



GETTING OUR
PRIORITIES RIGHT
IN ANGUS



Getting Our Priorities Right In Angus Practice Guidance

Introduction

Angus Alcohol and Drugs Partnership and Child Protection Committee are determined to improve the wellbeing of children affected by their parents' or carers substance misuse (CAPSM).

This document is intended to support all practitioners to assess the wellbeing of these children. We must ensure we "Get our Priorities Right" to improve the identification, support and protection of these children and young people and ultimately, to encourage them to reach their full potential.

Getting Our Priorities Right (GOPR) was first published in Scotland in 2003. This important document contained advice for practitioners in children and adult services on how to work with families affected by parental substance misuse and how they should work together to support positive outcomes for the whole family. The document has now been refreshed in light of important policy changes such as the national drugs strategy, The Road to Recovery and Getting it Right for Every Child (GIRFEC). This document is a summary of the important points that should be considered. The full document can be reached at the following web address. <http://www.scotland.gov.uk/Publications/2013/04/2305>

Some of the important new concepts outlined in the report are the principles of recovery, wellbeing and GIRFEC. Here is a brief description of each concept.

Recovery

All children and adult services should take account of the recovery agenda when addressing problematic alcohol and or drug use. The recovery process was described in the 2008 National Drugs Strategy (The Road to Recovery) as:

"A process through which an individual is enabled to move on from their problem drug use towards a drug free life and become an active and contributing member of society".

It is important to note that all professionals working with individuals, whether it is children or adults, or whole families or communities affected by substance misuse should see themselves as contributing to recovery. A recovery focused professional typically provides "timely, sensitive, person-centred, evidence-based support that is appropriate and empathetic which empowers individuals to set their own recovery objectives, manage their own care, and sustain recovery" (GOPR 2013). Other important points to consider whether you are working with a child, parent or family affected by alcohol and or drug use are:

- Stigma is one of the biggest issues that can prevent individuals from recovering from problematic alcohol and or drug use.
- Recovery timescales set for adults can often differ considerably from those that might otherwise be set to improve the wellbeing of or to protect any dependent children they may have.
- Recovery outcomes can be improved for all concerned when wider family circumstances are considered
- Children and adult services must keep in regular contact to agree any contingency or wider supportive measures that might be needed

Getting it Right for Every Child

GIRFEC is the Scottish Government's overarching approach to promoting appropriate, proportionate and timely action by services to improve the wellbeing of all children and young people in Scotland.

Getting it Right for Every Child

GIRFEC has a number of core components and key elements of these are set out below.

- The **Named Person** is a role designated within universal services of health or education. The Named Person is the first point of contact for children, their families and relevant agencies where there are any wellbeing concerns about the child. Their role is to take any initial action necessary to prevent deterioration in the child's wellbeing.
- In a situation where the child's needs are more complex, a multi-agency response might be required. A **Lead Professional** will be identified from amongst the practitioners involved and their role will be to coordinate multi-agency activity supporting the child and their family, including a multiagency child's plan.

Wellbeing

There are different definitions of wellbeing but they all agree that child wellbeing includes measures of socio-economic and environmental wellbeing such as educational attainment, economic and material resources, housing and the quality of the local environment, quality of school life and access to leisure activities as well as the child feeling loved, safe and protected.

When working with individuals affected by alcohol and/or drug misuse it is important that all workers think about and promote the family's wellbeing. Taking a holistic approach to whole families wellbeing can greatly enhance resilience to the affects of alcohol and drug misuse. This should not be forgotten when there are no child concern issues.

It is easy to only intervene when there are child protection concerns but workers are encouraged to work with families at earlier stages and support the wellbeing of the family and hopefully prevent the family reaching a situation of crisis.

Describing the Challenge

There are significant challenges facing services where families are affected by problematic alcohol or drug use.

What is problem substance use?

The Advisory Council on the Misuse of Drugs (ACMD) defined 'problem drug use' in Hidden Harm (2003) as any drug use which has serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them. ACMD further described this drug use as normally heavy, with features of dependence, and typically involves the use of one or more of the following drugs:

Opiates (e.g. heroin and illicit methadone use), Illicit use of benzodiazepines (e.g. diazepam) and Stimulants (e.g. crack cocaine and amphetamines)

Problem drug use can also include the unauthorised use of over the counter drugs or prescribed medicines. There is also the emergence of new psychoactive substances (NPS) which are often referred to as "legal highs".

Alcohol is by far the most popular substance in Scotland and there are recommended guidelines for men and women on the consumption of alcohol.

Normally, a diagnosis of alcohol or drug dependence is made when three or more of the criteria below have been experienced or exhibited in the previous year. Relapse (or reinstatement of problem drinking or drug-taking after a period of abstinence) is also a common feature.

The criteria included:

- a strong desire to take the substance and/or difficulties controlling its use
- persisting in its use despite harmful consequences
- a higher priority given to substance use than to other activities and obligations
- increased tolerance to the substance and/or a physical withdrawal state.

It is not essential to have specific expertise in substance misuse to identify need. Practitioners should take into account the combined effect of the use of different substances at any one time and over time when considering an adult's ability to care for their child and parent effectively. Advice is available if required (see key contacts).

Pre Birth

Pre-conception and pregnancy are the earliest and most critical stages at which services can put in place effective interventions that will prevent long-term harm to children and families. Maternal alcohol and or drug use can harm unborn babies in different ways at different times during pregnancy, increasing the risk of complications such as low birth weight, miscarriage, prematurity and stillbirth. Some babies are born dependent on alcohol and drugs and can develop withdrawal symptoms – known as Neonatal Abstinence Syndrome (NAS).

Professionals must consider a referral to Angus Pre-birth resource allocation meeting (PRAM) where there are concerns about either a pregnant mother or her partner's substance misuse.

<http://www.anguschildprotectioncommittee.org.uk/pdfs/PRAMprotocol.pdf>

Key areas for Assessment

Practice Points for Adult Services

Wider questions may be relevant – dependent on individual case circumstances – but all services supporting adults with problematic alcohol and/or drug use should ask new attendees the following questions

- Are you a parent or living in a household with children?
- How many dependent children live with you? Do you have any children who live elsewhere? Do you have any contact or responsibility for caring for any child?
- What is your child(ren)'s age and gender?
- What school/nursery or pre-school facility do they attend?
- Are you registered with a GP?
- Are there any other relatives or support agencies in touch with your family who are supporting yourself or the children? Do you need any help with looking after the children?
- Are you planning to have any more children? If yes, and this is not a good time for you to have a baby, can we help you to access appropriate contraception?
- Has there been any change in family circumstances – e.g. a new partner has moved in?
- The child's safety when adults are using drugs and alcohol
- The emotional impact on the child of frequent or unpredictable change in adults' moods or behaviour, including the child's perception of parents' alcohol and/or drug use
- The extent to which parental alcohol and/or drug use disrupts daily routines
- Are there any unknown dangerous adults
- Are there any factors which make the child(ren) particularly vulnerable? For example, age, has special needs such as physical illness, behavioural and emotional problems, psychological illness or learning disability(ies)? Are there any protective factors that may reduce the risk to the child?
- Are children usually present at home visits, clinic or office appointments during normal school or nursery hours? If so, does the parent need help getting the children to school?
- How much money does the family spend on alcohol/drug use? Is the income from all sources presently sufficient to feed, clothe and provide for the children, in addition to obtaining alcohol/drugs?
- Do the parents perceive any difficulties, and how willing are they to accept help and work with professionals?
- What arrangements are there in place for the children when the parent goes to get illegal drugs or attends for supervised dispensing of prescription drug(s)?
- Is there evidence of neglect, injury or abuse, now, or in the past? What happened? What effect did/does that have on the child? Is it likely to recur?
- Do the parent(s) think their child knows about their problematic alcohol or drug use? How do they know?
- Do the parent(s) maintain contact with services? Who will look after the child(ren) if the parent is arrested or is in custody?

Practice Points for Children Services

All services supporting parents and children should ask the following questions:

- Are you seeking support for your substance use at the moment? If so, what support/treatment are you receiving? Do you want to be referred to substance misuse services? (support may be required to facilitate this)
- Are your children aware of any support you are receiving?
- Have you any other children who are not living with you at the moment?
- Is the parent/carer on any prescription medication?
- Is there anyone living in the home who is being supported by alcohol/drug treatment services or requires such services?
- Are there any other adults visiting the home who may be using illegal substances?
- Are there signs of illegal substance use within the home environment?

These questions may need to be explored at regular intervals.

Related Issues

There are a range of other factors that can be associated with problematic alcohol or drug use and may exacerbate child protection concerns.

Information sharing

The purpose of legislation in respect of information sharing is not to prevent information sharing but to ensure that information is shared when necessary, is appropriate and it is proportionate. The default position is that information should always be shared where a child or adult is considered to be at risk of harm.

Confidentiality

Practitioners working in the public, private and third sector should be aware of the common law of confidentiality. Not all information is confidential. Confidentiality is not an absolute right. Information that is confidential is either considered to be of some sensitivity and is shared in a relationship where the person giving the information understood that it would not be shared with other.

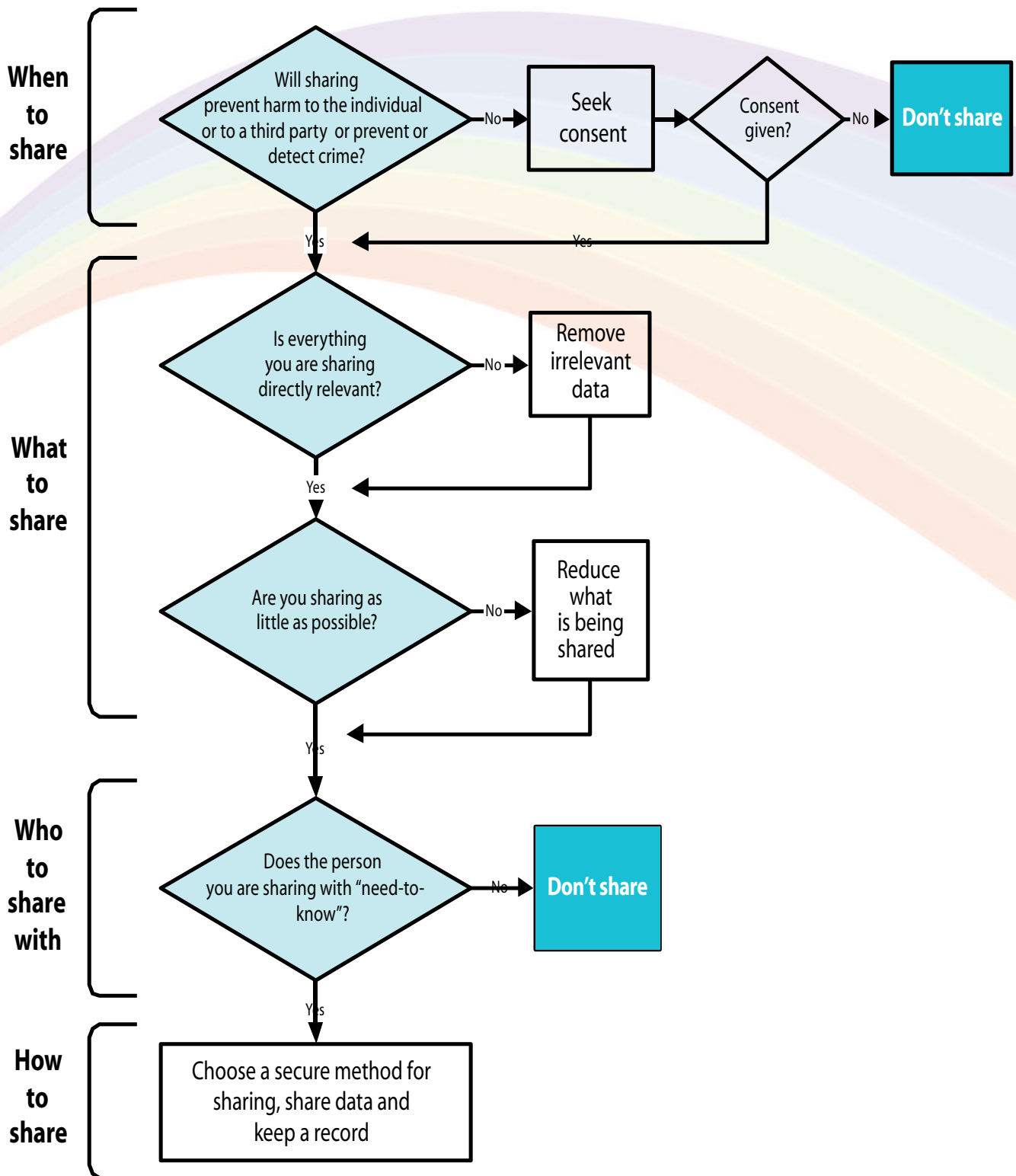
Consent

Consent must be informed; that is the person must understand what is being asked of them and must give their permission freely. Information should also be provided regarding the possible consequences of withholding information and Explicit - the individual clearly and explicitly gives their consent for their information to be shared.

Further information regarding these areas is contained in Angus Child Protection Committee Interagency guidelines for Professional Staff

<http://www.anguschildprotectioncommittee.org.uk/professionals.cfm>

The diagram below summarises key information sharing considerations for practitioners.



When to share?

In general, information can and should be shared when there are any concerns about a child's wellbeing. It is good practice to inform the relevant parties that information is going to be shared and why, but this is different from seeking consent. Legally, if there are concerns about a child's wellbeing, relevant information can be shared without consent. These situations are described in the Data Protection Act 1988.

Assessment Process

When assessing the wellbeing of any child and family all services must assess the parent's substance use from the perspective of the child to understand the impact that this has on the child's life and development. Services should also consider each child in a household separately as their needs may differ significantly.

When assessing needs and risks, services working with children and families will find it useful to refer to the GIRFEC national practice model and risk assessment as contained in the **National Risk Assessment Framework for Children and Young People**.

Practice Points for Children and Adult Services

Parents should be kept at the forefront of a co-ordinated response if services are to be effective in achieving overall recovery for the whole family. To achieve positive outcomes for families the following should be taken into full account:

- the quality of the relationship between the practitioner and parents is central to effective engagement and involvement of parents
- the importance of sensitivity in order to build a trusting relationship
- parents value honesty, reliability, good listening skills and practitioners who demonstrate empathy and warmth
- explicit use of counselling approach (both generic and adapted to parents with learning difficulties) to develop empathy and increase the potential for more productive relations
- explicit discussion with parents about their perceptions of how workers are using their professional power as a means of control or support – especially when working with resistance
- comprehensive, strengths-based assessment including family and social networks and methods such as family group conferences – can be effective especially where involving fathers and father-figures
- drawing, where necessary, on the expertise of key professionals that have worked with adults with learning disabilities, for example, to maximise their involvement and participation
- consideration should be given to referral to family group conference service run by Barnardo's who will assist a family devise a family plan of support
- remember the importance of sharing up to date information between agencies

Key Contacts

Angus Council Alcohol, Drugs & Blood Borne Virus Team

Springfield Medical Centre
30 Ponderlaw Street
ARBROATH
DD11 1ES

T: 01241 435821

E: alcoholdrugbbv@angus.gov.uk

Tayside Substance Misuse Services (TSMS)

Tayside Substance Misuse Services
Springfield Medical Centre
30 Ponderlaw Street
ARBROATH
DD11 1ES

T: 01241 435820

F: 01241 435841

Angus Council Intake Services

Ravenswood New Road
Forfar
DD8 2ZG

T: 01307 473751

Angus ADP

St Margaret's House
Orchardbank Business Park
Forfar
DD8 1WS

T: 01307 474879

E: AngusADP@angus.gov.uk

Nurse Advisor Child Protection Tayside Substance Misuse Service

55 Constitution Road
Dundee

T: 01382424538

E: a.mcgurty@nhs.net

Barnardo's Hopscotch

Grenfell House
290 High Street
Arbroath
DD11 1JF

T: 01241 873146

E: hopscotch.project@barnardos.org.uk

TCA

22 – 24 Catherine Street
Arbroath
DD11 1RL

T: 01241 872989

E: enquiries@alcoholtayside.com

The Web

29b Canmore Street
Forfar
DD8 3HT

T: 01307 460101 or 01307 460120

E: webangus@btconnect.com

Angus Carers

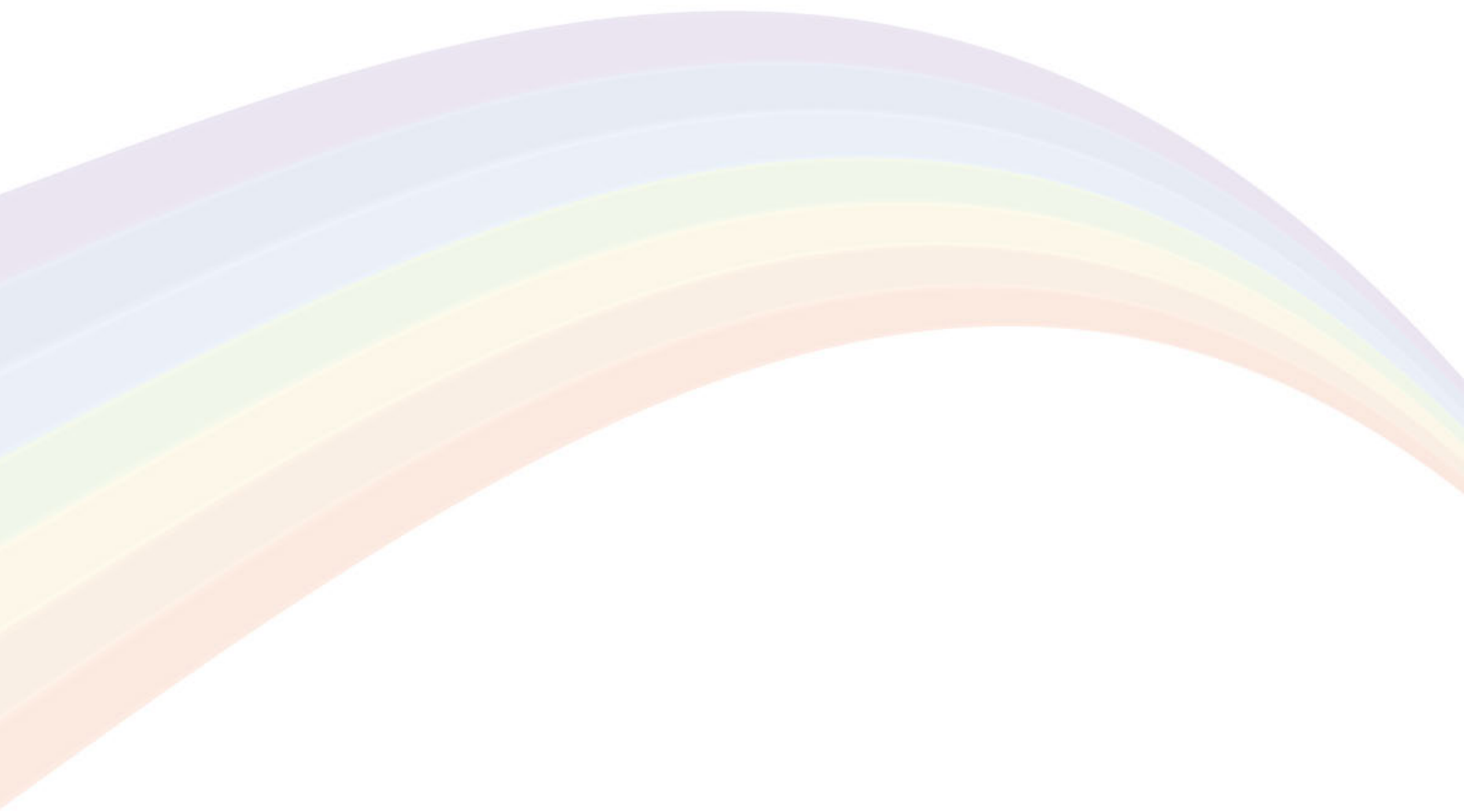
3 Fisheracre
Arbroath
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DD11 1LE

T: 01241 439157

E: enquiries@anguscarers.org.uk

Please refer to interagency guidelines for professional staff for more information

<http://www.anguschildprotectioncommittee.org.uk/pdfs/ACPIinteragencyGuidance.pdf>



UNCRC
United Nations Convention
on the Rights of the Child



**The Scottish
Government**
Riaghaltas na h-Ìbha