turn, place child's name on the Child Protection Register. If this happens then all the agencies involved must contribute to the preparation and implementation of an inter-agency child protection plan.

Alcohol and drugs agencies responsibilities to support their adult clients as parents and maintain a focus on child welfare continue after referral to social work services or to other child protection agencies. It is crucial that specialist alcohol and drug related professionals and child support/welfare agencies work closely together to help families make best use of the help available.

(b) Parents as Partners

It is good practice to work in partnership with parents, and where possible, parents should be included in any multi-agency meetings, in assessments and in developing care plans.

Achieving partnership with parents and children in the planning and delivery of services to children requires that:

- parents have sufficient information, both verbally and in writing to make informed choices;
- parents are made aware of the help available;
- parents are aware of the consequences of any decisions they may take;
- parents are actively involved, where appropriate, in assessments, decision making meetings, care reviews and conferences;
- parents are given help to express their views and wishes and to prepare written reports for meetings where necessary;
- professionals and other workers listen to and take account of parents, children's and carers views;
- there should be clear and accessible means for families to challenge decisions taken by professionals and to make a complaint if necessary; and
- administrative arrangements take account of the needs of parents and children, for example in the timing location and conduct of meetings.

Professionals should be open and honest with parents about the problems and risks they perceive. Support to children in need should be based on written agreement with the family about their needs and the services to be provided. This may take the form of an inter-agency plan describing the roles and responsibilities of professionals in providing support to and monitoring the families progress. Plans should be reviewed at regular intervals with the family and all contributing agencies.

(c) Difficulties in maintaining contact and seeing children

It can be very difficult either to establish or maintain regular contact with people who have substance misuse problems. The inter-agency plan should include a definite time scale within which children must be seen by one of the agencies involved. Agencies responsible for child welfare should include both planned and unplanned home visits in their contact with families, observe the child and his/her interaction with the parents, and gather information about daily routines and sleeping arrangements.

Workers should persist in their efforts to contact the family or see the child until they are satisfied that the child is not at risk of significant harm.

Where professionals responsible for children's welfare in health or social work services repeatedly fail to gain access to child (ren), the local authority should consider whether there might be a need to apply for a child assessment order, requiring parents to make the child available to professionals. If there is any concern that a child may be in immediate danger the Social Work Department or the Police should be contacted promptly.

(d) When Enough is Enough

When a parent consistently places procurement and use of alcohol or drugs over their child's welfare and fails to meet a child's physical or emotional needs, the outlook for the child's health and development is poor. Problem alcohol or drug using parents themselves acknowledge this and it is the duty of professionals to act in the child's best interest when parents cannot.

In some families the risks to children appear too great to allow them to stay. The local authority, normally through the Social Work Department, has a duty to act to protect the child and will seek authorisation from a court or children's hearing to remove the child from an unsafe situation. Where removal from a parent's care is necessary, the local authority should make every effort to restore the child to his/her family wherever this is consistent with the child's welfare. Sometimes this will not be possible.

(e) Care Planning

When a child is looked after away from home the local authority must prepare a written care plan describing the purpose of the placement, likely duration, and the services and support to be provided. This should set out:

- the problems that lead to the children being looked after
- what support local authority services and other agencies will provide to the parent(s) to tackle these problems;
- the needs of the child (both in the placement and as a result of his/her experiences) and how he/she would benefit

Parents and their representatives should be given a copy of their child's care plan.

Both the parents and the network of agencies supporting the family should be aware of the range of possible outcomes when a child is looked after away from home:

- short-term placement in foster, or residential care, and a speedy return home if problems can be resolved quickly
- if problems persist, the child will remain looked after for a longer period of planned assessment and support for the family to bring about positive progress
- if the level of potential risk to a child in his/her parents care remains high, the local authority may seek permission from a children's hearing, or a court for the child to be looked after by other carers in the longer term, or permanently; this may mean care by extended family, residential care, foster care or adoption.

(f) The Role of Relatives

Relatives and extended family can be a crucial source of support and help for the child and his/her substance-misusing parent.

If a child cannot be cared for adequately or safely by his/her parent(s) the local authority should first consider whether someone suitable in the extended family might look after him/her. This may be on a voluntary basis by agreement with the child's parent(s) or with the authority of a court or a children's hearing.

Care for children by extended family arrangements will need sensitive and effective support from local authorities. This should include:

- ❑ financial and material support when needed;
- ❑ help to negotiate agreements and decisions with the child's parent(s) and other agencies;
- ❑ support, where appropriate, to become permanent carers for the child if s/he cannot be brought up by her/his birth parents;
- ❑ advice about their family members substance use and when and how to talk to children about this;
- ❑ respite care when needed; and
- ❑ help with accommodation issues.

(g) Longer Term Planning

If assessment indicates that a child is at risk in the care of a parent misusing alcohol or drugs, the child's social worker should consider the following:

- ❑ the needs of the child and how these are best met. This should include an assessment of family ties and support for the child and while family members may be the most appropriate carers for the child, either alone or in partnership with others such as foster or respite carers.
- ❑ in consultation with specialist alcohol or drug agencies supporting the parents, the local authority should determine a realistic timescale in which problem alcohol or drug using parents should stabilise and reduce alcohol intake or drug misuse, agreed wherever possible with the parent(s).
- ❑ if the parent(s) fails to make demonstrable progress within this period, the social work service should consider advising the Reporter or children's hearing.
- ❑ if a child is placed in substitute care more than twice in any 12 month period, because parents' substance misuse makes them unable to look after the child safely, the local authority should seek advice from the Reporter, or if the child is under supervision, a review hearing; care away from home may have to be considered.
- ❑ the local authority social work service should consider how permanency with family carers might be achieved, wither through adoption, a Parental Responsibilities Order, or support for family carers application for parental responsibilities or residence.

When a parent is not able to resume care of their child they will need help and counselling to come to terms with this. The local authority should provide or arrange this through the Social Work Department or another agency.

Section 6

Sharing Information and Confidentiality

Priority is being given to the development of linked computer based information systems and a single integrated assessment, planning and review framework for children in need in Dundee. This core assessment, planning and review framework should be accessible and common to all partner agencies, multi-agency case conferences and the children's hearing. Arrangements should be made for appropriate access to information by agencies in other areas should children or their families move (Scottish Executive, 2002).

(a) Record Keeping and Confidentiality

All professionals and agencies offering support or treatment are required to keep confidential information given to them in the course of their work. All professionals and agencies should keep clear, legible and up to date records of:

- contact with parents and children;
- information held and consents on information sharing;
- the assessment, care plan and any changes as a result of reviews of these; and
- contact with other agencies, including the date and content of information shared or discussions held.

Records should be dated and should identify the person recording the information. Agencies should comply with the principles of data protection legislation and guidance.

Information given to professionals by their patient, client, pupil, or service user should not be shared with others without the person's permission, unless the safety of the person or other vulnerable people may otherwise be put at risk.

People with alcohol or drug related problems might be particularly concerned about their support services sharing information with other professionals. In most circumstances users of support and treatment agencies can rely on confidentiality as their guiding principle. However, there are important exceptions to this.

(b) Sharing Information When Children May Be At Risk

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.

The Scottish Executive (2000) states, "*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*".

The Chief Medical Officer (2004) states that "*All staff have a responsibility to act to make sure that all children are protected from harm.... All NHS staff are responsible for acting on concerns about a child - even if the child is not your patient. In relation to child protection, guidance for health professionals must be clear that they should always disclose any information needed in order to protect a child from risk of death, serious harm or neglect. If there is reasonable concern that a child may be at risk of significant harm this will always override a professional or agency requirement to keep information confidential*".

All agencies working with problem alcohol or drug users should have in place a child protection policy which makes clear how issues of confidentiality are to be managed.

All agencies working with problem alcohol or drug users must ensure that clients/patients/service users are:

- ◆ informed of information sharing policies;
- ◆ asked what information they are willing to have shared freely;
- ◆ advised of the circumstances in which information will be shared without their consent, if necessary (where there is risk of death, serious harm or neglect).

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; and
- who else may need to be informed, if concerns about a child persist?

If a professional or agency is asked to provide information they should never refuse solely on the basis that all the 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 enable 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 than 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 the risk to the child
- whether disclosure would be permanent in accordance with the Data Protection Act 1998

The professional should consider carefully all potential consequences for the child's welfare before making a final decision about whether or not to provide information asked for. S/he should record the information which has been shared, with whom and the reasons for the decision carefully. The professional or agency may subsequently have to justify their disclosure, or refusal to share relevant information, to a court, children's hearing, professional body or other forum.

When concerns about a child's safety or welfare require a professional or agency to share confidential information without a person's consent, they should tell the person that they intend to do so, unless this may place the child, or others, at greater risk of harm. They should tell them what information and to whom that information will be disclosed.

Dundee City Council and NHS Tayside have agreed an Information Sharing protocol. There is also an agreed inter agency protocols in respect of Child Protection. Staff should make themselves aware of the content of these protocols and those produced by their own agency.

“Caldicott guardians should ensure that health professionals are aware of their responsibilities towards the care and protection of children. They should ensure that where children are at risk of abuse and neglect information is shared promptly with other relevant professionals in line with the General Medical Council and Scottish Executive guidance on when medical confidentiality can be breached” (Scottish Executive, 2002).

Section 7

Building Strong Inter-Agency Partnerships

(a) Achieving Effective Joint Working

Effective collaboration, good joint working and a sharp focus on the family as a whole are essential if children of substance misusers are to receive appropriate help. Agencies need to overcome barriers to achieve better outcomes for children, young people and their families.

We place great emphasis on the need for agencies to work in partnership, across organisational and professional boundaries. The roles and responsibilities of agencies in touch with parents and children to promote children's welfare and protection are set out in national guidance on inter-agency co-operation in child protection, and on implementation of the Children (Scotland) Act 1995. Agencies working with parents and families affected by substance misuse should be familiar with this guidance.

Local Authorities have statutory duties:

- to safeguard and promote the welfare of children in their area
- to promote the upbringing of children by their families
- to make enquiries into children's cases where they may be in need of compulsory measures of supervision
- to act to protect children when they may be at risk of significant harm; and
- to assess adults who have drug and/or alcohol problems (National Health and Community Care Act, 1990)

These duties are carried out by the social work service. Local authorities also provide a wide range of services for children and families as well as services for adults. **Other departments and services within the local authority have significant roles to play in supporting children and their families for example through education, housing, leisure and other activities.** Social work criminal justice services and community care mental health and addiction services will have particular responsibilities for assessing the risk to and safeguarding the welfare of children of parents with whom they will come into contact. Criminal justice staff should contribute to assessment and management of support to families in which parents have repeated episodes of imprisonment, including arrangements for children's contact with parents in prison.

Health staff often have a comprehensive relationship with individuals and families affected by substance misuse. They play a key role in early involvement, assessment, detection, referral and mobilisation of specialist services.

If a local authority or anyone else receives information which suggests that a child may be in need of compulsory measures of supervision, the social work services will make enquiries and give **the Children's Reporter** any information which they have been able to discover about the child. Anyone with concerns about a child's safety may refer to the Reporter. The Reporter will make an initial investigation prior to arranging a children's hearing, if necessary. The Reporter may ask for information from other agencies or arrange for the local authority social work services to undertake an assessment or prepare a social background report. Where it appears to the Reporter that a child may be in need of compulsory measures of supervision and it appears that one or more of the grounds set out at Section 52 (2) of the Children Scotland Act 1995 exists, s/he shall arrange a children's hearing to consider the case.

(b) Planning Services for Parents with Substance Misuse and their Children

Local authority plans for integrated children's service, as overarching plans and drivers for all local children's services, should develop positive childhood initiatives. These should be lead by a children's rights rather than a public service perspective and should promote every child's right to life, health, decency and development"

"Children's Services Plans should be developed so that they include clear plans for the implementation of national priorities and demonstrate the application of resources to outcome targets" (Scottish Executive, 2002).

Dundee Drug and Alcohol Action Team are responsible for co-coordinating policy and preparing local strategic plans for services to people with, or affected by, substance misuse in the City. Dundee Children and Young Persons Protection Committee is responsible for developing policy, interagency procedures and training for agencies working together to protect children in the City.

In order to ensure the efficient planning, development, delivery and review of services to children and young people affected by substance misuse and their families in Dundee, a group has been established which reports locally to the DAAT, Children & Young Persons Protection Committee, Children's Services Planning Executive Group and the NHS Tayside Child Health Strategy Group.

This group is serviced by two task groups - one which addresses the needs of children with substance misusing parents and another which addresses the needs of young people who put themselves at risk through their own behaviour. This group looks at young people who misuse substances, who run away, who are at risk of sexual exploitation, and who have mental health problems - often these are the same young people.

As a result of this integrated planning process, Dundee City Council Children's Services Plans and Reviews, Dundee Drug and Alcohol Action Plan and Tayside Child Health Strategy all incorporate common information on the planning, development, review and monitoring of services to children of substance misusing parents. These plans now also address the following supplementary questions posed by the Scottish Executive to DAATs:

- Briefly outline the mechanisms for DAAT joint working and the resultant benefits in relation to Children's Services Planning Structure;
- Briefly outline the mechanisms for DAAT joint working and the resultant main benefits in relation to Child Protection Committees;
- Is a written framework of common policies and protocols for work with families in which parents have substance-misusing problems in place?

(c) Ensuring Effective Links Between Substance Related Services and Children's Services

The following checklist should be used to determine how well inter-agency co-operation is working:

- ◆ How often do members of either system consult with one another?
- ◆ Do substance misuse staff ever 'trigger' child protection enquiries/procedures?
- ◆ Are there joint protocols for the management of childcare/substance misuse problems?
- ◆ Are inter-agency courses run on (a) awareness raising about child protection or substance misuse and (b) the crossover between substance misuse and child protection?
- ◆ How often are members of the substance misuse system involved in (a) child protection conferences, (b) child protection core groups for planning and implementing inter-agency child protection plans, and (c) joint assessment work?
- ◆ Does substance misuse staff routinely assess parenting skills/ability?
- ◆ Do the Children & Young Persons Protection Committee, DAAT, social work services and substance misuse related services have established channels of communication/co-operation?
- ◆ Is data gathered or research organised on the cross over between substance misuse and childcare issues?
- ◆ Have any special posts, which bridge the divide between the two systems, been established?

(d) Staff Development

Joint workforce planning and staff development is an important lever in developing good practice and emphasising the connections between substance misuse and poor outcomes for children. Staff development programmes at all levels should underpin the implementation of joint protocols, policies and procedures.

Inter-professional staff development opportunities should enable appropriate transfer across professional groups of knowledge and skills in working with drug users, those who misuse alcohol and their children. Inter-professional staff development initiatives should seek to:

- clarify the different roles of agencies involved with substance misusing parents and with children, and improve communication among them;
- challenge stereotypes and prejudice which might hinder honest communication with parents who misuse substances;
- develop a better understanding of how substance misuse affects parenting, child care and development, and improve risk assessments for children;
- explore concepts of harm reduction, and methods of care and treatment for substance misuse;
- ensure that the difference between drug and alcohol problems are taken into account; and
- recommend frameworks of good practice in assessment and inter-agency collaboration and joint working.

The Getting Our Priorities Right Report published by the Scottish Executive ("*Getting our Priorities Right: Good Practice Guidance for working with children and Families affected by Substance Misuse*") (Scottish Executive, 2003) contains a comprehensive list of reports, guidance and research material relevant to the issue of parental substance misuse.

In addition the following documents are of particular relevance:

Scottish Executive (2004), Protecting Children and Young People: The Charter

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

Scottish Executive (2004), Protecting Children and Young People: Child Protection Committees

Scottish Executive (2004), Hidden Harm: the Scottish Executive Response to the Report of the Inquiry by the Advisory Council on the Misuse of Drugs

Checklist of Information to be Collated Concerning Substance Misuse and its Impact on Parenting

This checklist has been adapted and expanded from guidelines produced by the Standing Conference on Drug Abuse (SCODA 1997).

Children in the family - provision of good basic care

- How many children are in this family?
- What are their names and ages (wherever possible, include dates of birth)?
- Are there any children living outside the family home and, if so where?

For each child:

- Is there adequate food, clothing and warmth for the child? Are height and weight normal for the child's age and stage of development?
- Is the child's health and development consistent with their age and stage of development? Has the child received necessary immunisations? Is the child registered with a GP and a dentist? Do the parents see health care for the child appropriately?
- Does the child attend nursery or school regularly? If not, why not? Is s/he achieving appropriate academic attainment?
- Does the child present any behavioural, or emotional problems? Does the parent manage the child's distress or challenging behaviour appropriately?
- Who normally looks after the child?
- Is the child engaged in age-appropriate activities?
- Are there any indications that any of the children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities, etc.)?
- Is the care for the child consistent and reliable? Are the child's emotional needs being adequately met?
- Is there a risk of repeated separation for example because of periods of imprisonment (e.g. short custodial sentences for fine default)?
- How does the child relate to unfamiliar adults?
- Are there non-drug using adults in the family readily accessible to the child who can provide appropriate care and support when necessary?
- Does the child know about his/her parents substance use?
- Is there evidence of drug/alcohol use by the child?

Describing parental substance use

(Identify sources of information, including conflicting reports)

- Is the drug use by the parent:
 - experimental?

- recreational
 - chaotic?
 - dependent?
- Does the user move between these types of drug use at different times?
 - Does the parent misuse alcohol?
 - What patterns of drinking does the parent have?
 - Is the parent a binge drinker with periods of sobriety? Are there patterns to their bingeing?
 - Is the parent a daily heavy drinker?
 - Does the parent use alcohol concurrently with other drugs?
 - How reliable is current information about the parent's drug use?
 - Is there a drug-free parent/non-problematic drinker, supportive partner or relative?
 - Is the quality of parenting or childcare different when a parent is using drugs and when not using?
 - Does the parent have any mental health problems alongside substance use? If so, how are mental health problems affected by the parent's substance use? Are mental health problems directly related to substance use?

Accommodation and the home environment

- Is the family's living accommodation suitable for children? Is it adequately equipped and furnished? Are there appropriate sleeping arrangements for each child; for example does each child have a bed or cot, with sufficient bedding?
- Are rent and bills paid? Does the family have any arrears or significant debts?
- How long have the family lived in their current home/current area? Does the family move frequently? If so, why? Are there problems with neighbours, landlords or dealers?
- Do other drug users/problem drinkers share or use the accommodation? If so, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug using/heavy drinking community?
- If parents are using drugs, do children witness the taking of the drugs, or other substances?
- Are children exposed to intoxicate behaviour/group drinking?
- Could other aspects of drug use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?

Procurement of drugs

- Where are the children when their parents are procuring drugs or getting supervised methadone? Are they left alone? Are they taken to unsuitable places where they might be a risk, such as street meeting places, flats, needle exchanges, adult clinics?
- How much do the parents spend on drugs (per day? Per week?) How is the money obtained?
- Is this causing financial problems?

- Do the parents sell drugs in the family home?
- Are the parents allowing their premises to be used by other drug users?

Health risks

- Where in the household do parents store drugs/alcohol?
- Do the children know where the drugs/alcohol are kept?
- What precautions do parents take to prevent their children getting hold of their drugs/alcohol? Are these adequate?
- What do parents know about the risks of children ingesting methadone and other harmful drugs?
 - Do parents know what to do if a child has consumed a large amount of alcohol?
 - Are they in touch with local agencies that can advise on issues such as needle exchanges, substitute prescribing programmes, detoxification and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?
- Is there a risk of HIV, Hepatitis B or Hepatitis C Infection?

If the parent(s) inject:

- Where is injecting equipment kept? In the family home? Are works kept securely?
- Is injecting equipment shared?
- Is a needle exchange scheme used?
- How are syringes disposed of?
- What do parents know about the health risks of injecting or using drugs?

Family and social supports

- Do the parents primarily associate with other substance misusers, non-drug users or both?
 - Are relatives aware of parent(s)' problem alcohol/drug use? Are they supportive of the parent(s)/child(ren)?
- Will parents accept help from relatives, friends or professional agencies?
- Is social isolation a problem for the family?
- How does the community perceive the family? Do the neighbours know about the parents drug use? Are neighbours supportive or hostile?

Parents' perception of the situation

- What do parents think of the impact of the substance misuse on their children?
- Is there evidence that the parents place their own needs and procurement of alcohol or drugs before the care and welfare of their children?
- Do the parents know what responsibilities and powers agencies have to support and protect children at risk?