



Early Response to Children Affected by Parental Substance Misuse Practitioners Guide



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Explanatory note on the guide

This guide on early intervention with children affected by parental substance misuse has been developed by Patricia Russell & Associates from the views and ideas of the Think Tank, drawn from a range of services in Fife, which met on two occasions in April and May 2008. It also reflects key messages from a brief review of national and local policies and guidelines. There is an accompanying report ¹ which sets out the main findings from the review, the main issues arising from the Think Tank discussions, issues for further consideration and recommendations for further action.

In this document, in addition to the guide, we have produced Notes for Use of the Guide and created five supporting tools which may be helpful to practitioners in using the guide. As with the guide itself, we present them in draft form for discussion.

The supporting tools are:

1. A flowchart to illustrate the steps set out in the guide. The Think Tank view was that this was a particularly useful tool that could be enlarged and put up on office walls or used as a stand alone 'aide-memoire'. A further suggestion was that, in addition to the overall flowchart, there should be a flowchart for each agency to set out their process and how it would link to the main flowchart. This would require further work by individual services.
2. Record of Concern. The working group, established by Fife Child Protection Committee to finalise the Practitioners' Guide and offer suggestions for implementation, recommended that no additional forms should be introduced at this stage. Many individual services have developed forms for recording concerns and the introduction of an additional form would be confusing. The Getting it Right for Fife group is working towards a more integrated approach to addressing the needs of vulnerable children and in the future there will be greater commonality in relation to recording mechanisms. However, the Guide includes an example of a record of concern which some services may wish to adopt or adapt for internal use meantime. The example is based upon forms recently developed by Fife Housing Support Services and the Cause for Concern form being piloted as part of the GIRFEC domestic abuse Pathfinders. Both offer useful models for further development of a Record of Concern for Fife.
3. A Checklist to help practitioners to clarify their initial concern and the initial steps.
4. A set of questions to use when gathering information.
5. A short assessment based on the GIRFEC Child's Works Triangle (SHANARI Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible and Included)

1. Development of a Multi Agency Protocol on Children affected by parental substance misuse. Patricia Russell and Associates July 2008. Available from Fife Child Protection Committee on 01592 583251 or e-mail fife.childprotection@fife.gov.uk.

A Guide to Early Response: children affected by parental substance misuse.

Introduction

Children whose lives are affected by the drug or alcohol misuse of their parents live in our communities but are often unseen because of the secrecy that accompanies substance misuse. Often the problem only comes to light when the child has experienced some level of harm. We need to do more to identify problems at an early stage and act to support children and their parents.

Fife Drug and Alcohol Action Team and Fife Child Protection Committee have produced this guide to help practitioners in universal services (health and education) and specialist services to identify children who may be affected by their parents' substance misuse and provide an early response.

The Guide can also be used by people in the community who have contact with children through their jobs or through community groups or activities. The Guide was developed by a group of managers and practitioners from a range of services in Fife from both the statutory and voluntary sector.

The aim is to keep children safe and reduce the risk of future harm.

This guide should be seen as an integral part of the Fife Child Protection Guidelines (*and other key documents*).

Fife Child Protection Committee wishes to thank Patricia Russell & Associates and Fife Drug and Alcohol Action Team for their work with colleagues in Fife to produce this guide.

A rectangular box containing a handwritten signature in blue ink that reads "John Myles".

John Myles
Chair
Fife Child Protection Committee

Purpose of the guide

When parents have problems with alcohol or drug misuse, it is very likely that the children will be affected in some way. The impact can be on their physical and mental health, emotional well being and the development of social skills.

Since secrecy is one of the main features of substance misuse, it is often difficult for practitioners to identify a concern and intervene early enough to support the child and parent(s) and prevent the child¹ experiencing some level of harm.

The purpose of this guide is to support and enable practitioners

- To identify early signs and act quickly to provide an early response that is appropriate, timely and proportionate to the child's needs.
- To enhance multi-agency working

The aim is to keep the child safe and reduce the risk of future harm.

The focus is on early action when a practitioner spots early signs that a child **might** be affected by parental substance misuse. The guide does not deal with risk of significant harm where child protection procedures must be initiated.

The practitioner/service that makes the initial identification has a responsibility to record and act on a concern, and work with other services as necessary to support the child and parent. The initial service should continue to provide appropriate support where possible. In some cases, it may become clear that another service should take the lead role.

Key principles

The interests of the child are paramount. All adult and children's services must work together in the best interests of the child.

Doing nothing is not an option.

Seek to involve children, young people and parent(s) at all stages.

Children and parent(s) should get the right kind and level of help at the right time.

The level of impact on the child should determine the level of action – do as much or as little as necessary.

Key Factors

Substance misuse is often not the only problem for a family. Poverty, poor physical and mental health, poor housing, offending and unemployment are frequently present as well. A number of services may need to be involved in supporting a child and their parent(s).

Parents who misuse substances can be capable of looking after their children.

The impact on children within the same family can be different, and it can depend on the age and stage of the child.

Services should approach parents who have problems with substance misuse in the same way as parents who have other problems that affect the child's health and well being.

¹ There may be more than one child in a household.

Part 1 Who should use the guide?

It is for practitioners in all services who work with children, parents and families.

Services have different roles and responsibilities but **all agencies and services** can contribute to identifying and supporting children.

Services that work with children should be alert to signs and changes in behaviour or appearance that might indicate an emerging problem.

Services that work with adults, including substance misuse services, have an important role because they can pick up signs or changes in the parent's behaviour or appearance that might have an impact on children. While their role would not include working with the children directly, they can communicate their concerns to services that do. They also have the opportunity to address the issue of the child's welfare with the parent(s).

All services in Fife have a responsibility to be alert to the needs of children but some of those most likely to have direct contact with children or parent(s) are:

- Education: e.g. nursery, primary and secondary teaching staff, non-teaching staff, e.g. playground supervisors, classroom assistants, support staff, contract school bus drivers and escorts.
- Integrated Community Schools (Family Support workers)
- Health: e.g. midwives, health visitors, GPs, school nurses, practice nurses, treatment nurses, Accident & Emergency, psychologists, Child and Adolescent Mental Health Service, paramedics
- Social Work: e.g. children and families teams, criminal and youth justice teams, travel escorts, taxi drivers
- Police
- Housing and Community Services: e.g. housing and homelessness officers, tradesmen, community wardens and community education workers,
- Substance misuse services (statutory and voluntary)
- Voluntary agencies: e.g. Home Start, Women's Aid, Family Matters, Includem, Victoria Family centre.

Other people come into contact with children or families indirectly but on a regular basis through their job or more informal networks e.g. schools crossing patrol officers, catering and cleaning staff, youth leader. This guide is also for use by them.

N.B. The list above gives examples. It is vital that everyone who has contact with children and families is aware of the guide and uses it, irrespective of their role

Employers and/or managers should ensure that staff/practitioners know about the guide and receive training on how to use it.

When should you think about early intervention?

Whether your contact is with the child or parent, you may see signs or hear things that make you feel concerned. It may be a small thing or combination of small things, or it may be an unusual incident. Sometimes it may be a feeling that something is “not quite right”, a “gut” feeling. It is important to follow up that instinct. No concern is too trivial to follow up. The use of the early intervention guide should be part of day-to-day practice.

Table 1 below gives some examples of signs that **may** indicate a problem with parental substance misuse. **This list is not a checklist.** Its purpose is to indicate the kind of things that you may observe and there may be other signs not listed. It is also important to remember that these signs may relate to problems other than substance misuse, or in addition to substance misuse and may be readily explained.

The challenge is to pick up these signs when they first begin to show: for example, if a child starts to show signs of tiredness or hunger at school, or a parent starts to miss clinic appointments.

There may also be cases where the first sign is an unusual or more serious event, e.g. a parent turning up intoxicated to pick up a child from nursery or school, or a parent presenting at A&E after an accident or even an overdose. In such cases, where there may be no previous record of concern, practitioners can follow the steps in Part 2 of this guide which can also lead to a higher level of intervention.

Table 1

Child	Parent
Fractious baby – unsettled and crying-	Change in presentation – appearance and emotionally
Not reaching developmental milestones	Failing to keep appointments
Poor attendance for immunisation or clinic	Unusual events e.g. police involved
Erratic attendance at school or nursery	Short temper - use of harsh language
Child looking after siblings.	Missing cues from children
Always hungry	A&E admission or accidents
Drawing pictures e.g. of syringes	Employer awareness e.g. Mondays off
Inappropriate language for age	Intoxication
Knowledge of drug terms and language	Smell of mints on breath (frequently)
Withdrawn and not mixing with peers	Change in partner
Over familiar with strangers	Non-attachment
Deterioration in physical appearance	Late presentation in pregnancy and/or poor attender
Demanding attention	Attending baby clinic smelling of alcohol
Difficult behaviour in school	Associating with dubious characters e.g. known drug users
Lack of concentration under- achieving	Families have no boundaries
Always tired	Criminality – shoplifting
Secretive and non- communicative	Professionals can't get access to house
Reluctant to go home	Routines slipping or lacking
Homework not done	Parents not knowing where children are
Late for school	Always asking for money for basics
Self-harm	
Truancy	

Part 2 What should you do?

The key principle is – doing nothing is not an option

The key questions to guide early intervention are:

This guide suggests a series of steps to follow to clarify the nature of the concern and decide what action, if any, should be taken.

The steps are not sequential: for example, steps 2-4 might be happening at the same time (see *flowchart*).

The practitioner (*What can I do?*)

Step 1: Clarify the concern (*as soon as possible*)

- Consider what you have seen or heard

What is the nature of my concern?

What are the reasons behind my concern? E.g. may be alcohol or drug problems within the family

Am I satisfied that it is a? (If child is at risk of harm, follow child protection guidelines)

- Note the concern
- Consider any immediate action you can take to help the child and **act**.
- (If appropriate), share with line manager/supervisor and consult service guidelines

Step 2: Gather information

(a) Within own service

- Discuss with colleagues who have knowledge of the child/family if they have observed any signs or felt any concerns about the child or parent(s)/carers, and whether these relate to parental/carer substance misuse. Also consider the positive (protective) factors in the child's life, e.g. a caring adult.

(b) From the parent and child

- If appropriate, engage with the parent(s). Do this in a supportive way but honestly and directly. Ask about drug or alcohol use but keep the focus on the child's interests. For example:

How do you think [child] is doing?

I've noticed that [child].....have you? Or

I've noticed that you.....

Could that be linked to alcohol or drug use?

What could I/the service do to help?

Do you have support from anyone else?

You could also offer the parent/carer information about support services which might include parenting skills.

- Talk with the child (if appropriate for the services and the age or stage of the child). For example:
How are things?
I've noticed that you [e.g. are late for school quite lot] – what's the problem?
What can I do to help?
Would it help if.....?
- Record the outcome of the conversations and your conclusions. What will you do next, what are the next steps?

(c) From other services

- Contact other agencies by phone or e mail to find out if they have any concerns about the child or parent(s)/carers and share the information that you have. Look at both past and present involvement, and protective factors.
- Follow up if there is no response
- Record their concerns and conclusions (if they have any) about the nature and level of concern, taking into account any protective factors.

Is there agreement about a lead professional? Agree who will take forward any work/actions.

These steps are not necessarily sequential and it may not be appropriate or necessary for you to complete each step outlined above.

The practitioner's service (*what can we do?*)

Step 3: Decide what the service can do

- Decide with line manager/supervisor, and involving the child and parent(s) if possible
 - (a) no further action
 - (b) review in X months/ check with relevant agencies
 - (c) support can be offered by the service now
 - (d) support can be offered by the service but other services can also contribute
 - (e) initiate child protection procedures
- If (b) put a reminder in your calendar to review by x date
- If (c) agree, in discussion with child and parent(s) if possible, what type and level of support should be provided by the service. Make an action plan setting out responsibilities and clear timelines.
- If (d) proceed with the plan for immediate action and also follow **Step 5**.
- If (e) contact NAME/PHONE NUMBER in line with your own service's procedure
- Feedback to the referring organisation.

Other services (*What can others do?*)

Step 4: Follow up the request for information

- Check what information you have on the child or parent
- Discuss whether there are any past or current concerns
- Share the information that you have, including the resolution of any past concerns
- Record the concern raised by the initiating agency
- Consider what you can do to contribute to an action plan

Multi-agency response (*what can we all do?*)

Step 5: Multi-agency collaboration

This step may not be necessary if the situation can be addressed by the initiating agency alone or the decision is not to act

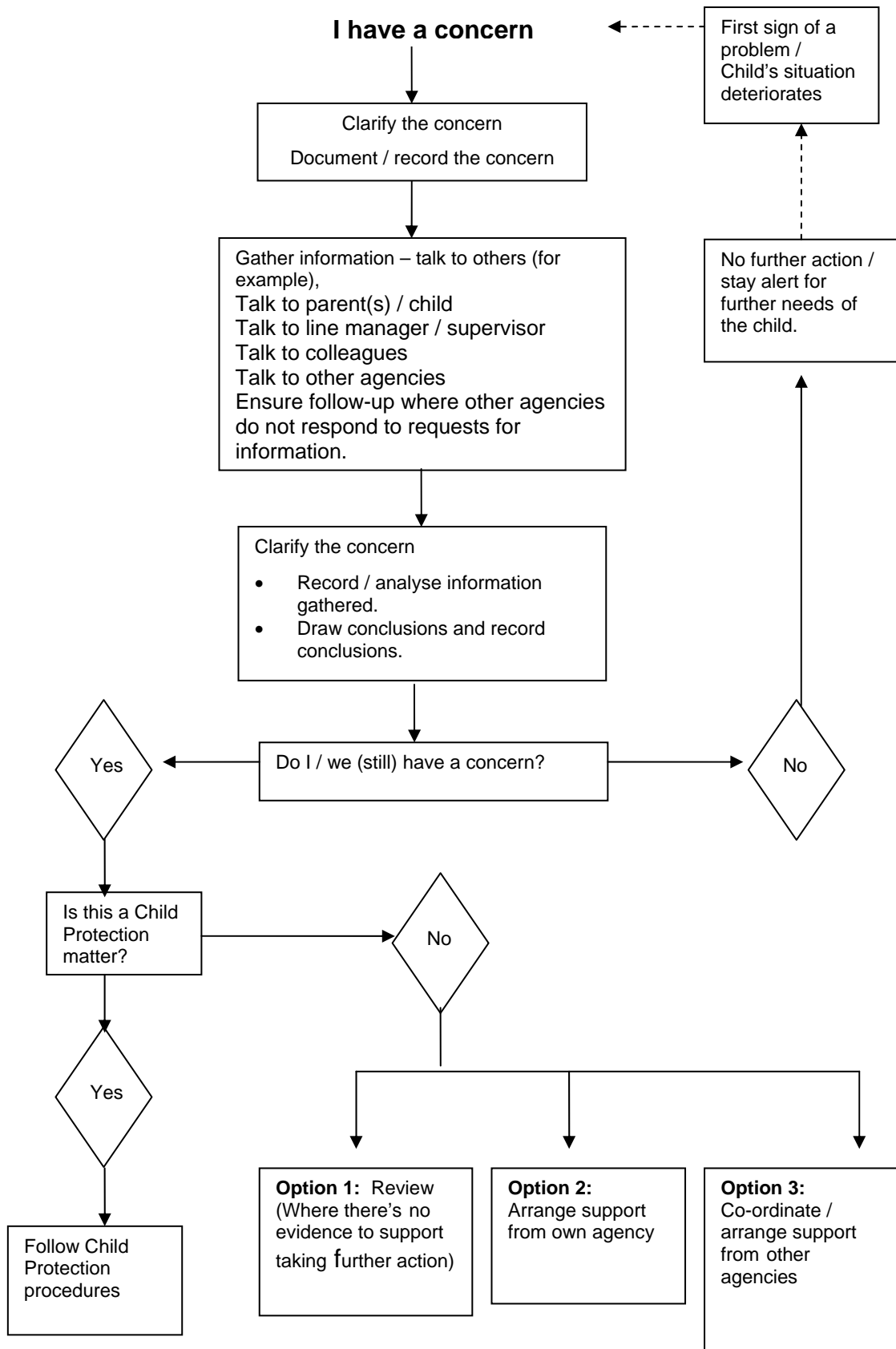
- The initiating service should take the lead unless another agency has a greater level of involvement because of the nature of the concern(s). The person taking the lead will be the person with the most expertise dependent on the developmental age of the child and who knows the family best.
- Review and analyse all the information from the record of concern. Request additional information if necessary.
- Discuss the information and conclusions about the type and level of concern with all the services involved. This may be done by telephone or through a multi-agency meeting.
- Seek the involvement of the parent if possible. If there is a meeting invite them to be present or have a separate discussion prior to the meeting.
- Decide what action should be taken
 - (a) no further action
 - (b) review in X months/check with relevant agencies
 - (c) single agency support for child
 - (d) multi-agency support

36. Ensure that, if there is to be a multi-agency action plan, it is agreed by all services and sets out:

- a clearly identified lead professional
- clear roles and responsibilities
- timescales for action
- a date for review.

Notes for use of the guide

1. Early intervention should be focused mainly on a **supportive rather than an investigative process**.
2. Services should **approach parental substance misuse problems in the same way** as they would other problems that affect children and families.
3. Practitioners/services need to be **clear about what their concerns are**. They need to obtain as full a picture as possible of the child's situation. They need to check information within their own services and with other services as appropriate. In addition, it is important that there is good, written recording that articulates the concerns. One method is to use chronologies to show a pattern, if there is one, or to clarify the level of concern if there are multiple "niggles" or concerns
4. Practitioners should **talk to parents** at an early stage to get their view about the concern(s) that has been identified. The practitioners should check the parent(s) understanding of what had been happening and ask for their view of what could help. Although it is difficult, practitioners must be direct and ask the parent(s) about drug or alcohol misuse. They should approach this topic making it clear that they are asking in the best interests of the child and not making assumptions about their capabilities as a parent. Practitioners may need to ask the question more than once.
5. Practitioners should also **talk to the child** to get their view of their circumstances and what they want. They need to take into account behaviour and body language as well as verbal responses. Practitioners should be aware that the impact on children can be different between siblings in the family, and different depending on the age of the child.
6. **Services working with adults** should gather information about the client's situation and consider the possible impact on children. **Services working with children** should gather information about the parents' situation. This should include both risk and protective factors. The purpose of gathering information is not to pass it on but to **analyse** what the information is telling them with a view to action.
7. **Timescales are important but cannot be wholly prescriptive**. They will depend on circumstances (including the age and stage of any children involved). The timescale for action by the initial practitioner may be more immediate.
8. **The steps outlined in Part 2 of the guide are not prescriptive**. The first step is for the practitioner who picks up the early sign to clarify that concern and record it concern. That should be done quickly. The gathering of information from colleagues and other services may be done in stages or at the same time depending on the judgement of the practitioner/service.
9. Where **multi-agency support** for a child or parents is considered to be useful or essential, the process may be of agreeing an action plan could be done by telephone to other means of communication without having a meeting. In some cases, however, a meeting may be necessary. In every case, an effort should be made to involve the parent and child (if appropriate).
10. The following template could be added to by individual services/organisation to show their own processes.



RECORD OF CONCERN

Record of Concern. The working group, established by Fife Child Protection Committee to finalise the Practitioners' Guide and offer suggestions for implementation, recommended that no additional forms should be introduced at this stage. Many individual services have developed forms for recording concerns and the introduction of an additional form could be confusing. The Getting it Right for Fife group is working towards a more integrated approach to addressing the needs of vulnerable children and in the future there will be greater commonality in relation to recording mechanisms. However, the Guide includes an example of a record of concern which some services may wish to adopt or adapt for internal use meantime. The example is based upon forms recently developed by Fife Housing Support Services and the Cause for Concern form being piloted as part of the GIRFEC domestic abuse Pathfinders. Both offer useful models for further development of a Record of Concern for Fife.

Many organisations will have concern forms, in which case we recommend that these are used for noting early concerns and responses.

EXAMPLE

The following information is offered as an example for those organisations that do not currently have a specific form to record concerns but wish to structure recording of concerns relating to a child or children who may be affected by parental substance misuse.. This may arise

- When there is a child welfare concern
- When there is a an incident of domestic abuse (including when the victim is pregnant)
- When a parent shows signs or is known to have problematic substance misuse
- When there are changes of behaviour or appearance in the child or parent.

Details

Name of child

DOB

Living with parent(s)

Name of parent(s) *note if different*

Names of siblings and DOBs (address if different)

Address

Phone

Nursery/playgroup/ school

Health Visitor

GP

Other agencies known to be involved with child/parent/siblings

Part 1: The nature of your concern (to be completed within 48 hours)

Describe what you have observed

This could be signs you have observed or things that you have heard. Such signs could relate to the child's physical, mental and emotional well being, their behaviour or appearance, the interaction between parent and child and the child's social development.

Why are you concerned?

Do you think substance misuse may be involved? Why?

Part 2 Information and evidence

Record the information that you have received from the parent and child, and their view

Record the information and evidence that you have received from colleagues and their view

Record the information and evidence that you have received from other agencies about the child and/or the parent and their view.

Part 3 Summary of information and conclusions

Set out a brief summary of the main points from the information and evidence that you have gathered (*you need to be clear whether there is evidence of substance misuse and whether and how it is affecting the child.*)

This could include the initial observations, information and views of child and parent(s) and information and views from colleagues and other services.

Do you still have a concern?

Why are you concerned?

Explain what it is about this evidence that leads you to believe that the child is being affected by parental substance misuse.

How serious is your concern (initial judgement)*

Low level - requiring small scale support, probably from a single agency

Medium level – requiring more support, probably from a range of agencies

High level- requiring the instigation of IRD/child protection procedures. Act now

Low level concern may be indicated by minor changes in behaviour or appearance and good protective factors.

Medium concern by more noticeable changes or continuing deterioration in behaviour or appearance and good/reasonable protective factors

High concern by significant changes and poor protective factors

What action do you propose?

For low level concern, the conclusion may be

- *Staying alert to the child and review are sufficient (e.g. for an isolated incident)*
- *the parent or extended family can meet the child's needs*
- *a small scale intervention is needed to support the child*
- *other services are already providing support*
- *some additional support would be helpful for the child*

For medium level concern, the conclusion may be

- *a more structured plan should be put in place by the single agency*
- *a multi-agency discussion and action plan is needed*

For a high level concern, instigate child protection procedures

CHECKLIST**Checklist: What is my concern?**

When deciding whether there is a concern, and what it is, think about

- ✓ What is the nature of my concern?
What have I seen
What have I heard?
What do I think/feel is unusual or different?
- ✓ Am I clear about my concern(s)?
- ✓ What would help me to be clear? What do I need to think about?
- ✓ Have I discussed my concern with my supervisor/line manager?
- ✓ Have I checked the reasons for my concern with the child and parent(s)?
- ✓ Have I asked my colleagues if they have noticed anything?
- ✓ How vulnerable is this child? What else in his life may be affecting him/her?
Helping him/her?
- ✓ Is my concern(s) well founded (or not)? How extensive is it?
- ✓ What impact do I think it is having on the child's life?
- ✓ What do I/we need to put in place to help the child(s) immediately and (b) in the medium term.
- ✓ Who else might have observed signs?
- ✓ Who else can help?
- ✓ What do the child and parent think would help them?
- ✓ Do the parent(s) and child understand why I am doing this?

QUESTIONS FOR CONSIDERATION WHEN GATHERING INFORMATION

- Is the child's well being a cause for concern?
- Are there any factors which make the child 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?
- Are there signs that the parents might be spending money on drugs and alcohol and leaving insufficient money 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?
- 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?
- Is there failure on the parent(s) part to maintain contact with helping agencies? Do parents avoid contact with agencies?
- What other family members are available to the child?
- 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
- attachments
- educational needs
- health and any health care needs

If it is known that the parent(s) is a problem alcohol or drug user, agencies should also gather information about

- whether the parent(s) think that their child knows about their problem alcohol or drug use.
- the child's safety, while adults are using drugs and alcohol
- the emotional impact on the child e.g. from frequent or unpredictable changes in adults' mood or behaviour
- the extent to which parent's substance misuse disrupts normal daily routines
- the views of other family members
- the child's perception of a parent's substance misuse

It may be possible to create a checklist/brief assessment from the SHANARI indicators. See below.

Safe: How safe is this child? Is there any evidence of neglect, abuse or harm at home?

Healthy: How healthy - physically, mentally and emotionally - is this child? Is s/he reaching developmental milestones? Is s/he attending appointments? Showing any signs of tiredness, hunger, minor injuries, bad skin, or poor dental health? Is s/he withdrawn? Aggressive? Demanding attention? What kind of attachment does there seem to be between parent and child?

Achieving: How well is this child achieving? Is s/he receiving the level of support that s/he needs to achieve full potential at home? At school?

Nurtured: How well is this child nurtured - cared for – at home? In the extended family?

Active: To what extent does this child have the opportunity to take part in play, sport, and other recreational activities?

Respected and responsible: How can this child be involved in any decisions that affect him/her? How well is s/he being listened to?

Included: Does this child need help or additional support to overcome social, educational, physical and economic inequalities? Is s/he receiving that help?

For further information about local substance misuse services please contact
Fife Alcohol and Drug Partnership 08451 555555 extension 446153

Useful Websites

www.fifechildprotection.org.uk

www.fifedirect.org.uk

www.cvsfife.org.uk

www.drugmisuse.isdscotland.org.uk

Specialist Substance Misuse Advice

www.knowthescore.info

www.infoscotland.com/alcohol