Joint working protocol

Salford City Council Children's Services

and

Achieve Salford Recovery Services

NHS
Greater Manchester
Mental Health
NHS Foundation Trust

Policy Statement

This policy defines the working arrangements between Achieve Salford Recovery Services (SRS) and Salford City Council Children's Social Care Services, in order to:

- Safeguard and promote the welfare of children and young people in Salford whose lives are affected by their own or their parents/carers drug or alcohol use
- Promote effective communication between Achieve SRS and Salford City Council children's social care services
- Set out good practice for the services involved to encourage working together in the assessment and care planning for families with problematic substance misuse, to enable their full participation in the process wherever possible

1. Introduction

In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. (Working Together to Safeguard Children, 2015)

The lives of substance misusing parents and their children are complex. Parents and children will often have multiple, and sometimes conflicting needs; it is unlikely that any single agency can assess and address these in isolation.

Hidden Harm Three Years On (2010) and Working Together to Safeguard Children (2015) clearly highlight that an integrated approach is needed in order to safeguard and protect children and to meet the individual needs of substance misusing parents /carers and their children. All agencies involved in the care of substance misusing adults and the children they care for are expected to work closely together, share information and make a thorough assessment to promote the welfare of a child or to protect a child from significant harm.

The Children Act section 11 (2004) places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. There is an expectation that health professionals who come into contact with children, parents and carers in the course of their work are aware of their responsibilities to safeguard and promote the welfare of children and young people (Working Together to Safeguard Children 2015) The same expectation relates to those working in the field of adult mental health and/or substance misuse (Working Together to Safeguard Children, 2015)

The roles and responsibilities of the different agencies and the arrangements for partnership working are fully outlined in Working Together to Safeguard Children (2015) workers should refer to this for further guidance

Salford City Council has specific duties under the Children Act, (2004) in respect of children in need and children at risk of significant harm. All workers across Salford, in health, social care and voluntary sector settings, have a responsibility to safeguard and protect children, and to follow Greater Manchester (GM) child protection procedures when they become aware of or identify a child at risk of harm/in need of protection

These should be read in conjunction with Salford Safeguarding Board (SSCB) manual and the Separate Pathway Guidance which lists procedures which differ because of local interpretation specific to Salford.

(GM) child protection procedures and SSCB Pathway Guidance should be implemented in conjunction with other relevant national and local guidance, and with SSCB safeguarding policies and procedures.

2. Scope

This protocol relates to Achieve SRS and the City of Salford Children's Social Care Services. Achieve SRS is a partnership in which Greater Manchester Mental Health NHS Foundation Trust (GMMH) is the lead provider for substance misuse services in Salford. GMMH sub contracts elements of the provision to Salford Royal NHS Foundation Trust, THOMAS, Early Break, Great Places Housing Group, Salford Citizens Advice Bureaux and work in partnership with Central Manchester Foundation Trust NHS Specialist Midwife (Drugs, Alcohol and Mental Health)

All practitioners from the above agencies will be expected to adhere to this policy when they come into contact with:

- An adult with drug/alcohol issues who is caring for, or has significant contact with, a child
- A child whose life is affected by a parent/carer's use of drugs/alcohol
- A child or young person who is misusing drugs or alcohol

3. Definitions

For the purpose of this protocol the following definitions apply:

A child refers to anyone who has not yet reached their 18th birthday

Parent/carers refers to anyone who is caring for, or has significant contact with, a child

Children who are defined as being 'in need' (Children Act, 2004) are those who are unlikely to reach or maintain a satisfactory level of health or development, or their health and

development will be significantly impaired, without the provision of services. The local authority has a duty to safeguard and promote the welfare of children in need.

Children who are in need of protection, (Children Act, 2004) are those who are suffering, or are likely to suffer, significant harm. This is the threshold for compulsory intervention by the local authority.

Substance use – is drug/alcohol use which requires a lower level of intervention than treatment. Substance use may still cause harm and requires the appropriate provision of interventions such as education and advice, targeted prevention and brief interventions.

Substance misuse is where the taking of substances impairs health or social functioning. It may cause dependency (physical or psychological). Substance misuse will require treatment and may also be part of a wider spectrum of problematic behaviour.

Recovery is the process of change whereby an individual achieves sustained voluntary control over their substance use. For many but not all this will involve abstinence. It will also involve improvements in wellbeing and social functioning.

4. Confidentiality & information-sharing

Confidentiality can never be an absolute principle and it is accepted that, in some circumstances, information-sharing is vital. Where children are in need of protection their needs are paramount and information must be shared with the relevant agencies, irrespective of whether the child's parent/carers consent to the sharing of information.

If there are concerns that a child is suffering/is at risk of suffering significant harm a referral to the Salford Bridge duty team must be made **(Appendix 1)**. Practitioners should seek to discuss their concerns with the family unless doing so would place the child at increased risk (Working Together, 2015). It is preferable if the family's consent to making the referral can be obtained. Refusal of consent should never prevent a practitioner from making a child protection referral if they deem this action necessary. The child's interests must be the overriding consideration in making any such decisions.

Where a child is not at risk of significant harm, practitioners should still endeavour to share information and work in partnership. Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare. This should be discussed with parents/carers at the beginning of their professional involvement with an agency, with an emphasis on the help and support which the family can access as a result of information-sharing with other agencies. Agencies should refer to their internal confidentiality policies when seeking to share information regarding a family without their consent.

5. Roles and Responsibilities

Children's Services

Throughout their involvement, Children's Services will:

- Employ a policy of openness with families where information from other agencies impacts on planning for the child
- Seek consent from family members to share information with other agencies in the best interests of the child, unless the discussion would place a child at increased risk of significant harm (Working Together 2015)
- Be clear whether an assessment using the Common Assessment Framework (CAF) has been undertaken and, if so, what the outcomes were
- Assess the unborn child's needs and identify desired outcomes for the child
- Provide a child-focused service to families with whom they are involved
- Ensure that the wishes and feelings of the child are ascertained
- Ensure the child is given the opportunity to be seen/heard on their own
- If parents are in treatment for substance use liaise with Achieve SRS
- Ensure that substance use of all parents/carers is covered in their assessment
- Consult with Achieve SRS for information to support assessment of parenting capacity, and for realistic assessment of any risk
- Undertake joint assessment with Achieve SRS workers where appropriate and possible
- Invite representatives from Achieve SRS to child protection conferences if they are involved with the family, giving the maximum timescales possible to facilitate attendance and provide reports
- Provide a representative to attend Care Programme Approach (CPA)meetings and other appropriate meetings relating to the care of the adult where at all possible
- Refer to and provide information to assist Achieve SRS Young People team in providing drug or alcohol interventions to young people
- Provide a representative or a written report for Achieve SRS incident reviews involving adult substance users who are also involved with children's services
- With parental permission, share assessments with Achieve SRS recovery coordinators working with the family
- Identify and address any caring responsibilities a child or young person is undertaking with the parent/carer
- Together with relevant agencies, identify roles and responsibilities for any ongoing work with the family. A Team Around the Child (TAC) meeting may be preferable where decisions need to be made and owned.

When a referral is accepted by Children's Services an assessment will be undertaken. The assessment should be planned jointly with other involved professionals, unless the concerns are so urgent that immediate action needs to be taken by the Children's Services social worker to ensure the child's safety. In this case the Achieve SRS recovery coordinator

involved with the family should be fully informed and be part of the child protection strategy planning. If at any point during the assessment process a risk of significant harm to the child is indicated, SSCB child protection procedures must be initiated and the assessment conducted in accordance with these procedures.

When Children's Services are involved with a family where the parent/carer's substance use appears to be affecting their parenting, the children's services practitioner should discuss this with the parent/carer and ascertain whether they are receiving any support for their substance use. The practitioner should complete any substance use screening tools or questionnaires utilised by the agency to help them decide whether a referral to Achieve SRS is required.

Parents may feel particularly vulnerable during child protection proceedings and may minimise or hide their substance use for fear of the consequences. This can result in increased risk for both the children and parents.

If the Children's Services practitioner is unclear whether to refer to Achieve SRS they should contact Achieve SRS for an informal discussion. 0161 3581530

Adults should be referred to Achieve SRS if they report current substance use or if they require support and guidance to prevent relapse following recent cessation of problematic substance use. This should be a professional-to-professional referral to ensure information sharing and enhanced interagency working. If referral to Achieve SRS is not required, or is declined by the parent/carer, the children's services practitioner should contact the parent/carer's GP to ascertain their view of the family situation. The parent/carer will also be encouraged to seek advice and support from the GP regarding their substance use. Where appropriate the Bridge could act as a point of decision making as to whether a referral is appropriate.

If the parent is receiving support from Achieve SRS the children's services practitioner will liaise with the recovery coordinator. Workers will share their experience and expertise in order to assess, or review, the parents' current and potential capacity to meet the child's needs.

If there are concerns about a young person's substance use a referral should be made to Achieve SRS Young People team 0161 3581858

Child protection conferences and child in need meetings

Child protection case conferences will be conducted in line with SSCB child protection procedures. It is expected that representatives from the appropriate statutory and voluntary agencies will attend and provide a written report if they have relevant information to share (Working Together 2015). Child protection conference reports will be submitted on the SSCB template (**Appendix 2**)

The lead social worker will chair the core group, the practical or administrative tasks associated with the meetings may be delegated to other core group members this will be dependent on their level of skill and confidence. Achieve SRS staff who are sufficiently skilled and competent are encouraged to develop their practice in this area, with the agreement of their line-manager.

The composition of core groups may change, dependent on the needs of the child and the relevant professionals involved. Achieve SRS will not keep cases open unless there is a substance use recovery need for the adult to remain in treatment. It is not considered good practice for Achieve SRS to keep cases open for child-safeguarding reasons alone, and there is no evidence to suggest that this leads to improved outcomes for parents/carers or children.

If Achieve SRS is to withdraw from a core group because the service users case is due for closure (i.e. if treatment is complete, or they have disengaged from treatment) the Achieve SRS recovery coordinator will ensure the case remains open until the next core group meeting, where they will advise the group of the rationale for closing the case. If the service users treatment is to be withdrawn for non-compliance the core group will discuss how strategies to encourage re-engagement. This will ensure the lead social worker and other core group members are fully aware of the situation and can make any amendments to the plan as required.

When a child is the subject of a child protection plan, or is identified as a child in need of support from the local authority, it is important to maintain a continuous dialogue between Achieve SRS and Children's Services teams. The lead social worker may request updates from the Achieve SRS recovery coordinator regarding the service user's progress. The Achieve SRS recovery coordinator may prefer to respond to these in writing (via e-mail) to avoid misinterpretation. The social worker will recognise that this places further demands on the service, and endeavour to ensure that the frequency of requests for updates is reasonable. They will also consider whether the need for excessively frequent updates is an indication that the current protection/support plan may not be robust enough.

CAF, TAC, & lead professional

Reference to GM Child Protection and Child in Need procedures, policies and protocols. A children's services practitioner will be the lead professional Achieve SRS recovery coordinators will have a key role in the identification of children with unmet needs and must be aware of CAF procedures in order to take undertake an assessment and refer as appropriate.

ROLES AND RESPONSIBILITIES

Achieve SRS

Throughout their involvement, Achieve SRS will:

- Employ a policy of openness with families where information from other agencies impacts on planning for the child ensuring there is a named recovery coordinator responsible for the assessment and review of plans to support the care and recovery of service users and their families
- Seek consent from family members to share information with other agencies in the best interests of the child unless discussions would place a child at increased risk of significant harm (Working Together 2015)
- Consult and share information with children's services and other practitioners for information to support assessment of the child's welfare, even where there are no apparent safeguarding issues
- With service user consent, inform the child's health visitor/school nurse when a parent/carer enters treatment
- Collect and maintain up-to-date information of children who are cared for by Achieve SRS service users
- Be clear whether an assessment using the CAF has been undertaken and if so, what the outcomes were
- Assess the risk of the parent/carer substance use on the child
- Ensure that childcare responsibilities of all parents/carers is covered in the assessment
- Identify inadequate or unsafe parenting and refer to children's social care services
- Assess how a parent/carer substance use is impacting on the welfare of children they care for (including unborn children)
- Discuss local services which provide support to the family and child; and refer as necessary
- Discuss children's needs and incorporate these in the adult's care plans
- Identify any caring responsibilities a child or young person is undertaking with the parent/carer
- Provide a child-focused service to families with whom they are involved
- Liaise with children's services practitioners when families are involved with children's social care services
- Undertake joint assessment with children's services and other practitioners when appropriate
- Attend and provide written reports for child protection conferences, if they are involved with the family
- Attend TAC meetings, if they are working with the family
- With parental/carer permission, share assessments with other practitioners working with the family

- Together with relevant agencies, identify roles and responsibilities for any ongoing work with the family. A TAC meeting may be preferable where decisions need to be made and owned

Parental substance use does not automatically indicate that a child is experiencing abuse or neglect. All Achieve SRS workers must be aware of the risks which adult substance use presents to children and recognise that the children of substance misusing parents are more likely to be involved in child protection procedures, to be living away from their parents, or to be exposed to or become involved in substance misuse and crime at an earlier age. (HM Government Drug Strategy, 2010)

Adults who misuse substances may be faced with multiple problems, including homelessness, accommodation or financial difficulties, problematic or damaging relationships, lack of effective social and support systems, issues relating to criminal activities and poor physical and/or mental health. Parents/carers who experience domestic abuse may use or misuse substances as a coping mechanism. Substance use may cause or exacerbate abuse within a relationship and there are strong links between alcohol misuse and domestic violence. Assessment of the impact of these stresses on the child is as important as the direct impact of substance misuse. Conversely evidence indicates that families can be instrumental in supporting the recovery of substance users.

Any failure of substance using parents to meet a child's basic needs will have an impact on all aspects of the child's health, growth and development. Close collaboration and liaison between Achieve SRS and children's services is essential in the interests of children. This may require sharing information to safeguard and promote the welfare of children or to protect a child from significant harm.

When an Achieve SRS worker identifies that a service user is a parent/carer of a child they will query whether the child is subject to a CAF. If the service user is unsure the Achieve SRS recovery coordinator will enquire by contacting CAF coordinators in the children's services locality teams. If a CAF is in existence, the Achieve SRS recovery coordinator will contact the lead professional, identify their involvement with the family and participate in the TAC.

When an Achieve SRS recovery coordinator considers that parental substance use may be impacting on a child's welfare they will contact the Bridge Duty Service for a case discussion and advice whether a formal referral to Children's Services is required.

If at any point the Achieve SRS recovery coordinator considers a child to be at risk of significant harm they will make an immediate referral to The Bridge, in line with Salford SSCB child protection procedures. (**Appendix 1**)

Making a referral to the Bridge Duty Service

Step 1

Call 0161 603 4500 to advise the Bridge Duty service that a referral is being made. It is not appropriate to send information without first making this telephone call. It is on the basis of the information shared, that a decision will be made with the agreement of the referrer as to the best way to proceed with the referral.

Step 2

A referral form for Children's Social Care and any other relevant documentation will be submitted to the Bridge Service within one working day of the initial telephone referral using the L.A. secure upload (**Appendix 1**)

Step 3

The referrer will receive an automatic response to confirm that the upload was successful. The Bridge service will confirm receipt of the referral usually within one working day. If receipt has not been received within three working days the referrer will contact the Bridge service. (Thresholds of Need in Salford, 2014) The referrer will be kept informed of the referral progress in most cases the referrer will remain part of the protection plan.

Screening of substance misuse

Achieve SRS implements substance misuse screening as part of the assessment and ongoing clinical care of the service user. Urinalysis and oral swabs are used when screening for drug use; Alcometers (breathalysers) are used to screen alcohol use.

While screening tests are a useful indicator, they do not provide a comprehensive analysis of an individual's substance use. Screening tests offer a brief snapshot of substance use in the preceding days/hours. Urinalysis is exposed to manipulation Achieve SRS does not observe service users when undertaking urine testing procedures. Breathalysing will only indicate whether a person has alcohol in their system at that point in time; the quantity and time of alcohol use cannot be accurately measured, and the individual's metabolic rate, tolerance and level of dependency must be taken into account.

When making their assessments, Children Services practitioners should not be overly reliant on screening tests or interpret the results in isolation. Screening tests are not a substitute for qualitative information provided by Achieve SRS recovery coordinators, who can offer informed knowledge of the service user's progress.

Achieve SRS performs screening tests on regular basis, as part of a planned treatment package, in accordance with Department of Health Guidelines (2007). Due to cost

implications of screening Achieve SRS is not in a position to provide tests over and above these clinical guidelines.

Achieve SRS will provide additional screening of substance use for child protection/child safeguarding if required; children services teams may be charged for this service. Alternatively, hair strand testing (not undertaken by Achieve SRS) which is available to courts and child protection teams, may be preferred.

Holding Families

The Holding Families (HF) Programme is delivered by Achieve SRS practitioners, supported by and following the successful model developed by Early Break. The programme offers intensive support over a six month period to all members of the family affected by a parent's substance misuse. The programme works on one to one sessions, family meetings and group work format. Parenting support and support to children and young people is delivered by specialist practitioners. The programme is capable of supporting up to 15 families at one time. Parents on the programme will need to be opened to an Achieve recovery coordinator. For further information or to make a referral contact Achieve SRS 0161 3581850 or email Achievehf@gmmh.nhs.uk

ACHIEVE SRS Young People (YP) team

The Achieve SRS YP team works with young people up to the age of 25 years old who may have or, be at risk of developing a problem relating to substance use, the team offers specialist young people support. For further information or to make a referral contact Achieve SRS Young People team 0161 3581858 or email Achieveyps@gmmh.nhs.uk

Youth Offending Service (YOS): Achieve SRS YP team are linked to the YOS. An Achieve SRS YP practitioner is based with the YOS team part of the working week. Referrals to this worker are determined by ASSET assessments which indicate substance misuse risks or self referral by a young person.

Achieve SRS missed appointments and disengagement from treatment

Poor attendance to appointments may be an indication that a service user's social situation is deteriorating; eg their level of chaos has increased, substance use is escalating or relapse has occurred.

Service users dependent on opiates or benzodiazepines (illicit or prescribed) are vulnerable to overdose when using substances chaotically or with alcohol. Service users who attempt to

manage their own detox without appropriate clinical support, may be physically and psychologically debilitated and at increased risk of overdose.

The above scenarios will increase the risk to children in the household. Achieve SRS workers will be proactive when parents/carers regularly miss appointments or appear to be disengaging from treatment and immediately contact the service users Achieve SRS recovery coordinator

If attendance/engagement is problematic the Achieve SRS recovery coordinator or their representative will maintain a constant dialogue with the TAC, core group or other professionals working with the service user e.g. pharmacist, GP etc. Other professionals may have information to share which will either alleviate or raise the level of concern.

The Achieve SRS recovery coordinator will also consider visiting the service user at home, possibly with another professional working with the family to get a shared perspective.

"Lost to contact": If a parent/carer disengages with the service and the family's whereabouts cannot be determined, Achieve SRS will make the following checks:

- Contact GP and health visitor/school nurse/pharmacist/local hospital
- Contact children's locality team to establish if they know the family's whereabouts

If the family's whereabouts is not established by the above process, the Bridge Duty Service will be informed.

Closing cases

The criteria for Achieve SRS to close cases are as follows:

- Treatment is complete, eg the service user has successfully undertaken detoxification of substance and does not require/want ongoing support from Achieve SRS
- The service user has disengaged and has not responded to Achieve SRS assertive outreach attempts to re-engage them
- The service user no longer requires/wants intervention from Achieve SRS
- The service user has moved out of area (Achieve SRS would transfer treatment to substance misuse service in new area as necessary)

Service user cases which meet the above criteria will be closed in accordance with Achieve SRS policies and procedures eg:

- Achieve SRS will close cases when it is appropriate in order to enable greater capacity within the service
- Achieve SRS does not have the resources to keep cases open for the primary purpose of child protection/safeguarding

- Achieve SRS cannot keep cases for the primary purpose of performing screening tests for child protection/safeguarding proceedings

A service user who is in need of continued intervention:

- Achieve SRS recovery coordinators will ensure all services are working together to continue to reinforce the importance of attending appointments and engaging with Achieve SRS services.

If Achieve SRS is to withdraw from a core group or TAC because a service user's case is due for closure, (see section: Child protection conferences and child in need meetings paragraph 4 page 7)

Achieve SRS works with volunteers and the local recovery community to follow up successful completions of treatment with a view to supporting sustained recovery and wellbeing and access to mutual aid and community resources, as well as seeking to intervene early where there are signs of relapse.

If it is identified at a later date the service user requires further treatment from Achieve SRS they should be referred back to the service.

Substance Misuse in Pregnancy

It has been demonstrated that the unborn child and babies up to the age of approximately 12 months old are especially vulnerable to neglect and abuse unexplained child deaths are more common in this range (New learning from serious case reviews, 2012). Several, common risk factors have been identified in these cases including: substance misuse that is at a level causing concern; a previous history of children being poorly cared for, emotionally neglected and/or in care; parental mental health problems (including depression and anxiety); domestic violence and violence within the family; homelessness and a history of parental sex working. Pregnancy and parenthood may be motivating factors for individuals to make changes relating to their substance use. Any changes must be undertaken in a planned way as sudden unplanned withdrawal from some drugs including opiates and alcohol if drinking at dependent levels, can affect the pregnancy or unborn child, (Pregnancy Stabilisation and Assisted Withdrawal, 2012)

The Pregnancy Stabilisation and Assisted Withdrawal (2012) guidelines are intended to provide clarity and consistency for those working with pregnant substance users, in order to encourage their co-operation with the relevant agencies. The overall objective is to:

- Ensure the physical wellbeing of both mother and the unborn child
- To enable a baby to be safely discharged from hospital post-delivery to the care of the mother wherever possible

- Consideration will be given to the resources required to support the family following hospital discharge.

A woman misusing substances during pregnancy may feel anxious about the harm she may be causing her baby and fearful of the judgment of others. When any agency comes into contact with a pregnant woman who is using substances, they should offer reassurance that all agencies will work with her to enable her to care for her baby, and that the baby will not automatically be removed or become the subject of a child protection conference. (NICE clinical guideline 110 - 2010)

There is increasing evidence of the harms caused by excessive drinking during pregnancy, including the development of foetal alcohol syndrome which can have lasting impact on the unborn child. Department of Health (2007) recommends no more than one or two units of alcohol once or twice a week. It is important that all agencies reinforce messages regarding a responsible approach to drinking during pregnancy but also encourage women who may have concerns to seek advice and help either from Achieve SRS or by contacting Drinkline on 0300 123 1110. When pregnant women continue to drink during treatment and in treatment with Achieve SRS recovery coordinators will seek specialist advice from the midwife and Achieve SRS medical practitioner, if there are concerns for the unborn child a referral to children's services will be undertaken. (**Appendix 1**)

The woman's consent is not required in order to share information within a single agency, i.e. health professionals can liaise with each other in order to deliver a service user needs-led service. The same applies to children services teams. Where teams are integrated across agencies, this will aid timely and effective communication across professional groups.

Achieve SRS prioritises referrals of pregnant substance using women to ensure the earliest engagement in treatment.

Pregnant women who are in treatment with Achieve SRS will be referred to the Specialist Liaison Midwife. The Specialist Liaison Midwife will offer specialist support to Achieve SRS recovery coordinators and medical practitioners re the most complex substance using pregnancies.

Given the possibility of early delivery, it is recommended that a TAC meeting is held between 24 weeks - 32 weeks gestation to ensure that care and support is appropriate to the needs of the woman the baby and her immediate family, and that plans are in place for the family post-delivery. This should reduce the need for emergency child protection proceedings at birth. The parents should be informed about all meetings and supported and encouraged to attend (SSCB Children living with Substance Misusing Parents/Carers 2011)

If any professional has concerns for an unborn child, a referral should be made to the Bridge Service as early as possible requesting a pre-birth assessment in order to allow sufficient time for signposting for appropriate support services. A referral should not be delayed until

the child is born as planning will enable early involvement and monitoring and should prevent reactive interventions occurring late in the pregnancy.

See the full GM pre-birth assessments procedure

NB. All service users (both male and female) who care for infants should be advised about co-sleeping and the risk of overlay in line with the Safe Sleep policy.

6. PARTNERSHIP WORKING

Safeguarding and promoting the welfare of children, and successful recovery depends on effective joint working. Sharing information is essential to enable early identification to help vulnerable children and families to achieve positive outcomes. The emphasis should be on working collaboratively with parents and other professionals to safeguard and promote the welfare of children and to protect them from harm. As such, the duty of confidentiality to parents/carers is not absolute.

When Achieve SRS and children's services are providing services to a family, practitioners should communicate and agree interventions which both safeguard children and support recovery. Achieve SRS workers will explore the impact of the substance misuse upon parenting capacity and children's services practitioners will offer professional assessments on the child. Expertise will be shared and a support plan constructed which ensures the child's safety and wellbeing, whilst also taking into consideration the needs of the parent/carer and potential sources of support or motivation for their recovery. This will include protective relationships with family members and access to support in the community in terms of overall wellbeing as well as specialist substance misuse.

- All agencies will keep each other informed if there are concerns eg missed appointments or possible disengagement
- All agencies will keep each other informed when a case is closed and clarify the reasons for closure
- Following referral to the Bridge, children's services practitioners will inform Achieve SRS of the outcome of any assessments undertaken, and give a clear rationale if cases are to be closed or no further action taken
- Following referral to the Bridge, Achieve SRS recovery coordinators will share all assessment information and arrange a joint home visit with children's services practitioners, if requested.
- All agencies will identify practitioners to perform a link-role between children's services and Achieve SRS.
- All agencies will perform a DASH (domestic abuse, stalking & harassment) risk assessment when working with adults who are experiencing domestic abuse, and consider whether a referral to the Bridge or Salford Adult Safeguarding Unit is required (**Appendix 3**).

Resolving Professional Disputes & Escalation of Concerns

In the event of agency disagreement re the management of individual cases, there is a clearly defined process for escalating concerns (**Appendix 4**) link to escalation process. As a general principle, agencies should endeavour to resolve professional disputes at the lowest possible level.

- In the first instance, the workers involved should discuss their concerns with one another and try to achieve early resolution
- If this does not occur, the case should be reviewed by the practitioners' respective line-managers who will advise the practitioners and if required, facilitate an inter-agency dialogue
- If resolution is not achieved the agency should seek guidance from their named link-person at Salford Safeguarding Children Unit how to proceed
- If concerns persist, the agency's SSCB representative should be informed. If any agency is concerned regarding another agency's professional practice they should submit details of the case for formal review by the SSCB case-review sub-group. (**Appendix 2**)

7. Supervision

Working Together, (2015) requires that there is:

- Appropriate supervision and support for staff, including undertaking safeguarding training:
- Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare
- All professionals should have regular reviews of their own practice to ensure they improve over time.

It is crucial that all agencies establish a clear framework for supervision. Those supervising staff working with adults should always ask about the care and welfare of the child. Similarly,

those managing staff in the children's workforce should always ask about parental substance misuse and about the collaboration with drug/alcohol workers involved with the family.

Safeguarding children and child protection is a standard item agenda item on all Achieve SRS supervision and clinical/team meetings. This is to promote peer supervision and enable managers to monitor the collective child safeguarding commitments of the staff they manage.

8. Training/workforce development

All practitioners in Salford who work with substance using parents and/or children affected by parental substance use should receive training for child safeguarding and substance use. All Achieve SRS workers will receive training re child welfare and safeguarding.

Children Services practitioners will receive drug and alcohol awareness training to enable the provision of brief intervention and referral to specialist service as required.

Achieve SRS and children services teams will identify specific competencies re both child safeguarding and substance misuse, according to practitioners' individual roles. It is then the responsibility of managers to identify training (including both internal and multi-agency events) and other learning opportunities which will enable their staff to fulfil the specific requirements of their role.

The SSCB provides a comprehensive programme of multi-agency training (Appendix 5) which: "promotes a shared understanding of the tasks, processes, principles, roles and responsibilities and local arrangements for safeguarding children and promoting their welfare; improves communications between professionals including a common understanding of key terms, definitions and thresholds for action; builds effective working relationships, based on respect and an understanding of the role and contribution of different disciplines"

In addition, practitioners should be given every opportunity to familiarise themselves with each other's agency, via shadowing, joint visits, etc. It should be standard practice for practitioners from Achieve SRS and children services to spend time at the corresponding agency during the induction of new staff.

References

Children Act 2004 (HM Government)
http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf

Department of Health (England) and the devolved administrations (2007). *Drug Misuse and Dependence: UK Guidelines on Clinical Management*
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http://www.partnersinsalford.org/sscb/pathwayguidance.htm
http://www.salford.gov.uk/secureupload.htm
http://www.partnersinsalford.org/sscb/documents/Children_living_with_substance_Misusing_parents_2011.pdf
https://www.salford.gov.uk/thresholds.htm

The Team Around the Child and the Lead Professional: a guide for managers (Childrens Workforce Development Council 2010)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182200/integrated_working_explained.pdf

What to Do If You're Worried That a Child is Being Abused (DFE-00124-2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

Working Together to Safeguard Children (HM Government 2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Appendix 1

Link to Referral to the Salford Bridge duty team

Appendix 2

Link to template for initial case conference report

APPENDIX 3

Link to DASH Risk Assessment template

Appendix 4

GMMH Escalation flowchart

Appendix 5

Link to SSCB Training

APPENDIX 1

Template for referral to Bridge Duty Team

Link:

http://www.salford.gov.uk/secureupload.htm

APPENDIX 2

Template for initial case conference

Link:

Initial case conference report template (Word format, 46kb)

APPENDIX 3

Link to: DASH Risk Assessment

https://www.salford.gov.uk/dv-professional.htm

APPENDIX 4 – GMMH Escalation flowchart

Resolution of professional disagreements in work relating to safeguarding children, young people and their families

WHEN ANY PROFESSIONAL CONSIDERS A CHILD IS AT IMMEDIATE RISK OF SIGNIFICANT HARM, THEN THE INDIVIDUAL MUST ENSURE THEIR CONCERNS ARE ESCALATED ON THE SAME WORKING DAY USING ESTABLISHED CHILD PROTECTION PROCEDURES.

If a child is in immediate danger of being harmed or is home alone, call the police on 999

An agreement is reached and the dispute is resolved

Level 1 - When a professional disagrees with a decision or response from any agency regarding the levels of need for a child, roles and responsibilities, and the need for action and communication in relation to a safeguarding issue, initial attempts should be made between the workers to resolve the issue within 24 hours

If the issue remains unresolved the GMMH professionals **must** refer the disagreement to their own Manager and Directorate Lead for Safeguarding

Timescale

On the day of the conflict

Please Note:

At all stages actions / decisions must be shared in a timely manner with relevant personnel

who are directly

Level 2 - The Manager/Directorate Lead should discuss the concerns/response with their opposite manager in the other agency

↓

Level 3 - If the issue cannot be resolved the matter must be referred to the Trust Safeguarding Children Practitioner and /or Named Nurse or Named Doctor for Safeguarding who should discuss the concerns/response with their opposite equivalent in the other agency to try and resolve the matter

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In situations where such senior officers have become involved in disputes related to the safeguarding needs of individual children, the LSCB Team must be made aware of this. The purpose of such notification is to help monitor interagency safeguarding activity, and to identify issues which may benefit from an LSCB Quality Assurance scrutiny. The agency which found it necessary to escalate an issue to such a high level in another organisation should advise the other organisation of their intention to do so

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Level 4 - If the issue can still not resolved, consideration should be given to progressing it through further senior layers of management

APPENDIX 5

SSCB training

Link:

SSCB Training - Salford Safeguarding Children Board