

**BWRDD LLEOL DIOGELU PLANT  
CEREDIGION  
LOCAL SAFEGUARDING CHILDREN  
BOARD**

**Protocol for safeguarding and promoting the  
welfare of children affected by parental  
problem substance use.**

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Status: Final		Review due: October 2013

## **1. Introduction.**

1.1 The Advisory Council on the Misuse of Drugs Report "Hidden Harm" states that parental problem substance use can and does have serious and damaging consequences for children of every age. It concluded that children could experience improved outcomes when there are effective, coordinated responses between and across adult and children's services.

1.2 In addition, the National Children's Bureau's report in 2003 made the following proposals to improve outcomes for children of problem substance users:

- A multi agency response, including shared policies and protocols and joined up assessments;
- Confident and competent practitioners, who understand both substance use and children's needs;
- Services that are family focused, including direct work with children.

1.3 Ceredigion Local Safeguarding Children Board and the adult substance misuse agencies worked together to produce this protocol in response to the "Hidden Harm" findings. It is intended for all professionals and staff members who work for adult substance misuse and children's services, and, applies to all agencies in contact with substance users and their children. It complies with the requirements of the Children Act 2004 and the Welsh Assembly Government guidance, Safeguarding Children, Working Together Under the Children Act 2004.

## **2. The purpose of the protocol**

2.1 The purpose of the protocol is to set out the responsibilities of agencies and practitioners for sharing information and working together when there is a concern that a parent's problem substance use compromises his/her parental capacity and places his/her children in need and/or at risk of harm. It is based on the principle that regular multi agency cooperation and communication will lead to informed assessments, effective planning and provision of services.

2.2 The protocol's key message is that all agencies providing services to adults with child care responsibilities must regard safeguarding and promoting the welfare of children as the most important consideration.

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### **3. Describing the issues.**

#### **a. Problem substance use**

- 3.1 In the protocol substance use refers to both alcohol and drug use.
- 3.2 Problem substance use can be described as occurring at a stage when the use of drugs and/or alcohol has a harmful effect on a person's life. The substance use may become a central preoccupation to the exclusion of significant personal and family relationships, and is likely to impair a person's health and social functioning. Problem substance use is frequently a chronic and relapsing condition requiring long term and flexible support.
- 3.3 In Ceredigion, the West Wales Substance Misuse Service, PRISM, and Cyswllt Ceredigion Contact and Rhoserchan provide the specialist services for adult substance users. However, not all adult substance users are known to or are engaged with these agencies.
- 3.4 A range of other agencies and voluntary organisations may also have contact with and/or provide services to adult substance users, including General Practitioners, Ceredigion Probation Trust, Dyfed Powys Police, Hywel Dda NHS Trust, and Ceredigion County Council Social Services, Housing and Education departments.

#### **b. The impact of parental problem substance use on children.**

- 3.5 In Ceredigion in 2007-8 problem substance use was an identified factor in 59% of child protection conferences when a child's name was placed or retained on the child protection register.
- 3.6 There is wide variation in the impact and effect of substance use on individual users and their families. The Welsh Assembly Government "Safeguarding Children" guidance (2006) states that although it is important not to generalise or make assumptions about the impact on a child of parental substance use, it is important that the implications for the child are properly assessed and effective support provided.

### **4. Sharing information and confidentiality.**

- 4.1 The Children Act 2004, section 28, places a statutory duty on Local Authorities, Police, Probation, NHS bodies, YOS, Prison Governors, Training Centre Directors, British Transport Police, and services that they contract to others, to make arrangements to ensure they carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

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4.2 Professionals and agency staff providing services to adults and children will be concerned about the need to balance their general duty towards their service users and their duties to protect children from harm. Confidentiality is an important factor in enabling service users to engage confidently and honestly, and all agencies should support the requirement to maintain confidentiality as far as possible. The personal information given by a service user should not be shared with others without consent, unless the safety of the service user or other vulnerable person may otherwise be put at risk. The general principle enshrined in professional and ethical codes of conduct, and in human rights and data protection legislation, acknowledges an individual's right to privacy but also enables disclosure and sharing of information in certain appropriate circumstances.

4.3 Where there are concerns that a child is, or might be at risk of significant harm, this will always override a professional or agency requirement to keep information confidential. Research and experience from child death reviews have repeatedly shown that in order to safeguard a child from abuse and/or neglect professionals and agency staff must share information about the child's health and development and exposure to possible harm, about a parent who needs help to care adequately for the child, and those who may pose a risk of harm.

4.4 The main provisions on disclosure of information for professionals and practitioners are:

- The common duty of confidence;
- Human Rights Act 2000;
- Data Protection Act 1998.
- Other statutory provisions are the Children Act 1989, Children Act 2004, and the Crime and Disorder Act 1998.

4.5 The common law and statutory restrictions do not prevent the sharing of personal information with other professionals and practitioners if:

- The service user and/or those likely to be affected give their consent;
- The public interest in safeguarding the child's welfare overrides the need to keep the information confidential; or
- Disclosure is required under a court order or other legal obligation.

4.6 The legislation therefore recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others. It is good practice that when concerns about a child's safety require a professional or agency staff member to share information without consent, he/she should tell the

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person that they intend to do so, unless it would place the child or others at greater risk of harm.

4.7 It is good practice for a professional or agency staff member requesting information from another agency to explain:

- What kind of information they require;
- Why they require it;
- What they will do with the information, and,
- Who else might need to be informed if there are continuing concerns about the child.

4.8 In circumstances when a child is considered to be at risk of significant harm professionals and agency staff members may be asked to provide information in a written report, for instance for a child protection conference, and/or for a professional assessment to assist in risk assessment and management.

4.9 The professional or agency staff member to whom the request is made should consider:

- Whether there is a perceived risk or likely risk to a child;
- Whether they have relevant information to contribute;
- Whether the information is confidential, or in the public domain, or could be better provided by another agency;
- What information the service user has given permission to share;
- How much information needs to be shared to reduce the risk of harm to the child/ren.

4.10 A child protection conference information sharing flowchart is in Appendix 4.

## **5. Expectations of professionals and agency staff members in substance misuse agencies, children services and other agencies.**

5.1 Professionals and agency staff in adult substance misuse agencies should make themselves aware of service users who are parents and/or pregnant, and/or hold parental responsibility and/or have children living with them.

5.2 Professionals and agency staff in children services should be aware of substance use issues in order to undertake an informed assessment. In addition, to ascertain whether the parents they work with are known to or would benefit from substance misuse agency services.

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5.3 Other agencies, such as probation, health, education, and housing are likely to know whether their service users are parents, and might know if they are problem substance users.

5.4 The police are likely to know if individuals suspected of drug offences are parents. During the course of a criminal investigation if police officers become concerned about the welfare of children in the household, they should report the matter to the social services department.

5.5 Multi agency training should be arranged by the Ceredigion Local Safeguarding Children Board on an annual basis for professionals and staff members in member agencies and adult substance misuse services:

- To facilitate the early identification of children at risk of harm, including during pregnancy; more effective communication between agencies; and, undertaking multi agency assessments.
- To improve agency staff awareness of substance use issues.

## **6. The role and responsibilities of adult substance misuse services in safeguarding and promoting the welfare of children.**

6.1 All adult substance misuse agencies in Ceredigion provide service users with their agency's confidentiality statement at initial contact, which circumscribes the limits of confidentiality, including their safeguarding children responsibilities.

6.2 Professionals and practitioners working in adult substance misuse services in the statutory, voluntary and independent sectors should know whether or not their service users are parents/partners of parents/ live in households with children, and, the involvement of other agencies in welfare issues relating to their children, for instance are whether they are on the Child Protection Register and/or receiving services as children in need.

6.3 If adult substance misuse agency professionals and staff members have concerns about the welfare of a service user's child, for instance their health and/or education and/or development they should seek parental consent in order to make a referral to the appropriate agency.

6.4 All adult substance misuse professionals and agency staff must make a referral to Ceredigion Social Services Dept. if they have concerns that a service user's child is being harmed or likely to be harmed through abuse and/or neglect. It is good practice to have parental consent, if this does not place the child at risk of further harm. A referral flowchart is in Appendix 1.

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6.5 When considering making a referral agency professionals and staff members should ask themselves the following questions:

- What impact is the parental problem substance use having/likely to have on the child's well being?
- How vulnerable is the child/children?
- How extensive is the concern/problem?
- Are the concerns/problems long standing or part of a repeated pattern?
- Is what has happened against the law?
- What is likely to happen if action is delayed or not taken?
- What protective factors/strengths are in place, which may mitigate the risks associated with parental problem substance use?

6.6 At the point of referral the agency professional or staff member should provide basic information about the family and household circumstances and the identified concerns.

6.7 All referrals to Ceredigion Social Services Department should be confirmed in writing within 24 hours.

6.8 In addition, it is important for professionals and agency staff to distinguish between issues of **evidence** and **seriousness**. It is often difficult to obtain clear evidence to substantiate a professional/staff member's concerns, but this should not be taken as a signal that the situation is not potentially serious.

6.9 Adult substance misuse agency professionals and staff members should seek the service user's consent to inform the Hywel Dda NHS Trust Senior Community Midwife if a service user is pregnant. Appendix. See flowchart in Appendix 3.

6.10 All adult substance misuse agency professionals and staff members should assist social services professionals and staff members in undertaking assessments by contributing relevant information from WISMAT or other assessment materials, and, attending and reporting to Child Protection Conferences and related meetings, in accordance with information sharing and confidentiality requirements. A Child Protection Conference proforma for substance misuse agency professionals and staff is attached in Appendix 2.

6.11 All adult substance misuse agency staff should be aware of the role of Ceredigion Local Safeguarding Children Board, and the All Wales Child Protection Procedures 2008.

6.12 The knowledge held by the adult substance misuse services is essential to safeguarding and promoting the welfare of children. The

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Ceredigion Local Safeguarding Children Board and all agencies involved in safeguarding children require the knowledge and expertise of these agencies.

**7. The role and responsibilities of social services in safeguarding and promoting the welfare of children.**

7.1 Professionals and staff in all agencies must contact Ceredigion Social Services Department Contact Centre if they have concerns that a child is at risk of harm and/or in need of services.

7.2 When Ceredigion Social Services Department receive a referral about the children of a problem substance user, the Team Manager will comply with the requirements of Assessment Framework and make a decision about accepting the referral within 24 hours and inform the referrer. If the referral is accepted an Initial Assessment will be undertaken by the allocated Social Worker within 7 working days, and the child will be seen and their views taken into account as part of the assessment. The main task is to gather and analyse information from as many sources as possible in order to decide subsequent actions. The Initial Assessment includes a preliminary risk assessment based on an analysis of identified strengths and vulnerabilities.

7.3 Different agency professionals and staff when notified of an Initial Assessment will gather and contribute information they have about the child and parents. Substance misuse/treatment agency staff are likely to have information about at least some of the following:

- The pattern of problem substance use by parents or by a pregnant substance user, including the types of substances; level, frequency, pattern, and route of use; source, and level of risk;
- If the parents problem substance use is carried out alone or with others, and if the latter, with whom and where;
- Existing or potential drug related health and social problems.
- The likely effect this is having on an unborn child;
- The likely effect on a child's care, education and health;
- The child's awareness of the parent's substance misuse;
- Changes in family circumstances.

7.4 Other agencies working with children may be able to provide information about:

The child's age and stage of physical, social and emotional development;  
The child's educational needs

The child's health and health care needs;

The child's safety while adults are using drugs and/or alcohol;

- The emotional impact on the child of frequent and/or unpredictable changes in adults' mood and behaviour;

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- The child's perception of parental substance use.

7.5 Following the Initial Assessment the Assessment Team Manager will decide if the child is a child in need, and if so a support plan will be formulated and reviewed. This may include a further detailed Core Assessment being undertaken. It is important that the family, and substance misuse agency as well as the social services share ownership of the support plan.

7.6 In the event of a child being considered to be at risk of harm before/during/following the Initial Assessment the All Wales Child Protection Procedures 2008 will be followed. Child protection section 47 enquiries will be undertaken and a Core Assessment commenced, and, the Team Manager will decide if a Child Protection Conference should be convened.

7.7 The Initial Child Protection Conference is undertaken within a short timescale from the referral, that 15 working days from the date of the Child Protection Strategy Discussion/Meeting, and agencies will have limited time in which to prepare a written report for the meeting. If a child's name is placed on the Child Protection Register a Protection Plan is made and agencies in contact with the child and/or parents will be required to attend Child Protection Core Group meetings, and the Review Child Protection Conference. The first Review Child Protection Conference takes place within 3 months of the initial conference and 6 monthly thereafter.

7.8 As substance use is a complex, often relapsing condition, it is essential that when the Social Services Department Assessment Team Manager decides to cease involvement this decision is communicated to all other involved agencies, and the child and parents. It is important to ensure that there is at least one agency providing universal services, such as health and education, having continuing contact with the child and being vigilant for any reoccurrence of signs of difficulties.

## 8. Assessment

8.1 A common feature of good practice in adult substance misuse services and children's services is a coordinated, accurate assessment of need, which includes a risk assessment. An assessment of need should include consideration of the impact of parental substance use on the adult's parenting capacity and child's needs.

8.2 Effective assessments incorporate the following principles:

- Focus on and listen to the child;

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- Recognise that the adult's management of their own life is a likely indicator of their ability to look after a child;
- Past behaviour is a good indicator of future behaviour;
- Multi agency information is better than single agency information.

8.3 Drug and alcohol use affects people in different ways and causes different kinds of problems. The effects of drug use and its impact on people and their lifestyles will vary according to:

- The individual's physical and psychological state;
- Whether both parents/main carers are using substances;
- The nature of the drugs used and how they are obtained;
- The frequency, pattern and amounts of drug use;
- The method of administration;
- The circumstances in which the drug is used;
- Whether a drug is used in combination with other drugs, or with alcohol;
- The level of engagement with substance misuse agencies;
- Parental association with other problem substance users.

8.4 The range of needs and risks for children associated with parental problem substance use include:

- Harmful physical effects on unborn and new born babies;
- Impacts on disabled children, who are more vulnerable;
- Impaired patterns of parental care and unpredictable routines leading to early behavioural and emotional problems for children;
- Higher risk of emotional and physical neglect and/or abuse;
- Lack of adequate supervision;
- Poverty and material deprivation;
- Repeated separation from parents with children looked after by multiple or unsuitable carers, or periods of substitute care;
- Children having inappropriately high levels of responsibility for social or personal care of parents with problem substance use, or care of younger siblings;
- Exposure to aggression/violence;
- Normalisation of crime/deceit/secretcy;
- Restricted friendships/social isolation;
- Disrupted schooling;
- Early exposure to, and socialisation into, illegal drug use and other criminal activity;
- Inadequate storage;
- Behavioural and emotional disturbance heightened during puberty;
- Greater risk of using substances, early sexual activity, lower educational attainment for young people 15 years +

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8.5 The risks associated with parental problem substance use can be mitigated by the following protective factors:

- Sufficient income and good physical standards in the home;
- A consistent and caring adult, who will provide for the child's needs and give emotional support;
- Regular monitoring and help from health and social work professionals, including short break care and accommodation;
- An alternative, safe residence for mother's and children subject to violence, or threats of violence;
- Regular attendance at nursery or school;
- Sympathetic and vigilant teachers;
- Attending out of school activities, including homework clubs.

8.6 A well informed, effective assessment is the working tool for understanding the strengths and vulnerabilities, and provides the basis for outcome focussed planning.

8.7 An assessment is not a static document, but a continuing process in order to identify changing risks to the child, and triggering a proportionate response.

## **9. Planning and reviewing.**

9.1 Following the completion of the assessment an outcome focussed plan will be developed to reflect the identified child's needs, parenting capacity and family and environmental factors.

9.2 The planning will be undertaken either within the child protection/child in need procedures, that is, a child protection conference or child in need meeting. All relevant professionals and agency staff involved with the family should be invited, contribute to the meeting and take responsibility for undertaking specified actions to achieve improved outcomes for the child.

9.3 Further meetings are arranged to develop and review the progress of the plan until the outcomes have been achieved and work with the child and family is no longer required. In addition, professionals and agency staff might be designated as members of a Child Protection Core Group.

9.4 When an agency makes a case closure decision it is essential that they inform the other agencies involved with the child and family.

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## 10 Management of pregnant problem substance user women.

- 10.1 Substance misuse in pregnancy can directly or indirectly affect unborn babies. Drugs that are commonly used generally have limited direct effects on pregnancy, however poly-drug use is widespread and the effects can be difficult to predict. The adverse effects are usually a consequence of poor general health and chaotic lifestyle, together with to her health and social factors common among women from disadvantaged backgrounds. In addition, a lack of antenatal care and late booking with community midwife and/or GP is common.
- 10.2 Antenatal exposure to opiates and benzodiazepines may cause withdrawal for the baby after birth. The severity and duration of the withdrawal is difficult to predict, and not necessarily related to the level of antenatal exposure. Babies are at increased risk of low birth weight and poor growth.
- 10.3 Alcohol causes reduced foetal growth, and in extreme circumstances can lead to foetal alcohol syndrome.
- 10.4 Problem substance using women require appropriate health care during and following their pregnancy. Agency professionals and staff members should become involved and exchange information during the pregnancy. It is important that there is liaison and appropriate information exchange between community midwives and drug misuse agencies. In particular for substance misuse agency professionals and staff members to inform community midwives about the type, extent and circumstances of substance use. In addition, community midwives should advise substance using pregnant women about the services of substance misuse agencies. See flowchart in Appendix 3.
- 10.5 During pregnancy the problem substance user may have unrealistic expectations about withdrawal. If the woman suffers withdrawal symptoms during pregnancy the unborn baby will also suffer withdrawal, which might lead to obstetric problems.
- 10.6 The neonatal period can be very stressful for parents as a consequence of separation if the baby is in special care, guilt, family criticism, irritable/sleepy baby, multiple appointments, and child protection conferences.
- 10.7 If there are child protection concerns during a pregnancy community midwives, substance misuse agencies and other agencies must refer to the Ceredigion Social Services Department in accordance with the All Wales Child Protection Procedures 2008.

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## 11. Summary

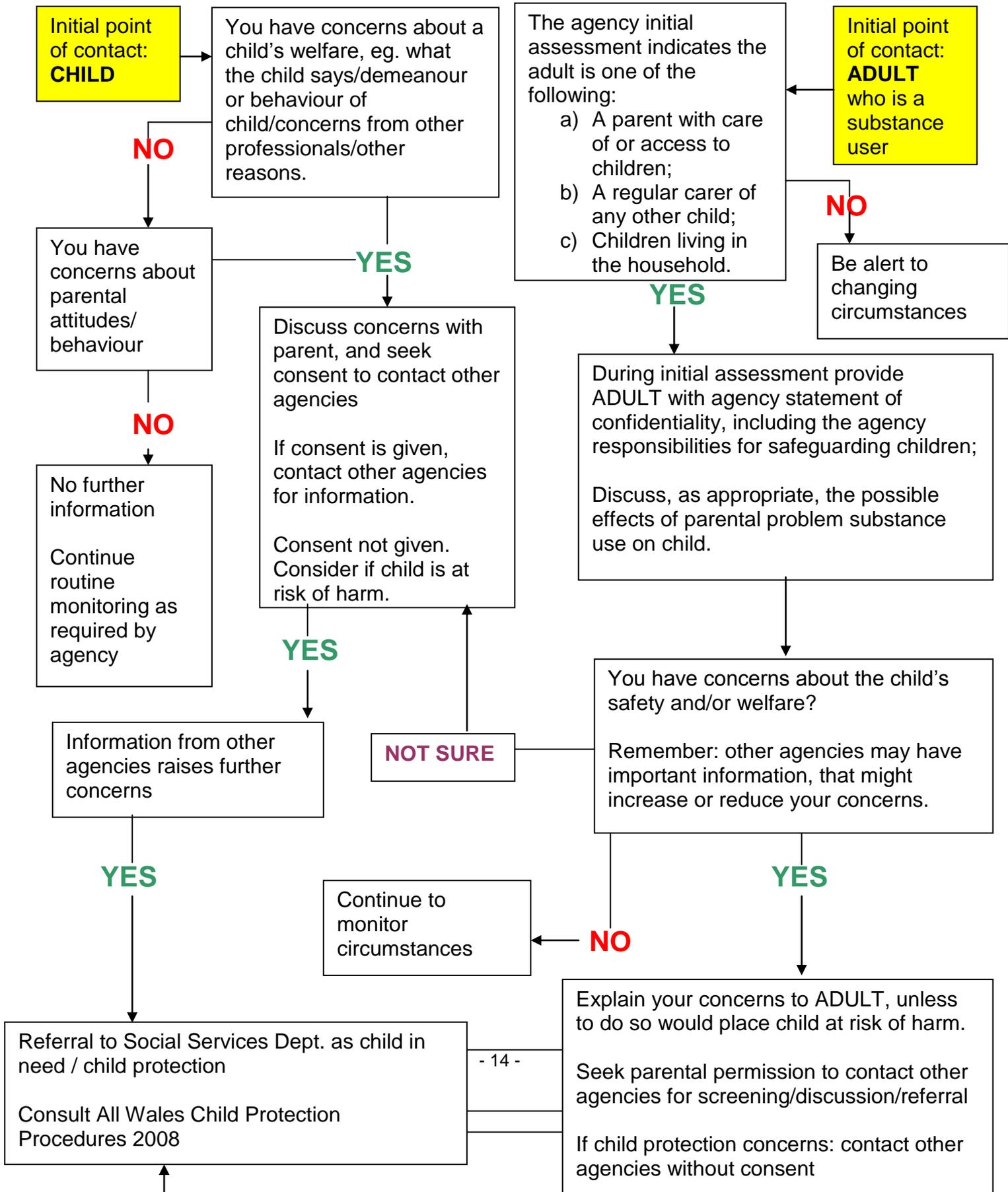
The protocol has highlighted the following areas for improving outcomes for children of problem substance users:

- Effective and timely sharing of information between substance misuse services, children's services and other services involved with individual children and their families in order to facilitate early intervention, and safeguard and promote the welfare of children.
- Ensuring a multi-agency response, which includes joined up assessments and outcome focussed plans; shared policies and protocols; and, training to develop knowledge of agency roles and responsibilities.
- Professionals and agency staff who are competent and confident when addressing the identification and assessment of children's needs, substance use, and, have the ability to understand and empathise with the child's point of view.
- The provision of effective family support services.

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**Appendix 1**

**REFERRAL FLOWCHART: SAFEGUARDING CHILDREN/PARENTAL SUBSTANCE MISUSE**



## Appendix 2

### Substance Misuse Agencies Report for Child Protection Conference.

Agency name:

Child's Name:

Date and venue of Child Protection Conference:

#### 1. Basic service user information

Name

Date of birth

Address

Household Members

Any other significant adult/family member known to agency who has contact with child

#### 2. Information on nature of substance use

Substance type(s)

Pattern and level of use

Route of use and source

#### 3. Information on Substance Misuse Agency Intervention

Basis of intervention; voluntary/court order.

Any previous agency involvement

Summary of current agency support plan

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Pattern of contact between service user and agency

Progress of support plan including reference to results of any relevant testing

Date of most recent contact and outcome

#### **4. Analysis of risks/needs/strengths**

Risks/strengths/needs associated with:

- a) Pattern of particular substance use:
  
- b) Association with known problem substance users:
  
- c) Accommodation/home environment:
  
- d) Family and support network:

#### **5. Any Additional Comments**

Name:

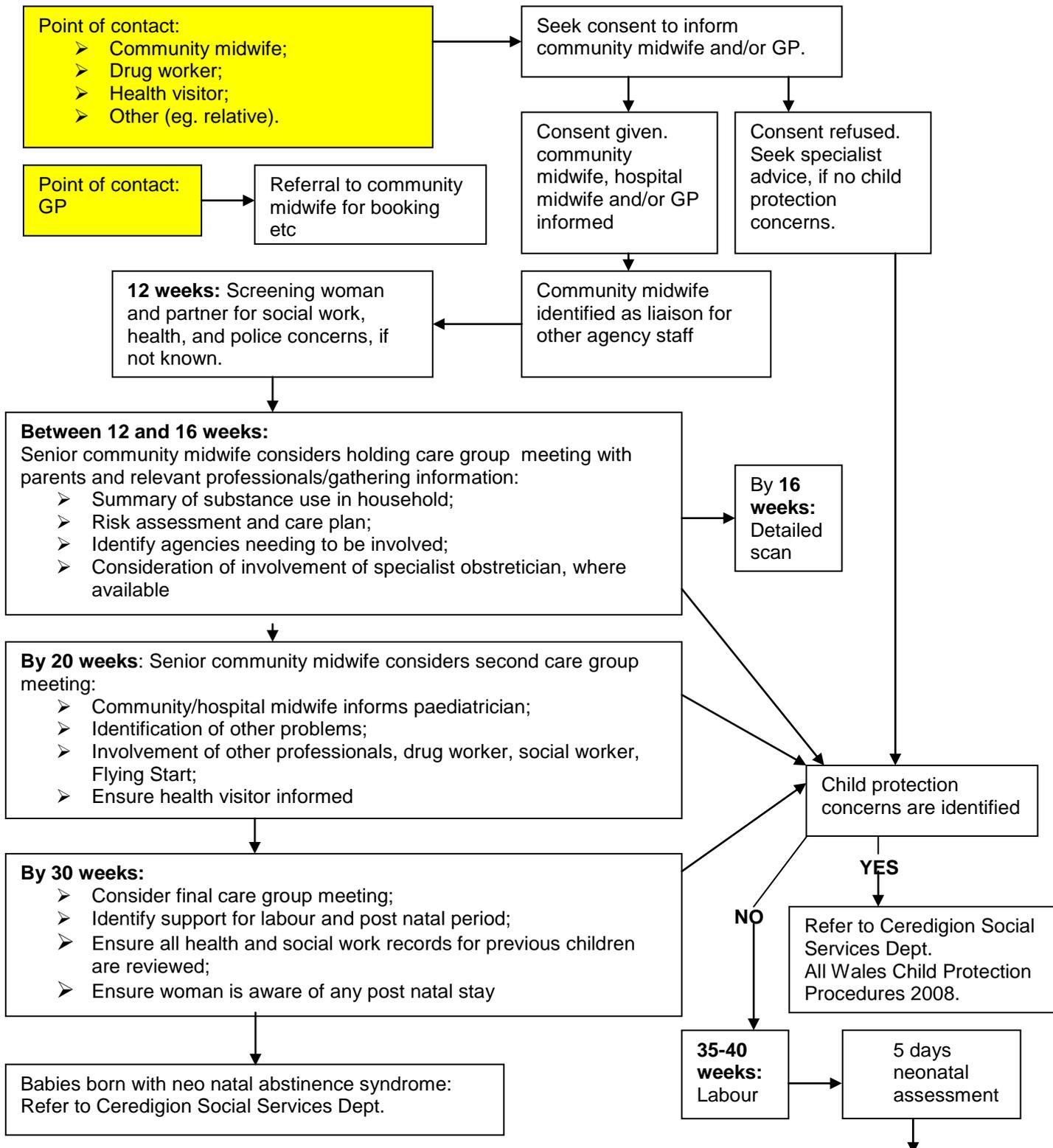
Signed:

Date:

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### Appendix 3

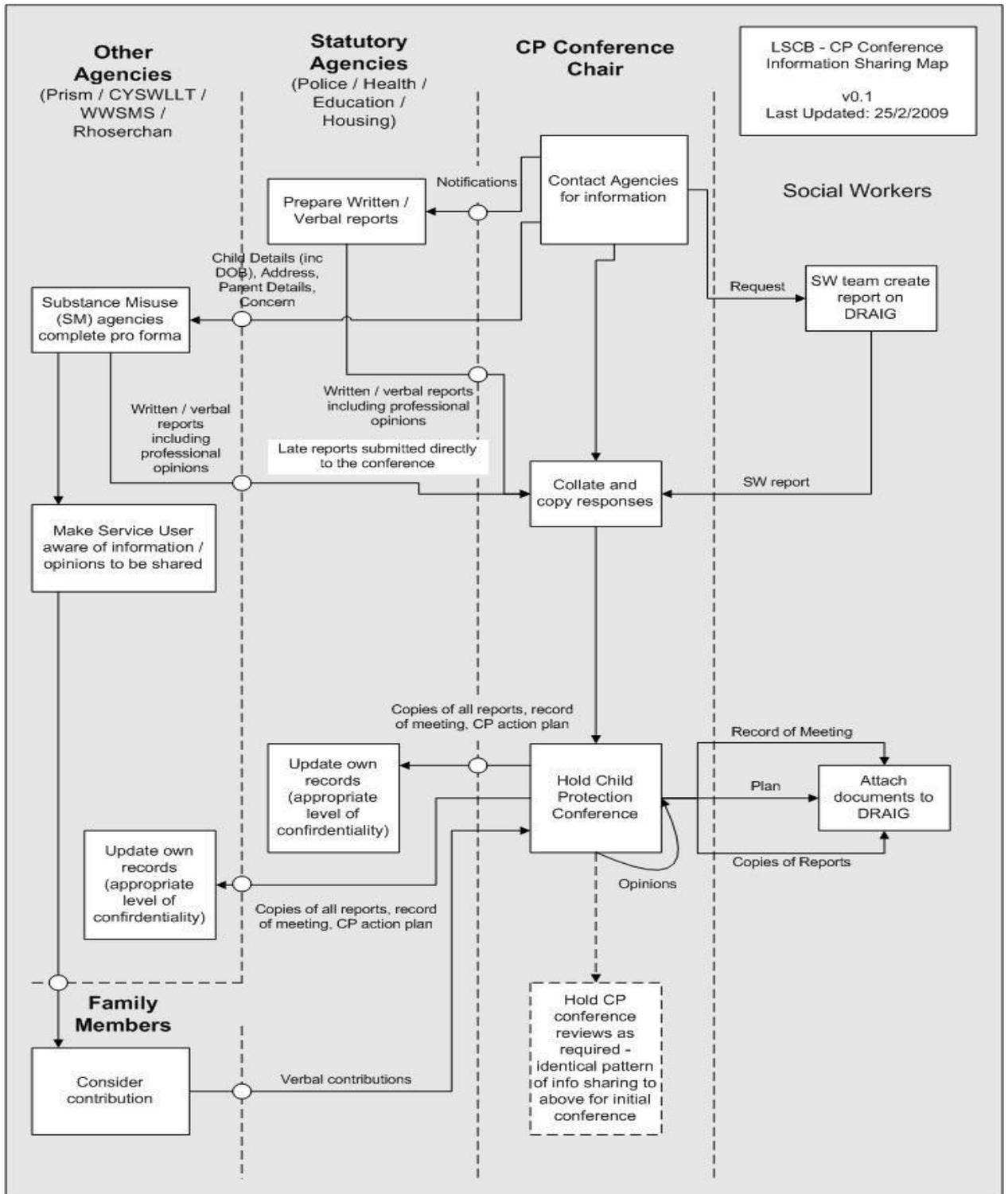
### Management of pregnant problem substance users



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Midwife liaises with health visitor, drug worker, other relevant professionals

**Appendix 4:  
Welsh Accord for Sharing Personal Information: Child Protection  
Conference Information Sharing Flowchart.**



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## Appendix 5

### Useful Contacts.

#### Ceredigion Social Services Dept.

Ceredigion Social Services Dept. Contact Centre  
Minaeron, Rhiwgoch, Aberaeron SA46 0DY  
Tel no. 01545 574000  
Fax: 01545 574002

Quality Assurance & Independent Reviewing Service Manager. Child  
Protection Register Custodian: Lesley Roberts.

Tel.no. 01545 574212

[lesleyr@ceredigion.gov.uk](mailto:lesleyr@ceredigion.gov.uk)

Independent Child Protection Conference Chair: Sian Howys.

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[sianh@ceredigion.gov.uk](mailto:sianh@ceredigion.gov.uk)

Child Protection Conference Administrator:

Gwenda Jones/Sheila Marsden

Tel.no. 01545 572639.

[gwendajo@ceredigion.gov.uk](mailto:gwendajo@ceredigion.gov.uk)

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#### Ceredigion Substance Misuse Agencies

PRISM - First Floor 46 High Street Lampeter SA48 7BB

Will Webber (01267 231634) - [wil@prism-carmarthenshire.org.uk](mailto:wil@prism-carmarthenshire.org.uk)

WWSMS - 7a Great Darkgate Street Aberystwyth SY23 1DE

Chris Rogers (01970 636340) [chris.rogers@pdt-tr.wales.nhs.uk](mailto:chris.rogers@pdt-tr.wales.nhs.uk)

Contact Ceredigion - 49 North Parade Aberystwyth SY23 2JN

Nicky Web (01970 626470) [Nicky@recovery.org.uk](mailto:Nicky@recovery.org.uk)

Rhoserchan - Blaen Castell Penryncoch SY23 3ex

Annette Rumble (01970 820575) [a.rumble@rhoserchan.org.uk](mailto:a.rumble@rhoserchan.org.uk)

#### Community Midwives.

North Ceredigion: Bronglais Hospital , Aberystwyth

Maureen Jones, Senior Community Midwife

Tel. no. 07974962808

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Email: [Maureen.jones@ceredigion-tr.wales.nhs.uk](mailto:Maureen.jones@ceredigion-tr.wales.nhs.uk)

South Ceredigion: Cardigan Hospital, Cardigan.  
Jean Brown, Senior Community Midwife  
Tel. no. 07974962808  
Email: [Jean.brown@ceredigion-tr.wales.nhs.uk](mailto:Jean.brown@ceredigion-tr.wales.nhs.uk)

**Other useful contacts:**

Ruth Harrison, Named Nurse, Child Protection, Hywel Dda NHS Trust.  
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[ruth.harrison@ceredigion-tr.wales.nhs.uk](mailto:ruth.harrison@ceredigion-tr.wales.nhs.uk)

Aled Evans Inclusion and Child Protection Coordinator,  
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[alede@ceredigion.gov.uk](mailto:alede@ceredigion.gov.uk)

DI Steve Davies, Dyfed Powys Police, Public Protection Unit,  
Aberaeron Police Station, Aberaeron.  
Tel. no.01545 571408

Mark Alman Dyfed-Powys Probation Trust,  
Grays Inn Road, Aberystwyth.  
Tel. no. 01970 636460  
[rmark.alman@dyfed-powys.probation.gsi.gov.uk](mailto:rmark.alman@dyfed-powys.probation.gsi.gov.uk)

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