



North Yorkshire Safeguarding Children Partnership

Substance Misuse in Parents

Practice Guidance

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Substance Misuse in Parents

Practice Guidance

Purpose

The purpose of this practice guidance is to support local operational arrangements between adult and young people's drug and alcohol service providers and children and families services, and deliver effective safeguarding, by defining joint working arrangements, referral pathways, communication and information sharing between adult-facing and children-facing services.

The practice guidance is based on good practice guidance, including the Public Health England (2013) document, *"Supporting Information for the Development of Joint Local Practice guidance between Drug and Alcohol Partnerships, Children and Family Services."*¹

Definitions

'Alcohol and drug use' will be referred to as 'substance misuse.' Drugs and alcohol are chemical substances that effect normal physical and psychological functioning (United Nations, 2008). They change the way that people who take them view the world and themselves, and the way that they feel (RSA, 2007). As a result, drugs and alcohol are often referred to as 'psychoactive substances'. This does not necessarily mean that they are always dependence-creating (World Health Organisation, 2016). Substance *misuse* is a term which refers to the misuse of drugs and alcohol. It refers to intoxication by, or regular excessive consumption of, and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems. This includes problematic use of both legal (e.g. alcohol) and illegal substances ([e.g. heroin; cannabis] [NICE, 2007](#)). Substance misuse is a significant cause of premature mortality (early death) and morbidity (avoidable and early on-set diseases) within the UK.

"Children" refers to all children and young people aged 0-19 yrs old.

"North Yorkshire Horizons" – adult drug and alcohol service for North Yorkshire.

Governance arrangements

This practice guidance is endorsed and overseen by the North Yorkshire Safeguarding Children Partnership (NYSCP).

¹ Public Health England (2013). *Supporting Information for the Development of Joint Local Protocols between Drug and Alcohol Partnerships, Children and Family Services*, (Online). (Accessed 14.12.17). Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/669434/safeguardingprotocol2013.pdf

All practitioners are expected to use this practice guidance when they come into contact with a service user and or child whose life is affected by use of drugs and/or alcohol. The following are examples and should not be considered exhaustive:

- Children whose care or developmental needs are at risk of being compromised due to parents or carers' substance misuse;
- Service users of Children's Social Care who misuse substances and are parents or carers of children;
- Service users of drug and alcohol services who are parents or carers of children;
- Pregnant women who use substances or whose partners are substance users;
- Any adult who uses substances and has significant contact with children e.g. step-parent; resides in house with children; separated parent, grandparent etc.

The practice guidance will be reviewed on a bi-annual basis by the NYSCP.

Background and evidence base

Although not all parents or carers with drug or alcohol problems cause harm to children in their care², substance misuse can reduce capacity for effective parenting. The children of parents or carers who are dependent on drugs or alcohol are more likely to develop behaviour problems, experience low educational attainment, and be vulnerable to developing substance misuse problems themselves. Some children's health or development may be impaired to the extent that they are suffering or likely to suffer significant harm.

The current UK drugs strategy³ highlights that 'parental drug and alcohol dependence can have a significant impact on families, particularly children', and outlines the need to 'support vulnerable families to break inter-generational pathways to substance dependence'. The strategy notes the importance of effective joint working between substance misuse and children and families services, focussing on an integrated and co-ordinated whole family approach.

Approximately a third of adults in drug treatment services have childcare responsibilities and records show that drug and alcohol misuse is a factor in a significant number of children in need and child protection cases¹.

Parents who are engaged with treatment services who live with their own children tend to have fewer drug-related problems. They are less likely to use heroin and crack (most addictive drugs), to inject (the most risky way to take drugs) or to be homeless or have a housing problem. They are also less likely to arrive in treatment via the criminal justice system⁴. There are up to 1.4 million

² Department for Education. 2015. *Working Together to Safeguard Children*

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

⁴ National Treatment Agency. (2012). *Parents with Drug Problems: how treatment helps families*, (Online). (Accessed 30th Oct 2015). Available from <http://www.nta.nhs.uk/uploads/families2012vfinali.pdf>

(one in eleven) children in the UK living with parents who misuse alcohol.⁵ However problem drinking is often kept secret in families and both parents and children may be reluctant to seek help, hence estimates are likely to significantly underestimate the scale of the problem⁶.

Maternal drug or alcohol misuse during pregnancy can significantly impact on child development, and after birth the child may be exposed to a range of sustained or intermittent hazards. The adverse consequences for children are typically multiple and cumulative and will vary according to the child's stage of development. They include failure to thrive; blood-borne virus infections; incomplete immunisation and otherwise inadequate health care; a wide range of emotional, cognitive, behavioural and other psychological problems; early substance misuse and offending behaviour; and poor educational attainment. These can range greatly in severity and may often be subtle and difficult to detect⁷.

The ACMD report 'Hidden Harm: responding to the needs of problem drug users' (2003) set out a number of recommendations and the following 6 key messages:

- There are between 250,000 and 350,000 children of problem drug users in the UK - about 1 child for every problem drug user.
- Parental problem drug use causes serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children
- The number of affected children is only likely decrease when the number of problem drug user's decreases.

There is a growing volume of literature which enriches understanding of what works most effectively in terms of responses to the needs of children of problem drug users.

Key messages include:

- The shift away from focusing on negative risk factors, towards identifying factors which promote resilience
- The need to find ways to work across children's and adult health and social care services

⁵ HM Govt. (2004). Alcohol Harm Reduction Strategy of England, (Online). (Accessed 30th Oct 2015). Available from <http://www.erpho.org.uk/Download/Public/14668/1/AlcoholHarmReductionStrategy.pdf>

⁶ Turning Point. (2006). *Bottling it Up: the effects of alcohol misuse on children, parents and families*, (Online). Accessed 30th Oct 2015. Available from <http://www.drugsandalcohol.ie/6276/1/3499-3720.pdf>

⁷ ACMD. (2003). *Hidden Harm: responding to the needs of problem drug users*, (Online). (Accessed 30th October 2015). Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf

- The importance of working flexibly and creatively with children and with their families, and providing options and choices with and for them.⁸

The Munro Review of child protection (2011) found that many services (including substance misuse treatment services) were too focused on adults and not enough on the children affected by adults' problems. The NTA and the Department for Education (DfE) published guidance in 2009 and 2011 to encourage drug treatment services to work with children and family services⁹, taking greater account of the needs of the children involved and being more responsive to the parental status of those in treatment. Research indicates that the development of joint protocols and information-sharing procedures supports collaborative working between children and adult services¹⁰.

Substance misuse services and children/families services need to work together in order to identify, assess, refer, support and treat adults with the aim of protecting children and improving their outcomes. For some parents this will encourage them to enter treatment, stabilise their lives and seek support; for others their children may be at risk of neglect, taking on inappropriate caring roles and in some cases posing risk of serious harm. Having a parent in substance misuse treatment can be a protective factor for children. Parents enter, are retained and successfully complete drug treatment at a similar level or better than the whole treatment population¹¹.

There also needs to be support for children while their parents are in recovery from drug or alcohol misuse. The impact on the child as the parent recovers from dependence (which may include relapses) needs to be continually addressed by children and families services. Well-targeted early intervention can also maximise the positive impact that treatment and family-support services have on parents with drug problems and their children¹².

Critically, the needs of the child/children must always come first, and a proactive approach must be adopted by all practitioners working with families where substance misuse is a factor. Children are best protected when professionals are clear about what is required of them individually and arrangements on how they need to work together are documented.¹³

⁸ ACMD (2007). Hidden Harm. Three years on: Realities, Challenges and Opportunities. (Online). Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/119103/HiddenHarm20071.pdf Accessed 30th Oct 2015.

⁹ DCSF, DH, NTA. (2009). Joint Guidance on Development of Local Protocols Between Drug and Alcohol Treatment Services and and Local Safeguarding and Family Services, (Online). (Accessed 30th Oct 2015). Available from http://www.nta.nhs.uk/uploads/yp_drug_alcohol_treatment_protocol_1109.pdf. National Treatment Agency (2011). *Supporting Information for the Development of Joint Local Protocols between Drug and Alcohol Partnerships, Children and Family Services*, (Online). (Accessed 17.8.15). Available from: <http://www.nta.nhs.uk/uploads/supportinginformation.pdf>

¹⁰ Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007) *Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice*. London: Jessica Kingsley Publishers.

¹¹ National Treatment Agency (2011). *Supporting Information for the Development of Joint Local Protocols between Drug and Alcohol Partnerships, Children and Family Services*, (Online). (Accessed 17.8.15). Available from: <http://www.nta.nhs.uk/uploads/supportinginformation.pdf>

¹² National Treatment Agency. (2012). *Parents with Drug Problems: how treatment helps families*, (Online). (Accessed 30th Oct 2015). Available from <http://www.nta.nhs.uk/uploads/families2012vfinali.pdf>

¹³ HM Govt (2015). *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children*, (Online). (Accessed 20th August 2015). Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Principles and Aims

This practice guidance aims to protect the most vulnerable adults, children and young people within North Yorkshire, by promoting:

- Early identification of need;
- Referral to appropriate support services for adults and children as per agreed local NYSCP and Safeguarding Adults Board (SAB) procedures. This may include substance misuse services, children and families services and safeguarding teams;
- Joint working arrangements including:
 - Co-ordinated information sharing;
 - Co-ordinated development and implementation of support plans for parents and carers and children as applicable;
 - Joint/ multi-agency supervision as applicable.

Information Sharing and Confidentiality

Information sharing is vital to safeguarding and promoting the welfare of children, young people and vulnerable adults. Information sharing should be necessary, proportionate, relevant, adequate, timely and secure.

The most important consideration is whether sharing information is likely to safeguard and protect a child/ vulnerable adult. Professionals have a statutory responsibility to act to make sure that a child/ adult whose safety or welfare may be at risk is protected from harm.

Each service will make it clear to people using their service that the welfare and protection of children/ adults is the most important consideration when deciding whether or not to share information with others, and that information may be shared on this basis. Services should inform service users about plans to share information with another professional or service in advance of doing so, where this is practical, but this should not delay information sharing where significant risk or harm is identified or possible.

Practitioners should use their professional judgement when making decisions on what information to share and when, and should follow their employer/services procedures which will be consistent with local NYSCP/ SAB procedures. They should consult with their manager if in doubt.

Confidence is only breached when the sharing of confidential information is not authorised by the person who provided it or to whom it relates. Information can be lawfully shared, even if this has not been authorised, if this can be justified in the public's interest.

Concerns that a child/ adult may be suffering significant harm, or may be likely to suffer harm, will always override a professional or services requirement to keep information confidential.

All organisations will share information in line with national and local procedures, specifically NYSCP/ SAB procedures, and their own organisational policies and procedures which will be consistent with these. It is important to keep a written record of decisions made to either share

information or not, the reasons for the decision, and if the decision is made to share information what information is shared.

Local guidance can be found at:

NYSCP Information Sharing procedures

<https://www.safeguardingchildren.co.uk/professionals/nyscb-procedures/>

North Yorkshire County Council Safeguarding webpages:

<https://www.northyorks.gov.uk/safeguarding>

Please also refer to “Information Sharing: advice for practitioners providing safeguarding services to children, young people, adults and carers” (HM Govt, 2015), available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

Joint Working Arrangements

Services have a statutory responsibility under section 11 of the Children Act (2004) to work together to deliver effective services to families affected by substance misuse. Services may be required to provide evidence of this as part of S11 audits undertaken by the NYSCP.

Substance misuse and Children and Families service support plans should reflect a holistic approach to supporting families, and should be shared with professionals involved and the family themselves. Practitioners in substance misuse and Children and Families services should work together to identify substance misuse, promote engagement with respective services and ensure that care planning is effectively coordinated and reviewed. All practitioners must comply with relevant national and local procedures, and the policies and procedures of their respective employers/ services.

Substance misuse services:

If a substance misuse service practitioner identifies a child that may not be engaged with Children and Families Services, but is at risk of harm or would benefit from early help, then they should seek consent for a referral to Children and Families services from the service user involved. If consent is not given or is unobtainable, then they will need to make a decision about whether to share information with Children and Families services depending on the level of risk identified. They should seek advice from Children and Families services if unsure.

If a substance misuse service practitioner identifies a child that may already be engaged with Children and Families services, then they should contact the service to ascertain the scope of the child’s support plan, and agree joint working arrangements as applicable.

Children and families services:

Children and Families services will ascertain as part of their on-going assessments whether parents or carers are currently, or were previously, known to substance misuse services during the Child and Family Assessment and Child Protection Enquiries (Sections 17 and 47 Children Act 1989). If it is identified that a parent or carer’s drug or alcohol misuse is affecting their ability to care effectively

for the child, and they are not accessing local substance misuse services then consent should be sought to make a referral to either adult or young people's substance misuse services as appropriate for assessment.

See Public Health commissioned services webpages for details:
<https://www.northyorks.gov.uk/our-partners-and-commissioned-services>

Suitability for North Yorkshire Family Drug and Alcohol Court:

North Yorkshire Horizons and Children and Families Services will work together in line with the locally agreed protocol to determine whether the family is eligible for the North Yorkshire Family Drug and Alcohol Court. Please contact Petula McLaren (Practice Supervisor, North Yorkshire County Council) in the first instance to discuss.

Joint working arrangement once referral made and engagement established:

Joint home visits and support plan review meetings between substance misuse and children and families service practitioners will be completed where possible and appropriate. Substance misuse services will provide specialist input for Children and Families service assessments when required, including written information where appropriate and advice around drug and alcohol misuse issues. North Yorkshire Horizons and young people's substance misuse services may be asked to provide court report statements for families, either as part of the FDAC or Public Law Outline process. A specific template has been developed to be used for this purpose, which includes details of engagement with the service and drug or alcohol test results. Please seek advice from the allocated Social Worker.

Substance Misuse and Children and Families Service practitioners working with families will attend planning forums as appropriate (examples provided below, but should not be considered exhaustive):

- Strategy Meetings under Section 47 Children Act 1989
- Team Around the Child Meetings
- Child Protection Conferences
- Looked After Child Reviews
- MARAC
- MAPP
- Adult Safeguarding Meetings
- Community Care Meetings and Reviews
- NYCC Prevention Service

Drug and Alcohol Testing

Department of Health (2017)^[1] Clinical Guidelines and DrugScope (2011) usefully summarise the role, function and limitations of drug testing.

Drug testing is used for various reasons:

- Initial assessment and confirmation of drug use (although testing does not confirm dependence or tolerance and should be used alongside other methods of assessment)
- To confirm the individuals' compliance with treatment (e.g. that the person is taking prescribed medication such as methadone or buprenorphine)
- To monitor illicit drug use – to support clinical decision making and potentially to assist in setting drug specific treatment goals for the individual
- Provides an opportunity for the worker to reflect back real evidence of progress (or lack of progress) to the individual.

The frequency of testing will depend on a number of factors including previous test results and the stage of an individual's treatment.

Drug testing:

North Yorkshire Horizons undertakes regular urine testing as part of the initiation and monitoring of a service user's opiate substitution treatment (methadone or buprenorphine) in line with clinical guidelines. Testing is undertaken regularly during medication titration and as part of prescribing reviews thereafter. It is good practice to include random tests (where the service user has not been notified in advance of the test date). In high risk cases a combination of urine and oral swab tests may be used. They may also be used when there is a dispute regarding a test result, to provide further evidence, and/ or as a motivational tool.

Alcohol testing:

During a community medically assisted alcohol detoxification, North Yorkshire Horizons will undertake a minimum of four home visits over an 11 day period, and conduct breathalyser tests to ensure that the service user is not drinking alcohol on top of their prescribed medication.

Sharing of test results with Children and Families Services:

As part of joint working arrangements North Yorkshire Horizons may be asked to share drug or alcohol test results that they have conducted as part of their delivery of a prescribing intervention for a client with children's social care, They may also be asked to include test result information and interpretation as part of a court report statement to inform children's care proceedings/pre-proceedings.

North Yorkshire Horizons will share test results that they have conducted as part of their delivery of a prescribing intervention for a client with Children's Social Care, upon request.

If any additional testing is required for the sole purposes of child protection arrangements, then Children's Social care will contact North Yorkshire Horizons to negotiate this on a case by case basis, providing the individual is engaged with the service. The allocated social worker must complete an additional testing form and submit this with agreement from their line manager to North Yorkshire Horizons.



App I - CFS request
additional drugalc t

Children's Social Care will meet the full testing costs of any additional tests conducted. North Yorkshire Horizons will not undertake any tests on behalf of Children's Social Care for anyone who is not engaging with the service.

Drug and/or alcohol testing information should always be considered in the context in which tests were taken, and in light of other information available from North Yorkshire Horizons regarding the service users progress with treatment and recovery goals.

Professional disagreements

At times there may be disagreements between professionals about decisions or actions required relating to a family. The child's safety and welfare must be of paramount consideration, and professional differences must not inhibit timely and clear decision making.

The North Yorkshire Safeguarding Children Partnership's Professional Resolutions Practice Guidance is available from: <https://www.safeguardingchildren.co.uk/professionals/practice-guidance/>

Staff training

All staff within Drugs and Alcohol and Children and Families services should receive training to enable them to adequately comply with their roles and the requirements of this practice guidance.

Substance Misuse service staff should be adequately trained in safeguarding, appropriate to their role. Likewise Children and Families service staff should have a level of knowledge regarding drugs and alcohol that allows them to effectively identify when it is appropriate to refer to the specialist substance misuse services.

'Toxic trio' training is available from the NYCC Training and Learning, which looks at how the 'toxic trio' of parental substance misuse, parental mental illness and domestic abuse often co-exist within families, and the impact these have on children.

<http://smartsolutions.northyorks.gov.uk/>

Details of training available from the NYSCP is available from:

<https://www.safeguardingchildren.co.uk/training-north-yorkshire/training-courses/>

In addition Alcohol IBA (Alcohol Identification and Brief advice) training is currently available through Drugtrain for non- alcohol specialist staff to help staff identify people drinking above safe levels and offer brief advice, or a referral if appropriate. More information is available from www.drugtrain.org.uk/AIBA_NorthYorkshire.html.

Supervision

Line management supervision plays a key part in the management of practitioner's cases.

Practitioners should discuss safeguarding issues with their line manager to access support and ensure that good practice is in place.

Adult and Young People's substance misuse services should have arrangements in place for safeguarding specific supervision.

Joint supervision between adult and young people's substance misuse services and Children and Families Services is encouraged and should be explored on a case by case basis.

Pregnancy

The principles of good maternity care, outlined for all pregnant women in 'Changing Childbirth',¹⁴ should equally apply to pregnant women who are substance misusers. The woman must be the focus of maternity care particularly if she is a teenager. It is important to inform maternity staff on all aspects of an individual's care.

In North Yorkshire a woman's allocated midwife will act as the single point of contact for relevant agencies. She will take lead responsibility for informing and co-ordinating service providers for pregnant substance misusers, ensuring that the woman is kept fully informed.

NYSCP procedure can be found here for [Pre Birth Risk Assessment and Planning](#)

North Yorkshire Horizons has developed a Pregnancy Protocol (2017). The protocol aims to facilitate joint working between all agencies where a women accessing treatment for opiate use and / or opiate substitute prescribing is identified as pregnant. It sets out the clear expectations of all involved professionals and the expected timescales for assessment, treatment and review.



OST Pregnancy
protocol.docx

Equalities

This practice guidance applies in all situations irrespective of the race, age, gender, sexual orientation, class, culture and religious beliefs or disability of those involved.

In order to make sensitive and informed professional judgements about a child's needs, and the capacity of parents/carers to respond to those needs, professionals should be sensitive to differing family patterns, lifestyles and child-rearing practices which can differ across different racial, ethnic and cultural groups. However, all professionals must be clear that child abuse or neglect caused deliberately or otherwise, cannot be condoned for religious or cultural reasons.

Risk of significant harm

Some children are in need because they are suffering, or are likely to suffer, significant harm. The Children Act (1989) introduced the concept of significant harm as the threshold that justifies

¹⁴ Department of Health. 1993. Changing Childbirth (Part 1): Report of the Expert Maternity Group. London: HMSO.

compulsory intervention in family life in the best interests of children and gives Local Authorities a duty under Section 47 of the Act to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Access here the [NYSCP Neglect Practice Guidance](#).

Referrals to Children Social Care

Professionals in all agencies have a responsibility to refer a child to Prevention/Children's Social Care/Disabled Children's Service when it is believed or suspected that a child:

- Has suffered significant harm and /or;
- Is likely to suffer significant harm and/or;
- Has developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent), where the needs cannot be met through the TAC process, or where there are child protection concerns.

If you are worried about a child or a young person under the age of 18, you should contact the Children and Young People's Service through the Customer Contact Centre. If your concern is outside of normal office hours, you should contact the emergency duty team.

If there is risk of immediate harm to a child then the Police should be contacted on tel no: 101 (if the harm constitutes an emergency ring 999).

During Office Hours: 01609 780780 / children&families@northyorks.gov.uk

Outside Office Hours Emergency Duty Team (for evenings, weekends and bank holidays): 01609 780780

Child Protection enquiries

If there are worries about a child's care, development or welfare, professionals in touch with the family must co-operate with Children and Families services to enable proper assessment of the child's circumstances, provide any support needed and take action to reduce risk to the child with the consent of the parents. The child's welfare is the paramount consideration when deciding what to do in these situations.

Early Help

Children and their families who receive coordinated early help are less likely to develop difficulties that require intervention through a statutory assessment under the Children Act 1989. In North Yorkshire, this work is coordinated through NYCC Children and Families Service: Early Help who, along with other agencies such as the Healthy Child Programme teams, can work with the family to identify what help the child and family might need to reduce an escalation of needs that could require statutory intervention.

The provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families.

Where need is relatively low level individual services and universal services may be able to take swift action. For other emerging needs a range of early help services may be required, coordinated through an early help assessment. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority Children's social care must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

If the family are already open to NYCC Children and Families Service: Early Help, Substance Misuse Service practitioners may form part of the integrated support plan which will be in place to meet the needs of the child and family.

If it is believed that the family would benefit from support from the NYCC Children and Families Service: Early Help, then practitioners should complete the vulnerability checklist document to assess what level of support may be required and make a referral for support. Professionals can also discuss cases with their local Early Help Consultant:

- **Early Help East (Scarborough, Whitby, Ryedale):** 01609 534852
- **Early Help West (Harrogate, Craven, Knaresborough, Ripon):** 01609 534842
- **Early Help Central (Hambleton, Richmondshire, Selby):** 01609 534829

A referral to the NYCC Children and Families Service: Early Help can be made here via the universal referral form: [referral](#)

Young Carers

Children who act as carers for their parents or other relatives are eligible for an assessment to identify needs for support. A request for an assessment can be made either through NYCC customer contact centre or to young carer support services. Based on the outcome of the assessment they may either be offered early help support or support from children's social care.

Other information, including details of local services is available from:

<http://www.northyorks.gov.uk/article/24272/Young-carers---support-and-advice>

Links to resources

NYSCP referral and assessment procedures: <https://www.safeguardingchildren.co.uk/about-us/worried-about-a-child/>

Link to vulnerability checklist: <https://www.safeguardingchildren.co.uk/professionals/practice-guidance/>

Public health commissioned services (adult and young people's drug and alcohol services):

<https://www.northyorks.gov.uk/our-partners-and-commissioned-services>

Useful contact details and resources:

North Yorkshire Safeguarding Children Partnership <http://www.safeguardingchildren.co.uk/>

North Yorkshire Horizons 01723 330730 www.nyhorizons.org.uk/

Compass REACH 01609 777662 www.compass-uk.org/where-we-work/young-peoples-services/north-yorkshire/

FRANK 0800 77 66 00 <http://www.talktofrank.com>

Adfam 020 7553 7640 <http://www.adfam.org.uk/>

Alcoholics Anonymous 0845 769 7555 <http://www.alcoholics-anonymous.org.uk/>

Narcotics Anonymous 0300 999 1212 <http://www.ukna.org/>

Al-Anon Family Groups 020 7403 0888 www.al-anonuk.org.uk

Famanon 0845 1200 660 <http://www.famanon.org.uk>

^[i]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf