




# **Safeguarding Children with Drug & Alcohol Misusing Parents**

## **Practice Guidance for agencies**

Cambridgeshire Drugs and Alcohol Team  
Final version – May 2012



## Quick guide

 Questions	➔ Answers
How do I know if a child is at risk because of parental substance misusing?	Refer to Appendix 1 for early indicators of potential harm.
If a child is at risk, which tools can I use to identify and assess the level of risks?	Refer to <a href="#">Appendix 2</a> for a simple parental substance misuse screening tool. Refer to <a href="#">Appendix 4</a> for guidance on what to prepare for an assessment
What support is available for children of substance misuse parents?	Refer to <a href="#">Section 3</a> for the support.
What support is available for parents who are substance misusers?	Refer to <a href="#">Section 4</a> for the support.
What support is available for pregnant substance misusers?	Refer to <a href="#">Section 5</a> for the support.
What if my colleagues have different views to me about the families?	Refer to LCSB guidance on Escalation Policy
How do I deal with families who are difficult to engage?	Refer to LSCB useful <a href="#">guide</a> on this issue.
What training courses are available for me about substance misuse?	Refer to <a href="#">Section 8</a> for the resources.

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## Policy Statement

The purpose of this guide is to help ensure that all staff working with children or families understand:

- the impact of parental substance misuse on parenting
- the impact this may have on children
- the risks to children from parental substance misuse
- how to work effectively with other agencies to help families and safeguard children

Parental drug/alcohol use can cause concern about the welfare of children and is clearly a risk factor as evidenced by serious case reviews and research. However it is recognised that the use of drugs/alcohol does not preclude the possibility of good parenting.

Drug/alcohol use by itself will not lead to a child being considered at risk of abuse or neglect but professionals should positively ascertain why they think a parent's drug/alcohol use is at a "safe" or "manageable" level and does not constitute a child protection issue. The long term effect of substance misuse may not be immediately apparent but the continued absence, emotional or physical unavailability, of a parent through substance misuse can be very detrimental to children and young people in numerous ways.

All organisations within Cambridgeshire will treat parents and pregnant women who use drugs/alcohol in the same way as other parents who require their support and services in terms of their eligibility for services.

## Acknowledgements

The following documents were used to help develop these guidelines. Particular thanks are given to the organisations that produced the source materials.

Cambridgeshire LSCB - Safeguarding Children who have a Parent or Carer with Mental Health Problems - Guidance for Effective Joint Working 2011

Advisory Council for the Misuse of Drugs (2003) Hidden Harm – Responding to the Needs of Problem Drug Users

Surrey Drug and Alcohol Action Team (2008). Best Practice Guidance When Parents are using Drugs/Alcohol: Working Together with Parents and Children. Surrey Drugs and Alcohol Action Team

Kent Drug and Alcohol action team and Medway Community Safety Partnership, Drugs and Alcohol Use Screening Tool – Adult Services, Kent DAAT & Medway CSP.

Department for Education, Children, Schools and Families (2010). Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children

Nottinghamshire and Nottingham City ACPCs (2004). Drug and Alcohol Using Parents: Practice Guidance for all Agencies

## Section 1. Background information

### 1.1 Local context

In Cambridgeshire, from 09/2008 to 08/2009, out of 11,219 contacts made by Cambridgeshire Social Care teams, 350 were for parental alcohol misuse and 296 for parental substance misuse (6%).

Data from the treatment services also reflects that in 2008/09, 13% of clients in structured drug treatment and 8% of clients in structured alcohol treatment had children living with them (MUSE database 2008/09). These figures are likely to be an under-representation of the number of children who are affected by parental substance misuse, as this only shows what we know about those people in treatment who have declared that they have children.

Substance misuse within families can have serious and long-lasting consequences for children and adults. Research has shown that children of parents with long term substance misuse issues are more likely to develop behavioural problems, experience low educational progress, suffer from significant social and emotional harm and develop substance misuse problems themselves. Families with substance misuse problems may also be experiencing domestic violence, unemployment, poverty or housing instability. At the same time, the demands of being a parent may impact on a service user's ability to engage in treatment.

### 1.2 Information sharing

Agencies, when beginning work with any service user, should inform the service users as a matter of course about their policy on information sharing and confidentiality and explain the kinds of situations where they may need to share information. Agencies should give some indication of why, and with whom they may need to share information. They should ask for the service user's consent to sharing necessary information in advance. This will save time, misunderstanding and potential conflict later.

Concerns that a child may be suffering significant harm, or is likely to, will always override a practitioner or agency requirement to keep information confidential. Practitioners have a responsibility to act to make sure that a child whose safety or welfare may be a risk is protected from harm, sharing information appropriately.

When practitioners are asking 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 the child persist.

Consent should be sought prior to sharing information unless to do so would put a child/young person at increased risk, interfere with a possible criminal investigation or put a member of staff at risk.

When seeking information, it is important to be specific about the reason for needing the information and what information is required. Information shared is to be proportionate for the purpose it is required.

The reasons for sharing or not sharing information should be clearly recorded.

## Section 2. Identification and Assessment

### 2.1 Identification

- 2.1.1. Children can be adversely affected by parental drug and / or alcohol use in many ways and the potential for significant harm as a result should not be underestimated. Although not all children whose parents abuse drugs and / or alcohol will be adversely affected. Please refer to [Appendix 1](#) for early indicators of potential harm.

### 2.2 Screening tool

- 2.2.1. Agencies might use different screening tool to identify the risk.

Please refer to [Appendix 2](#) for a simple parental substance misuse screening tool.

Please refer to [Appendix 3](#) for the Cambridgeshire Adolescent Substance Use Service (CASUS) young people's substance misuse screening tool.

### 2.3 Assessment

- 2.3.1. Agencies identifying concerns will need to assess the initial level of concern and which aspects of the child's development are being affected. This assessment should focus on the impact upon the child rather than the adult's drug and/or alcohol use.

Please refer to [Appendix 4](#) for guidance on what to prepare for an assessment.

## Section 3. Support for young people

If the child is "in need" or there are concerns that the child may be "at risk" of significant harm, refer to Social care's Contact Centre 0845 045 5203 from 8am to 8pm Monday to Saturday. Outside these hours, telephone the Emergency Duty Team: 01733 234724.

### 3.1 Acting on Concerns about Children

- 3.1.1. There will be circumstances where you do not think the child is at risk of significant harm but feel that their health or development may be at risk if they do not receive additional help from one or more services. Interagency work should start as soon as there are concerns about a child's welfare, not just when there is a 'child protection' concern.
- 3.1.2. The Common Assessment Framework (CAF) provides a good framework for assessing the needs of children and should be used to co-ordinate help for the child and family. If you are unsure how to use the CAF contact your locality team or CAF coordinators.

The CAF helpline is open 9.00am – 5.00pm Monday to Thursday and 9.00am - 4.30pm Friday to provide information and support about the CAF and National eCAF process.

Contact the helpline on 01480 355985, or by email [CentralCAFTeam@cambridgeshire.gov.uk](mailto:CentralCAFTeam@cambridgeshire.gov.uk)

For more information about the CAF, visit their website:

[www.cambridgeshire.gov.uk/childrenyoungpeople/childrentrust/caf](http://www.cambridgeshire.gov.uk/childrenyoungpeople/childrentrust/caf)

### **3.2 Children in need**

- 3.2.1.** If multi-agency work with the child and family does not result in a plan which is meeting the needs of the child a referral should be made to Children's Social Care who have a duty to undertake an initial assessment. You can make referrals to social care for 'children in need' in the same way you would for 'children in need of protection' (i.e. a telephone referral followed up with a written referral). Once an initial assessment has been undertaken this may result in the child being made subject to a 'child in need' plan under Sec 17 of the Children's Act 1989.
- 3.2.2.** Child in need plans are implemented and monitored in a similar way to child protection plans. An initial meeting is held followed by a review meeting at regular intervals thereafter to monitor the implementation of the plan. In some circumstances the child may move between the 'child in need' and 'child protection' process as the level of risk and the needs of the child change.

### **3.3 Children in Need of Protection**

- 3.3.1.** If you think a child may be suffering or at risk of suffering significant harm, you must refer the child to Children's Social Care or the Police. Unless the child is at immediate risk of harm a referral to social care is likely to be the more appropriate route. A referral can be made by phone (see key contacts). It is good practice to follow up a telephone referral with a written referral. You may be asked to submit a CAF (if one has been completed) or a Statutory Intervention Form.
- 3.3.2.** If you think the child may already be known to Children's Social Care you can ring and ask them to check their records.
- 3.3.3.** Any professional who has had contact with the child or family, however minimal, is expected to contribute to the child protection process including attending child protection conferences and submitting reports.

### **3.4 Young Carers**

- 3.4.1.** In some circumstances the child/ young person may be providing a caring role for one or more parents. Young carers are not necessarily children in need, but should always have their needs thoroughly assessed; as a carer, they should have the same rights as other carers as outlined in Standard 6 of the National Service Framework. All carers, including young carers, should be advised of the carers register

and any available information and resources.

Sources of information/ support include:

<http://www.yourlifeyourchoice.org.uk/i-need-help-with/being-a-carer/young-carer.aspx>

## Section 4. Support for parents

### 4.1 Treatment services

- 4.1.1. The best source of information about the substance misuse treatment services in Cambridgeshire is on the DAAT website.

Referrals to the drug or alcohol treatment services can be made by any agencies, families and friends or clients themselves.



[www.cambsdaat.org](http://www.cambsdaat.org)

Please visit the DAAT website for contact details of the local agencies.

### 4.2 Mutual aid groups and help lines

- 4.2.1. A wide range of local mutual aid groups, such as Recovery Peers, AA, NA and family support, such as the Breaking the Cycle project, Families and Carers groups are available in Cambridgeshire. Please visit the [DAAT website](#) for the contact details.

- 4.2.2. Other Telephone Helpline are also available, for example:

NHS Direct - 0845 46 47

Narcotics Anonymous - 0300 9991212 - [www.ukna.org](http://www.ukna.org)

Alcoholics Anonymous - 0845 769 7555 - [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

Drinkline - 0800 917 8282 - [www.drinking.nhs.uk](http://www.drinking.nhs.uk)

FRANK - 0800 77 66 00 - [www.talktofrank.com](http://www.talktofrank.com)

Families Anonymous - 0845 1200 660 - [www.famanon.org.uk](http://www.famanon.org.uk)

## Section 5. Support for pregnant substance misusers

### 5.1 Antenatal assessment and care

- 5.1.1. Where appropriate drug/alcohol agencies and other agencies should offer and carry out a pregnancy test with the consent of the woman. If the woman is pregnant she should be encouraged to inform her GP as soon as possible and/or referred to Maternity Services. Please refer to



[Appendix 5](#) for factors to be considered when working with pregnant women who also substance misusers.

**5.1.2.** A multi-agency meeting may be called at any point during the course of the pregnancy to coordinate the care plan. Within Maternity Services and drug/alcohol services a senior staff member should be identified to take responsibility for co-ordinating good practice in the care of pregnant drug/alcohol users and/or drug/alcohol users with dependent children. Regular meetings should be held between Maternity Services, Children's Services, drug/alcohol agencies and Primary Care to discuss further improvements to existing service provision.

## **5.2 Planning meetings**

**5.2.1.** A planning meeting for the expectant mother may be called at any time to update and coordinate the multi-agency care plan. A meeting should always be held between the twenty eighth week and thirty-second week of the pregnancy to discuss the mother's and baby's needs for the last part of the pregnancy and after the birth. It is important to note that the birth of the baby may create further problems, particularly if there is an unstable relationship or financial or housing difficulties.

**5.2.2.** A decision on whether a Pre-Birth Child Protection Conference is required can also be made at this meeting. Children's Services, the GP, health visitor, staff from the maternity and neonatal services and drug/alcohol agencies, with the prospective parent or parents/family may be invited.

## **5.3 Prescribing during pregnancy**

**5.3.1.** Some patients want to give up using drugs/alcohol when they become pregnant. However, this does not always happen. It is important to be flexible and respond quickly to changing use. All treatment options should be client led and therefore discussed with the woman (and her partner) and where possible their views should be taken into account.

**5.3.2.** Appropriate drug/alcohol treatment will depend on the amount and types of drugs/alcohol used, as well as the patient's motivation, current situation and past history. The care plan should aim to reduce risks to both parent and unborn child. Prescribing substitute or maintenance drugs should be carried out in conjunction with the drug/alcohol agency and Obstetrics Team. NICE guidance allows, in certain circumstances, Nicotine Replacement Therapy to be prescribed.

## **5.4 Labour**

**5.4.1.** Prescribed substitute medication (e.g. methadone) should be given in addition to routine pain relief. A medical alcohol detoxification regime may need to be considered on admission for dependant drinkers.

## **5.5 After the Birth**

- 5.5.1.** The mother and baby should be admitted to the postnatal ward together. Neonatal admission will only occur if prematurity or a medical condition merits it.
- 5.5.2.** Encourage attachment and bonding – encourage positive parenting, swaddling and comforting the baby. Observe for signs of withdrawal. It is highly unusual for a baby to have withdrawal at birth. These symptoms may start soon after the birth, peak at four days and disappear by two weeks Benzodiazapines and methadone withdrawal symptoms may present later.
- 5.5.3.** Breast-feeding should be encouraged, as with any mother, so long as the drug and/or alcohol use is stable and the baby is weaned slowly. The actual amount of drug that is passed into baby is low and, in general, the advantages of breast-feeding far outweigh the disadvantages.
- 5.5.4.** Women who use crack cocaine or large quantities of Benzodiazapines may be advised not to breastfeed. Hepatitis B and Hepatitis C infection poses no additional risk to baby. Women who are HIV positive are advised not to breast feed due to the risk of transmission.
- 5.5.5.** If a mother discloses her drug use during labour or post birth the Specialist Midwife in Substance Use and/or the local Alcohol and Drug Team should be contacted immediately to discuss treatment options for mother so that she is more likely to stay on the ward. Observations of withdrawal are same as any baby. A multi-agency group should make an assessment of her home circumstances and support networks as soon as possible.
- 5.5.6.** Continue with any care plans in relation to the child (e.g. child protection or children in need).

## **Section 6. Professional Disagreements and Escalation**

- 6.1.1.** It is important that there is respectful and constructive challenge whenever a professional or agency has a concern about the action or inaction of another. Similarly, professionals should not be defensive if challenged, and always prepared to review decisions and plans with an open mind.
- 6.1.2.** Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion. Common disagreements can arise as a result of differing view of service thresholds, lack of understanding of roles and responsibilities, or the need for action and communication.
- 6.1.3.** The aim should be to resolve difficulties at practitioner/fieldworker level between agencies, if necessary with the involvement of their supervisors or managers, engaging in open discussion with colleagues in other agencies. At no time must professional disagreement detract

from ensuring the child is safeguarded. The child's welfare and safety must remain paramount throughout.

- 6.1.4. [Cambridgeshire LSCB](#) have an Escalation Policy that you can follow.

## Section 7. Working with families who are difficult to engage

- 7.1.1. Cambridgeshire LSCB has produced a [useful guide](#) that draws upon the available research in working with parents and children who are difficult to engage. It is available from:  
[http://www.cambslscb.org.uk/files/local\\_Publications/Working\\_Children\\_Who\\_Are\\_Difficult\\_to\\_Engage\\_Handbook.pdf](http://www.cambslscb.org.uk/files/local_Publications/Working_Children_Who_Are_Difficult_to_Engage_Handbook.pdf)
- 7.1.2. Further guidance is also available within the [LSCB Core-interagency Procedures](#) for working with hostile, non compliant clients and those who use disguised compliance within the context of safeguarding children.

## Section 8. Training and resources

- 8.1.1. The e-learning course developed by Social Care Institute for Excellence (SCIE) is highly recommended for social workers working with families and children of substance misusers. The course will assist in exploring parental substance misuse, its effects on children and parenting capacity and the implications for social work practitioners.  
[e-Learning: Parental substance misuse:](#)
- 8.1.2. Please check the [DAAT website](#) for other substance misuse free training courses for professionals.

## **Appendix 1: Indicators for children at risk of parental substance misuse**

- Being left home alone or with inappropriate carers
- Emotional difficulties e.g. crying for no apparent reason, inexplicable feelings of anger
- Self harming/suicidal behaviour
- School problems e.g. truancy, levels of attainment dropping, difficulty in concentrating
- Offending behaviour
- Neglect and other forms of abuse, high levels of accidents in the home, possibly due to poor parental supervision
- Early use of substances – minimisation of the risks associated with or a very strong dislike of substances
- Attachment issues and behavioural difficulties e.g. bullying
- Feelings of gloom, worthlessness, isolation, shame and hopelessness, poor self-esteem, disempowerment
- Unwillingness to expose family life outside scrutiny, social isolation, not taking friends home
- Tendency to keep secrets
- Developmental delay
- Role reversal and confusion e.g. protecting others, acting as a mediator and/or confidant, taking on an adult role
- Extreme anxiety and fear, fear of hostility, violence
- Family dislocation e.g. moving schools, relationship conflict, domestic abuse
- Presenting as not being used to a routine e.g. irregular attendance at nursery or school
- For children with disabilities there can be increased risks to their safety and inconsistent approach to the management of the child's medication.

## Appendix 2: Substance misuse screening form

### Section 1: Profile

Your name

Your address

Your date of birth

Your gender? Male  Female

Your Ethnicity

### Section 2: Drug/alcohol use

#### Drug/alcohol use – frequency

<input type="checkbox"/>	0	No drug/alcohol use
<input type="checkbox"/>	1	Occasional drug/alcohol use
<input type="checkbox"/>	2	Regular drug/alcohol use

#### Injecting

<input type="checkbox"/>	0	Never injected
<input type="checkbox"/>	1	Previously injecting
<input type="checkbox"/>	2	Currently injecting

#### Drug type (please ring all applicable)

<input type="checkbox"/>	0	No drug/alcohol use
<input type="checkbox"/>	2	Cannabis/Ecstasy/Amphetamin/ LSD/Cocaine/Alcohol
<input type="checkbox"/>	5	Heroin/Methadone other opiates/Crack Cocaine/any drug combinations with alcohol

#### Contact with drug users

<input type="checkbox"/>	0	No drug using friends
<input type="checkbox"/>	1	Has some friends who use drugs and some who don't
<input type="checkbox"/>	2	All friends use drugs

#### Family drug/alcohol misuse

<input type="checkbox"/>	0	No known family drug/alcohol misuse
<input type="checkbox"/>	2	Known family drug/alcohol misuse among family members

**Drug/alcohol use total score**

### Section 3: Social Situation/Behaviour

#### Living situation

<input type="checkbox"/>	0	No problem with accommodation
<input type="checkbox"/>	1	Problem with accommodation
<input type="checkbox"/>	2	Homeless

#### Social support system

<input type="checkbox"/>	0	Has supportive relationship with more than one adult
<input type="checkbox"/>	1	Has supportive relationship with one adult
<input type="checkbox"/>	2	Has no supportive relationship with adults

#### Occupation

<input type="checkbox"/>	0	In fulltime education/employment
<input type="checkbox"/>	1	Absences from education/employment
<input type="checkbox"/>	2	Excluded/unemployed/disability benefit

#### Criminal involvement

<input type="checkbox"/>	0	No criminal involvement
<input type="checkbox"/>	1	Minor criminal involvement (shoplifting..)
<input type="checkbox"/>	2	Involved in criminal justice system or committing more serious crimes

#### Sexual behaviour

<input type="checkbox"/>	0	Appropriate/safe sexual behaviour
<input type="checkbox"/>	2	Inappropriate/unsafe sexual behaviour
<input type="checkbox"/>	5	Commercial sex or abusive sexual relations

#### Other

<input type="checkbox"/>	6	Child protection concerns
<input type="checkbox"/>	6	Highly vulnerable to abuse by others

**Social situation/behaviour total score**

### Section 4: General/psychological health

### General health

<input type="checkbox"/>	0	Person reports no significant health problems
<input type="checkbox"/>	1	Dental problems
<input type="checkbox"/>	1	Sleep problems
<input type="checkbox"/>	5	Several sleep problems
<input type="checkbox"/>	5	Chronic fatigue
<input type="checkbox"/>	10	Accidental overdoses
<input type="checkbox"/>	10	Fits/Seizure
<input type="checkbox"/>	10	Extreme weight loss
<input type="checkbox"/>	10	Blackouts and/or memory loss
<input type="checkbox"/>	10	Pregnant

### Psychological health

<input type="checkbox"/>	0	No psychological problems
<input type="checkbox"/>	1	Low self esteem
<input type="checkbox"/>	5	Eating disorder/changes in eating pattern
<input type="checkbox"/>	5	Frequent bouts of unhappiness/depression
<input type="checkbox"/>	5	Self harm
<input type="checkbox"/>	5	Severe anxiety/panic attacks
<input type="checkbox"/>	5	Aggressive behaviour
<input type="checkbox"/>	5	Paranoia
<input type="checkbox"/>	10	Hallucinations

<input type="checkbox"/>	10	Suicide risks/recent suicide attempt
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<b>General/Psychological total score</b>	
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### Scoring table

#### Section 2: Drug/alcohol use

Score 0 – 4	Score 5 - 6	Score 7+
Giving drug information	Seeking advice from drug/alcohol treatment  See the DAAT website: <a href="http://www.cambsdaat.org">www.cambsdaat.org</a>	Referring to drug/alcohol treatment  <a href="http://www.cambsdaat.org">www.cambsdaat.org</a>

#### Section 3: Social Situation/ Behaviour

A high score means that a client is vulnerable to developing drug/alcohol misuse problems and should increase your level of concerns

Score 0 – 1	Score 2 - 5	Score 6+
Low risk	Medium risk	High risk

#### Section 4: General/ Psychological health

A high score means that a client is vulnerable to developing drug/alcohol misuse problems and should increase your level of concerns

Score 0 – 4	Score 5 - 9	Score 10+
Low risk	Medium risk	High risk

## Appendix 3: CASUS screening tool

NAME: ..... DATE of Birth: .....  
 DATE of SCREENING: .....

<h1 style="margin: 0;">CASUS</h1> <h2 style="margin: 0;">INITIAL SCREENING QUESTIONNAIRE for ADOLESCENTS (ISQA)</h2> <p style="font-size: small; margin: 0;">(adapted from the SQIFA questionnaire, Dr L. Kroll, Dr S. Bailey, Dr T Myatt, Miss K McCarthy, Miss J Shuttleworth, Dr J Rothwell, Professor R. Harrington; YJB, 2003)</p>
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<b>Scoring System:</b> 0 = No    1 = Sometimes    2 = Yes, often
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### 1. ALCOHOL USE: Score:

Do you think alcohol takes over your life and is out of control?

Do you feel depressed, angry or anxious if you are not drinking?

**Total:**

<b>Does this bother you? (tick box)</b>		
Not at all <input style="width: 40px;" type="text"/>	A bit of a problem <input style="width: 40px;" type="text"/>	A big problem <input style="width: 40px;" type="text"/>
<b>If help was on offer, would you consider it?</b>		
No <input style="width: 40px;" type="text"/>	Maybe <input style="width: 40px;" type="text"/>	Yes <input style="width: 40px;" type="text"/>

### 2. DRUG USE : Score:

Do you think your drug use takes over your life and is out of control?

Does the thought of not using make you worried, angry or depressed?

**Total:**

<b>Does this bother you? (tick box)</b>		
Not at all <input style="width: 40px;" type="text"/>	A bit of a problem <input style="width: 40px;" type="text"/>	A big problem <input style="width: 40px;" type="text"/>
<b>If help was on offer, would you consider it?</b>		
No <input style="width: 40px;" type="text"/>	Maybe <input style="width: 40px;" type="text"/>	Yes <input style="width: 40px;" type="text"/>

**Total (Substances):**

**CASUS – Initial Screening Questionnaire for Adolescents (ISQA)**  
 (adapted from the SQIFA questionnaire, Dr L. Kroll, Dr S. Bailey, Dr T Myatt, Miss K McCarthy, Miss J Shuttleworth, Dr J Rothwell, Professor R. Harrington; YJB, 2003)

NAME: ..... DATE of Birth: .....  
DATE of SCREENING: .....

### **3. MENTAL HEALTH CONCERNS:**

Many people worry about themselves at times.

Do you have concerns about your mental wellbeing (your mood, behaviours, thoughts or experiences) that you think are different from most young people of your age?

Score:

<b><u>Does this bother you? (tick box)</u></b>					
Not at all	<input type="text"/>	A bit of a problem	<input type="text"/>	A big problem	<input type="text"/>
<b><u>If help was on offer, would you consider it?</u></b>					
No	<input type="text"/>	Maybe	<input type="text"/>	Yes	<input type="text"/>

### **4. OTHER SAFETY CONCERNS**

Do you have other concerns about your safety at this time (problems with violence, exploitation, crime, etc)?

Score:

<b><u>Does this bother you? (tick box)</u></b>					
Not at all	<input type="text"/>	A bit of a problem	<input type="text"/>	A big problem	<input type="text"/>
<b><u>If help was on offer, would you consider it?</u></b>					
No	<input type="text"/>	Maybe	<input type="text"/>	Yes	<input type="text"/>

Official use : \_\_\_\_\_

<b><u>SCORES:</u></b>	<b><u>ACTION:</u></b>
<b>Total (Substances):</b>	
0	= No further action required
1 with low motivation	= Psychoeducation/Motivational work now
1 or more with motivation	= Move to level 2 screening (SUSI)
<b>Mental Health and Safety screen:</b>	
0	= No further action required
1 with low motivation	= inform about other services
1 or more with motivation	= consider referral to relevant service if no substance use problems, or SUSI if substance use problems also present.

### **CASUS – Initial Screening Questionnaire for Adolescents (ISQA)**

(adapted from the SQIFA questionnaire, Dr L. Kroll, Dr S. Bailey, Dr T Myatt, Miss K McCarthy, Miss J Shuttleworth, Dr J Rothwell, Professor R. Harrington; YJB, 2003)



## Appendix 4: Developing assessment

When deciding the appropriate response to the concerns there will be a need to evaluate the seriousness of the information available. In order to do this, it may be helpful to:

- Speak to the parents about the concerns and obtain their views about the situation and what services/support they think they need
- Speak to other colleagues including in other agencies who know the child and their parents
- Use a diary to monitor patterns of behaviour or concerns over time
- Check your agency records and produce a chronology
- Ask the parents whether they are currently/have recently engaged with substance misuse treatment services
- Speak to your line manager, named/designated with responsibility for child protection/safeguarding children
- Seek consent of involving extended family members where appropriate
- Consider triggering a CAF using agreed local procedures.
- The assessment form should cover the five Every Child Matters themes and allow workers to make notes under each of those themes. The five themes and the areas all workers should explore with service users are:
  - o Healthy? What things do you do to ensure that your children are physically healthy? How healthy would you say that they are?
  - o Safe from harm? How do you ensure that your children are safe? How would you determine that they weren't safe?
  - o Learning and Developing? What things do you do to support your children to develop their social skills, communication skills, educational skills and relationship skills? How regularly does this happen?
  - o Having a positive impact on others? What things do you do to ensure that your children are enjoying their lives and having fun? How regularly does this happen?
  - o Free from the impact of poverty? What do you do to ensure that your children have their basic needs met (e.g. clothing, warmth, nutrition, regular visits to the doctor or health visitor, recognition of illness, safe accommodation)? How would you determine that these needs were not being met?
- In order to explore these areas with a service user it can be useful to start with more generic questions as a 'way in'. Workers can then utilise their skills to further explore issues, examine discrepancies or positively reinforce behaviours. Example questions which can be asked or included in assessments:
  - o Do you have any concerns about your children at the moment?
  - o Tell me about the relationships within the family. Who provides you with support?
  - o What would need to change in order for you to be the parent you want to be?
  - o Do you think your substance use has any effect on your children?
  - o Being a parent is stressful at the best of times, what extra support do you think you and your family might need?
  - o The information generated from asking these questions will enable all staff to have a good discussion with service users about their

children and parenting and will help in deciding whether a full CAF should be carried out.

## **Appendix 5: Assessment for pregnant clients**

All pregnant women should be asked about their use of prescribed and non-prescribed drugs, both legal and illegal, as part of routine enquiries about general health during pregnancy. Time should be allowed for the exploration of the patient's and the professional's concerns about the risks for both the mother and the child. This needs to be done sensitively so that the woman is not deterred from seeking help, even if she continues to use. However, practitioners should ensure that the woman and her partner are aware of the impact of the following behaviours:

- the use of tobacco, street drugs, alcohol and some over the counter drugs, including the adverse effects of some medicines
- chaotic drug/alcohol use; e.g. polydrug use, erratic dosage precipitating withdrawals or intoxication
- Ask the client whether she is currently/has recently engaged with substance misuse treatment services
- Injecting and sharing of injecting paraphernalia
- Unprotected sexual activity

If the woman's partner also uses drugs/alcohol, they should be encouraged to access treatment as this increases the chances that the patient will be able to control her drug/alcohol use during pregnancy. Pregnant women and their partners who smoke cigarettes should be identified and specialist smoking cessation offered as early as possible. Where appropriate an amended version of this document should be provided and explained to patients and their partners.

Drug/Alcohol Workers, Maternity Staff and other practitioners working with pregnant women, children and their families should consider the following as a part of the ongoing assessment process:

- Which drugs/alcohol are being used
- Current amounts of drug/alcohol use
- Patterns of use
- Route of administration (injecting or smoking)
- Other risk behaviour related to the drug/alcohol use
- Stage of pregnancy
- The woman's support networks
- The needs of unborn child
- Whether the woman has other children; their living situation; and their main carer/guardian