



OVERVIEW AND SCRUTINY BOARD

8 MAY 2012

FINAL REPORT OF THE CHILDREN AND LEARNING SCRUTINY PANEL - SUBSTANCE MISUSE AMONG PARENTS AND CARERS

PURPOSE OF THE REPORT

1. To present the Children and Learning Scrutiny Panel's findings, conclusions and recommendations following its investigation of substance misuse among parents and carers in Middlesbrough.

INTRODUCTION

2. It is estimated¹ that 1.2 million children and young people in the UK live with a parent or carer who uses drugs or alcohol, although all are not dependent on its usage. In England, 2-3% of children and young people live with a parent or carer who uses drugs. Even more live with someone who uses alcohol. Nationally, a third of adults receiving treatment for substance misuse problems have childcare responsibilities, which can sometimes lead to serious problems for the children concerned.
3. Parental or carer drug or alcohol use can reduce the capacity for effective parenting. In particular the children of parents or carers who are dependent on drugs or alcohol are more likely to develop behaviour problems, experience low educational attainment and be vulnerable to developing substance misuse problems themselves. Some children's health or development may be impaired to the extent that they are suffering or likely to suffer significant harm.
4. However, not all substance² misusers families experience difficulties. Some parents may experiment with drugs or use them recreationally but this may not always impact on the ability to care for their child. On the other hand, parents and children may hide very serious problems - parents may be concerned about their children being taken into care, while children are often wary of talking about their needs for fear of losing their parents.

¹ By the website Youncarer.com.

² 'Substances' includes legal drugs such as alcohol, as well as illegal drugs including cannabis, cocaine etc.

5. Substance misuse is therefore a complex issue, affecting not only individuals but potentially also their families, especially children. In this context, the Children and Learning Scrutiny Panel sought to examine the current position in Middlesbrough, including support that is available and the scale of the local problem.

MEMBERSHIP OF THE PANEL

6. The membership of the scrutiny panel was as follows:

Councillors J Walker (Chair), J Sharrocks (Vice-Chair); and Councillors, Hawthorne, Hussain, S Khan, Mrs Pearson OBE, G Purvis, Taylor and Williams. Plus the following Co-optee: Father G Holland.

HOW INFORMATION AND EVIDENCE WAS OBTAINED

7. The scrutiny panel undertook an in-depth investigation and met on five occasions between 7 December 2011 and 28 March 2012 to gather information. Information was submitted by Council Officers and representatives of drug and alcohol services commissioned by the authority.
8. A Scrutiny Support Officer from Legal and Democratic Services co-ordinated and arranged the submission of written and oral evidence and arranged witnesses for the review. Meetings administration, including preparation of agenda and minutes, was undertaken by a Governance Officer from Legal and Democratic Services.
9. A detailed record of the topics discussed at Panel meetings, including agenda, minutes and reports, is available from the Council's Committee Management System (COMMIS), which can be accessed via the Council's website at www.middlesbrough.gov.uk.

TERMS OF REFERENCE

10. The terms of reference of the scrutiny investigation were as follows:
 1. To examine the 2010 guidance produced by the National Treatment Agency for Substance Misuse and its implications for service provision in Middlesbrough.
 2. To consider the scale of the problem in Middlesbrough and how children of parents or carers who misuse substances are identified and referred to relevant services. This should include how Children's Services are informed of children and young people who require early intervention or safeguarding.
 3. To determine what assistance is provided to affected young people in Middlesbrough, including links with relevant bodies and agencies and links with other Council strategies and service areas.
 4. To consider the effectiveness of intervention and support, including how this is measured.

THE PANEL'S FINDINGS

11. The scrutiny panel's findings in respect of substance misuse among parents and carers are set out in this report. Due to areas of overlap between all of the terms of reference, the panel's findings are not set out against a specific term of reference but cover the issues highlighted by them under the following main headings:

- Historical background
- Development of Joint Local Protocols Between Drug and Alcohol Partnerships, Children and Family Services.
- The Local Context and Council Involvement in the Issue of Substance Misuse.

HISTORICAL BACKGROUND

12. The scrutiny panel considered information relating to the historical background leading up to publication of the latest guidance. Information was considered as follows:
- Hidden Harm
 - Hidden Harm 3 Years On

Hidden Harm

13. In 2003, the Government's Advisory Council on the Misuse of Drugs published a report entitled *Hidden Harm: Responding to the Needs of Children of Problem Drug Users*. This document is commonly referred to as 'Hidden Harm'. The term *hidden harm* is a generic one that recognises that the unborn and children of problem drug and alcohol users have largely remained hidden from view and may be (are) at risk of being affected by parental/carer substance misuse.
14. The focus of Hidden Harm was on problem drug use, with the impact of alcohol being considered as an additional factor. Nevertheless, many of the recommendations it made for protecting and supporting the children of problem drug users were applicable to the children of problem drinkers.
15. The report had difficulty arriving at accurate estimates of children and young people living with parents/carers who misused substances. This was partly because of the limited information held on the drug treatment monitoring systems, as well as a lack of systematic recording and identification of children in these circumstances by mainstream children's and maternity services.
16. The report's key findings were as follows:
- It was estimated there were between 250,000 and 350,000 children of problem drug users in the UK - about one for every problem drug user.
 - Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
 - Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
 - Effective treatment of the parent can have major benefits for the child.
 - By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
 - The number of affected children is only likely to reduce when the number of problem drug users decreases.
17. The report made a number of recommendations for a wide range of public services. As a result, a joint approach was implemented that involved all local authorities in England and their partners.

Hidden Harm - Three years On

18. In early 2007, the Advisory Council on the Misuse of Drugs produced an update report - *Hidden Harm Three Years On: Realities, Challenges and Opportunities*.
19. The purpose of the report was threefold:
 - To examine progress on implementation of the recommendations of the original *Hidden Harm* report in 2003.
 - To provide examples and information regarding initiatives to assist local commissioners and providers in relevant fields.
 - To identify key learning for the future for central and regional government and local commissioners and providers on ways to strengthen implementation of the original recommendations and address areas of policy and practice identified as needing further work.
20. The update highlighted that the original *Hidden Harm* report had had a significant impact on policy and practice at national, regional and local level, with evidence of positive progress in all parts of the UK.
21. There was also evidence that the potential and actual harmful experiences of these children were becoming more widely acknowledged, resulting in more action by more agencies. In this way the harm was becoming less 'hidden' and ignored. Many useful practice examples and lessons from research and evaluation were identified.
22. The report demonstrated that children can experience improvements in their lives and those of their families when the complexity of hidden harm is grasped and co-ordinated responses between adults' and children's services are developed and put into practice.
23. It is of significant note that the National Alcohol Harm Reduction Strategy for England, 2004 estimated that, at that time, there were up to 1.3 million (one in eleven) children in the UK living with parents who misused alcohol. Therefore five times as many children could be affected by parental alcohol problems as by parental drug misuse.
24. Statistics from the National Drug Treatment Management System (NDTMS), showed that during 2008-09, there were 2275 children and young people aged under 18 who were living with at least one adult who was in ³Tier 3 treatment in Middlesbrough, primarily for opiate and/or crack. Additionally there were a further 680 children and young people living with adults who were in ⁴Tier 3/4 treatment in Middlesbrough for alcohol misuse (ie effectively alcoholics). It follows, therefore, that many more children - with numbers unknown - will be living with parents who misuse alcohol but who are not receiving treatment for alcohol problems.

DEVELOPMENT OF JOINT LOCAL PROTOCOLS BETWEEN DRUG AND ALCOHOL PARTNERSHIPS

25. Information was submitted regarding National Treatment Agency for Substance Misuse (NTA) guidance on developing a joint local protocol.

³ i.e. community prescribing services offering illicit drug misusers a medically-supervised substitute.

⁴ Tier 4 treatments can include inpatient (residential) detoxification programmes/specialised units for people with substance misuse disorders, including 24 hour medical care (see paragraph 45 onwards for further information).

26. Most recently, the Coalition Government has expressed a commitment to developing a new approach to supporting families with multiple problems, including those where substance misuse is a factor. In 2010, a national campaign was announced to support and help turn around the lives of families with multiple problems. This was to include improving outcomes and reducing costs to welfare and public services.
27. This has involved the National Treatment Agency for Substance Misuse (NTA). The NTA is a National Health Service (NHS) special health authority, established to improve the availability, capacity and effectiveness of drug treatment in England. The service aims to help people overcome their addiction and regain their lives.
28. Accordingly, in December 2010, the NTA published a document entitled ⁵*Supporting Information for the Development of Joint Local Protocols Between Drug and Alcohol Partnerships, Children and Family Services*. This sets out how all agencies can work more closely together to take a safeguarding approach to child protection in order to prevent problems before they reach crisis point.
29. The overarching purpose of the agreed protocol should be agreed by all key partners. The protocol will usually apply to unborn babies, children and young people whose care is deemed to be at risk due to substance misusing parents or carers and should cover issues such as:
 - Strengthening the relationship between drug and alcohol services and children and family services.
 - Identification, assessment and referral of drug or alcohol using parents.
 - Identification, assessment and referral of children who need to be safeguarded.
 - Referral thresholds and pathways into children and family services.
 - Referral thresholds and pathways into drug and alcohol treatment services.
 - Effective joint working arrangements, including sharing of information and data.
 - Staff competencies and training.
30. Progress on development of a joint protocol in Middlesbrough is covered later in this report.
31. Further to the information from paragraph 27 onwards, it is noted that, as part of its ongoing National Health Service reform proposals, the Government is to abolish the National Treatment Agency for Substance Misuse (NTA). Its functions will be transferred to a new national service - Public Health England (PHE). Under the new arrangements, most drug and alcohol services will be commissioned by local authorities through Directors of Public Health, supported by new Health & Wellbeing Boards. These changes will clearly impact on authorities' future involvement in drug and alcohol services.

THE LOCAL CONTEXT AND COUNCIL INVOLVEMENT IN THE ISSUE OF SUBSTANCE MISUSE

32. In examining this aspect of the scrutiny topic, the panel considered information regarding:

⁵ See NTA website at: <http://www.nta.nhs.uk/uploads/supportinginformation.pdf>

- Children, Families and Learning Involvement in Substance Misuse.
- Adult Social Care Involvement in Substance Misuse.
- Substance Misuse Services in Middlesbrough.
- Progress on developing a joint local protocol.

Children, Families and Learning Involvement in Substance Misuse

33. The scrutiny panel notes that in the case of 'hidden harm' issues of drug and alcohol misuse, it will usually be adult social services that identify affected adults. The Council's Children, Families and Learning (CFL) Department would then generally only become involved by responding to an associated young person's needs - for example children of adults using drug or alcohol treatment services. In this wider context, the needs of a child will most often relate to parenting issues, such as a lack of care for the child concerned, and not to the child being at risk of substance misuse themselves.
34. The Council's Children, Families and Learning department is also involved in substance misuse among parents and carers through services that it commissions - the Safer Middlesbrough Partnership(SMP) and Middlesbrough Safeguarding Children Board (MSCB) are directly involved in substance misuse issues.
35. The Safer Middlesbrough Partnership came about following the merger of the Crime and Disorder Reduction Partnership (CDRP) and Drug and Alcohol Action Team (DAAT). The SMP provides strategic direction to community safety partners with the aim of co-ordinating a multi-agency response to reduce harm caused through the misuse of drugs and alcohol. The partnership is also concerned with reducing crime and anti-social behaviour and reducing fear of crime.
36. The SMP is involved in commissioning some of the local drug and alcohol services shown at paragraph 46, while the MSCB has been involved in considering how a joint local protocol on substance misuse can be developed in Middlesbrough.
37. Children, Families and Learning is also involved in working directly with teenage parents (under 18). A very small number of these might have substance misuse issues, in which case CFL would provide appropriate support or referral.

Adult Social Care Involvement in Substance Misuse

38. The scrutiny panel was aware adults who are undergoing treatment for substance misuse may be known to adult social services. Accordingly, the panel was keen to explore how any children of these service users who may be at risk are picked up by the relevant children's services.
39. The panel heard that children of substance misusers can become known to relevant services through:
 - a. Self-referral - for example by an adult presenting themselves for help or treatment. They would then be asked if they have children, with action taken accordingly by the agency concerned.
 - b. Referrals via Adult Social Care - with mechanisms in place to refer any affected children to children's services.

(Cont....)

- c. The criminal justice system - everyone arrested for an acquisitive crime (such as shoplifting) is tested for drugs, with intervention/treatment then being provided as appropriate.
 - d. Use of the Pre-CAF assessment by relevant agencies/bodies.
 - e. Referrals from sources such as schools and general practitioners.
40. It was explained that workers in Adult Social care's Care Management Teams will make any child protection/child in need referrals as necessary. This is done in partnership with children and families services. In the case of all adults referred to care management teams, a needs assessment is completed that looks at adults' ability to parent effectively.
41. Reference was also made to the various service user groups of Council mental health services. It is noted that, substance misuse, and the associated impact on service users' children, is not generally an issue among service users with learning disabilities, as very few of these have children. However, there can often be a clear link between mental health services and substance misuse - particularly alcohol. Mental health problems can lead to alcohol misuse and alcohol misuse can lead to mental health problems. In this context, related mental health services are delivered in partnership with Tees Esk and Wear Valley Mental Health NHS Foundation Trust (TEWV) as follows:
- a) There is a Substance Misuse Strategic Lead, whose role is to develop services for people with a dual diagnosis (for example mental health and drug/alcohol misuse) and to ensure that treatment services are joined up and effective.
 - b) Each mental health team has Dual Diagnosis Workers who have additional knowledge, skills and training to work with people with a dual diagnosis.
 - c) Within TEWV, there are two Lead Officers responsible for safeguarding children. Their role is to develop services for children and provide support advice and support to practitioners who may have concerns about the welfare of a child.
 - d) Each mental health team has nominated lead workers who have additional knowledge and training and act as a point of contact on safeguarding issues for other workers in the team.
 - e) All front-line practitioners and first line managers in mental health services complete the mandatory safeguarding children training on an annual basis.
 - f) A comprehensive needs assessment is completed on all adults accepted into secondary mental health services. This includes details on children present in the household and other professionals involved.
 - g) TEWV guidance is to refer all children to children and families' services where the adult has a dual diagnosis, irrespective of whether or not any concerns are identified.
 - h) Workers in mental health services routinely make safeguarding or child in need referrals and will jointly work with families. This includes being part of a core group, attending case conferences, completing assessments and being part of a protection/care plan, as required.
42. The Council's Strategy and Delivery Manager, Mental Health (from Adult Social Care) referred to the potential usefulness of pre-CAF assessments by Adult Social Care. It was confirmed that, as a result of this topic being examined by the scrutiny panel, this is an area that is to be taken forward by Adult Social Care, as follows:

- a) When working with an adult who is known to misuse drugs or alcohol and is a parent, or living with a child, adult social care workers will complete a Pre-CAF assessment on the child or young person. Depending on the outcome of this assessment, a referral may be made to children and families services.
 - b) Children and families services will provide training around the use of the Pre-CAF Assessment.
 - c) The use of the Pre-CAF and any subsequent protocol will be agreed by the Senior Management Team of Adult Social Care and presented to TEVW senior managers for agreement.
 - d) Consideration will be given to how adult services records users who misuse alcohol and the impact on children.
43. The panel referred to the need to ensure that all children at risk of harm as a result of substance misusing parents are known to children's services - ie not only those who are referred to treatment services, for example parents who may only be clients of adult social services. Although these numbers are likely to be small, it is imperative that adult social care is involved in identifying them so that, if necessary, early intervention can be made. All staff should receive relevant training in this area.
44. The panel made reference to situations where teachers become aware of substance misuse issues and how/whether schools would be involved in use of the joint protocol that is to be developed. It was explained that schools would not be involved with the protocol as it will be used only with adults who are part of the treatment process. However, mechanisms are in place to ensure that vulnerable children who are identified by schools are picked up by the system via the pre-CAF process.

Substance Misuse Services in Middlesbrough

45. In 2002, the Department of Health introduced a four-tiered approach to drug and alcohol treatment, as follows:
- Tier 1: Non-specific (General) Service:
 - General Practitioners (General Medical Services)
 - Probation
 - Housing
 - Tier 2: Open Access Service:
 - Advice & Information
 - Drop-in Service
 - Harm Reduction Services
 - Tier 3: Community Services:
 - Community Drug Teams
 - Drug Dependency Units
 - Day Treatment
 - Tier 4: Specialist/Residential Services
 - Inpatient
 - Detoxification/ residential rehabilitation

46. In Middlesbrough, there are a number of agencies involved in providing or supporting substance misuse treatment, some of which are commissioned by Middlesbrough Council (via Children Families and Learning/safer Middlesbrough Partnership). These are:
- a) **Families Forward** - This is a new, fully integrated, adult and children's service, which was previously known as Families First. It provides a whole-family response to families where adult problems of substance misuse, mental health and domestic violence are affecting the safety and wellbeing of children.
 - b) **The Fulcrum Medical Practice** - Which provides GP and specialist services for local people with addiction problems.
 - c) **The Albert Centre** - The centre promotes recovery from drug and alcohol addiction and misuse by ensuring service users have access to the advice, treatment, counselling and aftercare including the support required to access employment, training and suitable accommodation in order to recover and fully reintegrate into society.
 - d) **Platform** - Which is a young peoples' drugs service that focuses on allowing young people up to the age of 18 to make an informed choice about their lifestyle and to seek help regarding substance and alcohol use.
 - e) **Crime Reduction Initiatives (CRI)** - The organisation works to create safer and healthier communities. It helps people to break free from harmful patterns of behaviour by delivering innovative services which have a measurable impact on both health and community safety issues.
 - f) **Lifeline** - The organisation supports those in need of a harm minimisation approach within a philosophy of supporting every individual to maximise their opportunities. Lifeline's philosophy is that when people are involved in behaviour that harms them or others around them, everything should be done to contain and reduce those harms. Help is provided through health, social and criminal justice expertise.
 - g) **Middlesbrough Alcohol Treatment Service** - Provides advice, counselling and treatment for adults with alcohol misuse problems.
 - h) **Hope North East** - Provides support for people who wish to go down an abstinence based approach to their drug and alcohol problems. Hope NE offers a range of interventions to support people who have achieved abstinence, or for those working towards this goal.
 - i) **Cyrenians** - This organisation helps vulnerable people to tackle issues such as alcohol and drug dependency, homelessness, lack of training, unemployment and exploitation, therefore supporting them away from chaotic lifestyles to stable, self-sustaining independence.
 - j) **Addaction** - Is one of the UK's largest specialist drug and alcohol treatment charities. Effective treatment is tailored to the individual through committed and caring support. Putting service users in charge of their lives and placing them at the heart of the process is essential to achieving the organisation's charitable objectives.
 - k) **Boro Drugs Forum** - Is open to anybody who has, or has had, a drug or alcohol problem. The BDF was formed by a group of people who have been through addiction and saw that they were in a position to help addicts that were still suffering.
47. The scrutiny panel heard from representatives of Families Forward, The Albert Centre, CRI and Platform. These explained:

- The range of services provided by their organisation.
- Involvement with multi-agency working, including links with Council services.
- How/whether the service identifies whether their clients have children.
- How safeguarding/child protection issues are recorded and managed, including staff training and use of Local Safeguarding Guidelines.
- Procedures for referrals in the case of any identified child protection/safeguarding issues.
- Systems for measuring effectiveness, such as review meetings, use of treatment outcome profiles and the National Drug Treatment Measuring System (which is used to ensure that treatment services are performance managed effectively and achieve desired outcomes for clients).

48. Key points that arose during the scrutiny panel's discussions were:

- Issues of service users possibly not disclosing whether they have children - The services that the scrutiny panel spoke to acknowledged that this could potentially be an issue but indicated that a sensitive approach, the positive relationships developed with clients, often over quite a long period of time and relating to the provision of a range of family support services (relating to health, education, training and employment) generally results in disclosure.
- The fact that all agencies deal sensitively with their clients
- There is a wide range of support available to substance misusers, including signposting and referral to relevant services.
- Not all children living with substance misusing parents will be at risk, or require safeguarding interventions - though organisations that the panel spoke to are confident that there are adequate mechanisms in place to ensure that referrals are made as appropriate.
- Measuring outcomes can be both quantitative (eg number of at risk children subject to any form of intervention) and qualitative (eg a former absentee-child attending school regularly).
- A Care Co-ordination Team is involved in assessing all cases and ensuring that a referral is made to the relevant agency. This approach covers all services/agencies.
- Where appropriate, case conferences are used to develop and co-ordinate care plans, involving all relevant bodies/agencies.
- All agencies are involved in use of the Pre-CAF form - with arrangements for this to be formalised in development of the local protocol.

Progress on a joint local protocol

49. In December 2011, the scrutiny panel heard that the Middlesbrough Safeguarding Children Board (MSCB) had considered how the National Treatment Agency (NTA) guidance could best be adopted and taken forward. The MSCB agreed to establish a steering group to develop written joint protocols between adult drug and alcohol treatment services and Children and Families and Learning (CFL), in Middlesbrough. This work would be undertaken as part of developing a Risk Reduction plan 2011-14.
50. In December 2011, the scrutiny panel heard that Middlesbrough does not yet have a single, overarching written protocol as described in the NTA guidance. However, significant work has been undertaken, over a number of years, to develop relationships between adult drug and alcohol services and children's services. A number of systems, procedures and protocols have been introduced in respect of the hidden harm agenda - for example:

- Families First was established with the specific purpose of working with families where one or more of the adults in the family were in drug or alcohol treatment.
- Between 2008 and 2010, Safer Middlesbrough Partnership and Children, Families and Learning were members of a hidden harm working group, established by the South Tees Local Safeguarding Children's Board. This group met on a number of occasions over a 12-15 month period and, as a result, many of the recommendations from the original 'Hidden Harm' and '3 Years On' reports were introduced in Middlesbrough.
- Around 80% of professionals working in adult drug treatment services have received training in relation to safeguarding of children. The target is that all relevant staff will be trained in this area. Services who are commissioned are also expected to adhere to the Middlesbrough Safeguarding Children Board (MSCB) procedures.
- Additionally, in April 2010, in conjunction with the Young People's Substance Misuse Strategy Co-ordinator and the Common Assessment Framework (CAF) Co-ordinator, Safer Middlesbrough Partnership developed an 'amended pre-CAF.' This now forms part of the comprehensive assessment that is completed in relation to all adults entering drug treatment and at regular reviews throughout their treatment. The CAF Co-ordinator also provided bespoke training for professionals working with adult drug users in Middlesbrough and newly recruited drug workers are encouraged to take part in the online safeguarding children training offered by MSCB.

51. The panel heard that the Common Assessment Framework is a shared assessment tool for use by all services who work with children, young people and families in the public, private and voluntary sectors. Using referral pathways documents, practitioners complete a common assessment for a child if they have an unmet need, from vulnerable through to complex levels. A 'pre-CAF assessment' is used by an agency to determine the needs of a vulnerable child. This may then lead to a 'full CAF,' which would be used as the means of initiating/co-ordinating a multi-agency approach to addressing the child's identified need.
52. The scrutiny panel identified that development of a joint local protocol is a key element of continuing work to address substance misuse among parents/carers. Accordingly, in the latter stages of its investigation, the scrutiny panel sought an update on progress made in this regard.
53. The panel heard that there is an unresolved/ongoing issue nationally concerning information sharing between the National Health Service (NHS) and other bodies. This relates to the fact that, because of confidentiality issues, local authorities cannot receive information from the NHS without parental consent. Therefore, the current position is that agencies involved with parents/carers will try to point out the most advantageous course of action, often explaining why information sharing would be beneficial for a family/child.

54. Similarly, the panel heard that parental consent is required before a pre-CAF assessment can be undertaken. It was pointed out, however, that in cases where safeguarding is an issue, parental consent is not needed for agencies to share information and take the necessary action.
55. In terms of work to develop a joint protocol, it was explained that a multi-agency steering group has been established to take the matter forward. This group is chaired by Children, Families and Learning's (CFL) Risk Reduction Manager and includes representatives of commissioned services, as well as CFL and Adult Social Care. At the end of March 2011, the steering group had met once. A **draft** flowchart, showing the operation of the protocol, was made available to the scrutiny panel and is attached at the end of this report.
56. Officers indicate that the protocol will need to be accompanied by an implementation plan, including cascade mechanisms to ensure that staff are aware of the protocol and accompanying training. When completed, the protocol will be presented to the adult and young people's joint commission groups, the Children and Young People's Trust Board, and the Middlesbrough Safeguarding Children Board for approval.
57. It is noted that, once developed, the protocol will cover *only* children of those adults who enter drug/alcohol treatment services via one of the locally-commissioned service providers, or those who are identified by Adult Social Care, which will also use the protocol. Lower-risk substance misusers (and any associated children) will also continue to be identified by Adult Social Care and referrals made to Children, Families and Learning as necessary.
58. Training will be developed/provided for all staff involved in working with the protocol. This will enable the following information to be obtained:
- The number of children under the age of 18 living with an adult or adults who are in tier 3 treatment for drugs and/or alcohol.
 - The number who have had a pre-CAF completed.
 - The number of pre-CAFs resulting in a full CAF being completed.
 - Any gaps in services for children living with problematic substance misusers.

CONCLUSIONS

59. Based on the evidence gathered in the scrutiny investigation the Panel concluded that:
1. Substance misuse among parents and carers is a major issue that can seriously affect children's welfare and well being. In 2008-09 there were 2275 children in Middlesbrough who were living with parents who were in treatment for drug addiction and 680 with parents who were receiving the highest levels of treatment for alcohol addiction. Numbers would be much greater if these were to include those parents who misuse drugs or alcohol but who are not receiving treatment. These numbers are unknown but it is of significant note that, in 2004, the National Alcohol Harm Reduction Strategy for England estimated that five times as many children could be affected by parental alcohol problems as by parental drug misuse. Nationally and locally, many unknown children may therefore be at risk from hidden harm.

2. Protection of children is recognised as everybody's responsibility, with a joined up and co-ordinated approach between all relevant agencies acknowledged as the best way to ensure that this happens. As wider issues, such as mental health and domestic violence, can often be linked to substance misuse, it is imperative that information is shared between all relevant agencies to identify and help affected children. Many measures are already in place in respect of substance misuse among parents and carers but development of a Joint Local Protocol in Middlesbrough - in accordance with National Treatment Agency for Substance Misuse (NTA) guidance - will further strengthen the process. The document will set out thresholds and protocols for information sharing, for identifying the young people concerned and for intervention. The scrutiny panel welcomes the fact that a lead officer has been identified and that work is now underway to develop a joint protocol in Middlesbrough. The development of the local protocol should, however, be regarded as a minimum standard.
3. In safeguarding children, risk level can vary - with lower risk cases generally requiring a lower level of intervention. The Joint Local Protocol will target only those adults who are in treatment for substance misuse - ie those who are already known by relevant agencies. It is therefore important that procedures are also in place to identify children who are potentially at risk from substance misusing parents who are not receiving treatment - ie those at the lower end of the scale. As workers in Adult Social Care may often be well placed to assist in this by making referrals to children's services, there needs to be effective joint working and information sharing between that service area and Children, Families and Learning to ensure that this is the case. For example, the proposed use by Adult Social Care of the Pre-Common Assessment Framework ('Pre-CAF') form will strengthen links in this area and this is welcomed by the scrutiny panel. Training on safeguarding and substance misuse for all Adult Social Care staff who may come into contact with children of substance misusing parents could also be beneficial.
4. Use of the protocol, continued joint working and wider use of the Pre-CAF and CAF procedures will improve the position in terms of identifying children and young people at risk and in recording the numbers involved and identifying more fully the scale of the problem in Middlesbrough.
5. The effectiveness of intervention needs to be better measured - from early action via the pre-CAF process through to taking a child into care. The system needs to be underpinned by audit and accountability systems to ensure that this is achieved and also to ensure that partner organisations and commissioned services are bound by and adhere to the joint protocol and can be held to account.
6. Improved information is also required regarding numbers of children and young people involved, as well as age profiles. This will assist in providing appropriate and effective intervention.

RECOMMENDATIONS

60. Following the submitted evidence, and based on the conclusions above, the scrutiny panel's recommendations for consideration by the Overview and Scrutiny Board and the Executive are as follows:
 1. That work is continued to agree and implement a Joint Local Protocol as soon as possible. The scrutiny panel would expect significant progress to have been made by August/September 2012.

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2. That, following development of a Joint Local Protocol, action is taken to measure its effectiveness - for example by developing audit and accountability systems to ensure that all involved make best use of and adhere to the protocol and by identifying and reporting to Middlesbrough Safeguarding Children's Board on the following:
 - a) The number of children under 18 living with an adult or adults who are in Tier 3 treatment for drugs and/or alcohol misuse.
 - b) The number of children who have had a Pre-CAF completed.
 - c) The number of Pre-CAFs resulting in a full CAF being completed.
 - d) Any gaps in services for children living with problematic substance misusers.
3. That all commissioned drug and alcohol services (adult and young people's services) should have a clause included in any new contract which binds them to adhere to the joint protocol.
4. That training on the impact of substance misuse by parents and carers on children, on safeguarding, hidden harm, the referrals process, and the Pre-CAF and CAF processes is provided to all Adult Social Care staff who may come into contact with children of substance misusing parents and that this becomes part of core induction training.
5. That training on the impact of substance misuse by parents and carers on children, safeguarding, hidden harm, the referrals process, and the Pre-CAF and CAF processes is also provided to all staff in commissioned drug and alcohol services who may come into contact with children of substance misusing parents.
6. That the Group which is developing the Joint Protocol also develops more sophisticated data gathering systems in order to improve information regarding numbers of children and young people involved, as well as age profiles.

ACKNOWLEDGEMENTS

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 - Tanya Scott - Operations Manager, Albert Centre.
 - Jeff Watson - Young People's Substance Misuse and Teenage Pregnancy Co-ordinator, Middlesbrough Council.
 - Ruth Wood - Service Manager, Platform.

BACKGROUND PAPERS

62. The following background papers were consulted or referred to in preparing this report:

- Reports and minutes of Children and Learning Scrutiny Panel meetings held on 7 December 2011, 4 and 25 January, 15 February and 7 and 28 March 2012.
- Government's Advisory Council on the Misuse of Drugs Report (2003) - *Hidden Harm: Responding to the Needs of Children of Problem Drug Users*.
- Advisory Council on the Misuse of Drugs Report (2007) - *Hidden Harm Three Years On: Realities, Challenges and Opportunities*.
- National Treatment Agency for Substance Misuse Publication (2010) - *Supporting Information for the Development of Joint Local Protocols Between Drug and Alcohol Partnerships, Children and Family Services*.

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April 2012

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**SEE FOLLOWING PAGE FOR DRAFT
FLOWCHART SHOWING PROPOSED OPERATION OF THE
JOINT LOCAL PROTOCOL**