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Scottish Drugs Forum

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Briefing paper on the Scottish Government Consultation on Getting our Priorities Right – refreshed practice guidance

September 2012

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The Scottish Government has produced a consultation document on draft refreshed practice guidelines for those working with children affected by parental substance use and/or substance using parents. Scottish Drugs Forum (SDF) has prepared this briefing paper to give a summary of the document and some comment on areas of particular interest for stakeholders in the drugs field.

SDF invites members and other stakeholders to respond and comment on these proposals and to contribute to SDF's final response.

The deadline for submitting responses to SDF is 26 September 2012.

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The Government has published draft Guidance for all **child** and **adult** service practitioners working with children and families affected by parental **alcohol** and/or **drug use**. The guidance provides a good practice framework to help these services work together effectively to safeguard and promote the well-being of such children and families. The draft is now out for consultation.

Which children would come under the scope of the Guidance?

The document points out that where parental substance use (drugs and/or alcohol) becomes a problem there can be significant and damaging consequences for dependent children. This can result in risks to their well-being and it can also impair an adult's capacity to parent effectively.

Children affected in this way, are entitled to effective help, support and protection. The Guidance aims to help all services provide these supports. It is focused primarily on prevention and early intervention measures by services where a child is considered to be in need of some form of help or support.

SDF comment: *This group of children is distinct, in terms of the guidance that applies, from those in need of protection covered by the National Child Protection Guidance for Scotland 2010. Of course in practice there is a far less distinct boundary between these groups. This indistinct boundary and the ease with which a child may move from one to the other may be regarded as a challenge for staff but it is also means that parents themselves do not know whether the state and other agencies are there to support the child, parent and family or to protect the child. This ambiguity has previously been raised by SDF and others as being destructive acting as a disincentive for parents, particularly women in approaching services and therefore preventing earlier intervention.*

For which agencies has the Guidance been developed?

The document claims the guidance will be of use to **everyone who has an interest in the well-being of children and families**.

The document names:

- Drug and Alcohol Services
- Children's Services
- Criminal Justice Services
- Social Workers
- Medical and Health staff in hospitals and the community
- Public Health Nurses
- Education
- Housing
- Third Sector practitioners
- Reporters
- Police
- Procurators Fiscal
- Prison staff
- Parents and families and their representatives.

The Guidance also mentions Key Partners at the local level i.e. Community Planning Partnerships.

These should include:

- Community Planning
- Universal services
- Alcohol and Drug Partnerships
- Child Protection Committees
- Partnerships relating to wider children's services and planning fora.

SDF comment: *It may be considered useful and accurate to mention the third sector under their roles rather than as a separate group e.g. housing support services provided through the statutory and third sectors.*

Given that Community Planning is under review and that the proposed integration of adult health and care partnerships is likely to impact on these structures, notably Alcohol and Drug Partnerships, it may be considered useful to emphasise the importance of this work and that it should be prioritised through forthcoming changes.

Articulation with other strategies and frameworks

As well as the *National Child Protection Guidance for Scotland 2010* the Guidance is meant to articulate with *The Road To Recovery* strategy and the *Getting It Right For Every Child* (GIRFEC) framework. Practitioners unfamiliar with these will find useful summaries including a definition of the role of Named Persons and Lead Professionals within the document (pp 11-12). An interesting gloss of the recovery agenda is given in the Opening Section to the document in paragraphs 21 – 26 (p13).

The document attempts to define family recovery and children affected by parental use being on their own recovery journey which may be independent of their parent's recovery. This may or may not be regarded as helpful.

Gender considerations

The document identifies barriers to recovery, including gender considerations. This may well be welcomed as there has been less focus on gender issues than may have been expected in this area. In terms of child protection, it is women as mothers who often face the state denying or controlling their contact with their child whereas for men this is often a less formal, personal or family decision which may be more negotiable and flexible in response to changing circumstances.

The identification of stigma as a barrier to recovery and engagement with services may be welcomed. There is also implied understanding of how stigma may be different for men and women. The document states that women are reluctant to approach services because of "fear of judgement or repercussions… inflexible service designs that do not reflect child care responsibilities, increased stigma, fear of losing children, shame, and professionals' attitudes, preconceptions and lack of sensitivity to women's experiences.

The document states that "services to support children need to reflect these realities where interventions are designed for mothers." And that "research shows that disadvantaged, marginalised fathers tend to be unsupported and ignored by professionals, despite the father being a potential asset as well as a potential risk to the family"

"There is a need for effective engagement with men by services at all stages from pre-conception, pregnancy through to childcare. This includes more effective information sharing between services working with men – for example, Criminal Justice Services as well as adult substance and children's services."

These observations may be welcomed. However it may be felt that the document could do more to build on the research evidence mentioned.

Describing the Challenge

The challenge is described in chapter one. The specific examples of impact are listed under headings Pre-conception and pregnancy; Infancy and pre-school years; Primary School Years and Secondary School Years ((paras 67 – 83)

SDF comment: *As described the challenge will be familiar to practitioners in the field. However it may be regarded as useful to see this information brought together in this way.*

Preventative and Protective Factors

There is what may be regarded as a useful section on resilience which points out that resilience may protect children or in fact delay a problem becoming known to services and so exacerbate a problem and mask or hide needs.

SDF comment: *This may be welcomed as the sense is often given that a child's resilience is an X factor that some children have that we should seek to promote in other children and that it saves services having to intervene – this may be viewed unrealistic and potentially damaging.*

Deciding when a child needs help

The document gives The Children (Scotland) Act 1995 definition of a child in need but also speaks more generally about services considering "possible impacts on any children, being alert to their needs and welfare and responding in a co-ordinated way with other services to any emerging problem."

The document then lists 'key themes and principles'. Outstanding among these (the only part underlined is quoted below) "Parents should normally be responsible for the upbringing of their children and should share the responsibility. So far as is consistent with safeguarding and promoting the child's welfare, local authorities should promote the upbringing of children by their families.

Agencies should help parents to acquire the necessary parenting skills and put children's welfare first. Where a child cannot be looked after safely by his or her own parents, local authority services should try to help extended family to care for the child if that is possible. Where a child's welfare cannot be promoted or safeguarded in his or her family, or extended family, local authorities should make alternative arrangements promptly."

SDF comment: *There is a tension within the document – although the document is not about guidance for child protection and is meant to articulate with the National Child Protection Guidance for Scotland 2010 rather than augment it, the document strays from promoting child welfare to child protection issues. There may be a view that the guidelines are, in part, an attempt to set a new tone around child protection. This may be seen as an attempt to resolve the tension between promoting welfare and protecting children. There is much good work done around promoting welfare of families affected by substance use and this work should be supported and developed independent of child protection… just as, for example, pre-school education is encouraged and developed independently of, but in a manner compatible with, good child protection practice.*

The Guidance document suggests that:

"all services supporting adults with problem alcohol and/or drug use should consider asking 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 with others or are in residential care?
- 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 the children?
- Do you need any help with looking after children or arranging childcare?
- 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 LARC ?
- Has there been any change in family circumstances – e.g. a new partner has moved in?
- What other services are supporting you?"

SDF comment: *It may be thought useful that the document should emphasise that services may consider asking these questions but legitimately decide not to. It would not be appropriate for these questions to be asked in some services.*

The document states that "Services should not make decisions about a child's needs without feeling confident that they have the necessary information to do so."

SDF comment: *This is to be welcomed – recent consultation with service in compiling SDF's evidence to the Scottish Parliament Committee enquiry into children in care there was repeated concern that non-Social Work services working with drug users and their families did not have their experiences or opinions based on their experience of working with individuals and their families sought and when they were proferred they were unacknowledged, rejected or ignored. This behaviour is not in the spirit of the guidance document and should be explicitly discouraged.*

Information sharing

Chapter Three of the document is on the sharing of information. While delineating and acknowledging the legislative landscape in which information sharing takes place, there is a notably more liberal interpretation of the legal situation than is commonly stated or practiced.

SDF comment: *This is significant and may be welcomed.*

There are genuine attempts here to help practitioners make decisions in this difficult area including the provision of a flowchart (p47)

SDF comment*: There may be a view that these will only be of use if local data sharing protocols are developed in a manner compatible with the interpretation of the legal landscape provided in this guidance document which is not the way in which many local protocols have been developed. Changing these would involve senior staff from various agencies and legal representation. The present document is not a sufficient means to drive this necessary change.*

Assessing Risk and Improving Outcomes

Chapter Four attempts to integrate the GIRFEC roles of Named Person and Lead Professional and Child Plans into this area of work. There is a list of subjects on which services should generally draw together information this includes "the emotional impact on the child and family of a parent diagnosed with a bloodborne virus infection (and)…changes in adult mood and health upon commencement of anti-viral therapy as part of a parent's recover from drug use."

SDF comment: *The inclusion of this subject as an area for investigation in a list of only 7 areas described as being the focus of investigation may be regarded as curious and unhelpful. In their response SDF members may wish to consider the implications of this.*

A flowchart is provided showing the staged process for identifying, and distinguishing between, children in need and children who should be subject to child protection.

SDF comment: *SDF members may wish to consider whether this chart adequately describes this process and its general utility to staff involved.*

This section also deals with involving children and parents in decision-making. Practitioners are referred again to GIRFEC National Practice Model.

The document also suggests that services "need to recognise the important role family and friends are as a source of support for children, particularly grandparents and also teachers. It is essential that services foster good relationships here both to reassure the child and to ensure that their voice is heard."

Another area of implied innovation is in regard to the involvement of parents – "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."

SDF comment: *There may be a welcome for this change in emphasis – ie ensuring that good relationships are fostered with grandparents and teachers and discussing power relationships between professionals and parents as this may not be perceived as being the common approach adopted at present. More consideration should be given as to how this can be done and the resource implications.*

This section also describes goal-setting and possible outcomes

SDF comment: *There may be concern that what is not described in the document is the purpose of goalsetting. Goalsetting may be difficult to define with families with complex and multiple needs who have what have been referred to as 'chaotic' lifestyles. There may be a danger that goal-setting leads to the idea that a service provider, staff, or service users will be held responsible for goals not being met – the question of what should then happen is not dealt with. Members may wish to consider the purpose of goalsetting and whether it may foster a blame/punishment culture.*

Working together

Chapter Five deals with multi-agency working necessary to undertake assessment and deliver care plans. The main mechanism described for supporting and encouraging necessary joint working is "embed(ding) GIRFEC National Practice Model…into local protocols for tackling substance misuse"

This includes a shared understanding of a child's well-being.

The document describes enablers and barriers to joint working.

The document makes a number of assertions and recommendations on the duties of service staff when working with families affected by substance use:

- When keeping appointments or visiting patients or clients, services should keep children in mind and alert child welfare agencies if problems intensify or conditions deteriorate to a level likely to present risks to children
- Services responsible for child welfare should include both planned and unplanned home visits in their contact with families, observe the child and his/her interaction with the parents, and gather information about daily routines and sleeping arrangements
- Workers should persist in their efforts to contact the family or see the child until they are satisfied that the child is not at risk of significant harm
- Staff should record every unsuccessful attempt to see the child(ren) and follow up to make sure that the child has been seen by someone, either by checking with other professional colleagues or agencies, or by repeating the visit quickly
- Services should ensure that staff have access to advice from specialist colleagues or child protection services if they are persistently unable to see a child. Their expectations of staff in these circumstances should be clearly described in local policies and guidance
- It is essential that every child in the family is seen and assessed
- Any Child's Plan – whether single or multi-agency – should include a definite timescale within which children must be seen by a staff member from one of the services involved
- Where professionals responsible for children's welfare in health or social work services repeatedly fail to gain access to a child(ren), the local authority should consider whether there may be a need to apply for a Child Assessment Order, requiring parents to make the child available to professionals
- If there is any concern that a child may be in immediate danger the social work service or the police should be contacted promptly
- Where the parent does not accept help or agree to a referral to another service– and worries about the child persist – practitioners should contact the social work service without delay
- Alcohol and drugs agencies' responsibilities – to both support their adult clients and also maintain a focus on child welfare – do not end after referral to the social work service or other child protection services
- It is crucial that specialist alcohol and drugs-related professionals and children's support agencies continue to work closely together to help families make best use of the help available
- The key to making effective decisions in determining the degree of risk to the child is good inter-agency communication and collaboration at all stages –i.e. in assessment, planning and intervention. This demands open and honest communication between professionals in different agencies and sharing of information about progress and regression
- Services should consider first and foremost the current and potential effect of continuing adversity on the child, regardless of the parent's intentions
- All services should always consider the child's welfare to be the paramount consideration
- If support provided to the family does not improve the child's circumstances, other action, such as child protection enquiries, compulsory measures of supervision or removal of a child from his/her parents' care may be needed
- The threshold for this kind of action is reached when there is evidence or suspicion of a lack of parental care or supervision, or abuse or neglect which may cause a child to suffer significant harm. There need not be evidence of deliberate abuse or neglect to prompt action.

SDF comment: *Members may wish to consider whether these add anything to existing practice and whether, if they do, the duty is adequately described and any practical implications should be highlighted through consultation.*

This chapter contains guidance on the removal of children from parents and considerations in parental access to their children.

There is an acknowledgement that there is a link between drug use and parental access to their children – "The loss of their child, whether to foster or adoptive carers or extended family, may exacerbate or intensify a parent's problem substance misuse. Family services should continue to work with the parent in these circumstances even where a child is removed. This is because the removal of a child can often be a precursor for relapse by parents."

SDF comment: *Members may wish to give their own interpretation of the complex link between parental access to children, substance use and recovery.*

The chapter gives some detail on the role of the following services:

- Universal Health Services - General Practitioners, Public Health Nurses, Health Visitors, School Nurses, Midwives, Obstetricians, Community Pharmacists etc
- Education Services - Pre-school, Primary and Secondary
- Social Work Services - Children and Families, Criminal Justice, Adult Support Services
- Alcohol and Drug Services
- Third Sector Services
- Police
- Housing Services

SDF comment: *Members may wish to consider whether these services and their role are adequately described. In particular consideration may be due to whether third sector services are indeed a separate service from other services and whether this differentiation is useful.*

Strategic leadership and workforce development

Chapter Six describes the role of partner agencies and structures . These include Children's Service Planning structure and Alcohol and Drug Partnerships which sit within wider Community Planning and local Child Protection Committees.

Chief Officers of the Local Authority have wide- ranging remits to ensure the smooth working of these structures in terms of delivering for individuals and accountability. This includes development of effective partnership agreements between Alcohol and Drug Partnerships and Child Protection Committees.

There is an acknowledgement that needle exchange services and naloxone supply services will be limited in what input they can usefully have in terms of any child protection role other than immediate child protection concerns.

“If it is possible to engage with people using these services regarding the safety and well-being of any children they may have, **without compromising the purposes for which such services exist**, then this should be done.”

SDF comment: *Members may wish to consider the extent to which involvement in child protection compromises the purpose for which other services for drug users exist including treatment services.*

It is suggested that Child Protection Committees and Alcohol and Drug Partnerships should develop a joint training programme and strategy and that there should be training pathways developed for:

- Social Work Services – Social Workers, Criminal Justice staff, Foster Carers
- Early Years Workers, Residential Care staff
- Education – Teachers, Designated Child Protection Officers
- Health (Public Health Nurses, Health Visitors, School Nurses) Midwives, Community Paediatricians, A&E staff, GPs, Family Planning Clinics
- Police – PPU staff, Police Inspectors, Police Constables
- Housing – Housing Officers, Housing Support Staff
- Voluntary Sector – Substance Misuse Services
- Voluntary Sector – Children and Families Services
- Private Fostering Agencies
- Private Residential Care Providers

SDF comment: *Members may want to consider whether this list is comprehensive and accurate.*

And that topic-specific training be developed in:

- Risk Assessment
- Foetal Alcohol Spectrum Disorders
- Substance Misuse and Pregnancy
- Blood Borne Viruses
- Substance Misuse and Mental Health

SDF comment: *Members may want to consider whether this list is comprehensive and whether there may be other useful inclusions. In the light of Scotland’s rate of overdose deaths and the impact of parental death on children overdose awareness and prevention may be considered an omission*.

Questions on which the Government is seeking a response

1. Does this document provide a useful practical update to the 2003 Guidance?
2. Do any areas require further updating?
3. Does the document sufficiently highlight the importance of ensuring that children's and parents' views are taken into account?
4. Does the guidance help you with the question - what to do? And in which situations?
5. Does the document provide a good basis for the development and implementation of protocols at local level?
6. Does the evidence base/research help?
7. Does the document reflect accurately the assessment of support, care etc which would prevent the enactment of child protection procedures? I.e. is the document describing earlier intervention?
8. Does it complement the National Guidance on Child Protection?
9. Have you any further comments?

The deadline for submitting responses to SDF is 26 September 2012.

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