



LOCAL INITIATIVES: SAFEGUARDING IN SHEFFIELD AND LEWISHAM

Drug strategy outcome: the capacity to be an effective and caring parent.

One of a series of practice examples on the [Recovery Resources](#) website that demonstrate how commissioners and providers are putting the drug strategy outcomes into practice.

Safeguarding and substance misuse

Overview

These case studies highlight approaches some areas are taking to substance misuse related child safeguarding issues. We hope these examples will help those developing their own local protocols to ensure the children of substance misusing parents (or carers) are protected from harm, that their welfare needs are met and that outcomes are improved for their parents.

Drug or alcohol use can reduce the capacity of parents or carers to provide appropriate care. Evidence suggests their children are more likely to experience neglect, to experience low self-esteem and bullying, to achieve lower educational attainment and that they may be more vulnerable to developing substance misuse problems themselves. Some children's health or development may be impaired to the extent that they suffer or are likely to suffer significant harm, although the nature and the extent of the impact on a child will depend on a wide range of factors.¹ Additionally, some young people may, as a result of parental or familial substance misuse, become young carers, who are often unidentified and consequently do not receive appropriate support.

Local safeguarding approaches have to be adapted and developed to reflect local priorities and need. The examples within this document are not best practice but are interesting approaches, at differing levels of maturity, and have been selected in partnership with PHE centres and local authorities.

More detailed guidance on the development of local protocols between drug and alcohol treatment services and local safeguarding and family services is available at:

www.nta.nhs.uk/uploads/yp_drug_alcohol_treatment_protocol_1109.pdf

Detailed supporting documents are available here:

www.nta.nhs.uk/uploads/supportinginformation.pdf

¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf

1. Sheffield Safeguarding Children Substance Misuse Service

Overview of service

The Safeguarding Children Substance Misuse Service (SCSMS) works to lessen the impact on children of substance misuse in their household by working with both adult drug and alcohol services and childcare services. It ensures that safeguarding children remains high on the substance misuse agenda, and that substance misuse issues remains on the agenda of all parenting, family and childcare services as identified in the Hidden Harm strategy. This local strategy has been endorsed by the Sheffield Safeguarding Children Board (SSCB) and the drugs and alcohol coordination team and prioritises the early identification of problems, early intervention and closer, more joined-up working.

Aims

The system in Sheffield has developed over time. The Sheffield Safeguarding Children Board (SSCB – previously the Area Child Protection Committee) set up the SCSMS in 1999 to:

- develop and deliver multi-agency training relating to safeguarding children and substance misuse
- ensure that safeguarding children is high on the agenda of local drug and alcohol misuse services
- improve communication and pathways between adult drug and alcohol misuse services and services working with children and families
- develop systems and processes to support workers and ensure that all children living in households where there is drug and alcohol misuse are safeguarded

Target group

Services working with families or households with children where there is parental or carer substance misuse either known or suspected.

SCSMS focuses on:

- delivering training in relation to parental substance misuse and safeguarding the welfare of children
- producing and implementing substance misuse protocols and multi-agency guidance in response to local and national initiatives

- managing confidential data systems recording information relating to children living in households where there is substance misuse to help research local activity and assist in planning
- managing the Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG): the local screening risk assessment system for all women who disclose substance misuse during pregnancy
- increasing professional awareness by providing advice and support to workers from agencies across the city
- conducting needs assessments through user consultation and audit, as well as identifying gaps in provision
- working with substance misuse services to ensure safeguarding children remains a primary focus
- producing awareness raising literature and leaflets, including safer storage medication boxes for the substance misuse community
- identifying learning points from national serious case reviews involving substance misuse
- working with partner agencies to develop tools and resources to safeguard the needs of children living in households where there is substance misuse

How the service works

Each substance misuse service has a safeguarding lead. The safeguarding leads from each drug and alcohol service meet quarterly with the Safeguarding Children Substance Misuse Service to discuss all new initiatives, current working and any issues that need addressing. This ensures consistency across the city and has led to the development of:

- the Substance Misuse Safeguarding Children Protocol, which sets out the information to be collected (and shared) and the work to be undertaken
- the Every Child Matters form – used by drug and alcohol services to collect information regarding children living with their clients, the agencies involved with the family and to identify protective and risk factors within the household
- parenting interventions – both the development of worksheets and training drug and alcohol workers to deliver parenting courses. The worksheets and courses

encourage parents to think about the way they interact with and care for their child

- information leaflets for parents who misuse drugs and/or alcohol – highlighting the potential impact on children of parental drug and alcohol misuse and suggesting ways to reduce it
- an advice and consultation service focused on safeguarding children and substance misuse accessible by all relevant services in the city. Workers across social care, family support and substance misuse services can access information to ensure that each service has all relevant information when completing assessments. This also builds awareness about other workers and services involved with the family and aids communication
- multi-agency guidance for staff of all agencies that might come into contact with a household with a child
- an annual case and file audit/review of all parent and carer files within drug and alcohol services
- safer storage boxes for storing substitute medication were designed and developed. They are distributed by the drug services to all adults who say they have a child who lives with them or visits their house. Providing the box also enables a discussion between the worker and the client regarding the dangers of a child accessing, or being given, methadone or buprenorphine

Routine liaison between the family health visitor service and the drug/alcohol service

The family health visiting team is routinely notified by drug/alcohol workers of all cases where an adult accesses a drug/alcohol service in Sheffield and discloses having a child under the age of five in the household. The notification is followed by a case discussion that helps the health visitor and the drug/alcohol worker complete a risk assessment for the children in the family, which may include conducting a joint home visit and a recommendation for entitlement to free early learning (FEL) in age appropriate children. All changes in the family's circumstances (for example, a parent disengaging with the drug/alcohol service or a child missing health appointments) are routinely communicated.

Multi-agency pregnancy liaison and assessment group

Community midwives routinely ask all pregnant women, when they book their antenatal care, whether they have, or have had, any difficulties with drugs or alcohol. Women who disclose current difficulties are routinely referred to the specialist midwifery service. Onward referral to MAPLAG is made (by the specialist midwifery service and the drug

and alcohol pregnancy clinic) for all pregnant women assessed as: currently being in treatment for drug or alcohol misuse; having ongoing problematic or dependent drug use (including cannabis); or having ongoing problematic or dependent drinking.

MAPLAG is a SSCB meeting that shares detailed information regarding the pregnant woman and, where applicable, her partner; makes recommendations about the level of risk in respect of safeguarding children and makes onward referrals for each family to Social Care Services if child protection issues are identified. If the family is identified as having additional needs that would benefit from support, a referral can be made to multi-agency support teams. It is attended by midwifery, obstetrics, health visitors, social care, and adult drug and alcohol services. It is chaired by the Safeguarding Children Substance Misuse Development Service. Information is also collected, where relevant, from probation, police, early years services and schools prior to the meeting.

Early identification of alcohol misuse

The substance misuse service (Sheffield Health and Social Care NHS Foundation Trust, SHSC) has developed a web based screening tool to enable workers from all children, adult and family services to:

- quickly screen for problematic alcohol use using a validated tool
- provide clients with personalised brief advice using their own information from the screen
- refer clients, with their consent, to the alcohol service immediately following the screen using an online tool

Sheffield children's social care (CSC) now undertakes alcohol screening with parents/carers during assessment, a significant number of Sheffield GPs use the tool for new patients and it is used in community pharmacy settings, domestic abuse services, mental health and general hospital services. Community midwifery complete an alcohol screen on women at the booking meeting for their pregnancy, and health visitors carry out alcohol screening with mothers and fathers when their baby is six to eight weeks old to help reinforce the 'safe sleep' message. Family intervention workers carry out alcohol screening when a family accesses family support.

The use of the Sheffield alcohol screening tool has already resulted in:

- a significant increase in referrals into the adult alcohol service from children's services
- better and earlier identification of children who live with alcohol misuse so appropriate support can be offered to them

- a better understanding of the prevalence of alcohol misuse within the client group accessing the participating services

2. Lewisham Hidden Harm Service

Overview of service

Lewisham's approach was developed in 2009 and builds on the Hidden Harm agenda, which supports and protects the children of drug-using parents.

The Hidden Harm Service was created in response to the issue of parental substance misuse. It is led by a coordinator and places an emphasis on services working together to protect children and safeguard their health and wellbeing.

The Hidden Harm Service is part of the Prevention and Inclusion Team working in partnership with CSC and uses the integrated children's system (ICS) to record and screen information. Information is reviewed when a parent accesses treatment and action taken taking into account both information sources. The service works with other professionals within the network and improves communication between adult services and the child's social worker.

Aims

To effectively link adult services with children and family services, ensuring that the family receives a holistic, co-ordinated and comprehensive approach with easy access to appropriate services to address their needs. A 'Think Family' holistic approach is embedded in the service. In effect, 'Think Family', means reforming services with the ambition for more co-ordinated support from systems and services to ensure better outcomes for vulnerable children.

Target group

The service works with vulnerable families in Lewisham to ensure early entry into treatment for parents and an improved understanding of what needs to change to make a positive difference for children.

How the service works

Referrals are accepted to Hidden Harm from universal children's services when there are known or suspected issues around parental substance misuse. The parent or carer can be visited at home and a wide-ranging support plan formulated considering the identified concerns with the parent and shared with the professionals from children's services. Direction is offered to other agencies around how to best support the needs of the family and facilitate change.

There has been a greater emphasis on joint working between the adult substance misuse services and CSC. This has been achieved by having weekly meetings concerning cases of particular interest. At these meeting concerns can be raised and

action plans formulated. Cases can be flagged up by CSC or the substance misuse treatment service. Typically cases are recent referrals, cases that are in care proceedings, or families on child protection plans. If a parent enters treatment, CSC files are reviewed as a mandatory task to check the child's status and review any recent risk to enable appropriate advice to be given.

At these meetings relevant information is shared by reviewing client record systems at the treatment service and contact records in CSC, which are then updated as needed. This provides staff within CSC and the treatment service with up to date information and alerts regarding any concerns and ensures that staff are aware of 'current and changes' in risk.

In these meeting specific tasks are requested. An example of this may be where a recent referral has gone into CSC, but an assessment has not been initiated and the family need universal support from targeted services. In many cases, interventions that the treatment service could provide could lead to a reduction in risk to children. Examples of this could be gaining alternative carers' details, contacting the child's school, completing a home visit, or referring for universal additional support through the common assessment framework (CAF).

A requirement can also be set that staff monitor specific concerns and regularly review information. This means of information sharing is especially important when most adult workers do not necessarily see the child.

This has been particularly useful in facilitating information sharing for the shorter timescales in care proceedings.

Hidden Harm support practitioner

A Hidden Harm support practitioner is employed full time to provide parents with 1:1 support to start to engage with treatment services. They also provide brief interventions and explore with parents the impact of parental drug and alcohol use on children, boosting motivation and engagement with services. This is useful in evidencing change.

Hidden Harm training opportunities and resources

These are available to staff in all relevant services.

- Hidden Harm inductions to all new staff in children's social care teams: designed to embed the practices and agenda of Hidden Harm are provided to all new CSC staff
- Lewisham Safeguarding Children Board Hidden Harm and young carers lunchtime briefing. A **one-hour introduction** for professionals working in the borough's universal services

- universal guidance. A [guide to working with substance-using families and their children](#) has been updated recently and uploaded to the safeguarding board website, where it is available to all professionals working within the borough as well as any other interested parties. This is common guidance for all services who work with children and their families
- clients with children training. This [training](#) helps workers within adult services who do not have contact with children to understand the child's experience
- promotion of e-learning from the Social Care Institute of Excellence. Free e-learning [resources](#) that provide an introduction into exploring parental substance misuse
- Lewisham also provides a range of [training and resources](#) for staff and volunteers working directly with children, young people and families. This improves their understanding and identification of, plus responsiveness towards, issues arising from safeguarding concerns
- there is a complementary [package of training](#) for staff and volunteers working with people who misuse drugs or alcohol or who might be at risk of substance misuse related problems

[Alcohol bracelet pilot:](#)

The council has run a pilot between CSC, substance misuse services and Hidden Harm to support parents and evaluate risk with the use of transdermal technology. This measures alcohol within a parent's system 48 times per day. This is useful in monitoring risk and assisting a parent's motivation. An evaluation report will be available shortly.

www.scramsystems.com/index/scram/continuous-alcohol-monitoring