London Borough of Hammersmith & Fulham **CHILDREN AND EDUCATION POLICY & ACCOUNTABILITY COMMITTEE** **21 November 2016**	
CHILD PROTECTION REPORT 2015-2016	
Report of the Acting Cabinet Member for Children and Education – Councillor Sue Fennimore	
Open Report	
Classification: For PAC review and comment **Key Decision: No**	
Wards Affected: All	
Accountable Director: Clare Chamberlain: Executive Director of Children's Services	
Report Author: Anna Carpenter	**Contact Details:** Tel: 020 8753 5124 E-mail: Anna.Carpenter@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1 This report highlights the significant responsibilities which the local authority has in respect to ensuring the protection of children, and how it discharges these. Section 3 provides an outline of the context of the legal framework and child protection processes, whilst Section 5 benchmarks key activity and performance data.

1.2 Sections 6, 7 and 8 has a focus on children and young people affected by parents or guardians with alcohol misuse issues, training available for schools to aid identification and links into support services. (Appendix A details 2 case studies of multi-agency intervention and support)

1.3 Section 9 provides an update on the specific service for CSE that has been in place in Hammersmith & Fulham

1.4 Section 10 summarises future plans and developments influenced by both national and local priorities and initiatives including the work of the Tri-Borough Local Safeguarding Children Board.

2. RECOMMENDATIONS

2.1. The Committee is asked to review and comment upon the contents of this report.

3. BACKGROUND

3.1. The legal duties and responsibilities of the Local Authority in respect to the protection of children are set out in the Children Act (1989). London Child Protection Procedures provide the statutory regulations and guidance by which all professionals working with children should abide. The Local Authority has a duty to investigate and initiate Section 47 (child protection) enquires when there is a concern that a child is suffering or likely to suffer significant harm. The Department for Education's 'Working Together to Safeguard Children' (2015) provides statutory guidance to all partners working with children and their families who are in need or in need of protection.

3.2. Child Protection (CP) involves the identification and multi-agency assessment of the care provided to children and young people who may be at risk of harm from their parents or carers, together with the development of a plan to reduce the risk of harm to those children by the coordination and provision of services. Child protection also requires the continuous monitoring of the effectiveness of this plan, and prompt action to seek legal advice to consider the removal of children via the application for a court order in those circumstances where the level of risk cannot be satisfactorily mitigated.

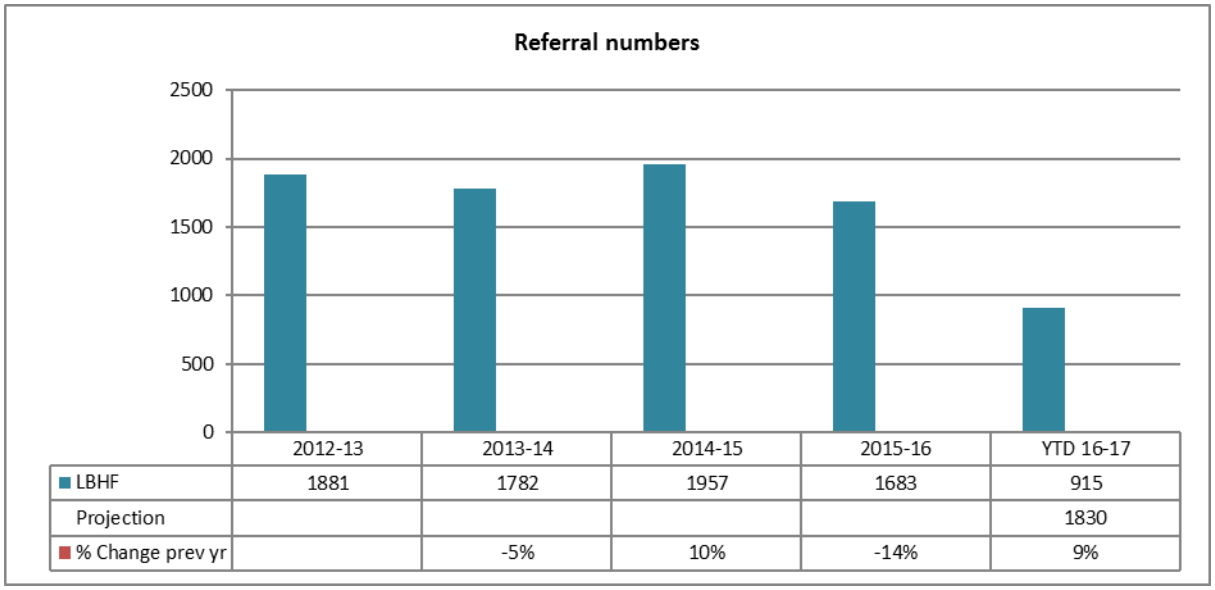
4. Introduction

4.1. This report details information about the child protection activity by the London Borough of Hammersmith and Fulham from (LBHF) from 01 April 2015 through to 31 March 2016. Year to date information is included where relevant.

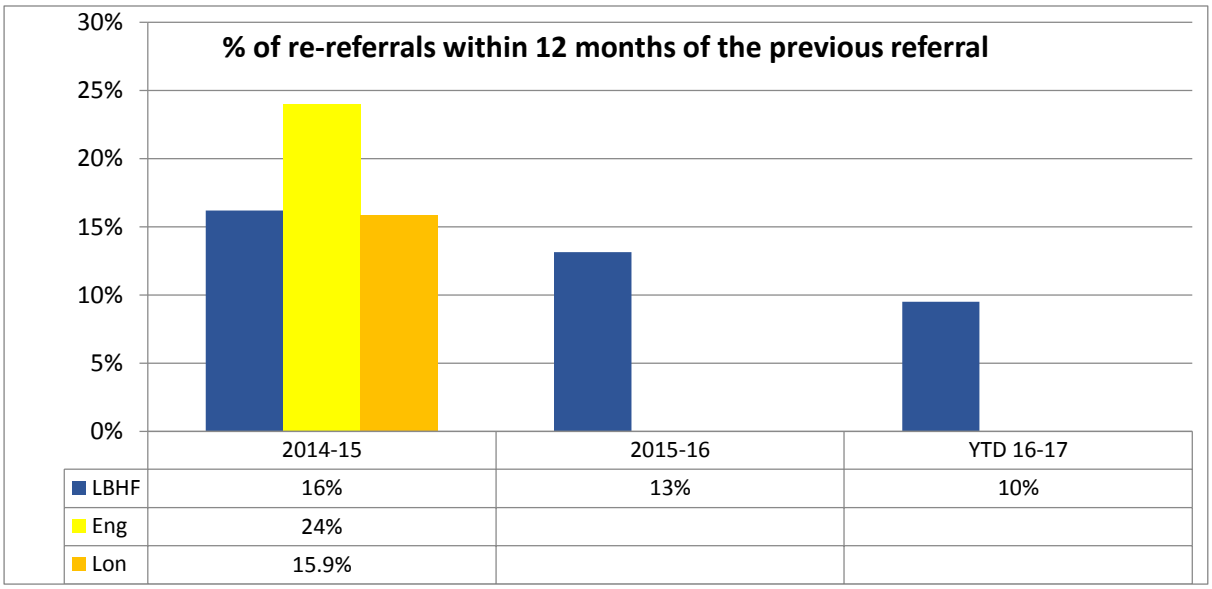
4.2. The report references the work undertaken by the key frontline operational delivery teams and the safeguarding services: The Front Door Service, Contact and Assessment, Family Support & Child Protection teams, the Disabled Children's Service; and the Safeguarding and Reviewing Services.

5. Child Protection Activity

5.1. In the financial year ending 31 March 2016, Family Services received 1,683 referrals of children considered in need or in need of protection. Over the same period, 1,497 comprehensive single assessments were completed within the year. This represents a decrease in numbers when compared with 2014-15, when there were 1,957 referrals and 1,892 assessments. The graphs below highlight the downward trend in referrals and re-referrals as at the year to date.

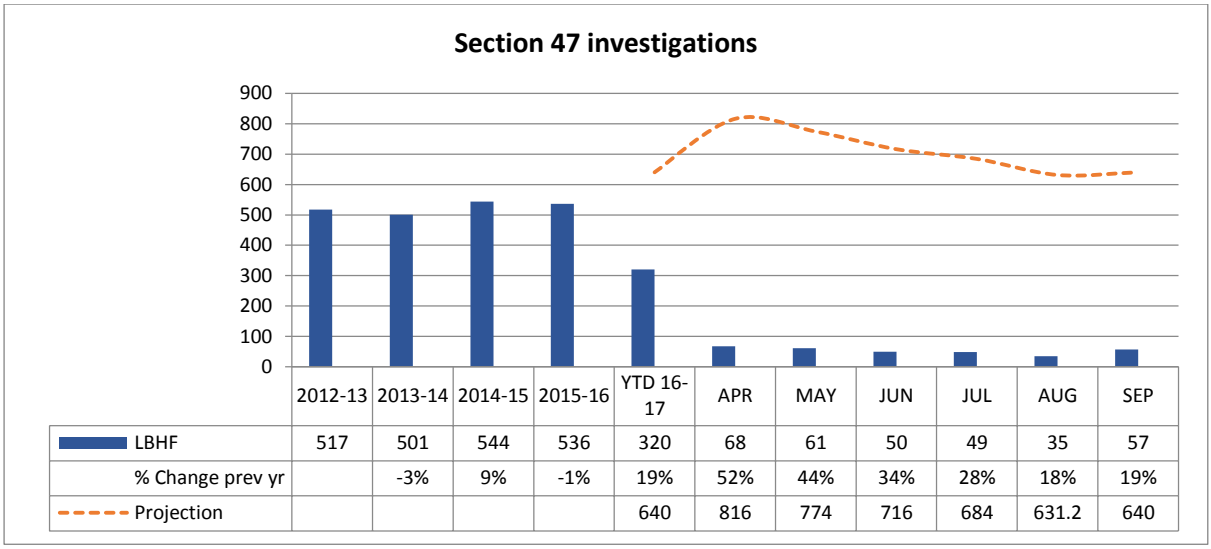


	2012-13	2013-14	2014-15	2015-16	YTD 16-17
LBHF	1881	1782	1957	1683	915
Projection					1830
% Change prev yr		-5%	10%	-14%	9%



	2014-15	2015-16	YTD 16-17
LBHF	16%	13%	10%
Eng	24%		
Lon	15.9%		

5.2. Where child protection concerns are identified a child protection assessment, also known as a Section 47 investigation (Children Act 1989), will be completed by a qualified social worker. The graphs overleaf highlight year to date trends. It has been noted that there has been an escalation in the complexity of issues but a review and analysis of this trend is still being undertaken.



	2012-13	2013-14	2014-15	2015-16	YTD 16-17	APR	MAY	JUN	JUL	AUG	SEP
LBHF	517	501	544	536	320	68	61	50	49	35	57
% Change prev yr		-3%	9%	-1%	19%	52%	44%	34%	28%	18%	19%
Projection					640	816	774	716	684	631.2	640

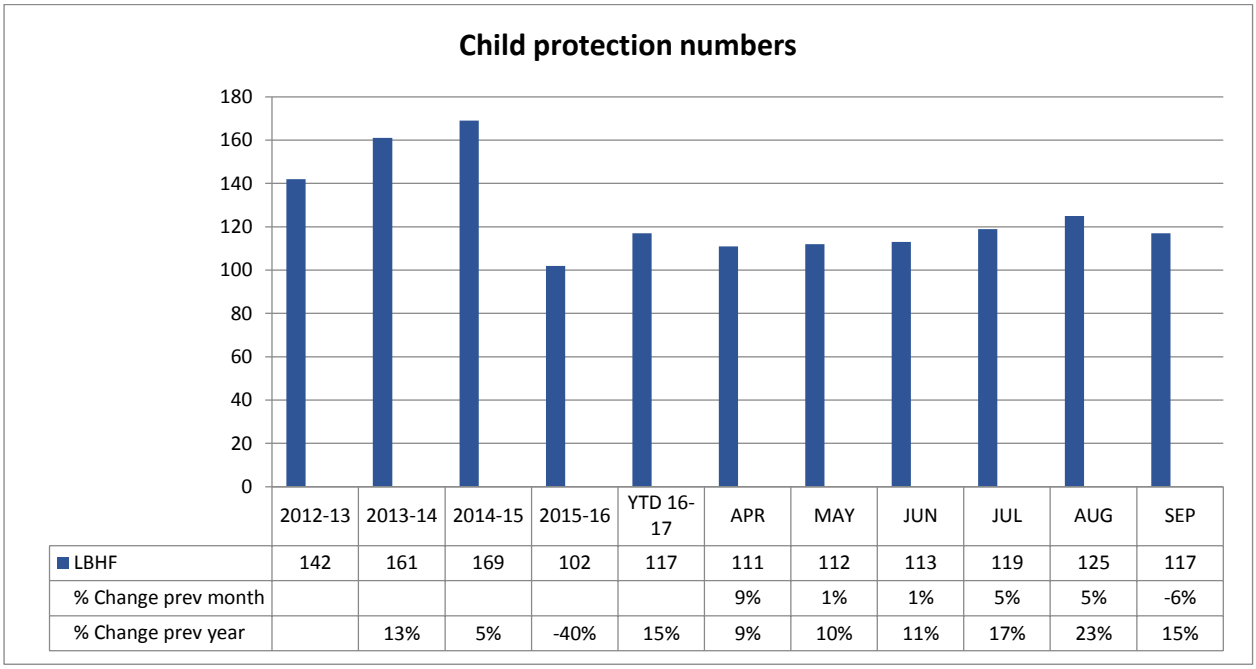
5.3. Alcohol misuse was flagged as an in need factor in 6% (90) of assessments. Domestic violence is the most common factor (19%) followed by mental health (14%). These are both factors which may have inter-linked alcohol issues too. Social Workers can now flag multiple factors and this may lead to higher reporting of alcohol misuse. It should also be noted that 22% of assessments have 'other' marked and clearer flagging could see a rise in a whole range of in need factors.

5.4. 172 Initial Child Protection Conferences held during the year led to 133 Child Protection Plans. The conversion rate of 77% in 2015-16 is lower than the rate in 2014-15 when 88% of Initial Child Protection Conferences resulted in Child protection plans. It is also lower than the 2014/15 London average of 87%. There has been an increase in the number of ICPC referrals which appears linked to the increase in S47s. The reduction in conversion indicates that a higher number of cases coming to ICPC have not met the threshold. The Safeguarding Service has been working to strengthen the relationship with the Contact & Assessment Service, encouraging earlier consultation regarding the threshold for progression to ICPC and recommending further work before escalating cases Further analysis will emerge from the S47 review.

2015-16	**Number of S.47's commencing in the year**	**Number of ICPCs in the year resulting from a S.47**	**% of S47 commencing in the year leading to ICPC**	**ICPCs commencing in the year leading to CPP**	**% ICPC leading to CPP**
LBHF	**533**	**172**	**32%**	**133**	**77%**
WCC	496	120	24%	100	83%
RBKC	347	97	28%	85	88%
England 2014-15					87%
London 2014-15					85%

5.5. At the 31st March 2016 there were 102 children subject to a child protection plan, this represents a decrease from 169 at the same point in 2015. This was a result of

strategies put in place to reduce Child Protection numbers as well as some reaching their natural conclusion and the implementation of the Strengthening Families Conference model The table below provides details of child protection numbers from 2012/13 to year to date.



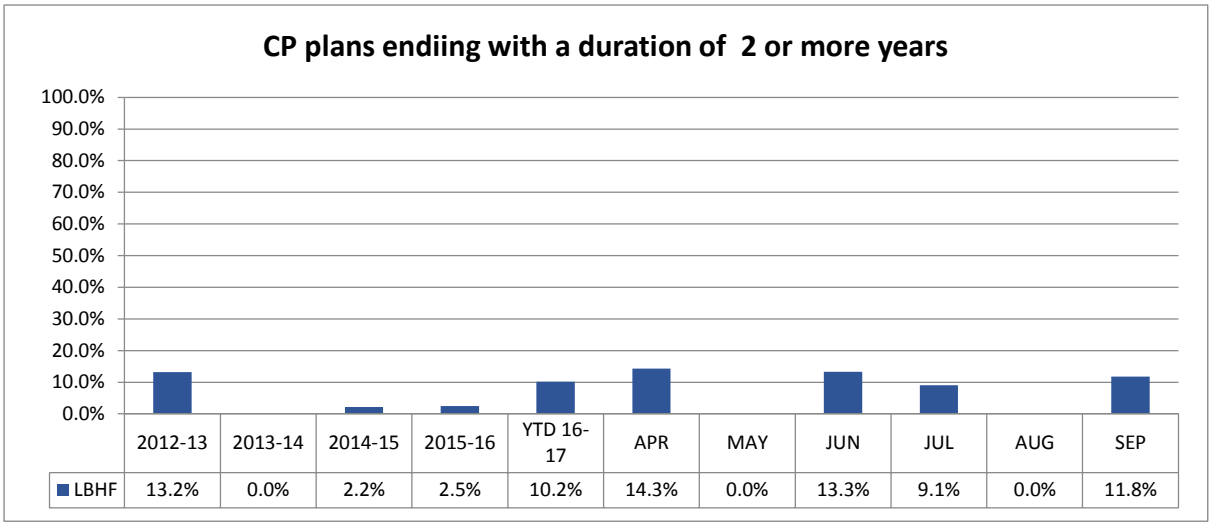
	2012-13	2013-14	2014-15	2015-16	YTD 16-17	APR	MAY	JUN	JUL	AUG	SEP
LBHF	142	161	169	102	117	111	112	113	119	125	117
% Change prev month						9%	1%	1%	5%	5%	-6%
% Change prev year		13%	5%	-40%	15%	9%	10%	11%	17%	23%	15%

5.6. The majority of LBH&F children subject to a Child Protection Plan are in the age groups 5- 9 years and 10-15 years. The table below illustrates the numbers and percentages of the children subject to a Child Protection Plan by age range for the year end 2015-16:

Age Group	LBHF Year End 2015-16	%	WCC Year End 2015-16	%	RBKC Year End 2015-16	%
Under 1	**8**	**8%**	9	10%	7	11%
1 to 4	**25**	**24%**	17	19%	20	30%
5 to 9	**31**	**30%**	35	39%	15	23%
10 to 15	**38**	**36%**	24	27%	22	33%
16 to 17	**3**	**3%**	4	4%	2	3%
Total	**105**		89		66	

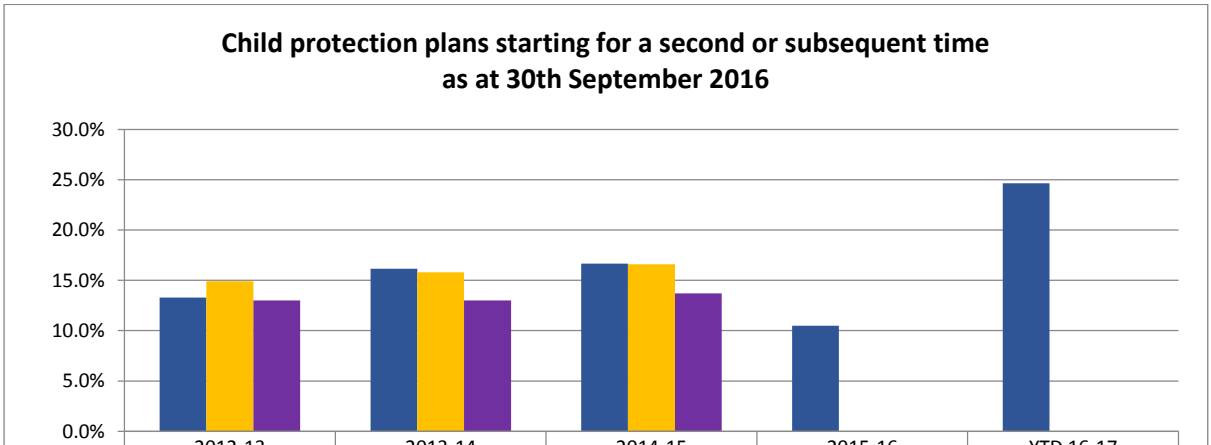
5.7. There are four categories of Child Protection Plan: physical abuse; sexual abuse; emotional abuse; and neglect. In LBH&F and Nationally, the majority of children who become subject to a Child Protection Plan are recorded under the category of Emotional Abuse, followed by Neglect, often as an indicator of evidence of domestic abuse and the emotional impact on the child.

5.8. The percentage of children where plans ended in the year who had remained subject to plans for duration of more than two years was 2.5% at the end of 2015-16 which remained comparable to 2.2% at the end of 2014-15. These are complex cases, some of which have court proceedings alongside the CP Plan. All cases 12 months plus are subject to rigorous review by the Service Manager, Safeguarding and the Head of Family Support & Child Protection The graph overleaf highlights the year to date trends.



	2012-13	2013-14	2014-15	2015-16	YTD 16-17	APR	MAY	JUN	JUL	AUG	SEP
LBHF	13.2%	0.0%	2.2%	2.5%	10.2%	14.3%	0.0%	13.3%	9.1%	0.0%	11.8%

5.9. The rate of children becoming the subject of a Child Protection Plan for a second or subsequent time [re-registrations] has reduced to 10.5% at the end of the year. The proportion of re-registrations is lower than the 2014-15 rate of 16.7%. and the national rate of 16.6% in 2014-15. All cases referred for an ICPC that have been previously subject to a Child Protection Plan, are audited by a Child Protection Advisor to ensure that an ICPC is the most appropriate route to safeguard the child. The more recent rise in re-plans is currently being analysed The graph below shows the year to date trend.



	2012-13	2013-14	2014-15	2015-16	YTD 16-17
LBHF	13.3%	16.2%	16.7%	10.5%	24.7%
Eng	14.9%	15.8%	16.6%	0.0%	0.0%
Ldn	13.0%	13.0%	13.7%		

6. A focus on parental alcohol misuse

6.1. From the 2004 Health Survey for England and the 2004 General Household Survey, it was calculated that 28-30% of children live with at least one binge drinking parent, equating to 3.3 to 3.5 million children. They also analysed the National Psychiatric Morbidity Survey, which suggested that 2.6 million children (1 in 5) lived with a hazardous drinker and 705,000 with a dependent drinker

6.2. The Children's Commissioner report – 'Silent Voices' 2012 identifying children and young people experiences of living with alcoholic parents reports that:

- Children living with parental alcohol misuse come to the attention of services later than children living with parental drug misuse. Boys are less likely than girls to seek help and are more likely to come to the attention of services with regards to their presenting behaviour, for example through Youth Offending Services, than for the harm they are experiencing.
- Parental alcohol/substance misuse is strongly correlated with family conflict, and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer term negative consequences, which is magnified where both issues co-exist
- Interventions which operate with strengths based frameworks appear to be beneficial in engaging families and facilitating change.
- Services need to be flexible in a range of ways – for example, not be time-limited, work in a range of (creative) ways, be prepared to offer support in the longer term, offer a range of things to children and families, and consider how to support children and families separately as well as working with family units
- The links between universal/specialist services, adult/children & family services and alcohol/drug treatment services are crucial
- Workforce development is a critical issue, with particular emphasis needed on training social workers, schools and universal services (such as primary care, education and generic youth services
- Easy routes to accessing services, such as free and confidential helplines, are an important part of the support which this group of children need.

6.3. The Children's Commissioner published a good practice guide for local areas in 2014 based upon the above reports key findings –It highlights key questions to discover the extent and need among children and young people and how services, including universal provision, can best respond. It has recommended the following good practice at a local level:

- every local authority should determine the body which holds strategic responsibility for addressing parental alcohol misuse and its impact on children and the person who leads this. The evidence from study indicates that this body could be the Health and Wellbeing Board and that Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies are the appropriate vehicles to use.
- The above body should draw up an integrated strategy at local level with all the agencies and departments with a role to play as partners in addressing parental alcohol misuse
- All professionals who work with children should be trained to understand and address: the impact on children of parental alcohol misuse; the views of affected children; how to protect them; and how their needs are best met. The report recommends that the LSCB should monitor the development of training strategies in all relevant agencies and require an annual report on implementation and progress

- Commissioners for children's, adults' and treatment services need jointly to agree on the nature of service provision which will address parental alcohol misuse

7. Early Help Service Substance Misuse Specialist Practitioners Parental Alcohol misuse & Hidden Harm in Hammersmith & Fulham

7.1 The Early Help Service offer specialist SMU support in the form of two experienced practitioners who deliver one to one work with young people and offer assessment and advice and signposting to adult treatment services for parents. They also offer consultation, advice, guidance to social workers and other professionals across family services. The team are kept busy with work from a variety of sources, the majority of which can be split into two main areas of substance misuse work, young people's misuse of cannabis and parental substance misuse and the hidden harm experienced by their children and family members. Frequently, substance misusing parents who are known to children's services but who do not engage with adult treatment service can create the potential for increased risk to children and young people's wellbeing. Simply trying to force a parent into treatment is a difficult and can potentially increase the substance misuse and risk to children. For example, if a parent is using drugs/alcohol to manage feelings of stress – further pressure on the parent to stop using the thing that they feel is helping them will likely result in more stress which could lead to increased use which in turn perpetuates the destructive cycle of substance misuse. The majority of parental substance misuse referrals come from Family Support and Child Protections teams (FSCP) and Contact and Assessment (CAS) where social workers have identified a risk of hidden harm and seeks the support of our practitioner to undertake SMU assessments.

Alcohol verses Drug Referral

7.2 Broadly speaking there is a wide mix of requests from social workers in respect of consulting around adult SMU. Social workers who are undertaking assessments of a parents capacity to adequately care for their child/children will often request that an SMU worker undertake an assessment of the parents drug or alcohol use. The number of assessments being undertaken for adult alcohol misuse is slightly lower than those assessments for adult drug misuse.

Local pathways into adult services

7.3 The links between universal/specialist services, adult/children & family services and alcohol/drug treatment services are crucial. There have been a number of changes recently in Hammersmith & Fulham and many of the local treatment centres for adults have moved to new locations with Turning Point delivering drug treatment and Change, Grow, Live (CGL) are now delivering alcohol treatment. Our links with these services are growing each day but more work needs to be done to improve the transition of young people, 18+, into adult treatment services.

Training and up-skilling colleagues and partners

7.4 Workforce development is a critical part of raising awareness around SMU and parental substance misuse. Within Early Help our practitioners offer both bite sized lunch time training sessions to colleagues across the department with particular emphasis given to training social workers, schools and youth offending teams. The SMU team offer a bespoke programme to schools called "choices" which is delivered in conjunction with teachers and is tailored to the needs of the school and their pupils

and staff. Work has also been done to deliver group work and bite sized sessions to local housing providers such as Fielding Road and Buffy house.

See Appendix A for case studies 1 & 2

8. Commissioned Alcohol Services

8.1 CGL is the commissioned provider of Alcohol Services in Hammersmith & Fulham, alongside Turning Point and Blenheim, who provide the substance misuse service. The alcohol service adopts a flexible approach in terms of opening hours and access points, such as GP surgeries, hostels, hospitals and a range of community venues. The service operates from two main hubs as well as satellites at Turning Point and Blenheim. This multi-disciplinary service offers a range of supports including access to in-patient detoxification, residential rehab, advice & information, assessment and referral, reduction plans, extended brief interventions, outreach support, counselling.

8.2 CGL report that there are currently 87 service users with children from Hammersmith & Fulham

Borough of residence	**Count of Borough of residence (1st April – Oct)**
Hammersmith and Fulham	87
Grand Total	**87**

Safeguarding Status	**Count of Safeguarding Status**
No Safeguarding Issues Identified	33
Previously Safeguarding	1
Safeguarding Issues Identified	22
Under Review	31
Grand Total	**87**

Gender	**Count of Gender**
Female	46
Male	41
Grand Total	**87**

Mental Health	**Count of Mental Health**
No	68
Yes	16
(blank)	
Grand Total	**84**

Parental Status	**Count of Parental Status**
All the children live with the client	30
None of the children live with client	51
Some of the children live with client	6
Grand Total	**87**

9. Themes

Child Sexual Exploitation (CSE)

9.1 A specific service for CSE has been in place in Hammersmith & Fulham since 2008. This has included the commissioning of a specialist service from Barnardos and a multi-agency panel to oversee relevant cases. More recently the Early Help Service has established specialist roles to undertake direct work with Children and their families who are at risk of or are being exploited.

9.2 In May 2015 a dedicated operational CSE Lead role was established to provide consistent consultation and advice to practitioners on individual cases and chair local CSE meetings, panels and complex strategy meetings. Collaboration with partners has been a key focus of this role. This role has been successful in ensuring the identification of potential victims and perpetrators and putting appropriate resources in place to reduce the risk of harm.

9.3 A formal mechanism is in operation across the shared services to review all the information in relation to CSE, and Multi Agency Sexual Exploitation (MASE) meetings are convened on a monthly basis to consider this information at a strategic level. The core membership of these meeting consists of colleagues from senior Family Services managers, Police, CSE Lead, the designated safeguarding lead, and colleagues from health and education.

9.4 The Multi Agency Sexual Exploitation panel considers cases in accordance with the Metropolitan Police's category risk index, which is guided by evidence of criminal activity and also considers lower risk cases where there are risk factors such as going missing, but no concrete evidence of CSE.

9.5 In January 2016 the Multi Agency Sexual Exploitation panel considered 19 Blues, 14 Category 1 and 3 Category 2 cases from Hammersmith & Fulham and in June 2016 24 Blues, 17 Category 1 and 6 Category 2 cases were considered.

9.6 The majority of young people at risk of CSE live at home with their families and therefore the whole family approach is adopted. There have been a small number of occasions where young people who are looked after by the council have to be moved out of the area for their own safety. The vast majority of victims are girls and fall within the 13 – 17 years of age range, and are from a variety of ethnic backgrounds. These young people reside in all areas of the borough and they attend a variety of education provisions within and outside of the borough. A yearly problem profile is produced which provides in depth analysis of young people at risk of CSE and this in turn can impact and influence practice.

9.7 Based on the information available, there is no evidence of specific geographical "hotspots" where CSE appears to be more prevalent, no evidence there are networks or gangs of adult perpetrators who are linked and sexually exploiting children in a coordinated way, or at that this time there are loose networks of young people who are signalling being at risk to one or more agencies as was the case in recent high profile cases involving adult gangs in other parts of the country.

9.8 CSE is an area of work in which Family Services together with our partner agencies in the Police, Health, Education, Youth and Voluntary Services continue to develop our understanding, identification and effective responses to keep young people safe. The CSE Strategic Lead across the three councils has ensured that this key area of

work has established a clear partnership strategy and framework to delivering upon our operational duties. We are acutely aware how quickly a climate can change, and of the need to be equipped to respond to new information and issues as they arise, and our Local Safeguarding Children's Board maintains it as a key priority.

Operation Makesafe

9.9 Operation Makesafe is a campaign led by the Metropolitan Police Service in partnership with London boroughs raising awareness of Child Sexual Exploitation within the business community including hotels, taxi companies and licensed premises. The aim has been to raise awareness and assist in the early identification of when abuse is likely to take place or being undertaken, to intervene prior to any crime being committed and deploy police to attend situations whereby there are children and young people are at risk.

9.10 In partnership with the Borough Police, the CSE Strategy Lead Officer has premises within our geographical boundaries. Trading Standards and Licensing have assisted the Police in providing a full data list of all relevant business premises. Colleagues in a wide range of Council departments have participated in our training offer, including Customer Access officers, and online training is now available via the Local Safeguarding Children Board website.

Harmful Cultural Practices

9.11 The Three Boroughs participate in a Mayor's Office for Policing and Crime pilot project called 'Partnership for Ending Harmful Practices'. The project is now established and continues with an enhanced training offer which is available via the LSCB training programme. The group meets six weekly to look at the impact of this training and of the Educator advocates, who are workers from specialist voluntary sector organisations who have been co-located in front line teams to build capacity in relation to recognition and response to Forced Marriage, Honour based, FGM and Faith Based abuse.

9.12 The Department of Education innovation fund has provided a transition grant to enable the Female Genital Mutilation (FGM) prevention programme to continue running at St Mary's and Queen Charlotte's maternity units until January 2017. Further funding streams are being investigated with Children's Services and external to enable the continuation of this project and approach.

9.13 In accordance with our Local Safeguarding Children Board strategy in relation to harmful cultural practices, Hammersmith & Fulham's Safeguarding Team have a designated lead for harmful cultural practice. This lead is taken by one of our Child Protection Advisor, and works closely with the FGM project to address emerging needs and risks, and to raise awareness of this type of abuse within communities.

10. Future planning and development

Focus on Practice – Driving forward improvements to practice

10.1 Members of the Scrutiny Committee will be aware *Focus on Practice* is our ambitious programme, funded by the Department of Education Children's Social Care Innovation Programme, for the development of more purposeful practice and effective interventions with children, young people and their families over a two to three-year period.

10.2 Launched in October 2014, the programme covers our work with children and families in all areas of children's social care, and includes both social workers and other allied practitioners who work within early help, with children in need, in child protection, with looked after children or those leaving care, with disabled children and with teenagers and young offenders. The core objective of *Focus on Practice* is for social workers and other practitioners to use their professional expertise to help create positive change for families and better outcomes for children and young people. Over the next three years, we expect to see a reduction in the number of children looked after and those subject to child protection plans, and more effective interventions with families resulting in fewer re-referrals to our services.

Partners in Practice

10.3 In December 2015, Hammersmith and Fulham, Kensington and Chelsea and Westminster were selected as 'Partners in Practice' with the Department for Education. Over the next four years, the Department of Education will work with the 8 Partners in Practice authorities across England to develop models of effective practice which will contribute to overall improvement in the sector, with a particular emphasis on deregulation.

10.4 Children's Services have submitted a proposal to the Department of Education to cover three areas; development of the practice system – which continues our Focus on Practice programme over the next 4 years, sector improvement – with the development of a Tri Borough Centre for Social Worker to drive practice improvements with the professional sector in other local authorities, and deregulation – the opportunity to test out more creative, less bureaucratic and efficient way of working to achieve better outcomes for children and families. One key area of work will be in respect to child protection conferences, their content, focus and how they are deliver, in order to attain greater participation from families and create more meaningful plans.

Adolescent at Risk Model

10.5 Family Services are working with increasing numbers of young people who have suffered or are at risk of suffering significant harm where the risk is from the community (e.g serious youth violence, peer on peer violence, drug and alcohol use) as opposed to risk they are exposed to within their home.

10.6 As we know adolescents can be notoriously difficult to engage and can be resistant to services. As a result of the challenges and resistance that adolescents often present it has meant that frequently professionals have felt powerless and stuck as to how to manage this risk. The Adolescent at Risk model changes how we approach the work with young people.

10.7 It is long recognised that the Child Protection Conference forum and processes are not the best way to address and manage what is often an ongoing and longer term risk the young person is exposed to in the community. Further it is acknowledged that the Child Protection processes and plans can further alienate these young people. Underpinned by the Signs of Safety framework the Adolescent at Risk meeting is an alternative to a Child Protection Conference for those over 14 where it has been identified that the risk is not attributable to the care they are receiving from their parents or carers.

10.8 The Adolescent at Risk Meeting is a way of acknowledging, sharing, managing and reviewing the risk to the young person in partnership with the young person themselves, the parent/carer and the professional network; the difference being that the meeting is focused on the behaviours of the young person and risks within the community rather than the parenting the young person is receiving. The aim, as always, is to reduce the risk to the young person, develop a plan with measurable outcomes and timescales and maintain a robust reviewing process.

10.9 The Adolescent at Risk pilot was rolled out in Hammersmith & Fulham July 2016. An initial evaluation of the pilot will commence in February 2017.

MsUnderstood

10.10 Since 2013, the University of Bedfordshire, as part of the MsUnderstood Partnership, has been supporting local areas to develop their response to peer-on-peer abuse. Following funding from MOPAC, the University of Bedfordshire has been able to offer a further three sites support and Hammersmith and Fulham has successfully applied to be one of those sites.

10.11 The support provided by MsUnderstood comprises an audit of current practice, which in turn is used to develop an action plan, alongside practitioners, so that the learning from the process can embedded into local work. MsUnderstood takes a strength-based approach to local site support and the audit is intended to identify opportunities for development rather than to highlight gaps. Over the course of the support programme practitioners in Hammersmith and Fulham will have the opportunity to see and use resources developed by MsUnderstood. The project is being delivered by Dr Carlene Firmin and Dr Jenny Lloyd.

11 Equality implications

11.1 There are no equality implications arising from this report.

12 LEGAL IMPLICATIONS

12.1 There are legal no implications arising from this report.

13 FINANCIAL IMPLICATIONS

13.1 There are no financial implications arising from this report.

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

Appendix A

Parental Alcohol Misuse Case Study 1

Children's Service became involved following a referral from a Primary School who stated that mother appeared to be under the influence of alcohol. A Police welfare check found mother to be extremely intoxicated whilst caring for the children. She was arrested and taken to Hammersmith police station. The children were subsequently taken into police protection. The children were initially placed in a foster placement and were then moved to their uncles home where they remained for 1 year.

Issues identified were;

- Mother had a history of alcohol misuse and admits that she was unable to stop when she had had a drink or if alcohol is in the home.
- There had been incidents reported over the years regarding Mothers ability to ensure her children's needs were met when she had been intoxicated.
- There had been some concern regarding child A's overly responsible behaviour
- Concerns regarding mothers ability to priorities her children's needs over her need for alcohol.
- Concern regarding mothers ability to recognise her drinking had been an issue over the years and access support to improve the outcomes for her children.

Interventions under a PLO framework;

- Children remained with maternal uncle and partner under section 20,
- Mother attended Family Drug Alcohol Court (FDAC)
- Treatment, included:
    - 1-2-1 sessions at the Community Drug and Alcohol Service
    - Alcohol monitoring
    - Relapse prevention group
    - Social Behavioural Network Therapy which looks at enlisting family and social networks in the recovery process

- Mother also attended an intensive parenting assessment programme through FDAC. This included:
    - Reflective Parenting Group
      Direct work with mother around parenting and understanding the needs of the children
    - Observations of contact
    - Video Interaction Guidance used as an intervention and also to assess mothers parenting

The FDAC final Pre-proceedings Assessment and Intervention report concluded that mother had made great progress both in terms of treatment and parenting and had worked very hard to success with abstinence and recommended the children return to her care. A Rehabilitation Plan was devised and the children returned home on 30th April 2015.

Support continued for a year after the children's return home, under a Child in Need framework. Interventions included;

- Therapeutic work with the children
- Family Group Conference to identify support available within the family network
- Parenting support
- Attendance at AA once a week
- Ongoing support via school.

- Periodic Hair Strand Testing to ascertain alcohol use
- One to one support at Turning Point (substance misuse service) every two weeks, and then progressed onto Mentoring within the organisation.
- Life Story Work undertaken with the children to understand and reflect on their experiences

A final hair strand test undertaken in June 2016 was negative for alcohol. At a CIN meeting on 13/6/16, all the professionals and mother agreed that the case should close.

Consultation with the clinical practitioner led to a reflective ending session with mother to affirm the positive changes and help her think about maintaining this in the future. Work was also undertaken with the mother and the children to enable the children to talk about their experiences of their mother's alcohol use and help them all to acknowledge what the problems were and how things have changed for the better

Parental Alcohol Misuse Case Study 2

A was removed from his Mother's care in July 2015 due to chronic neglect and emotional abuse as a result of Mother's on-going alcohol addiction. **A** experienced a lot of trauma as a result of this, including being left home alone aged eight for extended periods, a neglect of his basic needs, witnessing domestic violence and his mother being arrested. **A** suffered from anxiety regarding his mother's well-being, as well as from trauma of his past experiences. This resulted in incontinence and soiling, which caused **A** further anxiety.

An SMU Specialist Worker was allocated to undertake age appropriate intervention with **A,** to address the significant impact previous exposure to parental substance misuse has had on his life/hidden harm experienced.

Interventions included: Structured Hidden Harm Sessions and Drug Awareness Education and identifying safe, positive and supportive adults in his life.
Through the delivery of structured sessions, **A** obtained an age appropriate understanding of Mother's dependency to substances and that he was not to blame. Hence lessening anxiety/guilt previously experienced.

Sadly, Mother continues to misuse alcohol and is unable to care for her son. However, **A** is now in a stable environment with his paternal grandparents who he relies on for care, love, and encouragement. Mother has chosen not to have contact with **A** due to an awareness of the negative impact her lifestyle has had on **A** and her inability to keep **A** safe/fulfil his basis needs.

A is currently engaged with CAMHS. Additional Hidden Harm Structured Sessions have been offered, should it be deemed appropriate, when CAMHS involvement ceases.