

**ISLINGTON INTERAGENCY
PROTOCOL
FOR
WORKING WITH CHILDREN AND
FAMILIES
AFFECTED
BY
PARENTAL SUBSTANCE MISUSE**



**Working together to safeguard
all Islington's children**

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Please use this tool as a guide to practice, it is not meant to replace your professional judgement. It is not necessary to ask the questions in a formulaic manner however the information is important to enable an assessment of possible risk posed to children..... 51

Please consider if any information would suggest concerns that could place a child at risk. If so please follow agency procedures and pass on this information as appropriate. 51

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HIDDEN HARM STEERING GROUP 2010

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1. PURPOSE OF PROTOCOL

1.1 This protocol has been developed to enable services in Islington to fully implement the requirements of the *National Drug Strategy* <http://www.homeoffice.gov.uk/drugs/>, and the recommendations of the *Hidden Harm* report. <http://www.homeoffice.gov.uk/publications/drugs/acmd1/hidden-harm>

1.2 The protocol is intended to convey that wherever possible anyone working with substance using parents and/ or their children should do all they can to ensure that children remain within their families, thus reflecting the spirit of the Children Act 1989. <http://www.legislation.gov.uk/ukpga/1989/41/contents> Agencies need to work together to ensure that best practice reflects this spirit as far as is possible. It is only when significant risks are identified that the need for child protection should be considered. Parents and carers should be empowered through partnership working to achieve their full potential to enable them to meet their child/ren's needs.

1.3 It is hoped that this protocol will achieve the following.

- Increase in number of parents with substance misuse problems accessing treatment and receiving family focused care.
- Increase the number of women with childcare needs accessing and being retained in treatment.
- Increase in number of families whose cases are jointly worked across children's social care and adult treatment.
- Increase in number of children of drug or alcohol users receiving support.
- Increase in number of children of drug or alcohol users achieving Every Child Matters outcomes.
- Increase in timely removal of children not safely cared for at home.

- Increase in professional competence across all sectors in identifying and responding to parental substance misuse.
- Increase in numbers of kin carers receiving support and respite.
- Decrease in number of children looked after due to parental substance misuse.
- Decrease in number of children with a child protection plan affected by parental substance misuse.

2. DEFINITIONS

2.1 Substance misuse is defined as alcohol or drug (including illicit, prescribed and over the counter substances) use that is having consequences for the user and those around them including children. These can be of a physical, psychological, social, financial or legal nature.

2.2 It is also important to be aware that the term 'substance misuse' covers a range of behaviour from recreational use, problematic use through to chaotic and dependent use. Definitions for these categories can be found in the National Treatment Agency (NTA) publications Models of Care for Treatment of Adult Drug Misusers (2006) or Models of Care for Alcohol Misusers (MoCAM) (2007). <http://www.nta.nhs.uk>

2.3 For the purposes of this protocol, the term "parental substance misuse" applies to the drug or alcohol use of anyone in a parental or care giving role to a child under the age of 18 years.

3. SCOPE OF PROTOCOL

3.1 This protocol should be applied whenever professionals and agencies are working with pregnant women, children, young people, parents and other significant care givers where there is parental substance misuse.

3.2 The aims of the protocol are:

3.2.1 To provide a framework for multi-agency partnership working between all agencies in Islington that recognises the duty of all agencies to safeguard and promote children's welfare.

3.2.2 To clearly set out the roles and responsibilities of each agency for the delivery of joint services.

3.2.3 To provide guidance to all workers on recognising the impact of parental substance misuse on children's safety, welfare and development and the need to support parents in addressing substance misuse issues.

3.2.4 To improve joint working practices by providing agreed referral and assessment processes, including thresholds and timescales.

3.2.5 To encourage earlier identification of those children affected by parental substance misuse and to improve interventions by focussing on preventative work.

3.2.6 To provide services for substance misusing parents and their families which are accessible and non-stigmatising?

3.2.7 To improve inter-agency communication and information sharing through the use of a common policy.

4. WHO THE PROTOCOL APPLIES TO

4.1 This protocol applies to workers in all agencies that have signed the ratification below. This includes statutory and voluntary sector drug and alcohol services, Children's Social Care, Education, Children's Centres, Targeted Youth Support, maternity services and universal and targeted health services.

5. RECOMMENDATIONS FOR INDEPENDENT CONTRACTORS

5.1 This protocol also applies to agencies that have been commissioned by Islington Council and NHS Islington, and professionals who are independently contracting for, not employed directly by, any of the signatory agencies. This includes non-statutory drug and alcohol services, domestic violence and family support services.

6. PRINCIPLES

6.1 The child's welfare and safety is paramount. In the event of concerns about the child's safety, the London child protection procedures must be followed. See <http://www.londonscb.gov.uk/procedures/>

6.2 All professionals and agencies working under this protocol have a responsibility for safeguarding and promoting the welfare of children.

6.3 Generally, children's needs are best met within their own family, and wherever possible all efforts will be made to respect parent's rights and to provide support for parents to care for their children at home.

6.4 Interventions will take place in a timely manner in order to ensure preventative services are provided at the earliest point and to avoid more rigorous intervention at a later stage.

6.5 All agencies should work in partnership towards providing an integrated service that seeks to address the issues of both parents and children equally and ensure that children have the opportunity to reach their full potential. Integrated working entails the

need to acknowledge and respect each agency's expertise when providing care for this client group.

6.6 Agencies should make every effort to maintain confidentiality towards clients as far as this is consistent with the duty to safeguard and promote the welfare of children. Where possible, agencies will seek the consent of parents before making referrals to or sharing information with other agencies.

6.7 Agencies should respond to any risk to children or child protection concerns they become aware of in accordance with this protocol and the London child protection procedures. Staff should also be aware of their own agency's child protection policy.

7. BACKGROUND

7.1 The documents *Working Together to Safeguard Children* - Department of Health (DoH), 2006 (which has now been superseded by the revised *Working Together to Safeguard Children* 2010, which contains a whole new section on parental substance misuse) <http://www.workingtogetheronline.co.uk/index.html> and *Hidden Harm: Responding to the Needs of Children of Problem Drug Users* (Home Office 2003) <http://www.homeoffice.gov.uk/publications/drugs/acmd1/hidden-harm> both set out guidance for inter-agency co-operation to safeguard and promote the welfare of children, and both place importance on agencies working together to reduce the risk of significant harm to children. It is the Local Safeguarding Children Board (LSCB) that is responsible for ensuring the structures are in place to facilitate inter-agency working.

7.2 The Every Child Matters (Department for Children, Schools and Families (DCSF), agenda for children's services aims to ensure that the welfare of all children is being safeguarded and promoted and that they are able to achieve their potential by focussing on 5 main outcomes:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic well-being.

7.3 To achieve this, the agenda emphasises the need for multi-agency partnership working in order to deliver integrated services that can tackle the causes of inequality and social exclusion that can prevent a child from achieving any of the 5 outcomes.

7.4 The strategy for preventing young people from becoming involved in substance misuse is part of this wider strategy, emphasising the need for early identification of those young people who are most vulnerable to becoming involved in substance misuse.

7.5 The report *Drug Using Parents: Policy Guidelines for Inter-Agency working* (Standing Conference on Drug Abuse (SCODA), 1997) highlighted good practice for all agencies and further demonstrated the importance of working together to provide an effective response for substance using parents and their children. Its first

recommendation was that all areas should have written guidelines for working with substance using parents.

7.6 The 2004 *Alcohol Harm Reduction Strategy* (Cabinet Office) aims to persuade individuals to drink sensibly through a programme of education and through better identification and treatment of problem alcohol users.

7.7 Models of Care (NTA, 2006) <http://www.nta.nhs.uk> sets out a national framework for the commissioning of adult substance misuse treatment in England. Originally published in 2002, this update places particular emphasis on minimising the spread of blood-borne viruses, reducing the risks of overdose and minimising the harm to local communities, and users' partners and families. The document suggests that 47% of drug users entering treatment are responsible for children 18 or under and 90% of women in treatment are of childbearing age. Whilst substance use by parents does not, by itself, necessarily indicate child abuse or neglect, it is important that the implications for the child are properly assessed.

7.8 Models of Care for Alcohol Misusers (MoCAM) (NTA, 2007) <http://www.nta.nhs.uk> provides best practice guidance for commissioning and providing interventions and treatment for adults affected by alcohol misuse. This includes considering how service provision can reduce the harm caused to children and families by alcohol misuse.

7.9 These strategies are delivered at local level via Drug and Alcohol Action teams (DAATs), which are made up of representatives from a wide range of local services, responsible for commissioning and monitoring substance misuse services in their area. DAATs are now required to consider the needs of substance using parents and their children as part of their annual Adult Treatment Plan.

7.10 Reference is also made to working with parents who misuse drugs and alcohol in the updated *London Child Protection Procedures* (3rd edition 2007, Section 5.31 – a 4th edition is due to be published in late 2010). <http://www.londonscb.gov.uk/procedures/> These London wide procedures were produced partly in response to various child death enquiries and lack of consistency across boroughs and set out current legislation, statutory guidance and best practice for all professionals working in relevant agencies.

7.11 The NTA 2008 National Drug Strategy (*Protecting Families and Communities*) http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Drugmisuse/Substance misuse/generalinformation/DH_4064342

builds upon the last 10-year strategy, which focused on increasing numbers in treatment and reducing drug-related offending, by widening the emphasis to reducing the harm caused by drugs to children, young people and families.

7.12 The *National Clinical Guidelines for Substance Misuse* (DOH, 2008) highlights the numbers of children living in households with a drug-using adult, and recommends interagency working backed up by written procedures in order to reduce the risks to children of drug-misusing parents. (PDF can be downloaded from NTA) <http://www.nta.nhs.uk>

7.13 The National Institute for Clinical Excellence (NICE) Guidelines (2007)

<http://guidance.nice.org.uk/>

has guidance on how drug services can support families and carers of people in treatment, including children. This includes making an assessment of family members' personal, social and mental health needs, and giving advice and written information on the impact of drug misuse. Where the needs of families and carers have been identified, support should be offered either within the treatment service or by referral to specialist family support services.

7.14 The Cabinet Office Social Exclusion Task Force *Reaching Out: Think Family* report (June 2007) shows that growing up in a family with multiple problems, including parental substance misuse, puts children at a higher risk of adverse outcomes. The report calls for greater integration across adults and children's services and a shift in mindset to focus on the strengths and difficulties of the whole family rather than those of the parent or child in isolation.

8. CONFIDENTIALITY & INFORMATION SHARING

8.1 In cases where there is reasonable cause to believe that a child is suffering or at risk of suffering significant harm, information can be disclosed to third parties without consent. Wherever possible and when considered safe to do so, it is good practice to inform the parent of what action is to be taken unless doing so would further endanger the child. In some cases, it may be necessary to forgo seeking consent from parents as this may in itself place the child at further risk.

8.2 Working together is complex because of the different guidance and legislation governing the different agencies. The Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents> emphasises the need for agencies to share information in order to safeguard and promote the welfare of children. However, this needs to be balanced against the professional duty of confidentiality and the requirements of the Data Protection Act 1998 <http://www.legislation.gov.uk/ukpga/1998/29/contents> and the Human Rights Act 1998. <http://www.legislation.gov.uk/ukpga/1998/42/contents> This guidance sets out the requirements for and the limits on sharing information. Nevertheless, the underlying principle is that all agencies should co-operate with the Local Authority in taking the lead, to safeguard and promote the welfare of the child.

8.3 Confidentiality is an area that causes much conflict between agencies and can lead to ineffective service provision. It is important that each agency has a clear statement on confidentiality that is made explicit with the client at the beginning of the involvement.

8.4 Generally, personal information held by agencies on a service user is subject to a duty of confidentiality and cannot be shared with third parties, unless it is lawful to do so. Information can be lawfully shared where:

- The service user has consented to disclosure

- The public interest in safeguarding a child's welfare overrides the need to keep information confidential
- Disclosure is required under a court order or other legal obligation
- Any documents/information sent by email, other than by intranet, must be sent as a PDF password protected attachment with the password communicated separately.

8.5 Substance misusing adults are often afraid to reveal they have children for fear that they will be deemed unfit parents and their children removed. Parents are equally afraid to reveal that they are using substances. Agency confidentiality policy should be discussed from initial contact, and this will help to instil trust in the agency.

8.6 A young person aged 16 years or over is legally permitted to give consent to disclosure on their own behalf. Young people aged under 16 can give their consent if they have the capacity to understand the nature of information sharing and make their own decisions (known as the Fraser guidelines or Gillick competence; the original House of Lords ruling by Lord Fraser related to consent to medical treatment in the Gillick case but is now generally understood to be applicable for all matters of consent). If a young person is not deemed Fraser/Gillick competent, parents or anyone else who holds parental responsibility for the young person must be asked to provide consent on their behalf.

8.7 If an adult is considered incapable of giving consent to disclosure, then the procedures outlined in the Mental Capacity Act (2007) should be followed.

8.8 Further guidance on information sharing with regard to safeguarding children can be found in the following publications:

8.8.1 Working together to safeguard children

<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/workingtogether/workingtogethertosafeguardchildren/>

8.8.2 What to do if you are worried a child is being abused - Department for Education and Skills 2006

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007508

8.8.3 London Child Protection Committee child protection procedures

<http://www.londonscb.gov.uk/procedures/>

8.8.3 Every Child Matters Information Sharing Guidance

<http://www.education.gov.uk/>

9. EQUAL OPPORTUNITIES

9.1 These guidelines are applicable in all situations, irrespective of race, gender, socioeconomic background, culture, religion, disability or sexual orientation. It is important to be aware of prejudices, stereotypes and assumptions that may exist about people who misuse substances. It is essential that these issues do not influence the assessment, which should be based on observable evidence and objective judgments.

10. ROLE OF CHILDREN'S SOCIAL CARE

10.1 Receiving referrals

The referral point into Children's Social Care is through the Referral & Advice Team, which deals with all referrals and processes them on the same day. New contacts are passed to the Duty Manager for a decision within one working day. This will be one of the following:

- No further action (NFA)
- Provision of information, advice and brief intervention outside of the statutory framework (e.g. advice in completing a CAF (Common Assessment Framework) (see page 15), support in accessing other services etc).
- Progress to referral – the case is allocated to a social worker in one of the Child in Need (CIN) teams for a statutory assessment.

10.2 Completing assessments

10.2.1 Assessments are carried out under Section 17 or Section 47 of the Children Act 1989. <http://www.legislation.gov.uk/ukpga/1989/41/contents> Section 17 (Child in Need) assessments require parental consent to obtain information from other agencies working with the family. Section 47 (Child Protection) assessments can take place as joint agency (with the police) or single agency assessments and do not require parental consent to conduct agency checks.

10.2.2 For further information on the Children's Social Care assessment process see Appendix 8.

10.3 Making substance misuse referrals

10.3.1 Social workers should try to establish what help the parent is currently receiving for their substance misuse, and gather information on the agencies involved and the name of the key worker.

10.3.2 The social worker should make contact with the agency or key worker as soon as possible to request a copy of the current care plan and agree any joint working procedures with the substance misuse worker.

10.3.3 If parents are not receiving any support for substance misuse, the referral pathway for social workers to adult treatment services should be directly to Islington

Drug and Alcohol Specialist Service (IDASS) and in the case of alcohol to Islington Specialist Alcohol Treatment Service (ISATS). On-going social work involvement suggests a complex need and both IDASS and ISATS are services for clients with complex needs. Social workers should bear in mind the voluntary nature of substance misuse services, and may need to encourage and help motivate parents to engage with services. Where possible, the social worker should offer to accompany the parent/ carer to their initial appointment.

10.3.4 Pregnant women and their partners, and parents or carers of children known to Children's Social Care are classed as priority clients and fast tracked into treatment by treatment services in Islington.

10.3.5 The social worker should also ensure that the pregnant woman is engaged with antenatal services at either their local hospital (usually the Whittington or University College Hospital). Pregnant drug or alcohol using women should also be referred to the Specialist Midwife at the hospital where they are booked in (See Key Contacts in Appendix 3 for more information).

10.4 Blood borne viruses (Hepatitis or HIV)

If a client or their child is known to have or be at risk of having a blood borne virus, they should be referred with consent to the Islington Blood Borne Virus nurse who can be contacted via the Primary Care Alcohol and Drugs Services (PCADS) (see Key Contacts in Appendix 3).

10.5 Ongoing service provision

Services for children and families are based on the child's identified needs. These are categorised into children in need, children in need of protection, and children looked after. For further information see Appendix 9.

10.6 Referring to other support services for children and young people affected by parental substance misuse

Children and young people whose parents use drugs and/ or alcohol may benefit from support services apart from statutory social care services. Social workers should discuss the support needs of their clients and consider offering referral to one of the services listed in the Family Support Services section in Section 18 of this document.

10.7 Ongoing joint working

10.7.1 The allocated social worker will retain responsibility for ongoing assessment and care planning for the child/ren. In order to make informed decisions it will be necessary for them to maintain regular communication with other agencies working with the family, including adult treatment services. Social workers will also invite other professionals to attend meetings such as Child in Need multiagency meetings, Child Protection Conferences, core group meetings and Family Group Conferences. Social workers should consider requesting joint appointments or home visits with the parent or carer's allocated substance misuse service key worker. Guidance for making a

comprehensive assessment of the impact of parental substance misuse can be found in Appendix 4. Wherever possible the social worker and the treatment key worker should complete this jointly.

10.7.2 It is important to emphasise that as part of any child protection plan, it may not be realistic to expect a parent to stop using substances before they are regarded fit to provide adequate care for their child. The plan must set clear and achievable treatment milestones for the parent.

11. ROLE OF SUBSTANCE MISUSE SERVICES

11.1 Receiving referrals

11.1.1 Drug Services

Workers from any agency can refer an adult to the ISIS Project by using the Models of Care Referral form and Consent to Liaise form (Appendix 11). Clients can also self-refer to the ISIS Project. Upon receiving a referral (or self-referral), the client will be offered a Triage assessment, and then will be either offered a further appointment for a comprehensive assessment and care plan with that service, or will be referred on to a more appropriate service. If the client requires prescribing they will be offered an Initial Medical Assessment. The client's care plan will address their assessed need/s and may include services from more than one treatment agency.

11.1.2 Alcohol services

Workers from any agency can refer an adult to one of the various community alcohol services by completing an Alcohol Triage (Appendix 11). Alternatively, clients can be referred to PCADS for a Triage assessment (see Key Contacts in Appendix 3). Following a Triage assessment, the client is either offered a further appointment for a comprehensive assessment and care plan with that service, or is forwarded on to a more appropriate service, depending on their needs.

See Appendix 6 for further information about treatment pathways in drug and alcohol services.

11.2 Making referrals to Children's Social Care

11.2.1 Not all families affected by substance misuse will experience difficulties. However, parental substance misuse may have significant and damaging consequences for children. **Any child of substance misusing parents is potentially in need and possibly at risk of significant harm.** These children are entitled to help, support and protection.

11.2.2 All drug services in Islington, as well as the Islington Specialist Alcohol Treatment Service (ISATS) are required to complete a Parenting and Childcare Assessment if they are assessing an adult who lives with or has contact with children (see Appendix 10).

11.2.3 The range of risks that are associated with parents' misuse of drugs and alcohol, and the potential impact on their children, include:

- Harmful physical effects on unborn and new born babies
- Impaired patterns of parental care and unpredictable routines leading to early behavioural and emotional problems in children
- Higher risk of emotional and physical neglect or abuse
- Lack of adequate supervision
- Poverty and material deprivation
- Repeated separation from parents, with children looked after by multiple or unsuitable carers, or episodes of substitute care with extended family or foster carers
- Children having inappropriately high levels of responsibility for social or personal care of parents with problem substance misuse, or care of younger siblings
- Social isolation
- Disrupted schooling
- Early exposure to, and socialisation into, illegal drug misuse and other criminal activity.

11.2.4 Once a Parenting and Childcare Assessment has been completed, a decision should be made about onward referral. If there are concerns that a child has suffered or is at risk of suffering from significant harm, the substance misuse worker should discuss these concerns with their manager or designated child protection advisor before making a referral to Children's Social Care.

11.2.5 Parental consent should be sought before referring to Children's Social Care. In cases where seeking parental consent may place the child at further risk, for example parents may further harm the child or may abscond with the child, referrals can be made without parent's knowledge.

11.2.6 If there is no indication of significant harm but rather unmet needs have been identified, the benefits of starting a Common Assessment Framework should be discussed with the client (see 11.4).

11.3 Ongoing joint working

11.3.1 Workers in adult treatment agencies have a duty to respond to requests for information, joint home visits or invitations to meetings in order to assist with assessment and care planning for children and families. If the worker is unable to attend a meeting, they must provide a written report. It is also important that substance misuse workers advise the allocated social worker of any significant changes in their client's treatment, such as if they disengage from services, are using non-prescribed substances, enter or leave residential rehabilitation or any other significant changes. It is also important to acknowledge any improvements in the client's engagement with treatment services, such as becoming stable on their prescribed medication and stopping illicit drug use.

11.3.2 Guidance for making a comprehensive assessment of the impact of parental substance misuse can be found in Appendix 4. Wherever possible this should be completed jointly with the child's social worker.

11.3.3 If the child/ren of an adult in treatment is currently known to Children's Social Care, the adult treatment worker should request a copy of the child/ren's Child in Need, Child Protection or Child Looked After plan, and place it on the client's file. Aspects of the child's plan may be used to inform the adult's treatment care plan.

11.4 Common Assessment Framework (CAF)/ Team around the child (TAC)

The CAF is a standardised approach to gathering information from any agency working with the family in order to build a holistic picture of the child's needs where a child or young person's needs are unclear or unmet. eCAF is the only database that is shared amongst all practitioners in Islington. It facilitates the coordination of a package of support for children with additional needs.

Islington practitioners in the Children and Adult's workforce can, with consent, access a CAF on a child and family that they work with. Islington, along with the 31 other London Boroughs, has signed up to the Pan London CAF Protocol, which facilitates a common understanding of the four levels of need, and supports the continuity of support for children moving up and down the levels of need and those moving from one borough to another. Please see CAF thresholds on appendix 2a of the protocol on the following link:

<http://www.younglondonmatters.org/uploads/documents/mobilityandyounglondoncafprotocolannex2a.pdf>

The CAF process is relevant for children and young people with needs that fall below the Children's Social Care threshold, and the CAF informs social worker's specialist assessments. Social workers 'step down' their involvement to the CAF process when they close cases to ensure that children and families' receive coordinated support in community and universal services.

The CAF process, which is electronic in Islington, is a consensual process, and as with any information on children thought to be at risk of harm, there are times when practitioners may need to override consent and request a Children's Social Care service via eCAF. You should make planned referrals to Children's Social Care, Integrated Children with Disabilities Team and Targeted Youth Support via eCAF.

11.5 Referring to other support services for children and young people affected by parental substance misuse

Children and young people whose parents use drugs and/ or alcohol may benefit from support services apart from statutory social care services. Adult treatment workers should discuss the support needs of their clients' children during key working and consider offering referral to services such as Young Carers and The Annexe listed in the Family Support Services section in Section 18 below.

12. ROLE OF UNIVERSAL AND NON-SPECIALIST SERVICES

12.1 Universal services such as Health, Education and Early Years all have a role in identifying and meeting the needs of children affected by parental drug or alcohol use. Identifying such needs should not automatically lead to a referral to Children's Social Care without parental consent, unless the child is felt to be at risk of significant harm.

12.2 Workers in universal services who identify children living with a drug or alcohol using adult can refer directly to the Family Support Services section in Section 18 of the protocol.

12.3 Workers in universal services may also identify that the parent or carer had additional needs in relation to their substance use, and can refer them to an appropriate treatment service by using the paperwork signposted in Appendix 10.

12.4 If parents are not receiving any support for substance misuse, they should be referred to the ISIS Project for an initial assessment of primary drug use. With regard to alcohol, adults can be referred directly to all community alcohol services apart from ISATS, which is accessed via PCADS.

12.5 Any agency with concerns about a child but which do not appear to reach safeguarding thresholds should initiate the common assessment framework (CAF process). See 11.4

13. DECISION MAKING ON JOINTLY HELD CASES

13.1 No major decisions, such as removing children from their parents' care, ending services or closing cases, should be made by any service without multiagency consultation, unless immediate action is required. In these circumstances, other services should be informed as soon as possible. Although Children's Social Care will always consult with substance misuse professionals regarding their plans for a child, decisions on services to be provided, statutory interventions to be taken or the long-term plans for a child's care ultimately lie with Children's Social Care managers.

13.2 Services should share their expertise, and provide consultation where needed. It is likely that Children's Social Care social workers will need to take advice from substance misuse professionals regarding the risk posed by parental drug or alcohol use to children, and to obtain a prognosis for parental change in order to inform future plans for the child. Equally, substance misuse professionals will need to take advice from Children's Social Care social workers on the likely impact of parental drug or alcohol use on parenting capacity.

13.3 Parents entering a residential resource

13.3.1 Whenever a parent is referred for inpatient treatment or to a residential rehabilitation or detoxification service, and the child is known to Children's Social Care, it is vital that substance misuse professionals liaise with Children's Social Care at the earliest possible time to agree appropriate plans for both the child and the parent.

13.3.2 Children's Social Care may have to find an alternative carer for the child, which could involve assessing a member of the child's extended family to care for the child or finding a suitable short-term foster placement.

13.3.3 It is important that Children's Social Care is provided with basic information about the resource, such as the duration of the placement and what arrangements can be made for the child to have contact with the parent whilst they are in a residential service.

13.3.4 The allocated social worker should be invited to the review meeting which takes place prior to the parent being discharged from the residential service to discuss continued support for the family.

14. DISPUTE RESOLUTION

14.1 The aim of this protocol is to encourage decisions to be taken jointly and to ensure that the needs of both parents and children are addressed within the framework of legislation and good practice.

14.2 Disputes or disagreements arising between professionals should, in the first instance, be discussed between their respective managers and a resolution sought within a reasonable timescale.

14.3 If this is not possible, the matter should be referred on to senior managers within substance misuse services and Children's Social Care.

14.4 If the dispute involves child protection concerns, the matter should be referred to the Child Protection Co-ordinator based in Children's Social Care.

Any disagreements or differences should be recorded in the case record, including the views of the other service.

15. DISSEMINATION

This protocol will be launched at a multiagency event following its ratification and publication. The protocol should be made available online on the signatory agencies' website so that all practitioners and service users can access it.

16. IMPLEMENTATION AND REVIEW

16.1 Training

16.1.1 It is recommended that multi agency training accompany these guidelines to raise the awareness of substance misuse on parenting and address some of the issues and barriers to effective multi agency working.

16.1.2 A core part of the training must include addressing issues of diversity and anti-discriminatory practice in order that many of the myths and stereotypes that exist about substance misuse and parenting are challenged, with a view to promoting best practice.

16.1.3 Substance misuse practitioners should attend multi-agency safeguarding children training provided by the Local Safeguarding Children Board. This should enable them to:

- Recognise and respond to concerns about a child in need or a child in need of protection
- Appreciate their own role and that of other professionals involved in safeguarding children
- Contribute to or carry out actions that are needed to safeguard children
- Communicate and act appropriately in accordance with national and local guidance on safeguarding children
- Be familiar with local services, sources of advice and referral arrangements in order to safeguard children and support families.

16.1.4 The annual Islington Safeguarding Children Board (ISCB) training calendar can be obtained by contacting the ISCB training officer on 020 7527 4234. This information and applications forms, together with information about legislation is also available from www.islingtonscb.org.uk

16.1.5 It is essential that all social workers and health workers have basic training on the impact substance misuse can have on an individual, and how to access services for support. Workers should consult their agency training brochures or contact Islington Drug and Alcohol Action Team by email on cspueteam@islington.gov.uk for information on locally available training.

16.1.6 Children's Social Care social workers should receive training on working with substance misusing parents, in line with the requirements of the Hidden Harm agenda that enables them to:

- Recognise substance misuse in families through routine questions built in to all social care assessments
- Assess the impact of parents' substance misuse on their capacity to care for the child
- Provide support and advice to children and families, particularly in accessing health care and other services.
- Role of wider family

16.1.7 Because of the important role universal services and voluntary agencies play in supporting families it is vital that workers from these agencies are included in multi-agency training.

16.1.8 In order to strengthen joint working, training should be delivered jointly wherever possible, with both Children's Social Care and adult drug and alcohol services contributing to the design and delivery of the training.

16.2 Accountability

The clinical governance arrangements within each signatory agency and their commissioned services should be used for monitoring compliance with this protocol. Agencies may wish to consider an annual file audit to demonstrate that the protocol is being followed. The Hidden Harm Steering Group will be the multiagency forum for monitoring borough-wide implementation of the protocol.

16.3 Review

It is recommended that this protocol be reviewed every year. However, given the likelihood of structural changes both at local and national level adjustments and/or reviews are likely to take place sooner.

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18. APPENDICES

Appendix 1 – STRUCTURE OF LOCAL SERVICES

18.1 Substance Misuse Services

18.1.1 In Islington, substance misuse services are provided by a range of statutory and non-statutory drug and alcohol agencies, the contact details of which can be found in Appendix 3. A diagram representing the treatment system as of 2009 can be found in Appendix 12.

18.1.2 Substance misuse services are organised on a 4 tier system depending on the level of need presented by the service user and the type of intervention required, but with close links between each tier to facilitate referrals between services. Services are accessible through an "open door" policy at tiers 1 and 2, with access to tier 3 and 4 interventions by way of referral from tier 2/3.

Tier 1

This includes any agency (universal health services, education, Children's Social Care, and any other non-drug and alcohol agencies). These services are required under Models of Care to identify and refer service users on to specialist drug and alcohol agencies for appropriate intervention.

Tier 2

These are open access drug and alcohol services providing brief, unstructured interventions which are not based on a formal care plan to services users. Intervention focuses on harm reduction and preparing the service user for engagement with tier 3 services. Decisions on interventions and referrals to tier 3 services are based on a triage assessment.

Tier 3

These are specialist drug and alcohol services providing structured interventions based on comprehensive assessments and care planning in a community setting, normally based in specialist drug or alcohol units.

Tier 4

These are funded residential or day services offering detoxification and rehabilitation. Access to Tier 4 services is through the specialist Tier 3 drug and alcohol agencies.

18.2 Children's Social Care

18.2.1 Social care services for children in Islington are delivered by the Children's Social Care department (formerly known as Children and Families), which is part of Islington Children's Services.

18.2.2 The department is responsible for carrying out Islington's statutory duty to safeguard and promote the welfare of children in the borough by providing services for children who have been assessed as being in need, in need of protection or in need of accommodation under the Children Act 1989.

18.2.3 Referral and Advice

The Referral and Advice (R&A) team deals with all incoming contacts to the division and processes them through on the same day to the Child In Need teams for allocation of all referrals needing assessment. In addition to the R&A team processing referrals, it will also act as an advice point for the community and offer consultation on cases, for example where a worker is not sure if the threshold for referral is met, or where they are not sure if the Common Assessment Framework (CAF, see 11.4) plan they are implementing is enough. The R&A team will also help workers identify the lead professional and can offer advice on this process.

18.2.4 Children in Need

The Children in Need (CIN) Service is made up of six CIN teams, the Disabled Children's Service, and several provider services. The statutory social work teams are responsible for completing assessments of children in need. They continue to work with children and their families when the child is the subject of a Child's Plan, a Child in Need plan or a Child Protection plan.

18.2.5 Children Looked After

The specialist Children Looked After service coordinates care planning for children in the care of the Local Authority.

18.3 Family Support Services (Substance Misuse Specific)

18.3.1 Parental Substance Misuse Service

The specialist social worker for parental substance misuse and childcare provides a link between adult treatment services and children's social care services. This service includes information, advice, assessment and brief interventions to children and families affected by parental drug and/ or alcohol use. The specialist worker works alongside professionals already engaged with the family rather than directly providing long-term key working. The aim of the work is to balance the treatment needs of parents with the needs and safety of children, with an overall focus on strengthening and preserving the family unit. Referrals can be made by telephone or email (see Key Contacts in Appendix 3).

18.3.2 The Annexe

The Annexe offers individual & group work with young people affected by their own and/ or someone else's drug or alcohol use. The service offers information, advice, assessment, and one to one support to young people and their families affected by or worried about drug and alcohol issues. Hidden harm is a key element of the service provided by the Annexe, which includes the Fab Group, individual support for young people affected by parental/sibling substance misuse (including young people who themselves have substance misuse issues). The service is free and confidential. It is a multidisciplinary team with members located in the Integrated Health Team at the Youth Offending Service, Children's Social Care, Adult Treatment Services and the Child and Adolescent Mental Health Service. Referrals to The Annexe can be made by contacting the team by telephone or email (see Key Contacts in Appendix 3).

18.3.3 The Fab Programme

Children and young people living in families affected by parental substance misuse are known to be at increased risk of vulnerability and isolation. The Fab Programme is a response to the needs of these young people who, because of family secrecy, shame, embarrassment or fear and anxiety about consequences of talking about family life, might otherwise find it hard to access support. From the work of Islington Young Carers and from the extensive practice experience of services involved in the Hidden Harm Steering Group, it was known that group work with vulnerable children and young people has been shown to support resilience and self-esteem. As a result a working group was established within the Steering Group to develop a programme of group work. A 10-session group work programme was devised, known as the FAB Group to be delivered for the age ranges 8 – 11 and 11 – 14. The first group ran from April to July 2008 for young people in the 8 – 11 years age range. Sessions ranged from puppet making, risk scenarios using puppets to outdoor activities, including wall climbing, all aimed to increase self-esteem and resilience and decrease isolation and reluctance to seek support. An evaluation confirmed the worth of continuing to run the Fab Group, the last of which finished in February 2010. To date the Fab Group has been delivered by workers from Family Action Young Carers' Project, the Annexe and Casa Family Service. Referrals to the Fab Group can be made by contacting Family Action Young Carers' Project (see key contacts in Appendix 3).

In addition to the Fab Group all the services involved in the Fab Programme provide support ongoing support for young people and their families, as appropriate and referral to other services if needed.

18.3.4 CASA Family Service

The CASA Family Service works with children, young people and families who are having difficulties because of parental use of alcohol or other drugs and aims to help parents provide a safer and more secure family environment. The service is free and confidential and offers:

- Advice & information to parents, children & young people
- Therapeutic family work for parents, children and young people to strengthen protective parenting and increase resilience for children and young people

- Group work for children and young people
- Consultation and training to professionals.

Referrals can be made by telephone (see Key Contacts in Appendix 3).

18.3.5 Family Action Young Carers' Project

This service works with young people who help to care for someone in their family because they are disabled, have a mental health issue or drug/alcohol issues.

These young people often:

- miss out on seeing friends, going out or having fun
- miss doing homework or be late for school or miss school
- spend time worrying and getting stressed
- get bullied
- have families with problems with money, getting work or benefits.

The service offers:

- Time to have fun in groups, or on outings
- Holiday activities with other young people who have similar experiences to them
- Project workers who will be there to listen if they want to talk.
- The service can also help young people talk to professionals and get their views heard.

Referrals can be made by telephone (see Key Contacts in Appendix 3).

18.3.6 CASA Families, Partners & Friends Service

This free and confidential service provides support for people over 16 who are affected by someone else's drug or alcohol misuse. There needs to be a connection to the borough of Islington by one or both parties.

The service offers the following:

- Information and Advice
- Individual Support
- Family Support
- Weekly Support Group
- Training

Referrals can be made by telephone (see Key Contacts in Appendix 3).

Carers - the families, partners and friends of substance misusers have been placed in the category of carers, and therefore may be eligible for the benefits and services available to other carers – see the following website

<http://www.islingtoncarerscentre.org>

18.4 Generic Family Support Services

18.4.1 Family Action Islington Children's Support Service

Offers support to families who have children aged 5 – 13 years and who are facing challenges. This outreach service is targeted to children who are at medium to high risk in several of the following areas: well-being, self-esteem, behaviour, school

attendance or attainment, exclusion, involvement in anti-social behaviour or crime, or risk of family breakdown.

The service supports family relationships in order to improve outcomes for children. It provides:

- Practical help and advice at home and elsewhere. This can include anything from friendly back-up to specific guidance and support on behaviour and routines.
- Regular help, at least weekly, at times suitable to families, including early mornings, evenings and weekends.
- Support groups and workshops for parents and carers, and enjoyable activities for the whole family.
- A Kinship Carers support group – for family members (e.g. grandparents) who play a significant role in looking after children.
- A counselling service for parents and carers.

Referrals can be made by telephone (see Key Contacts in Appendix 3).

18.4.2 Targeted Youth Support

Islington Targeted Youth Support (TYS) service is part of the Young People's Division.

The YYS service is responsible for leading the development of integrated, targeted youth support alongside universal services such as schools.

Targeted Support identifies and supports particularly vulnerable young people to develop the resilience and skills needed to progress into adult life. The section includes the Youth Offending Service (YOS), the Integrated Health Team at the YOS, The Family Intervention Programme, if needed, detached youth work, Positive Activities for Young People (PAYP) and the Teenage Pregnancy Co-ordinator. Further, as targeted support can be provided by a range of professionals in a range of settings, the YYS service is responsible for linking with other service providers to ensure seamless support to young people in need.

Targeted youth support is provided using the full range of integrated working tools including the CAF, Team Around the Child and Team Around the School. Employing core youth work values and skills, it involves outcome-focused and time-limited interventions designed to support young people to thrive in universal settings.

YYS can be accessed directly by young people, and professionals can also refer to the service. A central point of access is now in use - email tys@islington.gov.uk

19.1 Pregnant Women

19.1.1 Pregnancy can be a particularly high motivator for women to control their drug and alcohol misuse. Many use pregnancy as a reason to reduce, stop or stabilise their drug and alcohol use. Abstinence, while ideal, is not necessarily advisable or realistic for all women.

19.1.2 Drug and alcohol misusing women may present late to antenatal services because substance misuse can cause an erratic or absent menstrual cycle and therefore pregnancy may go unnoticed. The fear of social services intervention may be another reason for women presenting late for medical help and support. The management of women who present late to services needs to be coordinated sensitively in conjunction with treatment services, and the expectations placed on these women need to be realistic.

19.1.3 Any pregnant drug and alcohol using woman who comes into contact with social care or treatment services should be referred to the specialist midwife at either UCH or the Whittington Hospital (see key contacts in Appendix 3). Each hospital has its own protocol on the management of pregnant drug and alcohol using women (including postnatal care of mother and baby), which can be accessed on each hospital's intranet site.

19.1.4 At each hospital there is a multiagency network responsible for the ongoing care of pregnant drug and alcohol using women. This includes the specialist midwife, specialist health visitor, obstetrician or neonatologist and treatment services. These are the professionals ideally placed to inform the parents about the risks of substance misuse to both themselves and especially the foetus.

19.1.5 Wherever drug or alcohol use in pregnancy is identified, a representative from the complex needs treatment service (IDASS if drugs is the issue/ISATS if it is alcohol) should be invited to any pre-birth planning meetings, regardless of whether or not the woman is already in treatment, in order that an informed and appropriate plan of care can be agreed,

19.1.6 Pregnant women and their partners who are not known to treatment services should be referred as a matter of priority and then linked into antenatal services if this has not already been done.

19.1.7 Specialist midwives, specialist health visitor and treatment workers are always available for advice and consultation.

19.1.8 Other services that are available to support pregnant drug or alcohol using women and their partners during the antenatal and postnatal period are listed in the family support services section above.

19.2 Domestic Violence

19.2.1 Domestic violence is defined by the Government as:
'Any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners

or family members, regardless of gender or sexuality.' (Stella Project, 2007). This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings'.

19.2.2 Whatever form it takes, domestic violence is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim (Greater London Authority, 2005).

19.2.3 There is known to be a high incidence of domestic violence where there are also concerns about alcohol or other drug use.

- Findings from a review of the British Crime Surveys revealed that 44% of domestic violence offenders were under the influence of alcohol and 12% affected by drugs when they committed acts of physical violence.
- Home Office research on domestic violence offenders (n = 336) showed 73% had used alcohol prior to the offence, with 48% seen as 'alcohol dependent' (Gilchrist et al, 2003).
- Alcohol is likely to contribute to intimate partner violence in a variety of ways. Levels of consumption relate to the likelihood and severity of violence. Alcohol appears to be particularly important in escalating existing conflict (Finney, 2004).

19.2.4 Both perpetrators and survivors of domestic violence may be using alcohol or drugs problematically and this will have a direct influence on their treatment needs in relation to substance misuse. For example, perpetrators may have a vested interest in a victim's continued drug or alcohol use as this enables them to exert control over the victim. There may be risks for survivors of domestic violence if they have to access the same treatment service as the perpetrator.

19.2.5 Adult treatment and children's services should have current domestic violence policies in place and staff across all agencies should be trained in basic domestic violence awareness. The risk of violence should be considered in all cases, and routine questioning about domestic violence should be included in all assessments. The Stella Project toolkit (2007, p121-122) provides some helpful examples of non-judgemental questions that practitioners can ask. E.g. *"How do you and your partner work out arguments?"*; *"Has someone else who uses substances harmed or posed a threat to you or your children?"*

19.2.6 Wherever alcohol or other drug misuse and domestic violence is identified, it is necessary to complete a risk assessment to identify unmet safety needs for adults and for children or young people who may also be at risk. If a client is found to be high risk, an immediate referral to the local MARAC (Multi Agency Risk Assessment Conference) needs to be made. It must also be recognised that perpetrators often supply their victims with alcohol and/ or drugs as part of their ongoing abuse and control.

19.2.7 Given that in the overwhelming number of cases domestic violence is gendered such that victims are female and perpetrators male, it is important to consider whether female clients are at risk of violence and whether male clients are at risk of perpetrating violence against someone close to them. It may not be safe to engage in treatment for drug or alcohol misuse without also ensuring support for domestic violence concerns.

A safety plan should be discussed with the victim (see Stella Project toolkit pp134-137), and a discussion had with the perpetrator to offer them options to end the abuse.

19.2.8 Wherever domestic violence is identified, a referral should be made to local domestic violence support services. Islington has support services for women and children at risk of domestic violence, for male survivors and for perpetrators of domestic violence (see Key Contacts in Appendix 3).

19.2.9 The Islington Domestic Violence Project Team (DVPT) is a multi-agency partnership working to tackle domestic violence in Islington. The DVPT is a sub-group of the Safer Islington Partnership (SIP) and is chaired by Louise Round, Director of Corporate Resources. The DVPT is made up of a wide variety of statutory and voluntary organisations and currently works to the Islington Domestic Violence Strategy 2009-2010, which is available from the Islington website <http://www.islington.gov.uk/community/domesticviolence/peopleworking/projectteam/>
There is a domestic violence handbook and a flowchart for service providers. Both can be downloaded from the Council website at <http://www.islington.gov.uk/Community/domesticviolence/peopleworking/>
For more information about local domestic violence services, see Key Contacts in Appendix 3.

19.2.10 The Stella Project's toolkit Domestic violence, drugs and alcohol: good practice guidelines (2nd edition) (2007) is freely available on the AVA (Against Violence and Abuse) website at <http://www.avaproject.org.uk/our-projects/stella-project.aspx>

19.3 Mental Health

19.3.1 There is a high incidence of mental health difficulties in the drug and alcohol using population. It is estimated that within Islington specialist drug and alcohol services 40% of clients have concurrent mental health issues.

19.3.2 Wherever adults are identified as having concurrent drug misuse and mental health concerns, they should be referred directly to the complex needs drugs service, which will manage their ongoing care in conjunction with mental health services where necessary.

19.3.3 Family members can access support from the Dual Diagnosis Carers Service based at Islington Carers Centre (see Key Contacts in Appendix 3).

19.3.4 There are also several services in Islington for families affected by parental mental illness. These include the Think Family Programme, Family Action Building Bridges and Islington Families.

19.4 Islington Families

Is a floating support service provided by EPIC Trust (part of Circle Anglia) to vulnerable families. The service offers assistance with:

- Accessing services and benefits
 - Dealing with a range of difficult problems, including mental health, drugs and alcohol, and domestic violence issues
 - Minimising the risk of homelessness
 - Helping to improve quality of life and service users to achieve individual goals.
 - Offering support in accessing training and education opportunities
- Referrals can be made by telephone (See Key Contacts in Appendix 3).

19.5 Criminal Justice

19.5.1 Involvement in criminal activity is an additional risk factor for families affected by parental drug and alcohol use. This should be included in all assessments to obtain a holistic understanding of family lifestyle.

19.5.2 There are clear pathways from the criminal justice system into treatment and social care. If there are child protection concerns regarding criminal activity related to substance use, workers can contact CRI and the Probation service (see Key Contacts in Appendix 3) to obtain information about any criminal justice involvement and any legal orders in place.

19.5.3 Youth Offending Service (YOS). Children's Social Care is imbedded in the YOS. The Integrated Health Team at the YOS, which includes substance misuse workers, exists in acknowledgement of the complexity of the needs of YOS clients and the evidence of the likelihood of improved outcomes through multi-disciplinary one-stop working arrangements.

Drug & alcohol services

Islington 24 hour drug and alcohol helpline 08000 66 55 25

Foundation 66 (non statutory alcohol service)

130-134 Pentonville Rd.
London N1 9JF
Tel. 020 7837 0100
Fax 020 7837 0002

CASA (non statutory drug & alcohol service)

- **Moving On Project (back to education/ work)**
- **Families, Friends & Partners Service (carers' service)**

75 Fortess Rd
London NW5 1AG
Tel. 020 7428 5955
Fax 020 7428 0318

City Roads Residential Crisis Intervention Service

352 City Road
London EC1V 2PY
Tel. 020 7278 8671 (admissions)
Tel. 020 7843 1640 (admin)
Fax 020 7278 0807

ISIS Project (non statutory drug service)

ISIS South	ISIS North
332C Goswell Rd	99 Seven Sisters Rd
London EC1V 7LQ	London N7 7QP
Tel. 020 7833 9899	Tel. 020 7272 1231
Fax 020 7833 1419	fax 020 7272 1224
Freephone: 08000 66 55 25	

Islington Drug & Alcohol Specialist Service (IDASS) – Statutory drug service

IDASS North	IDASS South
592 Holloway Road	309 Gray's Inn Road
London N7 6LB	London WC1X 8QS.
Tel 020 3317 6240	Tel 020 3317 6650
Fax 020 7530 2021	Fax 020 7530 5901

Islington Specialist Alcohol Treatment Service (ISATS) (statutory alcohol service – complex needs)

309 Gray's Inn Rd
London WC1X 8QS
Tel. 020 3317 6650
Fax 020 7530 5901

The Annexe (statutory young peoples' drug & alcohol service)

164 Holloway Road
London N7 8DD
Tel. 020 7527 5099 Email drugs@islington.gov.uk
Fax 020 7530 5901

Milton Services- Structured Day Programme (non statutory drug service)

28b King Henry's Walk
London N1 4PB
Tel. 020 7923 8010
Fax 020 7923 7836

Primary Care Alcohol & Drug Service (PCADS) (statutory drug & alcohol service)

15b Hornsey Street
London N7 8GG
Tel. 020 3316 8778 Email PCADS@islingtonpct.nhs.uk
Fax 020 7690 3654

Skills for Life Team (Milton Services)

28b King Henrys Walk
London N1 4PB
Tel. 020 7923 8010

Child, family and maternity services

CASA Family Service (non statutory therapeutic family service)

86 Durham Rd
London N7 7DU
Tel. 020 7561 7490
Fax 020 7561 7483

Family Action Islington Children's Support Service

608 Holloway Rd
London N19 3PH
Tel. 020 7272 6933
Fax 020 7272 5605
www.Islington@family-action.org.uk

Family Action Young Carers Service

608 Holloway Rd
London N19 3PH
Tel. 020 7272 6933 or 07952 479 540
Fax 020 7272 5605
Email Islington.youngcarers@family-action.org.uk

Islington Carers Centre

Unit 1
53 Hargrave Road
London N19 5SH
Tel 020 7263 9080 email Islingtoncarers@btconnect.com
Fax 020 7263 0907
<http://www.Islingtoncarerscentre.org>

Islington Children's Social Care

222 Upper St
London N1 1XR
Tel. 020 7527 7400
Fax. 020 7527 7040
Email CSCreferrals@islington.gov.uk

Islington Families

EPIC Trust
84 Mayton St
London N7 6QT
Tel. 0845 600 1055
Email Islington.families@circleanglia.org

Specialist midwives

University College London Hospital (UCLH)
Jonathan Dominquez Hernandez
(Tuesdays/Wednesdays/Thursdays/Saturdays)
Tel. 020 7380 9566 mobile 07961 221 405
Email Jonathan.DominquezHernandez@uclh.nhs.uk

Whittington Hospital
Heather Jenkins and Jo Austin (job share)
07827 883 291
Email Heather.Jenkins@whittington.nhs.uk
Email Jo.Austin@whittington.nhs.uk

Specialist Social Worker, Parental Substance Misuse & Childcare

Chris Arnold Tel. 020 7530 2034
Email Chris.Arnold@islington.gov.uk

Targeted Youth Support

Email tys@islington.gov.uk

Think Family Team

Manager: Emma Johnson
222 Upper Street
London N1 1XR
Tel. 020 7527 3893

Criminal Justice Services**CRI Criminal Justice Drug Intervention Project (DIP)**

140-142 Kings Cross Road
London WC1X 6DS
Tel. 020 7833 7975

Islington & Camden Probation

Substance Misuse Team/DIP Programme
53 Holloway Road
London N7 8JD
Tel. 020 7609 0913

Islington & Camden Probation

401 St John Street
London EC1V 4RW
020 7014 9800

Islington Youth Offending Service (YOS)

27 Dingley Place
London EC1V 8BR
Tel 020 7527 7050 fax 020 7527 7066

Domestic Violence Services

Handbook and flowchart on Council website

<http://www.islington.gov.uk/Community/domesticviolence/peopleworking/>

Anne Clark

Domestic Violence Strategy & Services Coordinator
Community Safety Partnership Unit
Tel. 020 7527 3431

Email Anne.Clarke@islington.gov.uk

Lesley Weber

Specialist Domestic Violence Social Worker, Islington Children's Social Care
Tel. 020 7527 7648

Email Lesley.Weber@islington.gov.uk

NIA Project

Provides support to women and children experiencing gender violence and who may have drug misuse issues

020 7683 1270 admin www.niaproject.info

Islington Solace Women's Aid Service

080 8802 5565

EVOLVE Service (Independent Domestic & Sexual Violence Advocacy Projects)	020 7281 9284
124 hour National Domestic Violence Helpline	0808 2000 247
IMECE Turkish Speaking Women's Group	020 7354 1359
Latin American Women's Aid	020 7275 0321
Islington Police Community Safety Unit	020 7421 0385
Men's Advice Line and Enquiries (MALE)	0808 801 0327
Broken Rainbow (for lesbian, gay, bisexual and transgender survivors)	0845 260 4460

Appendix 4 - SCODA guidance

- The Standing Conference on Drug Abuse (SCODA), which merged with the Institute for the Study of Drug Dependence (ISDD) in 2000 to form DrugScope developed guidelines for Professionals Assessing Risk when Working with Drug Using Families. This details specific issues which will require consideration when undertaking an assessment of the impact of substance misuse on a parent's ability to meet their child's needs. This Risk Assessment Model identifies seven key areas which require assessment.
- Although the focus of the guidelines is on drug misuse, the assessment can be equally applied to situations relating to alcohol or solvent misuse. These guidelines provide a useful working tool for all professionals.

Consideration of All Factors:

- It is important however to remember that parents with problems relating to substances misuse should be assessed in the same way as other parents whose personal difficulties interfere with or lessen their ability to provide good parenting. The assessment will need as much emphasis given to non-related factors as to the particulars of parental substance misuse. Substance misuse cannot always be separated from other aspects of the user's life, such as, health, poverty, employment and housing. Substance misuse may lead to poor physical health or mental health problems, financial problems, housing problems and breakdown in family relationships.
- It is important to build up an individual profile of the parent, including their parenting of any previous children and their own childhood experiences.
- Many substance-misusing parents are children of users and therefore enquiries should be made about any family history of addiction to either drugs or alcohol. This aspect of the assessment may be therapeutic in sensitising parents to the emotional impact on their own children of the substance misuse, by acknowledging their own childhood experiences.
- Substance misuse should not, on its own, be regarded as an automatic indicator of abuse or neglect. Equally, parents who stop using substances should not necessarily be assumed to be better or safer parents. The effects of withdrawal can have a severe effect on the capacity of the parent to

tolerate stress and anxiety. Each family should be assessed on an individual basis.

Continuous Assessment:

- It is important to remember that assessment is a continuous process. Once a parent who misuses substances comes to the attention of any professional, the process of assessment commences. It is dangerous to regard an assessment only as a specific event. The very nature of substance misuse can lead to unpredictable situations and rapidly changing circumstances.
- All professionals have a responsibility to ensure that they continue to assess a child's situation, including an analysis of the degree of risk and the needs of the child on each contact or receipt of any information concerning the child and his/her family.
- Should it become apparent that the child is suffering or is likely to suffer harm as a result of their parents' substance use, Core Assessment will be completed as part of the plan to protect the child. All professionals are responsible for this process to ensure that all aspects of the children and their family's circumstances are considered.

GUIDELINES FOR PROFESSIONALS FOR ASSESSING RISK WHEN WORKING WITH DRUG USING PARENTS

PARENTAL DRUG USE

- 1. Is there a drug free parent, supportive partner or relative?
- 2. When did the parent start taking drugs and what is their history of use?
- 3. How many different types of drugs is the parent taking at the moment?
- 4. How much alcohol do they consume daily/ weekly? What type of alcohol i.e. normal vs super strength lager, spirits etc.
- 5. Do they ever mix their drug and alcohol use, i.e. do they take drugs with alcohol?
- 6. How do they take the drugs? I.e. do they smoke them, inject them?
- 7. Are they prescribed any drugs?
- 8. What are their preferred drugs/alcohol of choice?
- 9. Ask the parents to describe their daily routine.
- 10. Is there an issue regarding denial/ minimisation of level and frequency of drug and alcohol use compared to what is known?
- 11. Are levels of childcare different when a parent is using drugs and when not using?

- 12. Is there any evidence of coexistence of mental health problems alongside the drug use? If there is, do the drugs cause these problems, or have these problems led to the drug use?

ACCOMMODATION AND THE HOME ENVIRONMENT

- 13. Is the accommodation adequate for children? Is it their permanent home? If not, why not?
- 14. Are the parents ensuring that the rent and bills are paid?
- 15. Does the family remain in one area or move frequently, if the latter, why?
- 16. Are other drug users sharing the accommodation? Are they harmonious, or is there conflict?
- 17. Is the family living in a drug using community?
- 18. If parents or other drug users in the home are using drugs, do children witness the taking of the drugs, or other substances?
- 19. Could other aspects of the drug use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)? It is important to note that children can ingest heroin or cocaine through passive smoking. Therefore, it is important to establish where drug use takes place in the home; if space is limited, the likelihood of the child's exposure of passive smoking is likely to increase.

PROVISION OF BASIC NEEDS

- 20. Is there adequate food, clothing, and warmth for the children?
- 21. Are the children attending school regularly?
- 22. Are the children engaged in age-appropriate activities?
- 23. Are the children's emotional needs being adequately met?
- 24. 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)?
- 25. Are the children registered with a GP?
- 26. Are they up to date with regard to immunisations?
- 27. Last time child was seen at registered practice? By whom? Why? What was the outcome?
- 28. Are the children registered with a dentist? When was their last check-up?

PROCUREMENT OF DRUGS

- 29. Are the children alone while their parents are procuring drugs?

- 30. Because of their parents' drug use are the children being taken to places where they could be "at risk"?
- 31. How much are the drugs costing?
- 32. How is the money obtained?
- 33. Is this causing financial difficulties?
- 34. Are the premises being used to sell drugs?
- 35. Are the parents allowing their premises to be used by other drug users?

HEALTH RISKS

- 36. Where are the drugs/ alcohol usually kept? Are they in reach of the children?
- 37. Are the children aware of where the drugs are kept?
- 38. If parents are intravenous drug users:
 - Do they share injecting equipment?
 - Do they use a needle exchange system?
 - How do they dispose of syringes?
 - Are they aware of the health risks of injecting or using drugs?
- 39. Are parents aware of, and in touch with, local specialist agencies that can advise on such issues as needle exchanges, substitute-prescribing programmes, detox and rehabilitation facilities?
- 40. Are the parents receiving any form of support or treatment for their drug/ alcohol use? Does treatment include substitute prescribing? Do they find it helpful? Secure signed consent to liaise with named agency/ies.
- 41. If receiving prescribed medication, are parents aware of the dangers of the children accessing this?
- 42. Do they take adequate precautions to ensure this does not happen? i.e. drugs, medication etc is placed in a secure, lockable cabinet.

FAMILY SOCIAL NETWORK AND SUPPORT SYSTEMS

- 43. Do parents and children associate primarily with:
 - Other drug users?
 - Non-users?
 - Both?

- 44. Are relatives aware of the drug use? Are they supportive?
- 45. Will parents accept help from the relatives and other professional non-statutory agencies?
- 46. The degree of social isolation should be considered, particularly for those parents living in remote areas where resources may not be available and they may experience social stigmatisation.

■ **PARENT'S PERCEPTION OF THE SITUATION**

- 47. Do the parents see their drug use as harmful to themselves or to their children? I.e. accepts responsibility for own behaviour and acknowledges that if there are problems, change is needed?
- 48. Do the parents place their own needs before the needs of their children? I.e. cost of substance misuse vs. child's economic wellbeing.
- 49. Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. Child Protection procedures, statutory powers)?
- 50. What strategies have they already employed to cope with/ manage/ improve their current situation?

Appendix 5 – Assessment, care planning and interventions in adult treatment services

Assessment

Screening assessment

This assessment takes place at tier 1 interventions by generic services, and its purpose is to establish whether:

- the service user has a drug or alcohol problem
- there is any immediate risk to the service user
- there are any related problems
- the service user should be referred on to tier 2 services.

For alcohol use, screening tools such as AUDIT (alcohol use disorder identification tool) is used to identify types of harmful drinking (ie: hazardous, harmful, dependant).

Triage assessment

This assessment takes place at tier 2 interventions and is the first assessment undertaken when service users come into contact with specialist drug agencies. The purpose of the assessment is to establish the seriousness and urgency of the service user's problem and the most appropriate type of intervention, including referral on to tier 3 & 4 services.

Comprehensive assessment

This assessment takes place at tier 3 interventions where the service user presents with more complex problems requiring structured intervention based on a care plan.

The purpose of the assessment is to determine the extent and nature of the service user's drug and alcohol problems and any other co-existing problems such as physical or mental health problems, social functioning and offending. The assessment may be carried out by a multi-disciplinary team depending on the presenting issues.

Comprehensive assessments will be carried out on all service users where they:

- require structured or intensive intervention
- have a dual diagnosis (ie: mental health issues) or physical co-morbidity (ie: have a high risk of death due to substance misuse)
- exhibit a significant risk of harm to themselves or others
- are in contact with multiple service providers

- have a history of non-engagement with substance misuse services
- are pregnant or have children who are known to Children's Social Care.

Comprehensive assessments are used to inform the service user's care plan which sets out the levels and types of interventions that will be used to address their substance misuse and other related problems, including child care issues.

Risk assessment

Risk assessments are carried out on all service users at all tiers as part of the assessment process. The purpose of risk assessments is to identify whether the service user's substance misuse has or may harm themselves or others. Areas of risk that are considered are:

- risk of suicide or self-harm
- risks associated with substance misuse (ie overdose or alcohol poisoning)
- risk of harm to others (including children and partners through abuse or domestic violence) or from others
- risk of self-neglect

Where risks are identified, substance misuse workers will include risk management plans as part of the intervention programme, and in the case of children, will make appropriate referrals to Children's Social Care.

Care planning

Initial plans

Following a triage assessment, and depending on the service user's presenting issues, substance misuse workers may draw up an initial plan for service users who are identified as high risk, with multiple problems or difficulties in engaging with services.

The purpose of the initial plan is to help the service user focus on issues and treatment, and begin addressing their immediate needs by providing brief interventions and support.

Integrated care pathways

If a comprehensive assessment shows that a service user requires structured interventions, this will be recorded in an individual care plan that addresses their substance misuse and related issues and which is co-ordinated by a named key worker and agreed with the service user.

The plan will identify goals and detail interventions and treatments to be used. As many care plans are likely to be delivered by a multi-agency network, roles and responsibilities of each professional and agency involved are set out clearly in the care plan.

The care plan of each service user will address:

- their substance misuse
- their health (including physical and mental health)
- their social functioning (including employment, housing and relationships)
- where relevant, their offending

Care plans are regularly reviewed by the key worker, the service user and any other professionals who are involved in delivering services.

Interventions

Drug treatment interventions

Interventions will vary on the service user's needs and are delivered at different tiers of intervention. Some are open access and available at tiers 1 & 2, other interventions are only available as part of a structured care plan at tiers 3 & 4.

Substance misuse related information and advice: this is open access at tier 1 and helps service users to access further help and support.

Harm reduction: this is available from tier 2 upwards and focuses on helping service users to reduce the associated harm of their substance misuse, for example risk of blood-borne viruses or overdose. Examples of services are needle exchanges, testing and vaccination.

Prescribing: this is available from tier 3 upwards and is part of a structured care package, and is designed to reduce the symptoms of withdrawal, prevent relapse or stabilise the service user's substance use.

Structured day programmes: these programmes are available at tier 3 as part of a structured care plan and provide a range of interventions and activities for service users.

The programmes require service users to meet regularly with the key worker and others, and include individual and group work with psychosocial interventions including cognitive behavioural therapy, motivational interviewing and relapse prevention therapy.

Inpatient treatment: these are available at tier 4 as part of a structured care plan and are normally hospital based and medical in nature. Treatment can include stabilisation, detoxification and emergency medical care.

Residential rehabilitation: this is available at tiers 3 & 4 as part of a structured care plan with a range of treatment models designed to address substance misuse through a combination of psychosocial interventions and activities within a residential setting.

Aftercare: All care packages include a plan for after-care support through open access relapse prevention or harm reduction available at tier 2. The package is designed to support service users once tier 3 & 4 treatments have ended in order to maintain progress made by the service user.

Alcohol treatment interventions

Interventions are based on a two-step system depending on the identified level of drinking presented by the service user, and their eventual desired goal (ie: abstinence or reduction in consumption). The two main components are:

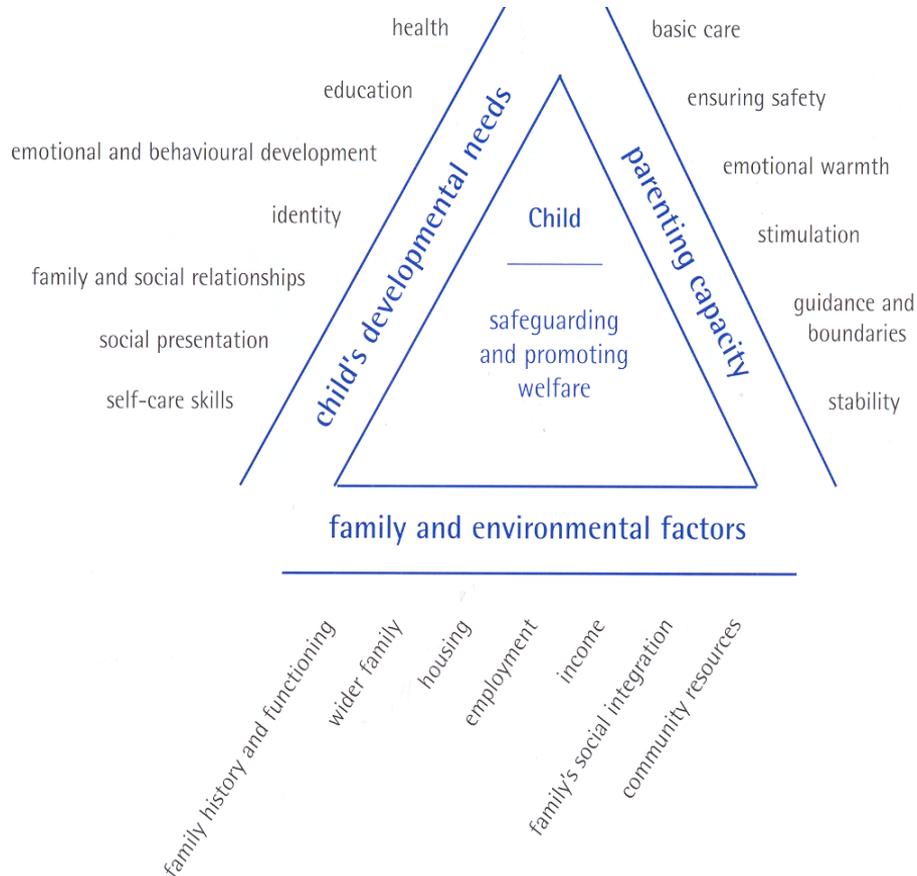
For *hazardous or harmful drinkers*, provision of brief interventions at tiers 1 & 2 to encourage reduced consumption to sensible levels. Interventions are based on provision of information on harmful drinking, setting goals for reduction and motivational therapy.

For *moderately or severely dependent drinkers*, provision of specialist treatment at tiers 3 & 4 for their dependence based on structured care plans. Interventions include psychosocial treatment for dependence, prescription to reduce withdrawal symptoms and prevent relapse, and addressing the impact of alcohol use on others.

Appendix 6 – Applying the Assessment Framework

ASSESSMENT FRAMEWORK

- effect of prenatal exposure to drugs
- subsequent special health needs as a result of above
- access or exposure to drugs/equipment
- effect on school attendance and ability to learn
- impact on quality of attachment(s) and feeling valued
- attitudes to drug use and offending behaviour
- experience of loss/bereavement
- sibling relationships and sibling drug use
- other caring relationships and 'lifelines'
- secrecy, stigma and social exclusion
- impact on friendships
- level of caring for self, parents and siblings



- details of drug use and impact on parental health/behaviour/mood
- physical availability to child and impairment of ability to provide care
- emotional availability to child
- strategies to protect child from impact of drugs
- role of drugs within parental relationships/partnership
- consistency and reliability
- priorities – drugs or child?
- messages to child about drug use and offending behaviour
- previous parenting capacity

- past drug treatment/engagement
- offending behaviour and convictions
- who knows about drug use? And implications for wider family relationships
- extend family able to act as carers
- adequacy of material resources – money and housing
- homes is exposed to risky adults or activities
- community attitudes and stigma
- support network outside the home

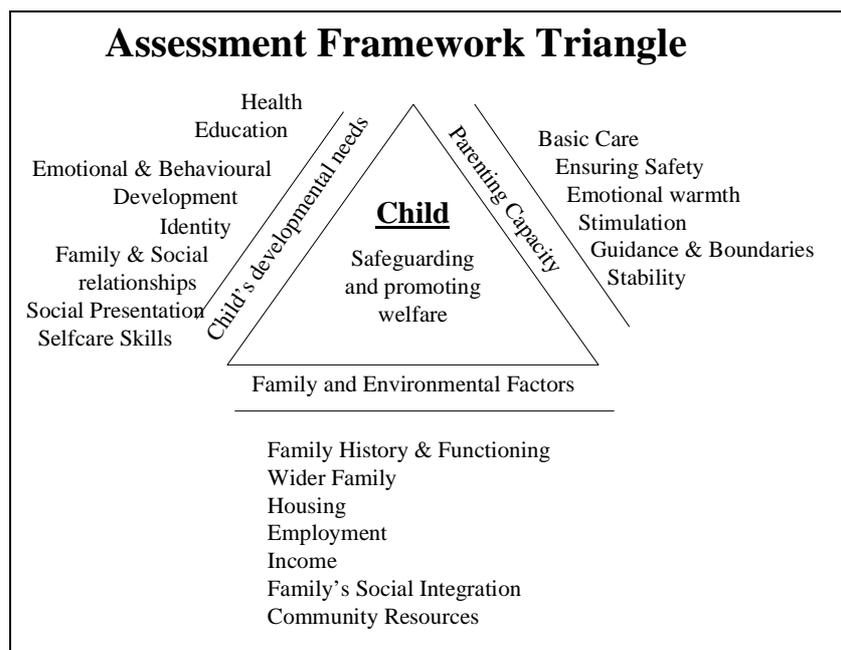
Appendix 7 – Children’s Social Care Assessment Process

Initial assessments should be completed within 7 working days from receipt of referral. Core assessments should be completed within 35 working days from receipt of referral. A decision can be made to commence a core assessment immediately if information known at referral indicates that a more comprehensive assessment is needed.

Social workers undertaking assessments will contact all agencies known to be working with the family in order to obtain information to contribute to the assessment. They will also do home visits, interview the parent/s or carer/s and obtain the wishes and feelings of the child/ren.

With regards to assessing the impact of parental substance misuse, social workers should bear in mind that individual tolerances to substances vary. It is therefore important to do careful analysis of an individual’s own particular substance misuse and how it affects them, and then the impact of that use on their care of their children. Social workers should be discussing the impact of the parental substance misuse with the specialist drug or alcohol service with which the client is engaged. If the parent is not attending any services, see Section 10.3 on page for information on how to refer.

All assessments are based on the *Framework of Assessment of children in need and their families* (DH 2000), and will look at the child’s developmental needs, their parent’s capacity to meet those needs, and any family or environmental factors that may affect these.



The framework is based on 3 domains;

1. The child's developmental needs
2. The parent's capacity to meet those needs
3. Family and environmental factors

Within each of these domains are several dimensions against which information should be gathered to enable social workers to make informed judgements about the child's needs and situation. The purpose of the framework is to analyse the information gathered about the child and their family to identify how the different dimensions interact, and how they affect functioning within the 3 domains. This analysis will enable social workers to identify the child's unmet developmental needs and formulate a plan that will enable the child to achieve the 5 *Every Child Matters* outcomes (see <http://www.everychildmatters.org.uk>).

Children in need:

These are children who either disabled or who are unlikely to meet a reasonable standard of health and development or whose health and development would be seriously impaired unless provided with services.

Children in need services are based on interventions designed to support the child to live at home by helping parents to overcome their own difficulties so that they are able to meet the child’s identified needs.

All children in need have an allocated social worker who links in with the professional network, including substance misuse workers who are working with the parents, in order to co-ordinate service delivery and monitor progress towards meeting the goals set out in the child’s plan.

Children in need of protection:

Where a child it is believed to be suffering or likely to suffer significant harm, Children’s Social Care will instigate child protection procedures in order to safeguard the child.

Significant harm is a term used in child protection legislation to describe the threshold at which intervention to protect a child from harm becomes a legal duty. It can be defined as:

Neglect: failure to provide basic care to meet the child’s physical needs, such as not providing adequate food, clothing or shelter; failure to protect the child from harm or ensure access to medical care and treatment.

Physical abuse: causing physical harm or injury to a child.

Sexual abuse: involving children in sexual activity, or forcing them to witness sexual activity, which includes involving children in looking at or the production of pornography.

Emotional abuse: failure to provide love and warmth that affects the child’s emotional development; psychological ill treatment of a child through bullying, intimidation or threats.

Where a child is assessed as or believed to be suffering or likely to suffer significant harm as a result of parental substance misuse, Children’s Social Care may need to invoke child protection procedures or other legal interventions in order to protect the child.

The main procedures for dealing with child protection concerns are contained in the London Child Protection Committee Procedures (also known as the pan-London procedures), which all professionals should follow whenever there are concerns that a child is suffering significant harm.

<http://www.londonscb.gov.uk/procedures/>

To gather all necessary information about the child, Children's Social Care will carry out checks with the family's professional network and hold a *strategy meeting* at which agencies involved with the family meet to share information and discuss concerns. Substance misuse professionals should be asked to attend or contribute to this meeting.

Depending on the outcome of these enquiries, Children's Social Care may decide that the concerns are well-founded and that a formal child protection enquiry (known as a section 47 enquiry) needs to be carried out, and a child protection case conference convened.

Child protection case conferences known as pre-birth conferences should be held in relation to all unborn children where there is maternal substance misuse.

The case conference is an opportunity for parents, Children's Social Care and all professionals involved with the family to meet and discuss concerns and decide whether or not the child requires a formal child protection plan in order to keep the child safe. Substance misuse workers who are working with the parent would be expected to attend and contribute to this meeting, providing information on the risk associated with parental substance misuse and the prognosis for the parent in terms of reducing substance use.

If the child requires a child protection plan, the substance misuse worker may be invited to join the core group of parents and professionals whose role is to develop and implement the child protection plan, which is reviewed at further child protection conferences and core group meetings on a regular basis.

Children Looked After (CLA)

These are children who need to be accommodated by Children's Social Care (on either a temporary or permanent basis) because they:

- have no-one to care for them
- are at risk of significant harm if they remain at home due to the care they receive (this is also the threshold for Islington obtaining a care order in respect of the child)
- cannot be cared for at home due to parental incapacity
- cannot remain at home because of family difficulties or because they are beyond parental control or their behaviour poses a serious risk to themselves or other children in the household

Children may come into the care system on a voluntary basis with parental consent or compulsorily under an interim or full care order. Children's Social Care will always consider finding a carer for the child from within their extended family or friends network (known as kinship care) as an alternative to foster care.

Children's Social Care need to make long-term plans for the care of CLA and rehabilitation to their parent's care will always be explored in the first instance.

Where this option is not in the child's interest, or cannot be achieved in a reasonable timescale for the child, Children's Social Care will look at a suitable kinship placement or other care options, such as long-term foster care or adoption.

Substance misuse workers will always be informed whenever Children's Social Care decide to accommodate a child or return them to their parents care, and will also be involved in any assessment of parents when Children's Social Care are considering care proceedings or rehabilitation plans for the child.

Appendix 9 – Parenting and Childcare Assessment

Parenting and Childcare Assessment (IMASMC part 7)

Note to staff:

Please use this tool as a guide to practice, it is not meant to replace your professional judgement. It is not necessary to ask the questions in a formulaic manner however the information is important to enable an assessment of possible risk posed to children.

Please consider if any information would suggest concerns that could place a child at risk. If so please follow agency procedures and pass on this information as appropriate.

See attached flowchart for assistance.

Service user

Name:	DOB:
Address:	Ethnic origin:
Name of assessor:	Date:
Signature:	

Children's details (please use additional sheets if necessary)

Name:	DOB:
Address:	Ethnic origin:
Name of health visitor:	Tel no/ email
Name & address of GP:	Tel no/ email
Name & address of school/ nursery/ childminder:	Tel no/ email
Other professionals involved:	Tel no/ email

Name:	DOB:
Address:	Ethnic origin:
Name of health visitor:	Tel no/ email
Name & address of GP:	Tel no/ email
Name & address of school/ nursery/ childminder:	Tel no/ email
Other professionals involved:	Tel no/ email

Name:	DOB:
Address:	Ethnic origin:
Name of health visitor:	Tel no/ email
Name & address of GP:	Tel no/ email
Name & address of school/ nursery/ childminder:	Tel no/ email
Other professionals involved:	Tel no/ email

Care Arrangements

1. Do/es your child/ren live with you?
Yes No (If No, go to question 3)

2. Are you the sole carer? Yes No

- 2a. Do/es the child/ren have contact with their other parent? Yes No

- 2b. Are there any other adults living in the household? (e.g. partner, relative, friend etc)
Yes No
Please specify:

3. Who do they live with? (e.g. other parent, grandparent, foster carer, family friend etc)

If the arrangement for the child living elsewhere is to last for a period of 28 days or more and the person they live with is not an immediate blood relative (eg. Grandparent, aunt/uncle, brother/sister) then a referral must be made to the Referral & Advice Team 0207 5277400 to advise them of this arrangement. This will be assessed as a Private Fostering Arrangement to ensure safety and welfare of child and support maybe provided to current carers.

4. Do you have contact with your child/ren?

Yes No (if No, go to question 5)

4a. Where does the contact take place? (e.g. at your place, at other family member's place, at a contact centre etc)

4b. How often do you have contact with your child/ren?

4c. Are there any overnight stays? Yes No

5. Are there any other child/ren living with you? (e.g. partner's child/ren, relative or friend's child/ren etc) Yes No

6. Do you ever leave your child/ren in the care of anyone else?

Yes No

Please specify:

Drugs & Alcohol

1. Where do you keep your drugs/ alcohol?

2. Where do you take your drugs/ alcohol?

3. Where are the child/ren when you are using drugs/ alcohol?

4. Who looks after the child/ren when you use drugs or drink?

5. Who else uses drugs/ alcohol in your home?

If prescription drugs are stored in the house a joint visit to ensure safe storage is necessary.

Please contact Chris Arnold Specialist Social Worker: Parental Substance Misuse & Childcare 020 7527 2034 or e-mail chris.arnold@islington.gov.uk to arrange a visit.

Domestic Violence

1. Please refer to Islington Multi Agency Common Substance Misuse Assessment Form.

Is there Domestic Violence concerns noted in this form? Yes No

Pregnancy

1. Are you or your partner pregnant? Yes No

2. What is your/their expected date of delivery?

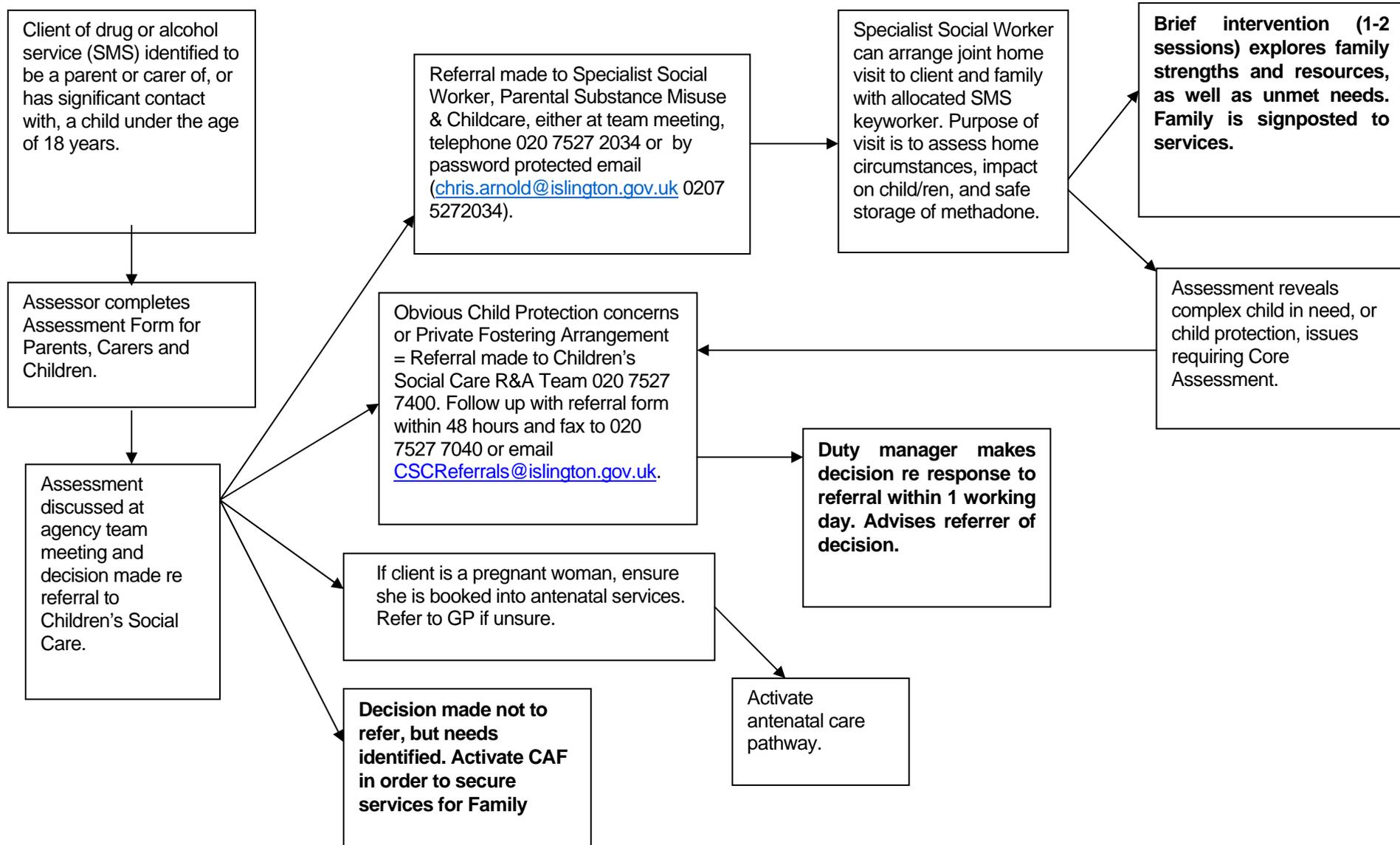
3. Are you/they booked into antenatal services? Yes No

4. At which hospital?

For office use only

Date discussed at MDT or by seniors	
Referral decision (tick one)	To Parental Substance Misuse & Childcare Team
	To Children's Services
	Decision made not to refer (specify reason)
Date referred	
Referral method	Phone/ Email/ Letter/ Fax/ In meeting/ Other

Referral Flowchart for Parents & Carers



Drug Services Referral Form

Drug Services Consent to Liaise Form and Islington’s Informed consent protocol 2010

Alcohol Triage Form

These forms have been updated and will be available from <http://www.islington.gov.uk/Community/safer/findaservice/>

Please go to the ‘Safer Islington’ section then to the ‘Community & Living’ section, then to ‘Find a Service’ and under the ‘Drug & Alcohol Treatment’ please find forms.

Appendix 11 – National Resources

AdFam

<http://www.adfam.org.uk/>

Al Anon

Tel: 020 7403 0888

<http://www.al-anonuk.org.uk/>

Alcoholics Anonymous

Tel: 0845 769 7555

<http://www.alcoholics-anonymous.org.uk/>

Alcohol Concern

64 Leman Street

London E1 8EU

Tel 020 7264 0510 fax 020 7488 9213

<http://www.alcoholconcern.org.uk/>

Alcohol Concern Practitioners' Toolkit

<http://www.alcoholandfamilies.org.uk/>

Drink line

Tel: 0800 917 8282

DrugScope

Prince Consort House

Suite 204 (2nd Floor)

109-111 Farringdon Road

London EC1R 3BW

Tel 020 7520 7550 Fax 020 7520 7555

<http://www.drugscope.org.uk/>

Every Child Matters

<http://www.education.gov.uk/>

Every Child Matters Information Sharing Guidance

<http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/informationsharing/informationsharing/>

Families Anonymous

Tel: 0845 1200 660

<http://www.famanon.org.uk/>

London Child Protection Procedures

<http://www.londonscb.gov.uk/procedures/>

National AIDS Helpline
Tel: 0800 567 123

National Association for Children of Alcoholics (NACOA)
Tel: 0800 358 3456
www.nacoa.org.uk

National Drugs Helpline
Tel: 0800 77 66 00
<http://talktofrank.com/>

National Treatment Agency
6th Floor
Skipton House
80 London Road
London SE1 6LH
Tel 020 7972 1999 fax 020 7972 1997
<http://www.nta.nhs.uk>

PADA, Parents against drug abuse
Tel: 08457 023 867
<http://www.pada.org.uk/>

STARS
<http://parentsusingdrugs.org.uk/>

Stella Project
Greater London Domestic Violence Project
1st Floor Downstream Building
1 London Bridge
London SE1 9BG
020 7785 3862
www.gldvpstellaproject.org.uk

What to do if you are worried a child is being abused - Department for Education and Skills 2006
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007508

Working together to safeguard children
<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/workingtogether/workingtogethertosafeguardchildren/>

APPENDIX 12

List of individuals and services involved in the production of the original version of the protocol

Working Group Members

Jenny Carpenter, Service Manager, CASA Family Service

Brenda Celestine, Specialist Midwife, Primary Care Unit and University College Hospital

Dawn Chamberlain, Service Manager, Islington Drug & Alcohol Specialist Service (IDASS)

Lali Gostich, Project Manager, CASA Families Partners and Friends Service

Marie O'Driscoll, Specialist Health Visitor, Substance Misuse, NHS Islington and Islington Drug & Alcohol Specialist Service (IDASS)

Gill Watson, Specialist Social Worker, Parental Substance Misuse & Childcare, Islington Children's Social Care and Islington Drug & Alcohol Specialist Service (IDASS)

Islington Hidden Harm Steering Group 2008

Name	Organisation
Tony Nagle (chair)	Young Person's Drug & Alcohol Manager, Children's Social Care, Islington Children's Services
Dawn Chamberlain	Service Manager, Islington Drug & Alcohol Specialist Service (IDASS), Camden & Islington NHS Foundation Trust
Michael Mackay	Service Manager, Targeted Youth Support, Islington Children's Services
Catherine Briody	Young People Crime and Drugs Strategy and Commissioning Officer, Islington Community Safety Partnerships Unit
Mary O'Donnell	Drug & Alcohol Services Commissioner, Strategy & Commissioning Department, NHS Islington
Olive Allu	Senior Practitioner, Islington Health Visiting Services, NHS Islington
Jenny Carpenter	Service Manager, CASA Family Service
Hazel Jordan	Senior Manager, CASA
Gill Watson	Specialist Social Worker, Parental Substance Misuse & Childcare, Children's Social Care/ Camden & Islington NHS Foundation Trust
Marie O'Driscoll	Specialist Health Visitor, Substance Misuse, NHS Islington/ Camden & Islington NHS Foundation Trust
Sue Stevenson	Specialist Domestic Violence Social Worker, Children's Social Care, Islington Children's Services
Ralf De Horn	Service Manager, Milton House/Dovetail/Cranstoun Outreach, Cranstoun Drug Services
Eileen O'Neill/ Karen Clark/ Jennifer Savage/ Vivienne Thompson	Children's Centre Senior Social Workers, Children's Social Care, Islington Children's Services
Kim Lawson	Manager, Adolescent Multi Agency Support Service (AMASS), Children's Social Care, Islington Children's Services

Sharon Pinhas	Family Drug & Alcohol Worker, AMASS, Children's Social Care, Islington Children's Services
Andrew Jenkins/ Irina Andrade/ Kate Dallas	Project Manager/ Senior Practitioners Islington DIP (CERT Team), CRI
Kate Langan	Community and Diversity Engagement Coordinator, Islington Drug & Alcohol Action Team
Claire Colley	Domestic Violence Worker, Nia Project
Lynne Townsend	Service Manager, Alcohol Advisory Service for Camden & Islington (AASCI), Camden & Islington NHS Foundation Trust
Sue Phillips	Service Manager, Islington Young Carers Project, Family Action
Anthony Gill/ Penny Chequer/ Lesley Nichol	Service Managers, ISIS Project, CRI
Ann May	Senior Lawyer, Corporate Law & Community Services, Islington Council
Lourdes Keever	Team Manager, Islington Probation
Dion Spence	Manager, Independent Domestic Violence Advocacy Service (IDVAS), Solace Women's Aid
Nick Harvey	Child Protection Coordinator, Children's Social Care, Islington Children's Services
Kelvin Obbard	Manager, Foundation 66
Lali Gostich	Service Manager, CASA Families, Partners & Friends Service
Kelly Etienne	Senior Administrator, Islington Young Peoples' Drug & Alcohol Service, Children's Social Care, Islington Children's Services
Cordelia Mayfield	Manager, Women's Alcohol Service Foundation 66
Heather Jenkins & Jo Austin	Specialist Midwives, Whittington Hospital
Terry Orr	Manager, Primary Care Alcohol & Drug Service (PCADS), NHS Islington
Hannah Walker	Student Social Worker, Islington Young Peoples' Drug & Alcohol Service, Children's Social Care, Islington Children's Services

Camden & Islington NHS Foundation Trust Children's Strategy Group

Jennifer Brown, Parental Mental Health and Child Care Worker (Camden)
Jane Chapman, Assistant Director of Nursing
Ian Collis, Consultant Psychiatrist and Named Doctor
Keith Ibbetson, Independent Safeguarding Consultant
Claire Johnston, Head of Nursing and Performance
Roz Jones, Assistant Director of Nursing
Peter Kane, Service Manager Response and South Camden Drugs Service
Shirley McNicholas, Women's Lead
Kate O'Regan, Assistant Director, Islington Residential & Rehabilitation Service and Safeguarding Lead
George Platts, Asst. Director, Camden Community Services
Hari Sewell, Director of Health and Social Care Improvement
Gill Watson, Specialist Social Worker, Parental Substance Misuse & Childcare (Islington)

**ISLINGTON INTERAGENCY PROTOCOL
 FOR
 WORKING WITH CHILDREN AND FAMILIES
 AFFECTED
 BY
 PARENTAL SUBSTANCE MISUSE
 LAUNCHED ON THE 17TH NOVEMBER 2010**