

Safeguarding Children with Drug and Alcohol Misusing Parents

Practice Guidance for agencies

Cambridgeshire Drugs and Alcohol Team

Final Version, December 2010

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Policy Statement

The aim of the practice guidance is to assist staff in all agencies to identify situations where action is needed to safeguard a child and promote their welfare as a result of their parent's drug and/or alcohol use.

Parental drug/alcohol use can cause concern about the welfare of children and is clearly a risk factor as evidenced by serious case reviews and research. However it is recognised that the use of drugs/alcohol does not preclude the possibility of good parenting.

Drug/alcohol use by themselves will not lead to a child being considered at risk of abuse or neglect. But professionals should positively ascertain why they think a parent's drug/alcohol use is at a "safe" or "manageable level and does not constitute a child protection issue. The long term effect of substance misuse may not be immediately apparent but the continued absence, emotional or physical unavailability of a parent through substance misuse can be very detrimental to children and young people in numerous ways.

All organisations within Cambridgeshire will treat parents and pregnant women who use drugs/alcohol in the same way as other parents who require their support and services in terms of their eligibility for services.

Acknowledgements

The following documents were used to help develop these guidelines. Particular thanks are given to the organisations that produced the source materials.

Advisory Council for the Misuse of Drugs (2003) Hidden Harm – Responding to the Needs of Problem Drug Users

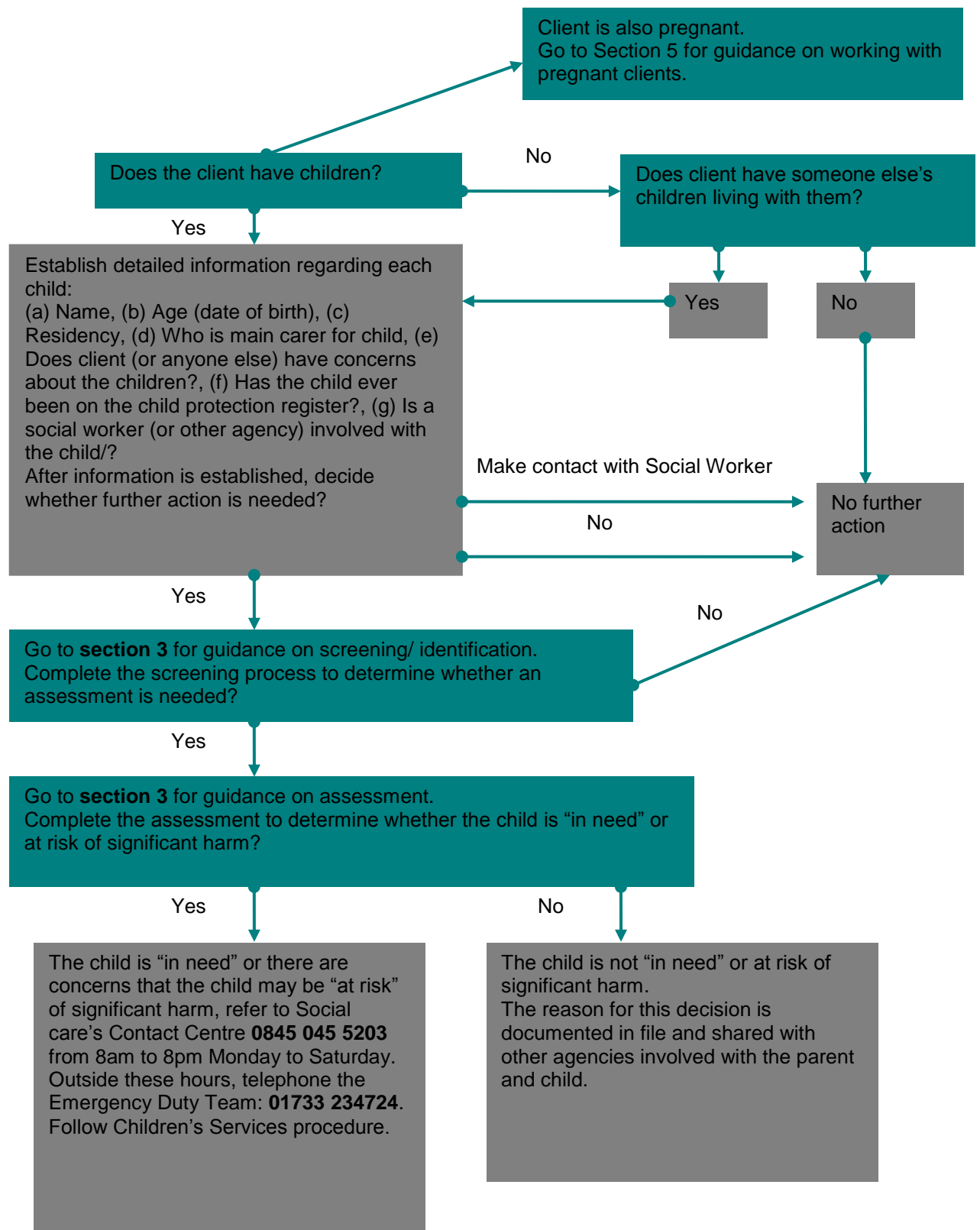
Surrey Drugs and Alcohol Action Team (2008). Best Practice Guidance When Parents are using Drugs/Alcohol: Working Together with Parents and Children. Surrey Drugs and Alcohol Action Team

Kent Drug and Alcohol action team and Medway Community Safety Partnership, Drugs and Alcohol Use Screening Tool – Adult Services, Kent DAAT & Medway CSP.

Department for Education, School and Family (2010). Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children

Nottinghamshire and Nottingham City ACPCs (2004). Drug and Alcohol Using Parents: Practice Guidance for all Agencies

Summary action



Section 1: Background information

Introduction

Substance misuse within families can have serious and long-lasting consequences for children and adults. Research has shown that children of parents with long term substance misuse issues are more likely to develop behavioural problems, experience low educational progress, suffer from significant social and emotional harm and develop substance misuse problems themselves. Families with substance misuse problems may also be experiencing domestic violence, unemployment, poverty or housing instability. At the same time, the demands of being a parent may impact on a service user's ability to engage in treatment.

Tackling drug/alcohol use and the impact on children is a high priority for Cambridgeshire DAAT and Cambridgeshire Local Safeguarding Children Board (LSCB). There is growing acknowledgement that the welfare of children in families affected by problem drug/alcohol use has been overlooked in the past. Some professionals in specialist drug/alcohol agencies feel ill-equipped to manage the often complex needs of both parents and their children and have focused on the adult. Similarly, some professionals in services working with children and families have at times lacked the knowledge, skills and confidence to address parents' drug/alcohol related problems even when these are affecting their children.

The guidelines should be in the working possession of the following staff groups:

- Education staff
- CAMHS Staff
- Children's Services teams
- Social Services adults teams including mental health and drug/alcohol agencies
- Midwifery staff
- Health visitors
- All voluntary agency staff
- NHS Services working with adults, children and their families
- General Practitioners
- Community Mental Health teams
- Police
- Probation
- District Council Staff
- Housing Staff
- Probation Trust
- CAFCASS

National context

In June 2003, in response to concerns around the children of drug misusing parents, the Advisory Council on the Misuse of Drugs (ACMD) produced a

report outlining a series of 48 recommendations. From the inquiry, six key messages emerged:

We estimate there are 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 major objective of policy and practice

Effective treatment for 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 decrease when the number of problem drug users decreases”

ACMD, 2003

Local context

In Cambridgeshire, from 09/2008 to 08/2009, out of 11,219 contacts made by Cambridgeshire Social Care teams, 350 were for parental alcohol misuse and 296 for parental substance misuse (6%).

Data from the treatment services also reflects that in 2008/09, 13% of clients in structured drug treatment and 8% of clients in structured alcohol treatment have children living with them (MUSE database 2008/09). These figures are likely to be an under-representation of the number of children who are affected by parental substance misuse, as this only shows what we know about those people in treatment who have declared that they have children.

Section 2: Information Sharing & Confidentiality

Principle

Confidentiality is an important factor in enabling drug and alcohol services users to engage confidently and honestly with treatment and support services and this is an essential requirement for successful rehabilitation. This imperative should be recognised by partners but it should not be allowed to prevent information sharing where this is necessary to safeguard children and young people. Each agency should develop specific guidance that clearly sets out the limits to confidentiality in these circumstances.

When concerns about a child's safety or welfare require a practitioner or agency to share confidential information without the person's consent, they should tell the person that they intend to do so, unless this may place the child or others at risk of harm. Each agency should make it clear to people using their service that safeguarding children is the most important consideration when deciding whether or not to share information with others. No agency can guarantee absolute confidentiality as both statute and common law accept that information may be shared in some circumstances.

Sharing information using CAF

One key mechanism for meeting the needs of vulnerable children and young people is through the implementation of the Common Assessment Framework (CAF).

Using a CAF with a family requires informed, written consent to share information across agencies and practitioners must ensure they agree with families what information will be shared, with who and the purpose of sharing it. The statutory responsibility to share information without consent should also be made clear to families, specifically in relation to the duty to share where a child is at risk of significant harm and a referral to social care must be made.

People who use substances may be particularly concerned about their support services sharing information with other practitioners. They may fear they will be denied help, stigmatised or blamed if other agencies are given information about them. This may have been their experience in the past. They may also fear investigation by the police about illegal drug use or child protection enquiries being instigated. In most circumstances, users of treatment or support services can rely on confidentiality. However there are important exceptions to this including where there are concerns relating to children and young people.

Consent

Agencies, when beginning work with any service user, should inform the service users as a matter of course about their policy on information sharing and confidentiality and explain the kinds of situations where they may need to share information. Agencies should give some indication of why, and with whom they may need to share information. They should ask for the service user's consent to sharing necessary information in advance. This will save time, misunderstanding and potential conflict later.

Concerns that a child may be suffering significant harm, or is likely to, will always override a practitioner or agency requirement to keep information confidential. Practitioners have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm, sharing information appropriately.

When practitioners are asking for information, they should be able to explain:

- What kind of information they need
- Why they need it
- What they will do with the information
- Who else may need to be informed if concerns about the child persist.

Consent should be sought prior to sharing information unless to do so would put a child/young person at increased risk, interfere with a possible criminal investigation or put a member of staff at risk.

When seeking information, it is important to be specific about the reason for needing the information and what information is required. Information shared to be proportionate for the purpose it is required.

The reasons for sharing or not sharing information should be clearly recorded.

Section 3: Identification and Assessment

Identification

Children can be adversely affected by parental drug and / or alcohol use in many ways and the potential for significant harm as a result should not be underestimated. Although not all children whose parents abuse drugs and / or alcohol will be adversely affected.

Please refer to [Appendix 1](#) for early indicators of potential harm.

Screening tool

Agencies might use different screening tool to identify the risk.

Please refer to [Appendix 2](#) for a simple parental substance misuse screening tool.

Please refer to [Appendix 3](#) for CASUS young people substance misuse screening tool.

Assessment

Agencies identifying concerns will need to assess the initial level of concern and which aspects of the child's development are being affected. This assessment should focus on the impact upon the child rather than the adult's drug and/or alcohol use.

Please refer to [Appendix 4](#) for guidance on what to prepare for an assessment.

Cambridgeshire CAF process

The Common Assessment Framework (CAF) is a standardised assessment tool to help identify what support a child or young person might need on top of the normal levels of support provided by their school and health authority.

Please refer to [Appendix 5](#) for the Cambridgeshire CAF process guidance.

Referral to local drugs/alcohol treatment services

Once a practitioner has completed a common assessment there are several possible routes to put support in place and meet the needs of the child or young person ([Appendix 5](#))

If you think parents/carers or young people in the family would benefit from the treatment and support of specialist drug/ alcohol agency, please refer to [Appendix 6](#) for contact details of the local drugs/alcohol treatment agency.

Section 4: Identifying support needs for the children

Social care threshold matrix

The chart in the next page shows four levels of needs that young people may have that determine the services offered to children and young people in Cambridgeshire. The tables in [Appendix 7](#) can be used to support staff in making judgements about thresholds in a fair and consistent way.

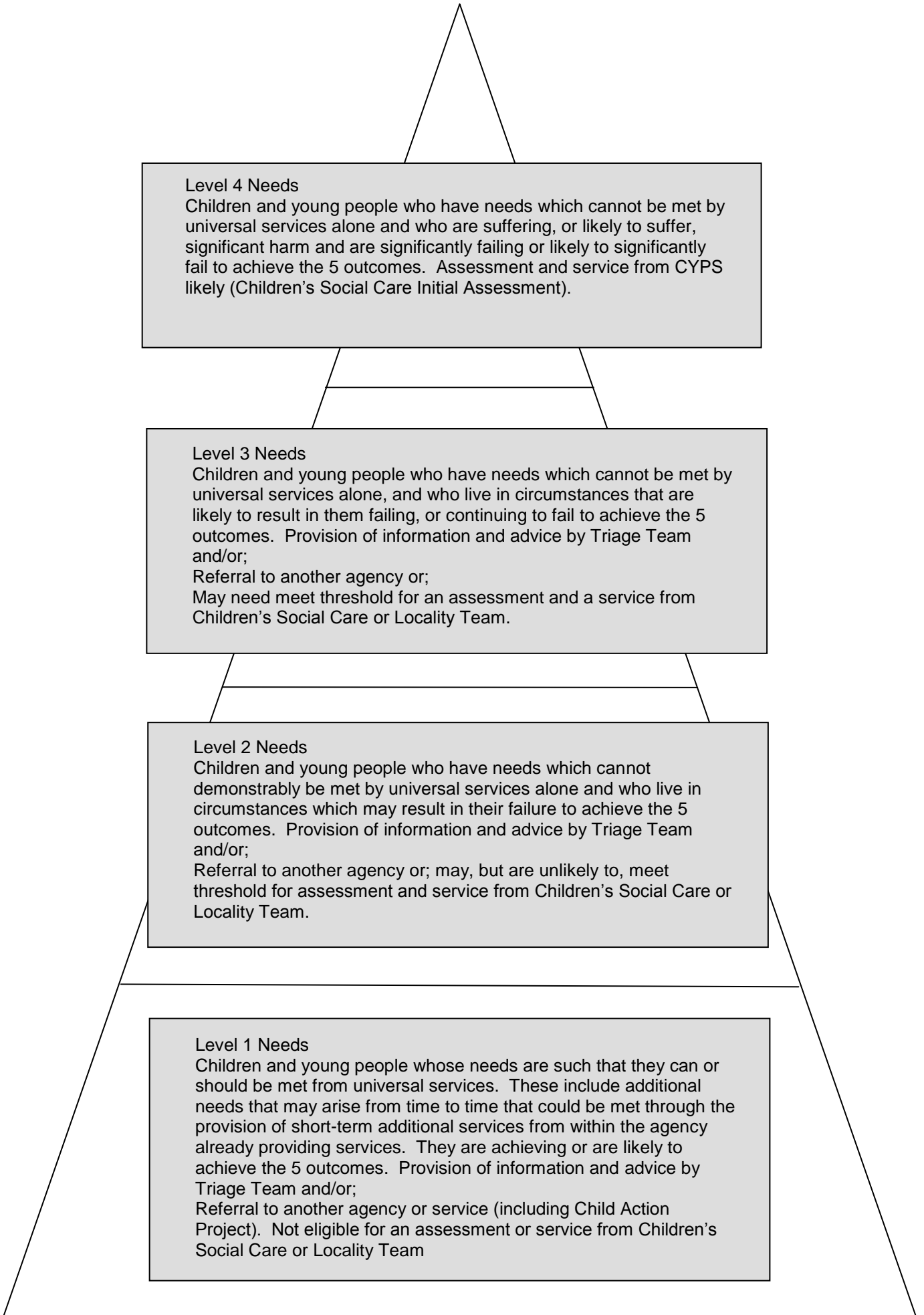
There are four levels of needs:

- Level 4: Complex needs, children at risk of serious harm
- Level 3: Complex needs, children at risk of social or education exclusion
- Level 2: Children with additional needs
- Level 1: Children with good development progress

These provide examples of situations that may indicate a certain level of need. The columns relate to the factors that will be considered in any assessment.

A child or young person may have a number of needs all with different levels of seriousness. In making a judgement about thresholds therefore, an overall judgement should be made which also takes into account context, strengths, vulnerability, resilience, adversity, environmental and other factors relating to a child or young person's situation that may act to heighten or reduce the overall level of concern.

The matrix is not a substitute for professional judgement. It is a tool that should be used only to aid the making of professional judgements. It is not prescriptive or exhaustive.



Section 5: Working with substance misusers who are pregnant

Introduction

Experienced practitioners report that most drug/alcohol using women have similar attitudes and motivations to pregnancy as non drug/alcohol using women; and it is important to note that most women with drug/alcohol problems are of childbearing age. However, those with drug/alcohol problems may also have poor general health, housing and financial problems.

Some pregnant drug/alcohol users do not come for antenatal care until late in pregnancy or when they are in labour. There are many reasons why drug/alcohol-using women may present late to antenatal services. The local service may not be able to meet their specific needs or it may be perceived to be inaccessible, their drug/alcohol use may place other demands on their time, which often take priority for the user. Some may feel that it is better not to reveal their drug/alcohol use to antenatal care staff as they fear the attitudes of staff and the possible involvement of statutory services.

Also due to the possibility of amenorrhoea caused by the drug/alcohol use, the woman may not know that she is pregnant, or may not be clear about the duration of the pregnancy. Many of these problems can be overcome if an appropriate service, which meets the needs of drug/alcohol-using women, is available, easily accessible and well publicised.

Agencies in the community can play a key role in supporting these women in range of ways. This includes identifying drug/alcohol use / pregnancy at an early stage, referring on to appropriate help and support, identifying risks, and providing support and advice around pregnancy and/or drug/alcohol use.

Antenatal assessment and care

Where appropriate drug/alcohol agencies and other agencies should offer and carry out a pregnancy test with the consent of the woman. If the woman is pregnant she should be encouraged to inform her GP as soon as possible and/or referred to Maternity Services.

Please refer to [Appendix 8](#) for factors to be considered when working with pregnant women who also substance misusers.

As a result of this assessment an analysis of risk will take place using [Appendix 8](#) which will determine the care plan. It is recognised that assessment is an on-going process and practitioners must ensure that the other key professionals involved with the women are aware of the following in line with confidentiality agreements:

- Changes in amounts, patterns, or routes of administration (injecting/smoking) of drug/alcohol use
- Changes in accommodation
- Changes in relationships / support networks

A multi-agency meeting may be called at any point during the course of the pregnancy to coordinate the care plan.

Pregnancy and birth should be as 'typical' as possible however the social and medical problems that some drug/alcohol users face should be recognised: given the possibility of drug/alcohol related effects on the unborn baby, a visit to the Neonatal Intensive Care Unit (NICU) should be offered to all pregnant women who misuse drugs/alcohol; problematic users may find it difficult to keep appointments and services need to be flexible and antenatal care arranged to attract and retain the woman and her partner. This may include shared care with the GP, and/or the linked Health Visitor (who are often the first professionals to know that a drug/alcohol user is pregnant).

Within Maternity Services and drug/alcohol services a senior staff member should be identified to take responsibility for co-ordinating good practice in the care of pregnant drug/alcohol users and/or drug/alcohol users with dependent children. Regular meetings should be held between Maternity Services, Children's Services, drug/alcohol agencies and Primary Care to discuss further improvements to existing service provision. Agencies should develop an internal policy on how they work with women who misuse drugs and this policy should complement this best practice document.

Planning meetings

A planning meeting for the expectant mother may be called at any time to update and coordinate the multi-agency care plan. A meeting should always be held between the twenty eighth week and thirty-second week of the pregnancy to discuss the mother's and baby's needs for the last part of the pregnancy and after the birth. The meeting should look at the needs of the woman, the father and baby; and identify any likely problems, and the services that parent(s) need to care for the new baby. It is important to note that the birth of the baby may create further problems, particularly if there is an unstable relationship or financial or housing difficulties.

A decision on whether a Pre-Birth Child Protection Conference is required can also be made at this meeting. Children's Services, the GP, health visitor, staff from the maternity and neonatal services and drug/alcohol agencies, with the prospective parent or parents/family may be invited.

Prescribing during pregnancy

Some patients want to give up using drugs/alcohol when they become pregnant. However, this does not always happen. It is important to be flexible and respond quickly to changing use. All treatment options should be client led and therefore discussed with the woman (and her partner) and where possible their views should be taken into account.

Appropriate drug/alcohol treatment will depend on the amount and types of drugs/alcohol used, as well as the patient's motivation, current situation and past history. The care plan should aim to reduce risks to both parent and unborn child. Prescribing substitute or maintenance drugs should be carried out in conjunction with the drug/alcohol agency and Obstetrics Team. NICE guidance allows in certain circumstances, Nicotine Replacement Therapy to be prescribed.

Labour

Prescribed substitute medication (e.g. methadone) should be given in addition to routine pain relief. A medical alcohol detoxification regime may need to be considered on admission for dependant drinkers.

After the Birth

The mother and baby should be admitted to the postnatal ward together. Neonatal admission will only occur if prematurity or a medical condition merits it.

- Encourage attachment and bonding – encourage positive parenting, swaddling and comforting the baby.
- Observe for signs of withdrawal. It is highly unusual for a baby to have withdrawal at birth. These symptoms may start soon after the birth, peak at four days and disappear by two weeks Benzodiazapines and methadone withdrawal symptoms may present later.
- Breast-feeding should be encouraged, as with any mother, so long as the drug and/or alcohol use is stable and the baby is weaned slowly. The actual amount of drug that is passed into baby is low and, in general, the advantages of breast-feeding far outweigh the disadvantages.
- Women who use crack cocaine or large quantities of Benzodiazapines may be advised not to breastfeed. Hepatitis B and Hepatitis C infection poses no additional risk to baby. Women who are HIV positive are advised not to breast feed due to the risk of transmission.
- If a mother discloses her drug use during labour or post birth the Specialist Midwife in Substance Use and/or the local Alcohol and Drug Team should be contacted immediately to discuss treatment options for mother so that she is more likely to stay on the ward. Observations of withdrawal are same as any baby. A multi-agency group should make an assessment of her home circumstances and support networks as soon as possible.
- The mother should be supported and encouraged to stay with her baby and to parent
- Liaise with all agencies pre discharge
- Support postnatal from Midwifery Service, drug and/or alcohol agencies and Health Visitor
- Continue with any care plans in relation to the child (e.g. child protection or children in need).

Section 6: Staff training and supervision

Staff training

It is essential that this policy and guidance is accompanied by a comprehensive training programme to maximise understanding and compliance, and therefore the success of a joint working approach.

All Social Workers, Health Workers and Drug/Alcohol Workers must have basic joint training on assessment of working with drug/alcohol-using parents and their families.

All professionals who have substantial involvement with children and pregnant drug/alcohol users should receive basic awareness training on the impact of drug/alcohol use and how to access resources.

A core part of all training will include addressing diversity and anti-discriminatory practice in recognition of Surrey's diverse population.

Drug and alcohol agencies will ensure that all practitioners and managers within the drug/alcohol agencies are trained in:

- Basic child protection awareness.
- Cambridgeshire Child Protection Procedures.
- Children Act 1989.
- Confidentiality issues and sharing of information between agencies.

Other professional agencies:

Those key agencies identified as working with children and hence participating in training should include:

- Counseling services
- Probation staff
- General Practitioners
- Relevant voluntary agencies
- Housing/Registered Social Landlords
- Children's Services staff
- Medical staff
- Teachers
- Adult Mental Health Staff
- Connexions PA's and Youth Workers.
- CAMHS
- Nurses, Midwives, Health Visitors.
- School Nurses/Public Health Nurses/Community Children's Nurses
- Police.

Training will cover a variety of issues but will focus on:

- Drug/alcohol awareness.
- Child protection issues.
- Drug/alcohol screening.
- Risk assessment.
- Brief interventions
- Harm minimisation/risk reduction
- Interventions, resources and access to services.
- Effects of drugs/alcohol on pregnancy.
- Domestic violence.

All staff will receive multi-agency training to secure effective interagency working (including confidentiality issues). Responsibility for organising and evaluating this training rests with the Cambridgeshire LSCB, drawing in the various partner agencies to help plan and facilitate.

Staff Supervision

Practitioners and line supervisors should have a clear strategy for ensuring that these guidelines are adopted and implemented by staff. Although this document cannot be prescriptive, it is hoped that all staff who are required to work within these guidelines will receive adequate and regular supervision, linked with identified training. All staff should have a clear understanding (ordinarily supported by a set of agency procedures) which helps workers and line supervisors to know when and how to report child protection concerns.

Appendix 1: Indicators for children at risk of parental substance misuse

- Being left home alone or with inappropriate carers
- Emotional difficulties e.g. crying for no apparent reason, inexplicable feelings of anger
- Self harming/suicidal behaviour
- School problems e.g. truancy, levels of attainment dropping, difficulty in concentrating
- Offending behaviour
- Neglect and other forms of abuse, high levels of accidents in the home, possibly due to poor parental supervision
- Early use of substances – minimisation of the risks associated with or a very strong dislike of substances
- Attachment issues and behavioural difficulties e.g. bullying
- Feelings of gloom, worthlessness, isolation, shame and hopelessness, poor self-esteem, disempowerment
- Unwillingness to expose family life outside scrutiny, social isolation, not taking friends home
- Tendency to keep secrets
- Developmental delay
- Role reversal and confusion e.g. protecting others, acting as a mediator and/or confidant, taking on an adult role
- Extreme anxiety and fear, fear of hostility, violence
- Family dislocation e.g. moving schools, relationship conflict, domestic abuse
- Presenting as not being used to a routine e.g. irregular attendance at nursery or school
- For children with disabilities there can be increased risks to their safety and inconsistent approach to the management of the child's medication.

Appendix 2: Substance misuse screening form

Section 1: Profile

Your name

Your address

Your date of birth

Your gender? Male Female

Your Ethnicity

Section 2: Drug/alcohol use

Drug/alcohol use – frequency

<input type="checkbox"/>	0	No drug/alcohol use
<input type="checkbox"/>	1	Occasional drug/alcohol use
<input type="checkbox"/>	0	Regular drug/alcohol use

Injecting

<input type="checkbox"/>	0	Never injected
<input type="checkbox"/>	1	Previously injecting
<input type="checkbox"/>	0	Currently injecting

Drug type (please ring all applicable)

<input type="checkbox"/>	0	No drug/alcohol use
<input type="checkbox"/>	2	Cannabis/Ecstasy/Amphetamin/ LSD/Cocaine/Alcohol
<input type="checkbox"/>	5	Heroin/Methadone other opiates/Crack Cocaine/any drug combinations with alcohol

Contact with drug users

<input type="checkbox"/>	0	No drug using friends
<input type="checkbox"/>	1	Has some friends who use drugs and some who don't
<input type="checkbox"/>	2	All friends use drugs

Family drug/alcohol misuse

<input type="checkbox"/>	0	No known family drug/alcohol misuse
<input type="checkbox"/>	2	Known family drug/alcohol misuse among family members

Drug/alcohol use total score

Section 3: Social Situation/Behaviour

Living situation

<input type="checkbox"/>	0	No problem with accommodation
<input type="checkbox"/>	1	Problem with accommodation
<input type="checkbox"/>	2	Homeless

Social support system

<input type="checkbox"/>	0	Has supportive relationship with more than one adult
<input type="checkbox"/>	1	Has supportive relationship with one adult
<input type="checkbox"/>	2	Has no supportive relationship with adults

Occupation

<input type="checkbox"/>	0	In fulltime education/employment
<input type="checkbox"/>	1	Absences from education/employment
<input type="checkbox"/>	2	Excluded/unemployed/disability benefit

Criminal involvement

<input type="checkbox"/>	0	No criminal involvement
<input type="checkbox"/>	1	Minor criminal involvement (shoplifting..)
<input type="checkbox"/>	2	Involved in criminal justice system or committing more serious crimes

Sexual behaviour

<input type="checkbox"/>	0	Appropriate/safe sexual behaviour
<input type="checkbox"/>	2	Inappropriate/unsafe sexual behaviour
<input type="checkbox"/>	5	Commercial sex or abusive sexual relations

Other

<input type="checkbox"/>	6	Child protection concerns
<input type="checkbox"/>	6	Highly vulnerable to abuse by others

Social situation/behaviour total score

Section 4: General/psychological health

General health

<input type="checkbox"/>	0	Person reports no significant health problems
<input type="checkbox"/>	1	Dental problems
<input type="checkbox"/>	1	Sleep problems
<input type="checkbox"/>	5	Several sleep problems
<input type="checkbox"/>	5	Chronic fatigue
<input type="checkbox"/>	10	Accidental overdoses
<input type="checkbox"/>	10	Fits/Seizure
<input type="checkbox"/>	10	Extreme weight loss
<input type="checkbox"/>	10	Blackouts and/or memory loss
<input type="checkbox"/>	10	Pregnant

Psychological health

<input type="checkbox"/>	0	No psychological problems
<input type="checkbox"/>	1	Low self esteem
<input type="checkbox"/>	5	Eating disorder/changes in eating pattern
<input type="checkbox"/>	5	Frequent bouts of unhappiness/depression
<input type="checkbox"/>	5	Self harm
<input type="checkbox"/>	5	Severe anxiety/panic attacks
<input type="checkbox"/>	5	Aggressive behaviour

<input type="checkbox"/>	5	Paranoia
<input type="checkbox"/>	10	Hallucinations
<input type="checkbox"/>	10	Suicide risks/recent suicide attempt

General/Psychological total score	
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Scoring table

Section 2: Drug/alcohol use

Score 0 – 4	Score 5 - 6	Score 7+
Giving drug information	Seeking advice from drug/alcohol treatment (Appendix 6)	Referring to drug/alcohol treatment (Appendix 8)

Section 3: Social Situation/ Behaviour

A high score means that a client is vulnerable to developing drug/alcohol misuse problems and should increase your level of concerns

Score 0 – 1	Score 2 - 5	Score 6+
Low risk	Medium risk	High risk

Section 4: General/ Psychological health

A high score means that a client is vulnerable to developing drug/alcohol misuse problems and should increase your level of concerns

Score 0 – 4	Score 5 - 9	Score 10+
Low risk	Medium risk	High risk

Appendix 3: CASUS screening tool

NAME: DATE of Birth:
 DATE of SCREENING:

CASUS
INITIAL SCREENING QUESTIONNAIRE for ADOLESCENTS (ISQA)
 (adapted from the SQIFA questionnaire, Dr L. Kroll, Dr S. Bailey, Dr T Myatt, Miss K
 McCarthy, Miss J Shuttleworth, Dr J Rothwell, Professor R. Harrington; YJB, 2003)

Scoring System:
 0 = No 1 = Sometimes 2 = Yes, often

1. ALCOHOL USE: Score:

Do you think alcohol takes over your life and is out of control?

Do you feel depressed, angry or anxious if you are not drinking?

Total:

Does this bother you? (tick box)

Not at all A bit of a problem A big problem

If help was on offer, would you consider it?

No Maybe Yes

2. DRUG USE : Score:

Do you think your drug use takes over your life and is out of control?

Does the thought of not using make you worried, angry or depressed?

Total:

Does this bother you? (tick box)

Not at all A bit of a problem A big problem

If help was on offer, would you consider it?

No Maybe Yes

Total (Substances):

CASUS – Initial Screening Questionnaire for Adolescents (ISQA)
 (adapted from the SQIFA questionnaire, Dr L. Kroll, Dr S. Bailey, Dr T Myatt, Miss K
 McCarthy, Miss J Shuttleworth, Dr J Rothwell, Professor R. Harrington; YJB, 2003)

NAME: DATE of Birth:
DATE of SCREENING:

3. MENTAL HEALTH CONCERNS:

Many people worry about themselves at times.

Do you have concerns about your mental wellbeing (your mood, behaviours, thoughts or experiences) that you think are different from most young people of your age?

Score:

<u>Does this bother you? (tick box)</u>					
Not at all	<input type="text"/>	A bit of a problem	<input type="text"/>	A big problem	<input type="text"/>
<u>If help was on offer, would you consider it?</u>					
No	<input type="text"/>	Maybe	<input type="text"/>	Yes	<input type="text"/>

4. OTHER SAFETY CONCERNS

Do you have other concerns about your safety at this time (problems with violence, exploitation, crime, etc)?

Score:

<u>Does this bother you? (tick box)</u>					
Not at all	<input type="text"/>	A bit of a problem	<input type="text"/>	A big problem	<input type="text"/>
<u>If help was on offer, would you consider it?</u>					
No	<input type="text"/>	Maybe	<input type="text"/>	Yes	<input type="text"/>

Official use : _____

<u>SCORES:</u>	<u>ACTION:</u>
Total (Substances):	
0	= No further action required
1 with low motivation	= Psychoeducation/Motivational work now
1 or more with motivation	= Move to level 2 screening (SUSI)
Mental Health and Safety screen:	
0	= No further action required
1 with low motivation	= inform about other services
1 or more with motivation	= consider referral to relevant service if no substance use problems, or SUSI if substance use problems also present.

CASUS – Initial Screening Questionnaire for Adolescents (ISQA)
(adapted from the SQIFA questionnaire, Dr L. Kroll, Dr S. Bailey, Dr T Myatt, Miss K McCarthy, Miss J Shuttleworth, Dr J Rothwell, Professor R. Harrington; YJB, 2003)

Appendix 4: Developing assessment

When deciding the appropriate response to the concerns there will be a need to evaluate the seriousness of the information available. In order to do this, it may be helpful to:

- Speak to the parents about the concerns and obtain their views about the situation and what services/support they think they need
- Speak to other colleagues including in other agencies who know the child and their parents
- Use a diary to monitor patterns of behaviour or concerns over time
- Check your agency records
- Produce a chronology
- Seek consultation from an agency who is specialised in this area
- Speak to your line manager, named/designated with responsibility for child protection/safeguarding children
- Seek consent of involving extended family members where appropriate
- Consider triggering a CAF using agreed local procedures.
- The assessment form should cover the five Every Child Matters themes and allow workers to make notes under each of those themes. The five themes and the areas all workers should explore with service users are:
- Healthy? What things do you do to ensure that your children are physically healthy? How healthy would you say that they are?
- Safe from harm? How do you ensure that your children are safe? How would you determine that they weren't safe?
- Learning and Developing? What things do you do to support your children to develop their social skills, communication skills, educational skills and relationship skills? How regularly does this happen?
- Having a positive impact on others? What things do you do to ensure that your children are enjoying their lives and having fun? How regularly does this happen?
- Free from the impact of poverty? What do you do to ensure that your children have their basic needs met (e.g. clothing, warmth, nutrition, regular visits to the doctor or health visitor, recognition of illness, safe accommodation)? How would you determine that these needs were not being met?
- In order to explore these areas with a service user it can be useful to start with more generic questions as a 'way in'. Workers can then utilise their skills to further explore issues, examine discrepancies or positively reinforce behaviours. Example questions which can be asked or included in assessments:
- Do you have any concerns about your children at the moment?
- Tell me about the relationships within the family. Who provides you with support?
- What would need to change in order for you to be the parent you want to be?
- Do you think your substance use has any effect on your children?
- Being a parent is stressful at the best of times, what extra support do you think you and your family might need?

- The information generated from asking these questions will enable all staff to have a good discussion with service users about their children and parenting and will help in deciding whether a full CAF should be carried out.

Appendix 5: Cambridgeshire CAF process guidance

Please follow the link to open the CAF guidance

<http://camweb.ccc.cambridgeshire.gov.uk/NR/rdonlyres/D25F10DA-CC3C-45A7-AF00-53EB8F7FFE13/0/OverviewofCAFModel.pdf>

or download the document by clicking here:



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CCC.Cambridgeshire.

Appendix 6: Local drugs/alcohol treatment agency

For the most up to date information, visit www.cambsdaat.org
Service provision as of July 2010:

Adult treatment services:



Cambridgeshire

Help, Support and Treatment

Drug and Alcohol Services - a free and confidential service, open to all those who feel that their drug or alcohol use is becoming a problem.

Services are available following an assessment to determine needs, which may include counselling, substitute prescribing and other community and inpatient interventions. Support includes:

- Advice and information
- Key work
- Prescribing services
- Counselling
- Structured Day Programmes
- Needle exchange & Harm Reduction Interventions
- Blood Borne Virus service
- Complementary therapies
- Employment, training and education support
- An accredited Volunteer programme
- Outreach team
- Support for concerned others/Carers group

Please phone for an appointment or drop in to your nearest service as listed below:

Cambridge office Mill House, Brookfields Hospital Site, 351 Mill Road, Cambridge, CB1 3DF Drug service: 01223 723020 Alcohol service: 01223 723069	Ely office (appt booked via Cambridge office) 1st Floor, Central Hall 52-54 Market Street Ely, CB7LS Drug service: 01223 723020 Alcohol service: 01223 723069
Huntingdon office 7/8 Market Hill Huntingdon, PE29 3NR Drug service: 01480 413800 Alcohol service: 01480 424289	Wisbech office Former Council Offices Wisbech, PE13 1BW Drug service: 01945 584444 Alcohol service: 01945 469035
St. Neots office First Floor Offices, Cross Keys Mews, St Neots, PE19 2AR Drug & alcohol service: 01480 406823	Alcohol referral line: 0800 021 3064 cambsalcohol@addaction.org.uk For more information on drug & alcohol services, including support for young people and parents/ carers, visit www.cambsdaat.org

Young people treatment services:

CASUS

Providing information, support and specialist treatment to young people, under 18 and their families, who live in Cambridgeshire to address drug and alcohol issues.

CASUS is part of Cambridgeshire and Peterborough NHS Foundation Trust. The team is staffed by nurses, social workers and substance misuse practitioners, as well as child and adolescent psychiatrists.

The team will see young people who have concerns about alcohol, legal, prescribed and over-the-counter medications, solvents and volatile substances, as well as illegal drugs.

Opening times and contacts

Monday to Friday - 9am to 5pm

Appointments available outside of these hours on request

CASUS South

T 01223 214614

F 01223 414584

CASUS North

T 01480 415278

F 01480

E casus@cpft.nhs.uk



Drinksense is a third sector provider, working to reduce the harm caused to individuals, families and communities by alcohol misuse. Please click on this leaflet for more information or contact them:

Tel: 01354 650457

Tel: 01733 567998

Email: youngpeople@drinksense.org

<http://www.drinksense.org/>

dialdruglink
choice challenge change

www.dialdruglink.com

Dialdruglink offers services to support parents and others who are concerned about someone else's substance misuse problems.

38A High Street, St Neots

Tel: 01480 474974

Appendix 7: Threshold Matrices

COMPLEX LEVEL 4 NEEDS - This is Children Services Social Care's Core Business, and reaches threshold for Initial Assessment. These are children and young people including disabled children and young people whose needs are complex and enduring and cross many domains. They are at risk of significant harm or removal from home.

The worker must take into account the cumulative impact of having more than one of the needs below.

Child's Developmental Needs:	
<p>Health, e.g.</p> <ul style="list-style-type: none"> • Has severe/chronic health problems • Persistent substance misuse/smoking • Developmental milestones unlikely to be met • Early teenage pregnancy • Serious mental health issues / alcohol / drug dependency • Concern about Female genital mutilation <p>Education, e.g.</p> <ul style="list-style-type: none"> • Is out of school • Permanently excluded from school or at risk of permanent exclusion • Has no access to leisure activities • NEET (16/18 Not in Employment / Education / Training) <p>Emotional and Behavioural Development, e.g.</p> <ul style="list-style-type: none"> • Regularly involved in anti-social/criminal activities – witnessing the arrest of family member • Puts self or others in danger, e.g. missing • Suffers from periods of depression • Self-harming or suicide attempts • Inappropriate sexual behaviour / relationships – prostitution 	<p>Identity, e.g.</p> <ul style="list-style-type: none"> • Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability • Is socially isolated and lacks appropriate role models <p>Family and Social Relationships, e.g.</p> <ul style="list-style-type: none"> • Periods of being accommodated by the Local Authority • Family breakdown related in some way to child's behavioural difficulties • Subject to physical, emotional or sexual abuse or neglect • Is main carer for family member • Concern about forced marriage <p>Social Presentation, e.g.</p> <ul style="list-style-type: none"> • Poor and inappropriate self-presentation <p>Self-care Skills, e.g.</p> <ul style="list-style-type: none"> • Neglects to use self-care skills due to alternative priorities, e.g. substance misuse
Parenting Capacity:	Family and Environmental Factors:
<p>Basic Care</p> <ul style="list-style-type: none"> • Parents unable to provide "good enough" parenting that is adequate and safe • Parents' mental health problems or substance misuse significantly affect care of child • Parents unable to care for previous children • Ensuring Safety • There is instability and violence in the home continually • Parents involved in crime or in prison • Parents unable to keep child safe • Parents have drug / alcohol dependency • Victim of crime • Trafficked Child • Emotional Warmth • Parents inconsistent, highly critical or apathetic towards child • Stimulation • No constructive leisure time or guided play • Guidance and Boundaries • No effective boundaries set by parents • Regularly behaves in an anti-social way in the neighbourhood • Stability • Beyond Parental control • Has no-one to care for him/her • Relinquish babies 	<p>Family History and Functioning</p> <ul style="list-style-type: none"> • Significant parental control discord and persistent domestic violence • Poor relationships between siblings • Family has serious / chronic mental health issues • Wider Family • No effective support from extended family • Destructive / unhelpful involvement from extended family • Housing • Physical accommodation places child in danger • Transient • Temporary accommodation • Employment • Chronic unemployment that has severely affected parents' own identities • Family unable to gain employment due to significant lack of basic skills or long-term difficulties, e.g. substance misuse • Income • Extreme poverty / debt impacting on ability to care for child • Family's Social Integration • Family chronically socially excluded • No supportive network • Community Resources • Poor quality services with long-term difficulties with accessing target populations, e.g. Children's Centre

COMPLEX LEVEL 3 NEEDS - These are children and young people including disabled children or young people whose needs are more complex, and require support from more than one agency. This refers to the range of needs and depth or significance of the needs. They are at risk of social or educational exclusion. Their health, welfare, social or educational development is being impaired. Life chances will be impaired without services.

The worker must take into account the cumulative impact of having more than one of the needs below.

Child's Developmental Needs:	
<p>Health, e.g.</p> <ul style="list-style-type: none"> Concerns re diet, hygiene, clothing (neglect) Has some chronic health problems Missing routine and non-routine health appointments Overweight/underweight (eating disorders)/enuresis Smokes, substance misuse Developmental milestones are unlikely to be met Some concerns around mental health Early teenage pregnancy Young/Teenage parent experiencing difficulties Child of Young/Teenage parent experiencing difficulties Known to self-harm Parent may not be able to meet child's basic needs due to struggling to cope with partner's imprisonment <p>Education, e.g.</p> <ul style="list-style-type: none"> Identified learning needs and may have a Statement of Special Educational Needs Not achieving key stage benchmarks Poor school attendance and punctuality (i.e. below 80% attendance) Some fixed term exclusions No interests/skills displayed NEET (16/18 Not in Employment/Education/Training) <p>Emotional and Behavioural Development, e.g.</p> <ul style="list-style-type: none"> Finds it difficult to cope with anger, frustration and upset Disruptive/challenging behaviour at school or in neighbourhood and at home (anti-social and/or criminal behaviour) Cannot manage change – changes to family unit following imprisonment of parent/family member Unable to demonstrate empathy Inappropriate sexual behaviour / relationships Parent/family members imprisonment not explained to child Alcohol use in relation to age and effect on life chances: e.g. under 14 unsupervised drinking, binge drinking (more than 6 alcoholic units over a short period of time, such as an evening) 	<ul style="list-style-type: none"> Use of cannabis more than twice in last month, especially use of 'skunk' cannabis. Any lifetime use of cocaine, crack cocaine, heroin / injecting drug use. Regretted sexual episode as a result of intoxication. Drug/alcohol related incident at school (e.g. caught in possession of cannabis, drunk) Poor attendance at school / training placement / employment due to drug or alcohol use. Received a warning from the Police re alcohol use / possession of 'personal' amount of drugs. Has attended Accident and Emergency dept. due to intoxication. Disclosure of self-medication to deal with mental health problems. <p>Identity, e.g.</p> <ul style="list-style-type: none"> Is subject to discrimination, e.g. racial, sexual or due to disabilities Demonstrates significantly low self-esteem in a range of situations <p>Family and Social Relationships, e.g.</p> <ul style="list-style-type: none"> Has lack of positive role models Misses school or leisure activities Peers also involved in challenging behaviour Involved in conflicts with peers/siblings Regularly needed to care for another family member (young carer) No contact with imprisoned family member <p>Social Presentation, e.g.</p> <ul style="list-style-type: none"> Is provocative in behaviour/appearance Clothing is regularly unwashed Hygiene problems <p>Self-care Skills, e.g.</p> <ul style="list-style-type: none"> Poor self-care for age, including hygiene Precociously able to care for self
<p>Parenting Capacity:</p>	<ul style="list-style-type: none"> Family and Environmental Factors:
<p>Basic Care</p> <ul style="list-style-type: none"> Difficult to engage parents with services – may not want to disclose to services that reason for struggling is a knock on effect of parent/family members offending behaviour/imprisonment Parent is struggling to provide adequate care (neglect) Previously looked after by Local Authority Professionals have serious concerns <p>Ensuring Safety</p> <ul style="list-style-type: none"> Perceived to be a problem by parents May be subject to neglect Experiencing unsafe situations <p>Emotional Warmth</p> <ul style="list-style-type: none"> Receives erratic or inconsistent care Has episodes of poor quality of care Parental instability affects capacity to nurture Has no other positive relationships <p>Stimulation</p> <ul style="list-style-type: none"> Not receiving positive stimulation, with lack of new experiences or activities (lack of constructive leisure/play activities) <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> Erratic or inadequate guidance provided Parent does not offer a good role model, e.g. by behaving in an anti-social way <p>Stability</p> <ul style="list-style-type: none"> Has multiple carers/been 'looked after' by Local Authority 	<p>Family History and Functioning</p> <ul style="list-style-type: none"> Incidents of domestic violence (current or historic) Acrimonious divorce/separation Breakdown of family unit due to parent/family members imprisonment or offending behaviour Family have serious physical and mental health difficulties and/or drug/alcohol related use. Fluid household <p>Wider Family</p> <ul style="list-style-type: none"> Family has poor relationship with extended family / little communication / is socially isolated <p>Housing</p> <ul style="list-style-type: none"> Poor state of repair, temporary or overcrowded Temporary accommodation Asylum seeking/refugee/newly arrived/transient families Homeless 16/17 year olds <p>Employment</p> <ul style="list-style-type: none"> Parents stressed due to unemployment / "overworking" Parents lack skills to obtain employment. <p>Income</p> <ul style="list-style-type: none"> Serious debts/poverty impact on ability to meet needs <p>Family's Social Integration</p> <ul style="list-style-type: none"> Parents socially excluded Lack of a support network <p>Community Resources</p> <ul style="list-style-type: none"> Poor quality universal resources and access problems to these and targeted services

VULNERABLE LEVEL 2 NEEDS: Children with additional needs

These are children and young people including disabled children and young people whose needs require some additional support from a targeted service without which they would be at risk of not reaching their full potential. A Common Assessment should be completed for children who have additional needs as outlined below.

The worker must take into account the cumulative impact of having more than one of the needs below.

Child's Developmental Needs:	
<p>Health, e.g.</p> <ul style="list-style-type: none"> • Defaulting on immunizations/checks • Is susceptible to minor health problems • Slow in reaching developmental milestones • Minor concerns re diet/hygiene/clothing (low level neglect) • Starting to default on health appointments • Young Person/Teenage pregnancy • Child of Young Person/Teenage pregnancy • Low level self-harm <p>Education, e.g.</p> <ul style="list-style-type: none"> • Have some identified learning needs that place him/her on "School Action" or "School Action Plus" of the Code of Practice • Poor punctuality • Pattern of regular school absences – could be linked to authorised absence to visit family member in prison • Not always engaged in learning, e.g. poor concentration, low motivation and interest • Not thought to be reaching his/her educational potential • Reduced access to books/toys <p>Emotional and Behavioural Development, e.g.</p> <ul style="list-style-type: none"> • Some difficulties with peer group relationships and with adults (within family, school and neighbourhood settings) • May experience stigma/bullying within school or neighbourhood after parent is imprisoned • Some difficulties with peer group relationships and with adults • Significant change in behaviour/demeanour 	<ul style="list-style-type: none"> • Some low level criminal and/or anti-social behaviour • Some evidence of inappropriate responses and actions • Pattern of sexual activity or inappropriate sexual behaviour / relationships • Can find managing change difficult • Starting to show difficulties expressing empathy • Could become withdrawn or express different patterns of behaviour after witnessing arrest or imprisonment of family member • More than the minimal alcohol consumption below the age of 15 years old. • Use of illegal drugs including cannabis. • Association with others involved in unsupervised alcohol consumption. • Excluded from school for a drug/alcohol related incident. <p>Identity, e.g.</p> <ul style="list-style-type: none"> • Some insecurities around identity expressed, e.g. low self-esteem for learning • May experience bullying around "difference" <p>Family and Social Relationships, e.g.</p> <ul style="list-style-type: none"> • Some support from family and friends • Has some difficulties sustaining relationships <p>Social Presentation, e.g.</p> <ul style="list-style-type: none"> • Can be over-friendly or withdrawn with strangers • Can be provocative in appearance and behaviour • Personal hygiene starting to be a problem <p>Self-care Skills, e.g.</p> <ul style="list-style-type: none"> • Not always adequate self-care, e.g. poor hygiene • Slow to develop age-appropriate self-care skills
Parenting Capacity:	Family and Environmental Factors:
<p>Basic Care</p> <ul style="list-style-type: none"> • Parental engagement with services is poor • Parent requires advice on parenting issues • Professionals are beginning to have some concerns around child's physical needs being met <p>Ensuring Safety</p> <ul style="list-style-type: none"> • Some exposure to dangerous situations in the home or community • Parental stresses starting to affect ability to ensure child's safety <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Inconsistent responses to child by parent(s) • Able to develop other positive relationships <p>Stimulation</p> <ul style="list-style-type: none"> • Spends considerable time alone, e.g. watching television • Child is not often exposed to new experiences <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> • Can behave in an anti-social way in the neighbourhood, e.g. petty crime • Parent/carer offers inconsistent boundaries <p>Stability</p> <ul style="list-style-type: none"> • Key relationships with family members not always kept up • May have different carers • Starting to demonstrate difficulties with attachments • Could be experiencing anxiety due to parent being imprisoned 	<p>Family History and Functioning</p> <ul style="list-style-type: none"> • Family conflicts that involve the children and have an emotional impact (current of historic domestic violence) • Has experienced loss of significant adult, e.g. through bereavement or separation • May be needed to look after younger siblings (Young carers) or assume role of carer for parent following imprisonment of other parent • Parent has physical/mental health difficulties • Drug / alcohol issues • Fluid household <p>Wider Family</p> <ul style="list-style-type: none"> • Some support from friends and family <p>Housing</p> <ul style="list-style-type: none"> • Adequate/poor housing • Family seeking asylum or refugees • Transient families • Families in temporary accommodation • Accommodation could be threatened due to change in circumstance when family member is imprisoned • Homeless 16/17 year olds. <p>Employment</p> <ul style="list-style-type: none"> • Periods of unemployment of the wage earning parent(s) • Parents have limited formal education • Parents starting to feel stressed around unemployment or work situation <p>Income</p> <ul style="list-style-type: none"> • Low income / poor financial management. • Drastic change to family income e.g. family member being imprisoned <p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family may be new to the area • Some social exclusion experiences <p>Community Resources</p> <ul style="list-style-type: none"> • Adequate universal resources but family may have access issues

POSITIVE UNIVERSAL LEVEL 1 STRENGTHS

These are children and young people including disabled children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, or some specialist disability services such as Health Care and Education. They may also use leisure and play facilities, housing or voluntary sector services.

At times within this universal level, children may have some relatively small extra needs which trigger a professional from a universal service to a time limited enhanced intervention.

The worker must take into account the cumulative impact of having more than one of the needs below.

Child's Developmental Needs:	
<p>Health, e.g.</p> <ul style="list-style-type: none"> • Physically well • Adequate diet/hygiene/clothing • Developmental checks/immunizations up-to-date • Regular dental and optical care • Health appointments are kept • Developmental milestones met • Speech and language development met <p>Education, e.g.</p> <ul style="list-style-type: none"> • Skills/interests • Success/achievement • Cognitive development • Access to books/toys, play /leisure <p>Emotional and Behavioural Development, e.g.</p> <ul style="list-style-type: none"> • Feelings and actions demonstrate appropriate responses • Good quality early attachments • Able to adapt to change • Able to demonstrate empathy 	<p>Identity, e.g.</p> <ul style="list-style-type: none"> • Positive sense of self and abilities • Demonstrates feelings of belonging and acceptance • A sense of self • An ability to express needs <p>Family and Social Relationships, e.g.</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with care givers • Good relationships with siblings • Positive relationships with peers <p>Social Presentation, e.g.</p> <ul style="list-style-type: none"> • Appropriate dress for different settings • Good level of personal hygiene <p>Self-care Skills, e.g.</p> <ul style="list-style-type: none"> • Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills
Parenting Capacity:	Family and Environmental Factors:
<p>Basic Care</p> <ul style="list-style-type: none"> • Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care <p>Ensuring Safety</p> <ul style="list-style-type: none"> • Protect from danger or significant harm, in the home and elsewhere <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Show warm regard, praise and encouragement <p>Stimulation</p> <ul style="list-style-type: none"> • Facilitates cognitive development through interaction and play • Enable child to experience success <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> • Provide guidance so that child can develop an appropriate internal model of values and conscience <p>Stability</p> <ul style="list-style-type: none"> • Ensure that secure attachments are not disrupted • Provide consistency of emotional warmth over time 	<p>Family History and Functioning</p> <ul style="list-style-type: none"> • Good relationships within family, including when parents are separated • Few significant changes in family composition <p>Wider Family</p> <ul style="list-style-type: none"> • Sense of larger familial network and good friendships outside of the family unit <p>Housing</p> <ul style="list-style-type: none"> • Accommodation has basic amenities and appropriate facilities <p>Employment</p> <ul style="list-style-type: none"> • Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful <p>Income</p> <ul style="list-style-type: none"> • Reasonable income over time, with resources used appropriately to meet individual needs <p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family feels integrated into the community • Good social and friendship networks exist <p>Community Resources</p> <ul style="list-style-type: none"> • Good universal services in neighbourhood

Appendix 8: Assessment for pregnant clients

All pregnant women should be asked about their use of prescribed and non-prescribed drugs, both legal and illegal, as part of routine enquiries about general health during pregnancy. Time should be allowed for the exploration of the patient's and the professional's concerns about the risks for both the mother and the child. This needs to be done sensitively so that the woman is not deterred from seeking help, even if she continues to use. However, practitioners should ensure that the woman and her partner are aware of the impact of the following behaviours:

- the use of tobacco, street drugs, alcohol and some over the counter drugs, including the adverse effects of some medicines
- chaotic drug/alcohol use; e.g. polydrug use, erratic dosage precipitating withdrawals or intoxication
- Injecting and sharing of injecting paraphernalia
- Unprotected sexual activity

If the woman's partner also uses drugs/alcohol, they should be encouraged to access treatment as this increases the chances that the patient will be able to control her drug/alcohol use during pregnancy. Pregnant women and their partners who smoke cigarettes should be identified and specialist smoking cessation offered as early as possible. Where appropriate an amended version of this document should be provided and explained to patients and their partners.

Drug/Alcohol Workers, Maternity Staff and other practitioners working with pregnant women, children and their families should consider the following as a part of the ongoing assessment process:

- Which drugs/alcohol are being used
- Current amounts of drug/alcohol use
- Patterns of use
- Route of administration (injecting or smoking)
- Other risk behaviour related to the drug/alcohol use
- Stage of pregnancy
- The woman's support networks
- The needs of unborn child
- Whether the woman has other children; their living situation; and their main carer/guardian

Appendix 9: Referral forms to drug/alcohol treatment agencies

CASUS referral form



CCC.Cambridgeshire.



Addaction drug treatment referral form



CCC.Cambridgeshire.



Addaction Alcohol treatment referral form



CCC.Cambridgeshire.

