



GETTING OUR PRIORITIES RIGHT MULTI AGENCY PRACTICE GUIDANCE

DOCUMENT CONTROL

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1. Introduction

This Practitioner's Toolkit has been developed by [Aberdeen City Child Protection Committee \(CPC\)](#). It has drawn from previous national and local guidance.

The Scottish Government issued the updated guidance '[Getting Our Priorities Right \(GOPR2\) in April 2013](#) and this Toolkit has also been developed and informed by the '[National Risk Framework and Toolkit to Support the Assessment of Children and Young People](#)' (Scottish Government, 2012).

This local Practitioner's Toolkit has not been designed to provide or replace any comprehensive assessment process, and it is important to remember that there are no simple checklist exercises that can replace the values of common sense or instinct where there are concerns about a child's welfare. This Toolkit rather highlights key issues in what is often considered within assessment processes and thus provides some prompts which can aid and assist thinking about child protection as a priority when working with children/families where drugs and alcohol are an issue.

This Toolkit however does not replace the need for local services to ensure that policies are in place clearly outlining the responsibilities of all staff in relation to child protection and that staff are sufficiently trained and resourced to carry out their responsibilities.

Shared responsibilities:

All staff at all levels in all services, including third and private sector services, should:

- have information, advice and training to make them aware of risks to children, what additional factors make children vulnerable, and an understanding of their particular responsibilities in keeping children safe including children with disability;
- have ready access to appropriate, relevant and up to date guidance that tells them what action to take if they are concerned about a child's safety or wellbeing.
- understand what, how and when to record and share information to keep children safe, and be able to do so;
- know what action to take if families with children whose names are on the Child Protection Register, or about whom there are significant concerns, fail to attend services or agreed appointments;
- be given information, advice and training to help them understand key child protection processes and the roles and responsibilities of staff in their own and other services who may play a significant role in protecting children;
- have appropriate supervision and support, and opportunities for reflective practice from managers when they are concerned about a child or when they are involved in child protection processes; and
- understand when a child may be in need of a Compulsory Measure of Supervision and when a referral should be made to the Reporter.

2. What does the Toolkit aim to do?

This Practitioners' Toolkit aims to:

- Provide guidance in keeping children, young people and their families safe and protected where alcohol and/or drugs are a factor;
- Promote prevention, early identification, proportionate intervention and support to children, young people and families affected by alcohol and/or drug use;
- Ensure children, young people and their families get the right kind of help and support they need, when they need it, for as long as they need it;
- Ensure parents and carers are provided with help and support to improve their parenting capacity;
- Support and empower all practitioners and managers working with children, young people and families affected by alcohol and/or drug use;
- Fit with and not replace existing single service/agency assessment and care planning processes in relation to children, young people and families affected by alcohol and/or drug use;
- Implement the Scottish Government's GOPR2 strategy in Aberdeen City; and
- Provide better outcomes for children, young people and families affected by alcohol and/or drug use.

3. Who is it for?

This Practitioners' Toolkit is for all practitioners and managers working with children, young people and their families within the public, private and third sectors across Aberdeen City.

It is particularly for all those practitioners and managers within education and children's services, adult services, health and/or alcohol and drugs services who are working with children, young people and families affected by problematic alcohol and/or drug use. It is a particularly useful tool for use within a supervision setting especially when the worker feels that they have an intuitive feeling or an emerging concern e.g. 'that something is not quite sitting right' within a particular case or situation.

Parents and carers may also find it helpful.

4. How do you use this Practitioners' Toolkit?

This Practitioners' Toolkit has been developed as an on-line electronic resource.

Whether you work with the child/young person and/or parent/carer or indeed an adult with significant access to children, there are a set of questions you may need to consider. Practitioners should embed within their approach a '**healthy scepticism**' or curiosity along with a degree of professional challenge which is necessary in gathering together useful information to help address concerns.

At Appendix 1 is included a version of the Standing Conference on Drug Abuse (SCODA) guidelines risk assessment form. This assessment was first developed in 1997 as a standard set of questions to be used by professionals.

The questions are set within various headings which can assist by identifying areas of interest within the assessment which can prompt further investigation. It is important to familiarise with the areas of interest within the assessment as these areas will indicate whether someone is able to adequately and safely care for children or not. Many questions are relatively straightforward, and if you do not know the answer to an important question, you may be able to find out by liaising with another agency involved in the case. You will also note that the questions are not designed to be 'yes/no' answers they allow for more detail of the particular circumstances and their implications. Ultimately, this should prompt you to consider the relevance of each area and be guided to take action or consider gathering further information if required.

5. Anyone working with Children and Young People

All services have a part to play in identifying children affected by parental alcohol and/or drug use at an early stage. They should gather basic information about the family wherever possible remembering that information gathering by services is not a one-off event. All services should be alert to changes in a family's circumstances and consider any detrimental impacts on their ability to look after children. *Any immediate risk to a child should be considered at the outset.*

Although parental alcohol and/or drug use can have a number of impacts on children and families, it does not necessarily follow that *all* children will be adversely affected. On the other hand, it is also true that parents and children hide problems – sometimes very serious ones, hence the approach outlined above.

It is important to keep in mind the GIRFEC values and principles and for practitioners to ask themselves the following questions:

- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do *now* to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

Additionally, there are a number of more detailed prompts and considerations that could be considered by the practitioner as early observations concerning children and young people:

- Fractious baby – unsettled and crying?
- Not reaching developmental milestones?
- Poor attendance for immunisation or clinic?
- Erratic attendance at school or nursery?
- Child looking after siblings?
- Always or often hungry?
- Drawing pictures of inappropriate subjects (e.g. substance related)
- Reference to inappropriate adult behaviour (e.g. violence)
- Inappropriate language for age?
- Knowledge of alcohol/drug terms?
- Withdrawn and not mixing with peers?
- Over familiar with strangers?
- Deterioration in physical appearance?
- Demanding attention?
- Difficult behaviour in school?
- Lack of concentration?
- Under-achieving?
- Always or often tired?
- Secretive and non-communicative?
- Reluctant to go home?
- Homework not done?
- Late for school?
- Self-harm?
- Truancy?

During any assessment process to decide whether a child may need support, the following questions should be considered:

- Identifying factors which make the child(ren) particularly vulnerable?
- How does the child's health and development compare to that of other children of the same age in similar situations?
- Are children usually present at home visits, clinic or office appointments during normal school or nursery hours? Is support needed to help get children to school?
- Evidence of neglect, injury or abuse, now, or in the past?
- Are the parents in contact with alcohol/drug services? Do they maintain this contact?

If further information is required but potentially unavailable without referring to Adult services or a concern needs to be communicated, then contact can be sought direct with the:

Integrated Drug Service (IDS) social work team on

(01224) 557212 (Fulton Clinic)

(01224) 651130 (Timmermarket Clinic)

Integrated Alcohol Service (IAS) social work team on

(01224) 557845 (MacRobin Centre)

However, the most important caveat to any information gathering must be that; ***where a child or young person is believed to be at immediate risk, intervention should not be delayed pending receipt of information.***

The best interests of the child should be the principle and overriding concern.

6. Adult Services Social Work

The risks and impact to/on children of parents and carers who use alcohol and drugs are known and well researched. It is also worth considering the relationship between substance use and domestic abuse – which can also have a profound impact on children, both in the short and long term. Staff will therefore need to be alert to the indicators, the dynamics and impacts of domestic abuse, remembering that supporting the adult victim ultimately supports the child.

If you are working with adults/parents and have concerns regarding use of substances, the SCODA risk assessment framework is the main model of assessment. Its application depends upon the quality of the information that can be obtained and should involve at least one home visit and inspection along with liaison with other agencies who may be involved with that adult or family. The assessment is carried out using an exchange model hence why there is no suggestion of simply completing a checklist, as this involves an in-depth assessment if completed to the required standards. Furthermore this is not an assessment carried out during one appointment, and of course it may not suit your role or remit to carry out the full assessment. However, the prompts it contains are the framework for a key set of questions, some of which you may in fact already know, or be guided to find or provide responses to.

7. Anyone working with Adults but who is not involved in Statutory Social Work

You would not be expected to carry out the SCODA Risk Assessment process. However the document can be used as guidance to help you identify key areas

where you should be aware of children and any impact on parenting (for example; questions 1, 21 & 22).

Although in many cases workers may not meet the child or conduct home visits, there are still a number of ways to elicit information or gain some insight into family life that may help identify potential issues.

8. Good Practice Examples

Good Practice Example 1

You meet a parent for an appointment in the community and you start a routine conversation. They tell you that they are going to go out and get a birthday present for their young daughter.

You enquire about what they are intending to purchase. They reply that their daughter really likes dolls and that they have seen a princess doll that they think she would really like. They go on to inform you that granny is coming over for tea and bringing a birthday cake as part of a family 'get together'.

This would indicate that the child in question has access to age appropriate toys and is included within normal and appropriate activity around their birthday being celebrated. The involvement of supportive relatives and other circumstantial information may also be important to gaining a sense of family life.

Good Practice Example 2

In conversation, a parent may describe their recently week's activity such as re-decorating a child's bedroom, or buying new bedding for a child.

Again this would indicate normal caring activity and possibly also indicate a desire to upkeep a tenancy.

Neither of these two examples necessarily involved a home visit but considered alongside other factors around an assessment process, may indicate that things seem 'normal'. On the other hand if you are meeting someone who perhaps often misses appointments, is often asking if you can access food for them and is in rent arrears, this may indicate that things are potentially not well at home and may give cause for concern as to whether the children are going without food because the parent's current priorities appear not to be around paying bills and providing daily essentials.

However, it cannot be stressed enough that apparent '**stability**' regarding parental use of alcohol/and or drugs (including prescription drugs), **should never be used as a surrogate measure or indicator for assessing parenting capacity.**

9. Information Sharing

Good practice information around information sharing (and in flowchart format) is contained in detail within the [GOPR guidance document](#) (pp. 30-35) also including advice on when, what, with whom and how to share. [Local guidance](#) has also been produced and can be referred to.

If there is risk to a child or young person that may lead to harm, proportionate sharing of information is appropriate. If there is any doubt about the wellbeing of a child and the decision is to share, the Data Protection Act should not be viewed as a barrier to proportionate sharing. In such cases where information will be shared, consent will not be sought as to do so would give the subject a false belief that they can control the decision, which they cannot. Where appropriate however, the subjects can be informed of your intention to share information and why, unless this would further expose the subjects to risk or hamper a Police investigation.

Reflective Practice

Always take time to consider – what could be the consequences of **not sharing** information in terms of an outcome potentially leading to an increased risk or harm to the child or young person?

10. Other Useful Information Sources / Publications

- [GOPR Updated \(2013\) Guidance](#)
- [National Guidance for Child Protection in Scotland \(2014\)](#)
- [Aberdeen City Child Protection Committee: Documents & Resources](#)
- [AdFam Medications in Drug Treatment & 'One Year On' report](#)
- [IRISS Leading for Outcomes – Parental Substance Misuse](#)
- [NSPCC Learning from Case Reviews](#)

SCODA Risk Assessment

Questions/Analysis Format in Relation to Parental Substance Misuse

*Substance Misuse Service, Integrated Alcohol & Drug Services (2014)
(based on 'Standing Conference on Drug Abuse Guidelines' 1997)*

'Substance' refers to both legal and illicit substances, for example heroin, cocaine, crack, amphetamines, benzodiazepines, LSD, methadone, ecstasy, prescription drugs, solvents and problematic alcohol use.

Any assessment of risk and need must include all relevant factors e.g. domestic abuse, previous harm to a child, previous poor parenting etc. The following questions focus only on substance misuse. The answers should contribute to a wider assessment of risk and need. At all times, consider the following:

<p>What is the information telling me as a professional about the level of risk or concern or need for</p> <ul style="list-style-type: none"> • The child or young person? • The parent or carer and their wider world? <p>Consider frequency, duration, severity, single incident or accumulative in nature.</p>
<p>What am I going to do next?</p>

Parent/s (or carer):

CareFirst No:

Child:

CareFirst No:

Child's GP& Health Visitor:

Child's School/Nursery:

Date Assessment Completed:

Worker:**Signed:**

Worker:**Signed:**

Parental drug use	
1. Is there a drug/alcohol free parent, supportive partner or relative? Who? Comment:	Yes No
2. Is the drug/alcohol use by the parent experimental, recreational, dependent, chaotic?	Yes No
3. Does the user move between categories at different times?	Yes No
4. Does the substance use also involve poly drug use? and/or alcohol?	Yes No Yes No
5. Are the levels of child-care different when a parent is using drugs/alcohol and when not using?	Yes No
6. Is there any evidence of mental health problems alongside the drug use?	Yes No
7. If there is evidence of mental health problems? 8. Did/does the drug/alcohol use cause these problems or have these problems led to the drug/alcohol use? Comment:	Yes No
9. Is the information regarding the parent's drug/alcohol use reliable? Comment:	Yes No
Accommodation and the home environment	
10. Is the accommodation adequate for the children? e.g. adequately furnished, bed for each child, adequate bedding etc	Yes No
11. Are the parents ensuring that the rent and bills are paid?	Yes No
12. Does the family remain in one area or move frequently?	Yes No
13. If the family move frequently, why?	
14. Are other drug/alcohol users sharing the accommodation?	Yes No
15. If other drug/alcohol users are sharing the accommodation, are the relationships harmonious or is there conflict? Comment:	
16. Is the family living in a drug using community?	Yes No
17. If parents are using drugs, do the children witness the taking of drugs and other substances?	Yes No
18. Could other aspects of the drug/alcohol use constitute a risk to children? (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)	Yes No

Provision of basic needs	
19. Is there adequate food, clothing and warmth for the children?	Yes No
20. Are the children attending school regularly?	Yes No
21. Are the children engaged in age-appropriate activities?	Yes No
22. Are the child's emotional needs being adequately met?	Yes No
23. Are there any indications that any of the children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities)?	Yes No
Procurement of drugs	
24. Are the children left alone while their parents are procuring drugs or alcohol?	Yes No
25. Because of their parents drug/alcohol use, are the children taken to places where they could be at risk?	Yes No
26. How much are the drugs/alcohol costing? Daily/weekly?	£
Is this causing financial problems?	Yes No
27. How is the money obtained? e.g. benefits, criminal activity, criminal activity within the home e.g. dealing? Is this problematic? Comment:	Yes No
28. Is this causing financial problems?	Yes No
29. Are the premises being used to sell drugs?	Yes No
30. Are the parents allowing their premises to be used by other drug/alcohol users?	Yes No
Health risks	
31. If drugs and/or injecting equipment are kept on the premises, are they kept securely? Is alcohol kept securely?	Yes No
32. Are the children aware of where the drugs/alcohol are kept?	Yes No
33. If the parents are injecting drug users:	
⌚ Do they share injecting equipment?	Yes No
⌚ Do they use a needle exchange?	Yes No
⌚ Do they dispose of syringes correctly?	Yes No

⌚ Are they aware of health risks?	Yes No
34. If parents are on a substitute prescribing programme such as methadone: <ul style="list-style-type: none"> • Are they aware of the dangers of children gaining access to the medication? • Do they take adequate precautions to ensure that this does not happen 	Yes No Yes No
35. Are the parents aware of and in touch with local specialist agencies who can advise on issues such as needle exchange, substitute prescribing, detoxification and rehabilitation facilities? 36. If they are in touch, how regular is the contact? Comment:	Yes No
37. Family, social networks and support systems?	Yes No
38. Are relatives aware of the drug/alcohol use?	Yes No
39. Are they supportive?	Yes No
40. Will the parents accept help from the relatives and other professional or non- statutory services?	Yes No
41. Do parents and children associate primarily with other drug/alcohol users, non-drug/ alcohol users or both? Comment:	
42. Are neighbours aware of parents drug/alcohol use? Is this problematic?	Yes No Yes No
Parents' perception of the situation	
43. Do parents see their drug/alcohol use as harmful to themselves or their children?	Yes No
44. Do parents place their own needs before the needs of their children?	Yes No
45. Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. child protection procedures statutory powers)?	Yes No
SUMMARY OF FINDINGS ABOUT PARENTAL SUBSTANCE MISUSE	
Parental drug use	

Accommodation and the home environment
Provision of basic needs
Procurement of drugs
Health risks
Parents' perception of the situation

Analysis and Conclusions in relation to Parental Substance Misuse (to be filled out by social worker/drugs worker)

Consider:

- **What is the information telling me about the level of concern or need or risk for**
 - The child or young person?
 - The parent/carer and their wider world?

- **What am I going to do next?**

Proposals to Meet Child's Needs (to be entered by Children & Families social work or note a referral to another agency such as Children & Families Social Work)