

**Norfolk Safeguarding Children Board (NSCB) Protocol 10:  
Working together to provide services for children, young people  
and parents where substance misuse is a concern.**

This protocol relates to: children and young people who are substance misusers; children and young people whose parents or carers are substance misusers; and parents who are substance misusers.

This protocol has been developed in consultation with colleagues from across Norfolk Drug and Alcohol Partnership. It reflects national policy including *Joint Guidance on the Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services* (2009)<sup>1</sup> and *Working Together to Safeguard Children* (2010)<sup>2</sup>.

## **1 Diversity Statement**

The NSCB is bound by the provision and spirit of the relevant legislation and all its work is informed by a commitment to the promotion of diversity. All constituent agencies are required to ensure that their services are equally underpinned by similar commitment.

The NSCB believes that the welfare of children is of paramount concern, and that their individual needs and rights should be respected. Those working with children and young people are to be sensitive to the diversity of children's circumstances and backgrounds in respect of their age, gender, physical and mental ability, ethnicity, culture and religion, language, sexual orientation and socio-economic status.

These principles are fundamental to all NSCB policies, procedure, protocols and training.

The NSCB will use its influence to promote these ideals and will seek wherever possible, both in its own work and that of its partner agencies, to eliminate discrimination, harassment and attacks on any group or individual.

We will monitor the effectiveness of our work, and that of partner agencies, in these areas, and continuously seek to improve our performance.

These ideals are supported by the principles underpinning work to safeguard and promote the welfare of children set out in *Working Together* 2006

## **2 Purpose**

The purpose of this protocol is to safeguard and promote the welfare of children and young people in circumstances where:

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<sup>1</sup> *Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services* (DCSF, DH and NTA: 2009)

<sup>2</sup> *Working Together to Safeguard Children* (DCSF: 2010)

- the parent/carer has substance misuse problems which may impact on the child/ren or young person/people, or
- the child or young person is involved in problematic substance misuse

by promoting partnership working, inter-agency collaboration and providing a framework for identification, assessment and care planning.

### **3 Definition**

Substance misuse is defined as use of a substance or combination of substances that harms health or social functioning – either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour. Substances of misuse include alcohol, illicit drugs and prescribed drugs.

### **4 Significant Harm**

Any professional who believes that a child may be suffering, or may be at risk of suffering, significant harm, should always and immediately share this with Norfolk Children's Services. This may be done by:

- making a referral using NSCB form 1  
<http://www.nscb.norfolk.gov.uk/documents/LSCB1.doc>
- making a referral using telephone number 0344 8008014
- contacting the Norfolk Children's Services consultation service  
[www.nscb.norfolk.gov.uk/documents/Leaflet\\_5.pdf](http://www.nscb.norfolk.gov.uk/documents/Leaflet_5.pdf)

The consultation service should be contacted where professionals have a concern regarding a child, but are not sure whether it warrants a referral. All consultations with Children's Services will be recorded.

Norfolk Children's Services' priority matrix tool may aid professionals when deciding whether to make a referral.

[http://www.nscb.norfolk.gov.uk/pp\\_safeguarding.asp](http://www.nscb.norfolk.gov.uk/pp_safeguarding.asp)

Issues of significant harm should take precedence over SID and CAF procedures.

For more information on safeguarding and child protection processes see:

[http://www.nscb.norfolk.gov.uk/pp\\_safeguarding.asp](http://www.nscb.norfolk.gov.uk/pp_safeguarding.asp)

### **5 Safeguarding Against Significant Harm**

Safeguarding against significant harm is a multi-agency process and should involve:

- Joint visiting and interviewing
- Attendance at meetings and Child Protection Conferences
- Provision of reports, including an opinion about risk to the child

In most cases where there is planning required in respect of significant harm Children's Services will act as the lead agency.

It is important that all services working with children and adults in a family share information and work together to assure that the needs of both are addressed.

## **6 Information Sharing**

Agencies should follow NSCB procedures and protocols with regard to information sharing.

A range of agencies are likely to be involved in cases where substance misuse is a concern. These may include Children's Services, Adult Social Services, Constabulary, Youth Offending Team, education, primary care and substance misuse services. All agencies should be involved in safeguarding processes.

## **7 Consent**

Interventions should be delivered on the basis of informed consent. Informed consent means that the person giving the consent must understand the reason for the intervention, what is likely to happen without it, the range of possible alternatives, the benefits, and any possible negative consequences. This may not include cases where there is a concern around significant harm (see p.2).

Consent will be sought from a young person, where she is aged 16 or over and does not have severely diminished ability to understand the above, or where she is under 16 and has been assessed as competent to provide consent using Gillick competency or Fraser guidelines<sup>3</sup>. Where the young person agrees, informed consent will also be sought from a parent, carer or other person with parental responsibility.

Consent will be sought from a parent, carer or other person with parental responsibility, where a young person is aged 16 or above and has severely diminished ability to understand the above or where she is aged under 16 and has not been assessed as competent to provide consent using Gillick competency or Fraser guidelines.

## **8 Where the parent/carers has substance misuse problems**

### **8.1 Where a professional is involved with the adult**

#### **8.1.1 Identification**

Where a professional is working with an adult they should consider whether the adult's substance misuse is a concern. Where a professional is involved with an adult whose substance misuse is a concern, the adult's circumstances should be explored to determine whether they have responsibility for caring for a child and/or whether they have any extended contact with a child.

The presence of substance use in an adult or child is not an automatic cause for concern, however the level of concern should be assessed. Both the needs of the child and the needs of the adult as a parent should be assessed.

#### **8.1.2 Assessment of need**

##### **8.1.2.1 The needs of the child**

The Common Assessment Framework (CAF) should be used to assess the needs of the child. The professional and the adult will need to consider jointly who is the most appropriate person to undertake a CAF with the family or whether there is another

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<sup>3</sup>For information about the Fraser guidelines can be accessed via the NSPCC factsheet on Gillick competence and Fraser guidelines at:

[http://www.nspcc.org.uk/inform/research/questions/gillick\\_wda61289.html](http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html)

agency involved with the child who would be better placed to do so. The CAF pre-assessment checklist can be used to aid this discussion.

For more information on the CAF please visit:

[http://www.everynorfolkchildmatters.org/Common\\_Assessment\\_Framework/index.htm](http://www.everynorfolkchildmatters.org/Common_Assessment_Framework/index.htm)

All assessments where potential risks to children have been identified should consider home environment. This may be via liaison with other services or home visits.

If at any time during the course of assessment, a professional becomes concerned that a child is at risk of significant harm, this should immediately be shared with Children's Services (see p.2).

#### **8.1.2.2 The needs of the adult as a parent**

The Joint Policy and Protocol for Enabling Parents with Disabilities or Long Term Illnesses may provide useful guidance when assessing the needs of the adult as a parent. This policy gives guidance on assessing the adult's needs as a parent.

<http://www.norfolk.gov.uk/view/NCC082406>

#### **8.1.2.3 Pre-birth risk assessment**

Where an agency is involved with a person who misuses substances and becomes pregnant, particular attention should be paid to the need for a pre-birth risk assessment in accordance with NSCB protocol 23. It is important for agencies to recognise that prospective parents may be at risk in their own right and that their needs should be assessed in conjunction with those of the unborn child.

[http://www.nscb.norfolk.gov.uk/documents/protocol\\_23.pdf](http://www.nscb.norfolk.gov.uk/documents/protocol_23.pdf)

#### **8.1.2.4 Risk and protective factors**

Appendix 1 gives a series of risk and protective factors that can be used in conjunction with the CAF and/or other assessment tools to assess the needs of families where parental substance misuse is a concern. These factors can be considered when assessing the needs of children and the needs of adults as parents.

#### **8.1.3 Access to drug and alcohol services**

For information on the drug & alcohol services available in Norfolk please visit:

<http://www.nordat.org.uk/Redesign/help/needhelpnow.html>

Referrals can be made to drug and alcohol services using the 'models of care' referral form. For copies of the form and guidance on completing it, please visit:

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<http://www.nordat.org.uk/Redesign/resources/publications/professionals.html>

## **8.2 Where a professional is involved with the child**

### **8.2.1 Identification**

The possibility that the parents/carers of a child may have substance misuse concerns should always be explored.

### **8.2.2 Assessment**

Where a professional is working with a child of parental substance misusers, assessment should be carried out using the CAF. This assessment will take place in universal and targeted settings and may be conducted by The Matthew Project Under18 or by non-substance misuse specialist professionals.

Where needs are identified via the CAF that require a multi-agency response, a multi-agency meeting will be called with the intention of creating a 'team around the child'. The Matthew Project Under18 should be consulted and will initiate and/or contribute to this process where appropriate, including taking on the role of the lead professional.

Where low-level needs are identified via the CAF, these may be met by the Matthew Project Under18's targeted interventions and/or by non-substance misuse specialist professionals.

All assessments where potential risks to children have been identified should consider home environment. This may be via liaison with other services or home visits.

For more information on the CAF please visit:

[http://www.everynorfolkchildmatters.org/Common\\_Assessment\\_Framework/index.htm](http://www.everynorfolkchildmatters.org/Common_Assessment_Framework/index.htm)

If at any time during the course of assessment, a professional becomes concerned that a child is at risk of significant harm, this should immediately be shared with Children's Services (see p.2).

## **8.3 Care planning**

Wherever possible, care planning should involve the active participation of children and adults in families where substance misuse is a concern.

The first step in the development of a care plan should be the identification of desired outcomes for the child. All interventions proposed should relate clearly to outcomes identified.

Where more than one agency is involved in meeting the needs of a young person, all services providing interventions should be involved in an overall care planning process coordinated by the lead professional in line with CAF processes; or by Norfolk Children's Services in line with child in need, child protection, looked after or pathway planning processes

Where the care plan relates to an adult's needs as a parent, the Joint Policy and Protocol for Enabling Parents with Disabilities or Long Term Illnesses may be useful.

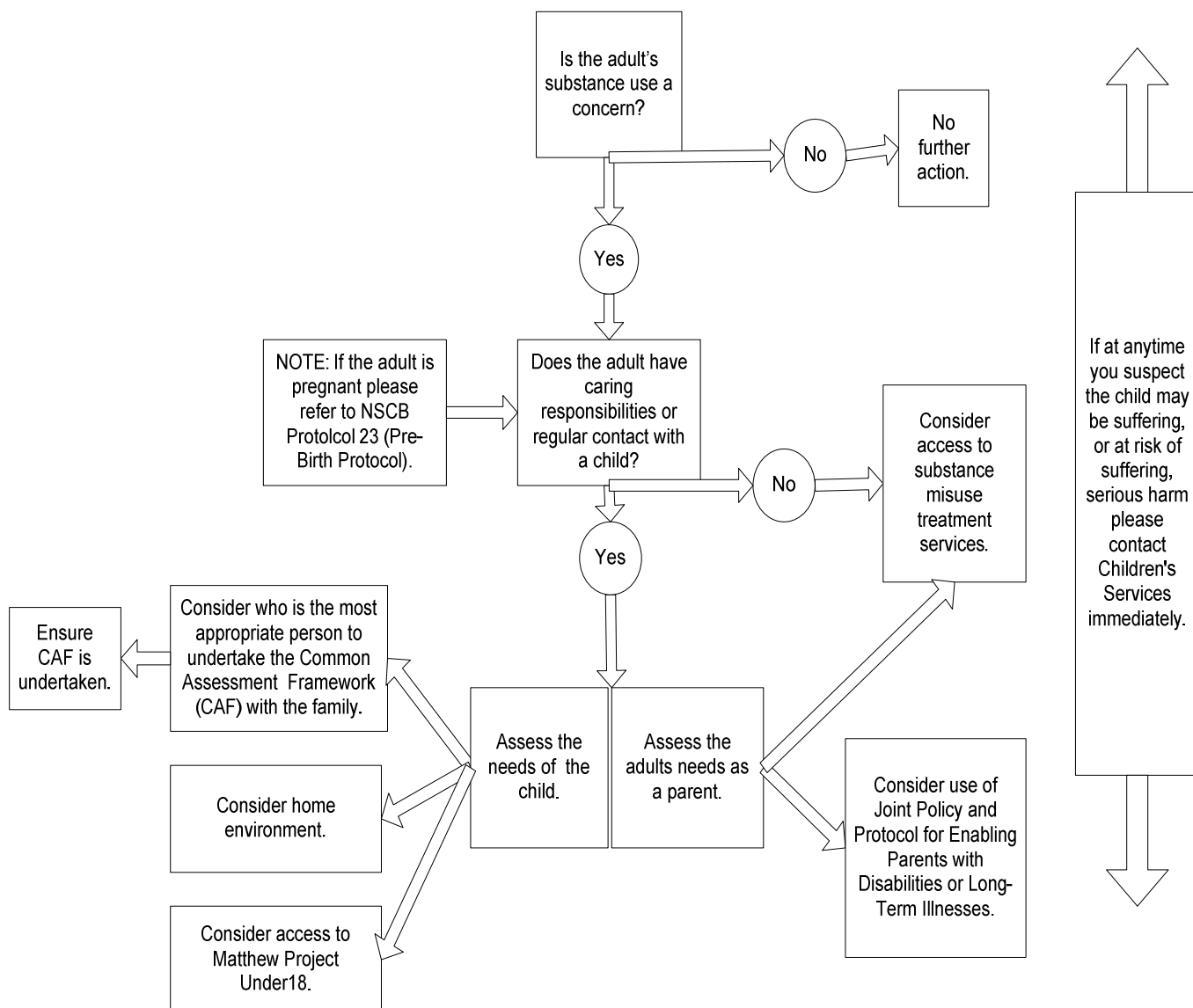
For more information on the CAF please visit:  
[http://www.everynorfolkchildmatters.org/Common\\_Assessment\\_Framework/index.htm](http://www.everynorfolkchildmatters.org/Common_Assessment_Framework/index.htm)

For more information on the Joint Policy and Protocol for Enabling Parents with Disabilities or Long Term Illnesses, please visit  
<http://www.norfolk.gov.uk/view/NCC082406>.

### 8.3 Further information sources

A list of relevant links will be kept up to date on the Norfolk Drug and Alcohol Partnership Safeguarding Children page at:  
<http://www.nordat.org.uk/Redesign/help/someone/safeguarding.html>

#### Process where the parent/carer has substance misuse problems:



## **9     The child or young person is involved in problematic substance misuse**

### **9.1   Identification**

Screening for young people's substance misuse related needs will take place in universal and targeted settings and may be conducted by The Matthew Project Under 18 service, Norfolk Youth Offending Team or by non-substance misuse specialist professionals. Screening should be conducted in accordance with N-DAP's 'Young People Drugs & Alcohol – What Should I do?' document.<sup>4</sup>

The screening process should be as simple as possible and may involve the use of open ended questions and/or the SID tool.<sup>5</sup> Screening can help to establish the following:

- how much a young person knows about drugs and/or alcohol
- whether a young person misuses any substances (drugs and/or alcohol)
- what types of drugs and/or alcohol a young person uses
- patterns of any substance misuse
- whether a young person is in immediate danger
- impact of any substance misuse
- how ready a young person is to change
- what a young person wants to happen next

and to reach decision on whether a CAF is needed. The Matthew Project Under18 can provide support for this process. Where CAF is not thought to be appropriate, The Matthew Project Under18 may be contacted to make a single agency referral.

For more information and a copy of the SID tool please visit

<http://www.nordat.org.uk/CSS/resources/publications/professionals.html>

For more information on the CAF please visit:

[http://www.everynorfolkchildmatters.org/Common\\_Assessment\\_Framework/index.htm](http://www.everynorfolkchildmatters.org/Common_Assessment_Framework/index.htm)

### **9.2   Assessment of need**

#### **9.2.1   CAF**

Where screening indicates a potential substance misuse related need and/or where other unmet needs have been identified, assessment will be carried out using the CAF. This assessment will take place in universal and targeted settings and may be conducted by The Matthew Project Under18 Service or by non-substance misuse professionals.

The SID tool can be used to support professionals in identifying a young person's substance misuse related needs via the CAF assessment.<sup>6</sup>

For more information and a copy of the SID tool please visit

<http://www.nordat.org.uk/CSS/resources/publications/professionals.html>

For more information on the CAF please visit:

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<sup>4</sup> *Young People Drugs and Alcohol What should I do?: Guidance for staff and services working with children, young people and families in Norfolk* (N-DAP:2011)

<sup>5</sup> *SID Support and Information on Drugs*. Revised edition (N-DAP: 2009)

<sup>6</sup> Ibid

### 9.2.2 Core Assessment

Where a young person has complex needs and is receiving statutory support from a Norfolk Children's Services social care team (i.e. duty, safeguarding or corporate parenting), a core assessment will have taken place in line with *Framework for the Assessment of Children in Need and their Families*.<sup>7</sup>

### 9.2.3 Specialist Substance Misuse Assessment

Where specific or acute substance misuse related needs are identified via the CAF or core assessment it is expected that a specialist substance misuse assessment will take place. This will be carried out by the Matthew Project Under18 Service or Norfolk Youth Offending Team and will build on the CAF or core assessment.

Specialist substance misuse assessment should be in line with National Treatment Agency Guidance<sup>8</sup> and with the following key principles:

- Assessment is part of the care
- Assessment is an ongoing process
- Young people and their parents or carers should participate
- The goals and process of assessment must be clear.

### 9.3 Access to drug and alcohol services

The Sid tool provides information on how to access appropriate substance misuse services.

*N-DAP Substance Misuse Strategy for Corporate Parenting in Norfolk* provides information on how to access appropriate substance misuse services children and young people who are looked after (or have been looked after).

For more information and a copy of the SID tool please visit

<http://www.nordat.org.uk/CSS/resources/publications/professionals.html>

For a copy of the *N-DAP Substance Misuse Strategy for Corporate Parenting in Norfolk*, please visit:

<http://www.nordat.org.uk/CSS/publications/strategies/Substance%20Misuse%20Strategy%20for%20Corporate%20Parenting%20-%20mar%202012.pdf>

### 9.4 Care planning

All young people assessed as requiring specialist substance misuse treatment to meet their needs should have a care plan relating to their substance misuse needs. This will be coordinated by the Matthew Project Under18 or Norfolk Youth Offending Team.

Care planning practices should be in line with National Treatment Agency guidance.

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<sup>7</sup> *Framework for the Assessment of Children in Need and their Families* (Department of Health: 2000)

<sup>8</sup> *Assessing Young People for Substance Misuse* (NTA: 2007)

<sup>9</sup> *Assessing Young People for Substance Misuse* (NTA: 2007)



The aim of the care plan is to provide clarity on the goals a young person wishes to achieve, what will be done to work towards the goals and when the goals will be reviewed. The care plan will be developed by the substance misuse service, the young person and where appropriate, her parents or carers. The care plan should be coordinated by a named person.

Where more than one agency is involved in meeting the needs of a young person, all services providing interventions should be involved in an overall care planning process coordinated by the lead professional in line with CAF processes; or by Norfolk Children's Services in line with child in need, child protection, looked after or pathway planning processes. In these instances, it may be appropriate for a more detailed substance misuse care plan to feed into the overall care plan.

For more information on the CAF please visit:

[http://www.everynorfolkchildmatters.org/Common\\_Assessment\\_Framework/index.htm](http://www.everynorfolkchildmatters.org/Common_Assessment_Framework/index.htm)

#### **9.4 Children and young people who are looked after (or have been looked after)**

*N-DAP Substance Misuse Strategy for Corporate Parenting in Norfolk* sets out the way in which N-DAP will address the substance misuse needs of children and young people who are looked after (or have been looked after).

For a copy of the strategy, please visit:

<http://www.nordat.org.uk/CSS/publications/strategies/Substance%20Misuse%20Strategy%20for%20Corporate%20Parenting%20-%20mar%202012.pdf>

**APPENDIX 1** – Assessing children and adults in families where parental substance misuse is a concern.

The following risk and protective factors should be considered when assessing the needs of children and the needs of adults as parents

	<b>Protective Factor</b>	<b>Risk Factor</b>
<b>Parenting Capacity</b>	Adequate food in house	No food in house
	Child's clothing clean and correct for time of year.	Child wearing inadequate clothing.
	Child care arrangements are made for when parents are taking substances.	Child are with their parents whilst they are taking substances.
	There is a non-drug using adult member of the family.	Both parents are substance misusers.
	Children are not left unattended	Child left alone for long periods of time or taken to places where they are at risk.
	Substances and related equipment are stored safely within the home.	Parents leave their substances and equipment within easy reach of the child.
	Injecting substance misusing parents are accessing needle exchange. They are aware of the health risks associated with their drug use.	Parent shares injecting equipment with other substance misusers. Not in contacts with needle exchanges and are not aware of the health risks associated with their drug use.
	Good quality of parenting, with good control of home environment.	Parenting capabilities are poor and household is chaotic.
	Parent substance use is experimental or stable.	Parent substance use is problematic and or chaotic.
	No indications of mental health problems.	Identified mental health problems.
	Parent in touch with GP and/or specialist substance misuse agency. Treatment programme in place.	Parent no contact with GP and/or specialist substance misuse agency. No treatment programme in place.
	Parent not pregnant	Parent pregnant

	<b>Protective Factor</b>	<b>Risk Factor</b>
<b>Family and Environmental Factors</b>	Local community services are available nearby e.g. community centre, childcare facilities.	No access to community services in local area.
	Parent has non-substance misusing friends in local community.	Family are isolated within the local community.
	Children have contact with friends, other family members and the wider community.	Children have no or limited contact with friends, other family members and the wider community.
	Household bills are paid.	Parents have are behind in rent/mortgage payments.
	Parent is employed.	Parent is not in employment.
	The accommodation is safe, clean and adequate.	There is damp on the walls in the house, there is no secure lock, the carpets, and surfaces are dirty.
	There are no other substance misusers living in the home.	Other adult substance misusers live in the home.

	Parent has support from non substance using friends and family.	Parent mainly only associates with other substance misusers.
	Family have lived in the home for a significant period and the accommodation is stable.	Family have only lived in the home for a short period and are potentially moving again soon.
	Child in the family has not witnessed his/her parent taking substances or purchasing substances.	Child regularly witnesses parent taking substances and/or purchasing substances.
	No evidence of violence or exposure to criminality within the home (including drug dealing, prostitution and/or sexual exploitation).	Identified violence and criminality in the home (including drug dealing, prostitution and/or sexual exploitation).
	Parents do not drive (with children) whilst intoxicated.	Parents drive (with children) when intoxicated.

	<b>Protective Factor</b>	<b>Risk Factor</b>
<b>Child's Developmental Needs</b>	Child is registered with a GP and has all necessary vaccinations	Family are not registered with a GP, no record of vaccinations
	Child attends nursery/school regularly	Attendance at school is sporadic; child has not attended school/nursery for the last two weeks.
	Child is achieving well in class, he/she enjoys going to school/nursery and joins in well.	Child has fallen behind in school, they find it hard to concentrate are regularly tired and no cooperative.
	Child do not present any behavioural problems.	Child are aggressive, un-usually quite, extremely shy, or over familiar with new people. There is evidence of bed wetting, nightmares, or a reluctance to leave their parent(s)
	Child talks about their parent in a positive way.	Child appears frightened by their parent.
	Parent perceives their relationship with child as positive.	Parent has concerns about their relationship with their child.
	Child is engaged in age appropriate activities.	Child is not engaged in age appropriate activities.
	No evidence that child is taking on board a parenting role within the family.	Child takes on board parenting role within the family.