



Joint Working Protocol between Sheffield Children and Families, People Services Portfolio (CYPF) and Sheffield Health and Social Care Service (SHSC).

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Key definitions

- Parent refers to biological and non-biological parents, carers including grandparents, pregnant women and their partners and any adult who has regular responsibility for the care of a child or young person.
- Safeguarding and promoting the welfare of children is defined as: protecting children from maltreatment; preventing the impairment of children's health and development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Children and Young People's welfare and safety is everyone's responsibility.
- **Where it is believed that a child is suffering or is likely to suffer significant harm, the Sheffield Safeguarding Children Board Child Protection Procedures must be followed and an immediate telephone referral made to the appropriate Social Care team, if the child/ young person is allocated a Social Worker. If the child/ young person is not open to an allocated Social Worker a referral needs to be made immediately to the Sheffield Safeguarding Hub on Sheffield 2734855.**

Introduction

This protocol aims to promote effective joint working between Sheffield Children and Families, People Services Portfolio (CYPF) and Sheffield Health and Social Care Trust (SHSC). A 'whole family' approach and effective communication ensures that both the needs of children and their parents are taken into account during any assessment made by the above agencies.

Purpose of the Protocol:

The main aims of the protocol are to ensure that:

- The needs of families (adults and children) across Sheffield are **routinely** assessed by both adults and children's workers when the parent / carers mental ill health and or drug and alcohol use may be impacting on the safety and wellbeing of the children.
- The needs of parent / carer and the child are fully considered by way of a joint assessment / joint visit / professionals meeting.
- Already established multi-agency procedures are recognised and utilised accordingly.

The protocol provides a clear framework outlining to staff what is expected from them as an individual practitioner, what is expected from their practice when they are working jointly and what is expected from their organisation.

Key Principles

It is recognised that no single service can meet all the needs arising in families where there is mental ill health and or drug and alcohol misuse.

This joint working protocol provides a foundation for good practice in both SHSC and CYPF. These agencies will work together, and involve wider partner agencies, to ensure a consistent and co-ordinated approach when working with and supporting families where there is parental ill health, drug and alcohol misuse and or learning disabilities.

Eligibility for accessing treatment or support from SHSC will be in line with their policies. Assessing need for CYPF will be in line with the Multi Agency Threshold Guidance for Sheffield Children, Young People and Families Pathway to Provision.

It is the statutory duty of all professionals, whether they are providing a service to adults or children, to place the needs of the child first. In cases of potential or actual significant harm to a child, the child's needs for safety are paramount.

Joint Working Arrangements

As soon as it is established that a service user is in contact with CYPF and SHSC, clear and regular communication must be established and maintained, particularly when there are changes to the situation.

CYPF and SHSC will be invited to meetings in respect of the child, young person or vulnerable adult. There is an expectation that CYPF and SHSC workers will prioritise and attend these meetings and where they are unable to:

SHSC and CYPF Joint Working Protocol ratified by SCSP December 2019/ SCSP Vulnerabilities manager / review December 2020

- send their apologies;
- speak to the lead professional working with the family;
- and provide a written report with an update in respect of the child, young person, parent or carer involvement and engagement with the service.

CYPF and SHSC will share all relevant assessment information and will jointly plan and record ongoing work and service provision in service user files in both services. This will include full care planning with clear responsibilities defined for each agency and / or professionals involved, and clarity on review periods with an understanding that all relevant parties are to be involved in all review meetings and discussions.

CYPF and SHSC will always consider the involvement of the wider family network in engagement, assessment, care planning and strategic care plan review. No major decisions should be made without full consultation across service areas, unless emergency action needs to be taken. Under such circumstances, other parties need to be advised as soon as possible.

Case Closure

If either service is considering closing a case, they must consult with the key agencies involved. Decisions to close a case must be made by lead practitioners. The lead practitioner should outline the reasons for case closure and inform the other services of any discharge plan, aftercare support and alternative support systems that will be in place. This must be recorded by both services.

Information Sharing

In their practice staff adhering to this Joint Protocol can refer to the Sheffield Children Safeguarding Partnership procedures and website <https://sheffieldscb.proceduresonline.com/index.htm> for guidance on confidentiality and information sharing.

The safety and welfare of the child overrides all other considerations including the following:

- Confidentiality;
- The gathering of evidence;
- Commitment or loyalty to relatives, friends or colleagues or commitment to the therapeutic relationship.

The overriding consideration must be the best interests of the child - for this reason, absolute confidentiality cannot be promised to anyone.

Sharing information is vital for early intervention to ensure that children with additional needs receive the services they require. It is also essential to protect children from suffering Significant Harm.

It is important that all practitioners:

- Understand and apply good practice in sharing information at an early stage as part of preventative work;

- Are clear that information must be shared where they judge that a child is at risk of Significant Harm; and
- Understand what information is confidential and what is not, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent.

SHSC staff who require support or advice regarding confidentiality or information sharing should seek support from their line managers, the SHSC Safeguarding Office or the Trusts Information Governance Department.

Information sharing must be explained to service users at the outset, openly and honestly, what and how information will, or could be shared and why and seek their agreement. The information shared will be accurate and up-to-date, shared in a secure way with only those people who need to see it and necessary for the purpose for which it is shared.

Training

Attending joint training events and workshops across both service areas will help facilitate closer working relationships, strengthening the ability of all staff to safeguard and support families.

SHSC

All clinicians / practitioners are required to attend basic safeguarding children training and then at least 6 hours of evidence based multi-agency safeguarding children training (Level 3) every 3 years. (RCPCH Intercollegiate Document 2019)

CYPF

All practitioners working with parents and children are required to attend basic parental mental ill health and drug / alcohol awareness courses and regular updates.

Supervision

SHSC

Safeguarding children and adults should be a regular item in the clinical supervision structure for practitioners within SHSC.

SHSC substance misuse service practitioners have regular safeguarding children supervision with Safeguarding Children Vulnerability Service.

CYPF

Practitioners in CYPF should keep a focus through supervision on the impact or prevalence of mental ill health and or drug and alcohol use on any parent, child or family they are working with.

Where there are complex cases, the need for joint supervision across the agencies should always be considered.

Sheffield Health and Social Care (SHSC)

Screening and Assessment

All service users accessing SHSC will be routinely asked whether they are a parent or carer or live in a household with children and what child-care responsibilities they have, this will include whether the service user or the service user's partner is pregnant. This information will be recorded in demographics on INSIGHT.

Where the service user is a parent or carer the following information will be collected and recorded:

- **Mental health** - history, current presentation and precipitating factors/triggers (life events), medication compliance, engagement with professionals, impact of mental health on parenting and safety/wellbeing of the child or other adult family members. Any perinatal issues? Parental delusional beliefs or suicide plans involving a child.
- **Family set up** – family composition - who lives with the service user? Who provides care for the service user? Is a carer's assessment required? Are there any young carer issues? Are there any adult protection issues evident?
- **Children** – this includes biological / step children, younger siblings. Does the parent have contact with these children and in what capacity? Do they have parental responsibility? Confirm the details of the children - names, DOB, GPs. Confirm if the children are known to children's social care or MAST (i.e. child protection plan, child in need). Confirm the name and contact details of the social worker/family Intervention worker – make contact with them so they are aware that SHSC is involved with the family. Are any of the children known to other services such as CAMHS, YOT?
- **Drug / Alcohol** – history of and current use of substances - How does this impact on the mental health / behaviour of the parent? Any other family members misusing drugs / alcohol? How does this impact on the safety and wellbeing of other family members, including children?
- **Domestic Abuse** – any history of this or is it present currently? What is the extent of the abuse (use the MARAC risk assessment) and consider a MARAC referral if necessary. Consider local domestic abuse agency involvement.
- **Offending history** – previous convictions, current offending behaviour and impact of this on others i.e. family, children. Any current probation or bail conditions, MAPPA?
- **Self harm / suicide** – history and current behaviours, plans, and the impact of this on others i.e. children.
- **Safety of workers** – any history of risks to workers i.e. threats, verbal / physical abuse, visiting in 2's etc.

As assessment is an ongoing process this information will be collected over a number of appointments. The information will be recorded, monitored and updated to keep

track of changes. Details of the family's situation will form part of the assessment and be part of ongoing work with the service user.

Things to be considered where parental substance misuse is identified: *The following subjects should be discussed with the service user during key-working sessions and addressed in detail during each strategic care plan review:*

- *In cases where there are children living in the household or visiting the house the worker will discuss the dangers of children accessing, or being given drugs / medication / alcohol and the importance of safe storage. Safer storage boxes will be offered to all service users; their acceptance or rejection of the box will be recorded in the service user's file.*
- *The service user will be regularly asked what they feel the effect on children in the household of their drug/alcohol misuse is, and what steps they take to safeguard the child. Where necessary, appropriate leaflets and advice will be given e.g. Parenting leaflet, Keep Safe leaflets (methadone, drug using paraphernalia, alcohol, cannabis).*
- *Consideration will be given to the impact on the home circumstances of a parent's drug and alcohol misuse including where the burden of care is falling.*

Times of significant changes in the family situation

At times of significant change (for example):

- the parent/carer entering or leaving treatment,
- service user, or their partner, becoming pregnant,
- family bereavement,
- CYPF services becoming involved with the family,
- where there are signs that the situation is beginning to deteriorate e.g. increase in drug / alcohol use, repeated non-attendance for appointments (even if a valid reason is given),
- domestic abuse incident,
- significant changes in circumstances e.g. relationship breakdown, other adults moving into household, eviction.

All the issues above should be discussed with the parent/carer including how this may impact on the child in the household. A child may be taking on a more caring role in the family, for example. In these circumstances consideration should be given to seeking advice from the Sheffield Young Carers, other practitioners working with the family will also be informed and information held on the service user reviewed.

SHSC Substance Misuse service, in line with clinical guidelines, supervised consumption of opioid substitution medications may be increased so as to increase the service user's contact with professionals involved in their care and provide additional scrutiny and safeguards for the family.

Parent's unplanned discharge from the Service

In cases where a parent stops attending SHSC for appointments / ceases their medication, other workers working with the family must be informed.

Multi-agency working

The presence of any of the following indicators may suggest that an assessment is needed on the children within the household, by CYPF. Good practice would indicate that this should include discussions and joint visits with other practitioners working with the family (i.e. health visitor, Community Midwife). It should be used as a prompt to thinking (i.e. to help interpret the situation) rather than an exhaustive checklist.

Risk Indicators

Consideration needs to be given to the number of children in the household, their age, developmental stage and relationship with their parent.

- The lifestyle associated with some parent's drug and alcohol misuse or mental ill health can disrupt children's routines and relationships. This can include: vulnerable tenancies including rent arrears and incidents of anti-social behaviour, failing to keep appointments with professionals (i.e. sporadic attendance and not complying with treatment), periods of incarceration, continued substance use despite it negatively affecting a person's physical, mental and emotional state; engaging in criminal behaviour and involvement with the criminal justice system on a regular basis; impaired patterns of parental care due to intoxication and related effects of intoxication; careless storage of substances and medication;
- Children being required to undertake inappropriately high levels of responsibility for social or personal care of parents, younger siblings or themselves;
- Issues of domestic abuse within the family,
- Disrupted schooling – i.e. non-attendance, late arrival, late collection, sporadic attendance;
- Parents driving with children in the car whilst under the influence of drugs and / or alcohol;
- Children being looked after by multiple and / or unsuitable carers;
- Children being left at home unsupervised;
- Deteriorating mental health or substance misuse of an adult in the household.

If the assessment undertaken identifies that there are **additional needs** that cannot be met by any of the existing services involved, then there should be discussion with the service user about what support they feel would help the family. Consideration will be given to calling a multi-agency meeting with parents and all agencies involved to complete an Early Help form. The Early Help form will identify the additional support the family needs and the parents will sign the form. It will then be sent to MAST.

Whenever the SHSC worker identifies a concern about the welfare of the child that potentially or actually constitutes significant harm then they will follow their agencies child protection policy and telephone the Safeguarding Hub 0114 2734855. The concerns will be put in writing on a MACF within 24 hours and emailed to the Safeguarding Hub, C&FScreeningTeam@sheffield.gcsx.gov.uk and a copy will be placed on the service users file.

Referrals should focus on how the service user's mental ill health or drug and alcohol misuse impacts on their parenting capacity and the level of risk posed to the child's safety and well-being.

Where there is ongoing contact with the parent / carer SHSC will prioritise their attendance at all meetings organised to safeguard and promote the welfare of children e.g. Child Protection Conferences, Core Group meetings, Children in Need meetings and Team Around the Family (TAF) meetings. Where the worker cannot attend, a written report will be provided to inform the risk assessment. All reports will be shared (where practically possible) with the parents prior to the conference or meeting, unless doing so would increase the level of risk to the child. If there has been short term contact with SHSC relevant information will be provided to meetings but the worker will not be expected to attend.

SHEFFIELD CHILDREN AND FAMILIES, PEOPLE PORTFOLIO SERVICES

Screening

All contacts made to CYPF need to be screened to ensure the appropriate information is obtained and the appropriate action is taken. During the screening process it is necessary to establish whether there are any mental ill health, drug or alcohol misuse issues within the household that could be impacting on parenting capacity and the children.

The social workers in the Safeguarding Hub will ask questions to ascertain the child's circumstances. These questions are based on the Signs of Safety model and will include;

- What have you seen or heard that you are worried about? Has this happened before?
- Do you know if there are times when these concerns are not present? If so,
- what happened?
- Have you spoken to anyone in the family about your worries or concerns? If not, why not?
- Do you know if there is anyone within the family or the community helping to support the family? If so, please provide details and comment on how this is going
- How do you think Early Help or Safeguarding Services could help?

In relation to the current situation and outcome;

Where do you rate the situation at the moment on a scale of 0-10 where 0 means the child is in danger or has already been hurt and 10 means that everything is now sorted for the child, they have people around who care for them and help to keep them safe and free from harm?

All referrers and services contacted as part of the screening process will be routinely asked by CYPF whether they are aware of any mental ill health or drug or alcohol issues within the household, whether the Sheffield Alcohol Screening Tool has been used (date, score and outcome recorded) and whether they are aware of any past or present SHSC involvement.

Assessment

Social Care assessments will use the three domains as identified in Working Together 2018 (DfE, 2018).

During assessments undertaken by CYPF parents will be routinely asked whether they struggle, or have ever struggled, with their emotional health and well-being or use / misuse, or have ever misused, drugs or alcohol. In cases where the Sheffield Alcohol Screening Tool score was not provided by the referrer the Alcohol Screen will be undertaken by CYPF.

Where a parent discloses an issue with mental ill health, drugs / alcohol they will be asked whether they are accessing a SHSC Service. Where they are, contact details will be taken and the relevant SHSC Service will then be contacted and informed that

CYPF are involved with the family and invited to all meetings. Consideration should be given as to whether joint working, joint visits or joint assessment needs to be undertaken to ensure a coordinated assessment and planning process.

Where a parent discloses an issue with mental ill health, drugs / alcohol (or the Alcohol Screening Tool indicates further support is needed) and are not currently accessing support from a SHSC Service, the CYPF worker will discuss with the parent how parental mental ill health, drugs and alcohol misuse can impact on parenting capacity and children and will strongly encourage them to access support via their GP or in the case of substance misuse directly contact the relevant service.

Where a parent is accessing MAST and does not disclose the involvement of SHSC services but the worker has concerns regarding parental mental ill health the case will be discussed with the Adult Mental Health Workers based within MAST.

When assessing the impact of parental mental ill health, drug and alcohol misuse on children, it can be helpful to consider the following issues:

- What are the risk factors both immediate and in the longer term?
- What are we worried about? (Past harm and complicating factors).
- What is the child's day-to-day experience like?
- What's working well? (Existing strengths and safety).
- Is the parent's mental ill health, drug and alcohol misuse likely to change? Why is this so? What and who will support the change? Stressors and triggers?
- Is parental mental ill health, drug or alcohol misuse the main issue or are there other issues that need consideration: domestic abuse, debt, housing issues?
- Are changes to parenting able to be within a timescale to meet the child's needs?
- What needs to happen? (Safety goal and next steps).
- Who is in the family's network? Are there people who can be part of a safety plan for the child/young person? Are there other services involved?
- Have all agencies, including SHSC, contributed to the assessment?

Multi agency working

Through joint care planning with SHSC at the point of identification, the CYPF worker will be able to thoroughly understand the impact any mental ill health, drug or alcohol use will be having on the parent's ability to cope and be involved in the process of treatment planning

Regular communication with the SHSC is essential in helping understand how the parent's mental ill health or substance misuse may be impacting on their parenting capacity. Information requested should include: the parent's compliance with treatment, any changes in their presentation or interventions, the SHSC worker's view of the current situation and predictions for the future.

Information provided by the parent (including compliance with treatment, attendance, future plans) will ALWAYS need to be verified by the SHSC service involved. Parents will rationalise their behaviour which may include minimising their mental ill health, drug/alcohol misuse.

APPENDIX 1 - SHSC mental health services – further information and referral criteria for each service can be accessed at www.shsc.nhs.uk/service-a-z/

Single Point of Access (SPA) for Adult Community Mental Health Services and the Out of Hours (OOH) Service. A Single Point of Referral 24 hours a day, 7 days a week for accessing mental health services in Sheffield. SPA carries out triage, crisis assessment and duty functions. Tel: 0114 2263636

The **Crisis House** offers an alternative to hospital admission enabling therapeutic recovery in a homely environment. All referrals should include a crisis assessment and Detailed Risk Assessment (DRAM).

Community Enhancing Recovery Team (CERT) is designed as an intensive rehabilitation and recovery team to deliver bespoke packages of care to people in their own homes as an alternative to hospital admission

Community Learning Disability team provides the first line of support for people with severe learning disabilities who may have mental health needs too.

Early Intervention Service (EIS) offers specific pathways of care for those assessed / identified as experiencing ARMS (At Risk Mental State), FEP (First Episode Psychosis) and Suspected Psychosis. Each pathway will deliver a NICE concordant package of care for up to three years.

Emotional Wellbeing Service (EWS) delivers routine assessment and short term interventions providing a 'bridge' between primary and secondary care mental health services.

Eating Disorders Service is a community based, specialist outpatient service providing assessment and psychologically based interventions to those with severe eating disorders.

Home Treatment Service (HTS) provides short term intensive mental health support to individuals who would otherwise require admission to hospital.

Health Inclusion Team (HIT) The team provides a nurse led service for gypsies and travelers and people living in temporary or hostel accommodation.

Homeless Assessment and Support Team (HAST) provides access to healthcare and support services for homeless people in Sheffield who have mental health problems

Improving Access to Psychological Therapies (IAPT) Service provides access to evidence based psychological therapies for people suffering from mild to moderate depression and anxiety or stress. The service is based at GP surgeries

Inpatient Wards – Burbage, Stanedged, Maple, Endcliffe, Dovedale

Liaison Psychiatry provides mental health assessment and care to patients of Sheffield Teaching Hospitals NHS Foundation Trust.

MAST – adult mental health workers – providing a link between children services and adult mental health services

Mental Health Recovery Service – (Recovery South - Eastglade or Recovery North – Northlands)

delivers: Assertive Outreach - intensive and assertive treatment and support for service users who present with a high level of enduring and/or complex mental health needs who would otherwise disengage; Active Recovery - treatment and support to service users who present with enduring and/or complex mental health needs; Case Management - low level support for service users requiring less frequent contact, for example, service users collecting medication monthly with no other unmet needs or requiring regular but minimal contact to ensure that universal support is effectively meeting their needs.

Perinatal Mental Health Service is a specialist mental health service for women with mental health problems who are planning a pregnancy, are already pregnant, or have given birth in the last twelve months.

Sheffield Adult Autism and Neurodevelopmental Service (SAANS) provide assessment, diagnosis and multi-disciplinary interventions for people with an Autistic Spectrum Disorder (ASD) and associated neurodevelopmental disorders including Attention Deficit Hyperactivity Disorder (ADHD).

Sheffield Treatment and Recovery Team (START) provide assessment, treatment and support for adults who misuse substances (opiates, non-opiates, alcohol)

Short term educational programme (STEP) offers a range of recovery and preventative focused educational programmes primarily to service users that have identified short term needs. The service offers a variety of psycho-education groups and a Recovery Education Programme.

Specialist Psychotherapy Service offers tertiary level treatment, consultation and advice.

Sheffield Treatment and Recovery Team (START) treatment and support for alcohol, non-opiate and opiate misuse

The Sheffield Mental Health Guide

This website can help you in identifying services to support families where there are mental health issues. It provides information about mental health in Sheffield, from services to activities, and from conditions to support. Click here to view: www.sheffieldmentalhealth.co.uk



APPENDIX 2

CONTACT DETAILS FOR SHEFFIELD CHILDREN AND FAMILIES, PEOPLE SERVICES PORTFOLIO

Referrals	Early Help (MAST) advice line 0114 2037484
	Safeguarding Hub – social care referrals and advice Referrals from professionals and members of the public 0114 2734855 Email SheffieldSafeguardingHub@sheffield.gov.uk Secure Email C&FScreeningTeam@sheffield.gcsx.gov.uk
N O R T H	NORTH Early Help (MAST) North MAST, Sorby House, 42 Spital Hill, Sheffield, S4 7LG Tel: 2331189 Fax:2331042 Email: northMAST@sheffield.gov.uk
	North Children’s Social Care: North Social Care, Sorby House, 42 Spital Hill, Sheffield, S4 7LG Tel: 2039591 Fax: 2039598
E A S T	EAST Early Help (MAST) ALL referrals and requests for support: East MAST, Shortbrook Primary Site, Westfield Northway, S20 8FB Tel: 2053635 Fax:2053639 Email: eastMAST@sheffield.gov.uk
	East Children’s Social Care: Stadia Technology Park, Block D, 60 Shirland Lane Sheffield, S9 3SP Tel: 2037463 Fax:2037510
W E S T	West Early Help (MAST) ALL referrals and requests for support: West MAST, Old Sharrow Junior School, South View Road, S7 1DB Tel: 2506865 Fax: 2506713 Email: westMAST@sheffield.gov.uk
	West Children’s Social Care Old Sharrow Junior School, South View Road, S7 1DB Tel: 2734491

Sheffield Children Safeguarding Partnership website
www.safeguardingsheffieldchildren.org

Safeguarding Adults Office Tel: 0114 2736870

APPENDIX 3 - Assessing the Impact of Drug and Alcohol Misuse

Questions to Consider (joint working with the Drug and Alcohol Services will help this information to be collected and explained)

- How is the drug / alcohol being taken (E.g. injected, smoked, snorted or taken orally)?
- Is the drug / alcohol use considered to be occasional, recreational, bingeing (large amounts in any one session, especially alcohol use), dependent (daily use), chaotic (concoction of different drugs being used)? How does the parent / carer describe their drug / alcohol use?
- Are the amounts of drugs / alcohol being taken increasing?
- If the drugs are prescribed, are they being used as prescribed by the doctor?
- Are there particular events or emotions that increase the amount of drugs / alcohol the parent / carer uses?
- Is the parent's / carer's view of their drug / alcohol use markedly different from agencies working with them?
- How much does the drug / alcohol use cost (how much are they spending a day or week?) compared with the household income?
- Is the amount spent on drug/alcohol use impacting on the family budget and the ability to provide food adequate heating and electricity, clothing for the child/children?
- How is the drug / alcohol use funded? How does the parent /carer explain how they can afford the drug / alcohol and the day-to-day living for themselves and their child?
- When and where is the drug / alcohol use taking place and is the child exposed to it? Where is the child at the time of drug alcohol use?
- Do people coming to the house in relation to drugs and alcohol (either dealers or other users coming to use in the house) pose any risk to the child?
- Are medication / drugs / alcohol stored safely away from the child/young person? Safer storage box issued? Does the parent / carer understand the risks to their child if they access, or are given drugs / medication / alcohol?
- Is the parent / carer compliant with treatment? Is the situation stable, are there signs of deterioration?
- Does the parent / carer regularly miss appointments with the drug / alcohol service? Has the parent / carer dropped out of treatment?
- Does the parents/carers behaviour under the influence of drugs /alcohol pose a risk to the child? If the child were to wake up in the night would the parent/carers be able to meet the child's need? Consider the severity and length of substance use, amount of medication etc.
- Lifestyle implications including the risks associated with the procurement of drug / alcohol (does the parent recognise the risks to their child in association with drug dealing, sex working, shoplifting and enforced separation from the child due to arrest?)
- Do the parents / carers take responsibility for their actions or do they blame others / organisations?
- Do the parents / carers recognise the emotional impact that drug / alcohol misuse can have on a child as well as physical / neglect issues?
- Do the parents/ carers recognise that their drug/alcohol misuse is a problem? Are they committed to change?
- Do the parent/carers have a support network and if so are they protective and aware of the drug use?