A PRACTITIONER'S GUIDE TO GETTING OUR PRIORITIES RIGHT (GOPR)

Working with children, young people and families affected by problematic alcohol and/or drug use across North Ayrshire

APRIL 2014

With thanks to Perth and Kinross Alcohol and Drug Partnership and Child Protection Committee

NORTH AYRSHIRE ALCOHOL & DRUG PARTNERSHIP

NORTH AYRSHIRE Child Protection Committee

North Ayrshire Alcohol & Drug Partnership (NAADP) & North Ayrshire Child Protection Committee (NACPC)

Document Control Information

Document Details

Document Name:	Working with Children, Young People and Families Affected by Problematic Alcohol and/or Drug Use Across North Ayrshire
Document Version Number:	1.0
Document Status:	Live
Document Owner:	North Ayrshire Alcohol and Drug Partnership and North Ayrshire Child Protection Committee
Prepared by:	CAPSM Sub Group
Target date for approval by NACPC ,NAADP and Children's Services Strategic Partnership	4/4/14

Version History

Version Number	Date Completed	Changes/Comments
1.0		

Distribution List

Name	Version	Approval (A) /Information (I)
North Ayrshire Child Protection Committee		A
North Ayrshire Alcohol and Drug Partnership		A
North Ayrshire Children's Services Strategic Partnership		A

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Chief Officers Preface

North Ayrshire Child and Public Protection Chief Officers Group and Children's Services Strategic Partnership are delighted to endorse this multi- agency guidance to support staff in ***Working with Children, Young People and Families Affected by Problematic Alcohol and/or Drug Use across North Ayrshire.***

We are extremely concerned about the impact of problematic alcohol and/or drug misuse on our local communities and about the continuing harm to our children, young people, adults and neighbourhoods. We are very conscious of the cross cutting nature of substance misuse and dependency and of the long lasting impact of such harm; often this can be seen inter-generationally.

Our vision in North Ayrshire is that:

'The harmful effects of alcohol and drug misuse in North Ayrshire are reduced'

In pursuit of this vision, we are actively developing an approach which will focus on the needs of the whole population and have both a protective effect on vulnerable groups and reduce the overall level of alcohol and drug problems.

This practitioner guidance document is a key aspect of our shared approach to responding to the challenge of problematic alcohol and/or drug misuse and we commend this practitioner's guidance as a useful resource to help staff across our services work together in a considered, consistent way when working in this complex area.

Elma Murray	John Burns	Gillian McDonald	Iona Colvin
North Ayrshire Council	NHS Ayrshire & Arran	Police Scotland	Chair, Children's Services
Chief Executive	Chief Executive	Divisional Commander	Strategic Partnership

Introduction

Who developed this Guide?

This Practitioner's Guide has been developed by the Children Affected by Parental Substance Misuse (CAPSM) subgroup, which is jointly accountable to North Ayrshire Alcohol and Drug Partnership and North Ayrshire Child Protection Committee. This guidance has been developed in partnership with frontline practitioners and managers, across a wide range of services and/or agencies, who are working directly with children, young people and families affected by problematic alcohol and/or drug use.

What does it aim to do?

This Practitioner's Guide aims to translate the national guidance – *Getting our Priorities Right: Updated Good Practice Guidance For All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and/or Drug Use*[1] (Scottish Government: April 2013) into the local policy and practice context across North Ayrshire.
This Practitioner's Guide replaces all previous Guides (*Getting Our Priorities Right Protocols and Operational Procedures for Inter-agency Working with Children and Families Affected by Substance Misuse 2005 and Getting Our Priorities Right SUMMARY - PRACTITIONERS GUIDE Protocols and Operational Procedures for Inter-agency Working with Children and Families Affected by Substance Misuse 2005*); is evidence-based; is underpinned by a strong legislative and/or policy framework; and aims to support and empower frontline practice; thus providing better outcomes for children, young people and families across North Ayrshire.

Who is it for?

This Practitioner's Guide is for all practitioners and managers working with children, young people and their families within the public, private and third sectors across North Ayrshire. It is particularly aimed at those practitioners and managers working within children's services, adult services and/or alcohol and drugs services.

How do you use this Guide?

This document is a practice guide and will assist you when working with families affected by parental drug and/or alcohol misuse.

[1] http://www.scotland.gov.uk/Resource/0042/00420685.pdf

Each section contains key messages from the national guidance on working with children, young people and families affected by problematic alcohol and or drug use and specific guidance for North Ayrshire staff.

It is important that as soon as a concern about a child is identified that we respond in a confident and competent manner, using the correct procedures, involving the relevant people and provide a proportionate response while working in partnership with families.

When working with parents with problematic alcohol and/or drug use, services should always consider the possible impacts on any dependent children, be alert to their needs and well-being and respond in a co-ordinated way with other services to any emerging problems.

Understanding the needs of parents with addiction issues is critical in providing effective family services. In addition to addiction, these adults may be facing a number of other challenges such as a history of trauma, mental health issues, domestic abuse and isolation.

All services involved with families affected by drug and/or alcohol misuse must work very closely together to ensure that children are safe and have their needs met; and that adults are supported in their recovery; helped to resolve any difficulties they are facing and have their parenting capacity strengthened, where necessary.

All multi agency guidance developed in North Ayrshire is designed to complement the policies and procedures in place in every organisation. Thus, this guidance is designed to be used alongside your own organisations policies, providing additional support to staff in responding to highly complex issues.

At times, a concern you have about a child or young person affected by parental drug and/or alcohol misuse may indicate they might be at risk of significant harm. These types of concern are responded to using child protection procedures. You must ensure you follow your organisations child protection policy and procedure in these circumstances.

Overarching principles

The following are the key overarching principles that inform all aspects of this guidance document:

1. Children have a right to protection from all forms of abuse, harm and exploitation

2. Children and young people should *get the help they need; when they need it; for as long as they need it;* and their *wellbeing*[2] is always paramount.
3. Children and young people must be listened to, understood and respected. Their views should be taken into account in every intervention.
4. Where there may be risk of significant harm to a child or young person, child protection procedures *must be* followed immediately – there are no other parallel pathways – do not delay.
5. Prevention and early intervention is critical to prevent further escalation, damage and/or difficulties later.
6. Services must work in partnership with parents, striving to establish honest and trusting working relationships with an explicit shared understanding of the needs and concerns of everyone in the family.
7. Child protection, recovery and wider family support concerns must be brought together as part of a co-ordinated approach to giving children, young people and families the best support possible.

[2] For the purposes of this Practitioner's Guide Wellbeing is defined as the GIRFEC Eight Indicators of Wellbeing (SHANARRI) – *Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; and Included*, in which all children and young people need to progress, in order to do well now and in the future.

PART I
Section 1: Describing the Context and Challenge

Key Messages from National Guidance

- All child and adult services should take account of the Recovery Agenda when addressing problematic alcohol and/or drug use.

- The start and end points of recovery are variable; it is a sustained journey; it can last for several years or for a lifetime. Outcomes are better if a *whole family* approach is taken.

- Recovery timescales for adults may differ from timescales set around the needs of children – there is a need to be aware of the risks; this involves taking into account a wide range of factors such as the child's age and stage of development; the impact of the problematic alcohol and/or drug use; and resilience factors.

- There has been a growing recognition of the impact of problematic parental alcohol and/or drug use on children and young people's lives. Children's experiences – even within the same family – can be very different. Not all parents who use substances experience difficulties with family life, child care or parenting capacity. Equally, not all children exposed to substance use in the home are adversely affected in the short or longer term.

- That said, the impact of parental problematic alcohol and drug use can also have a very detrimental impact on the health and wellbeing of some children. Children can also be at increased risk of experiencing violence and maltreatment when living with parental problematic drug and/or alcohol use.

- Adults can recover from problematic alcohol or drug use while being effective parents and carers for children. However, where parental alcohol and/or drug use becomes a problem this can have significant and damaging consequences for any dependent children.

- This can result in risks to their wellbeing and impair an adult's capacity to parent well. Where children are affected as a result, they are entitled to effective help, support and protection, within their own families wherever possible. Parents too will often need strong support from services to tackle and overcome their problems and help them to promote their child's full potential.

- Adult services should be equipped to provide information and advice to parents about the possible impacts of their problematic alcohol and/or drug use on dependent children, together with other information and advice about alcohol/drugs and their effects.

- They should always explore how problematic alcohol and/or drug use may affect an adult's responsibilities for child care.

- Children's services should be equipped to recognise factors which may impact on a child's well-being, including parental drug and alcohol misuse. Staff should gather information from parents and carers in relation to patterns of drug and alcohol misuse, impact on the individual and their family and involvement of any drug and/or alcohol treatment services.
- Adult and children's services must work very closely together, sharing their expertise, skills and knowledge to provide a whole family service which best meets the needs of all involved.

Guidance for staff in North Ayrshire

1.1 Working together

All practitioners working together to support families affected by problematic alcohol and/or drug misuse in North Ayrshire must have a shared understanding of the following key concepts. These concepts underpin our overarching approach to getting it right for families affected by problematic alcohol and/or drug misuse. All intervention must be informed by this approach.

1.2 Problematic alcohol and/or drug use

Problematic alcohol and/or drug use is defined as *when the use of drugs or alcohol is having a harmful effect on a person's life, or those around them*[3];
Problem drug use can also include the unauthorised use of over-the-counter (and sourced via the internet) drugs and/or prescribed medicines; new psychoactive substances (NPS, also known as legal highs)

1.3 Recovery

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."

The following local working definition of what recovery means in North Ayrshire was developed collaboratively by staff from statutory and voluntary agencies, individuals and families in recovery and local community members:

'Recovery from alcohol and other drug problems is a deeply personal journey which anyone is capable of embarking upon.

Recovery is something which you can do for yourself though rarely by yourself; it can involve the growth and development of individuals, families and communities. Recovery is empowering and an exciting opportunity.

[3] **Problematic alcohol and/or drug use** as defined in *Getting our Priorities Right: Updated Good Practice Guidance For All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and/or Drug Use* (Scottish Government: April 2013)

For many, recovery is about 'giving something back' to your community, to your family and to yourself. At its heart recovery is about improving quality of life, progressing and moving forward at your own pace'.

(North Ayrshire Alcohol and Drug Partnership Working Definition, 2013)

More information about recovery in North Ayrshire can be found at www.naadp.com

1.4 Getting it right for every child (GIRFEC)

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

GIRFEC promotes a shared approach and accountability that:

- builds solutions with and around children, young people and their families
- enables children and young people to get the help they need when they need it
- supports a positive shift in culture, systems and practice
- involves working together to make things better

Key elements within GIRFEC include:

- Named Person – a role designated within the universal services of health or education who are the first point of contact for children, their families and relevant agencies where there are any well-being concerns about a child.
- Lead Professional – appointed when necessary, this is the practitioner best placed to co-ordinate multi-agency activity supporting the child and their family.
- Child's Plan – the single or multi-agency action plan agreed by involved services.

The principles of GIRFEC should be followed whenever any support is being given to any child or young person.

Within North Ayrshire, the implementation of GIRFEC is led by the GIRFEC Steering Group, who deliver a robust workplan subject to ongoing evaluation against the GIRFEC Maturity Model.

More information about GIRFEC in North Ayrshire can be found at www.girfecna.co.uk

1.5 Well-being

Wellbeing is defined as the GIRFEC Eight Indicators of Wellbeing – *Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; and Included*, (also referred to as SHANARRI) in which all children and young people need to progress, in order to do well now and in the future.

The child's well-being is always the paramount consideration.

1.6 Child protection

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child.

Child protection means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a *likelihood* or *risk* of significant harm from abuse or neglect.

Child protection is the responsibility of all who work with children and families, regardless of whether that work brings them into direct contact with children. All workers should be fully informed of the impact of adult behaviour on children and of their responsibilities in respect of keeping children safe. Social work services and the police have a legal responsibility to investigate child protection concerns; they can only do this if they are made aware of those concerns.

All services that work with children and/or their carers are expected to identify and consider the child's needs, share information with other agencies and work collaboratively with the child, their family and other services. Services and agencies that may previously have seen their role as being to "pass on" concerns are now expected to take a proactive approach to identifying and responding to potential risks, irrespective of whether the child in question is their "client", "patient" or "service user".

Equally, services that work with adults who may pose a risk to children and young people have a responsibility to take action when risks to children or young people are identified.

More information about child protection in North Ayrshire can be found at:
www.childprotectionnorthayrshire.info

1.7 Adult Support and Protection

Adult Support and Protection: The Adult Support and Protection (Scotland) Act 2007, was introduced in October 2008. The Act covers all adults (over the age of 16 years – with no upper age limit) who are at risk of harm and because of a mental or physical infirmity are unable to safeguard themselves against harm. All types of harm are covered by the Act, including neglect and self harm.

Everyone deserves to live a life free from harm and protecting adults covered by the Act, who are at risk of harm is the responsibility of all workers.

The Act states "Where a public body or office-holder knows or believes—
(a) that a person is an adult at risk, and
(b) that action needs to be taken in order to protect that person from harm, the public body or office-holder must report the facts and circumstances of the case to the council for the area in which it considers the person to be"

Further information on Adult Support and Protection, including how to make a referral is available at: http://www.north-ayrshire.gov.uk/resident/health-and-social-care/adults-and-older-people/adult-support-and-protection.aspx

What is the scale of the challenge? - National Context

- Estimated – 59,600 people (aged 15 – 64) with drug use problems in Scotland in 2009 – 2010[4];
- Estimated – 40,000 – 60,000 children in Scotland may be affected by parental problematic drug use – of these 10,000 – 20,000 may be living with that parent[5];
- Estimated – 36,000 to 51,000 children are living with parents (or guardians) whose alcohol use is potentially problematic[6];
- Estimating the exact numbers remains a complex task – there is always a level of significant under-reporting;
- Alcohol is by far the most popular substance in Scotland;

[4] Estimated in: *Estimating the National and Local Prevalence of Problem Drug Use in Scotland 2009 – 2010* (Published: NHS Scotland ISD 2011)
[5] Estimated in: *Estimating the National and Local Prevalence of Problem Drug Use in Scotland (Study 2006) Executive Report* (Published October 2009: University of Glasgow)
[6] Estimated in: *Scottish Health Surveys (SHeS) 2008 – 2010*

- Pre-Conception and Pregnancy – some babies are born dependent on alcohol and drugs and can develop severe withdrawal symptoms – Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Spectrum Disorder (FASD);
- Neonatal Abstinence Syndrome (NAS) – has serious impact on attachment; inter-actions; longer-term growth and development;
- Fetal Alcohol Spectrum Disorder (FASD) – has serious impact of health and development; effects are lifelong and include learning disability; behavioural problems; impaired emotional development; hyperactivity and attention disorders – this is not an exhaustive list;
- Blood-Borne Viruses – including HIV; Hepatitis B; and Hepatitis C are a possible consequence;
- Neglect – defined as *the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to: provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or, to ensure access to appropriate medical care or treatment. It may also include neglect of – or failure to respond to – a child's basic emotional needs*[7]*;*
- Neglect – 37% of all children and young people placed on Child Protection Registers across Scotland at 31 July 2013 were registered for neglect;

1.8 What is the scale of the challenge? - Local Context

- Estimated 1,800 (aged 15 – 64) in 2009/10 problem drug users in North Ayrshire;
- Breakdown of 2131 Domestic Abuse cases between August 2012- October 2013-
    - Was the suspect under the influence of Alcohol? 1246 (58.47%)
    - Was the victim under the influence of Alcohol? 767 (35.99%)
    - Was the suspect under the influence of any other substance? 97 (4.55%)
    - Was the victim under the influence of any other substance? 21 (0.99%)
- 17 drug related deaths in 2012 across North Ayrshire;
- 30 alcohol related deaths in 2011 across North Ayrshire;
- 1,488 alcohol related & 347 drug related hospital discharges per 100,000 in 2011;
- Between August 2011 - July 2012 there were 68 children placed on the child protection register with parental alcohol and/or drug misuse recorded as a risk factor
- As at 1st October 2013, in North Ayrshire there were 102 children from 60 families on the child protection register, consisting of-

[7] Neglect as defined in *National Guidance for Child Protection in Scotland 2010* (Scottish Government 2010)

- *17 children from 8 families had parental alcohol misuse recorded against their name (and not parental drug misuse).*
- *21 children from 14 families had parental drug misuse recorded against their name (and not parental alcohol misuse).*
- *18 children from 13 families had both parental drug and alcohol misuse recorded against their names.*
- *This is a total of 56 children out of 102 where parental drug and/or alcohol misuse played a factor in placing them at risk of significant harm*

- Within North Ayrshire Council (NAC) Addiction Services, approximately 50% of all service users have parenting responsibilities for children under 16 years;
- In 2013/14 approximately 170 individuals known to North Ayrshire Council Addiction services were identified as parents of children under 16 years;
- Less than 50% of these children are subject to a statutory order via the Children's Hearing System;
- The majority of children living with their parents who are engaging with NAC Addiction Service are under 12 years;
- 43% of current active NHS Addiction service users (863) who had an initial presentation of drug misuse, have reported that they have dependant children.
- Since 2009, 15% of all Adult Support and Protection Referrals in North Ayrshire have been specifically categorised by the referrer as "substance misuse". Many other Adult Support and Protection referrals have an element of alcohol and drug use relating to the circumstances in which the referral has been made.

Section 2: Deciding When Children Need Help

Key Messages from National Guidance

- When working with parents/carers with problematic alcohol and/or drug use, services should always consider the possible impact on any dependent children, be alert to their needs and well-being and respond in a coordinated way with other services to any emerging problems.

- All services have a part to play in helping to identify children affected by parental alcohol and/or drug use at an early stage. Services must gather basic information about the family whenever possible. This includes both children's services and adult services.

- Practitioners should also identify and build on any strengths when identifying areas where the adult, or child, may require support.

- Compulsory measures of supervision and early intervention are not mutually exclusive of each other – consideration should be given to compulsory measures of supervision to ensure effective intervention and/or compliance.

- Always consider the wider factors – the family's strengths; vulnerabilities; challenges; resilience; ability to recover and the impact on the child.

- Staff need to consider any other related issues – including domestic abuse and mental-ill health; you should know how to recognise and respond to these complex issues.

- Generally, the greater the depth, extent and number of the presenting issues and/or early indicators that are evident, the higher the likelihood there may be a serious underlying issue of *wellbeing*.

Guidance for Staff in North Ayrshire

2.1 Children affected by parental alcohol and/or drug misuse will usually come to the attention of services via one of two routes: via children's services (for example, a school or nursery observing concerning behaviour or presentation in a child) or via adult services (for example, addiction services working with an adult who has dependent children). Regardless of the pathway, there are a number of key messages for all practitioners.

2.2 All child and adult services share responsibility for promoting children's well-being and for identifying and responding to any concerns about a child or young person's well-being.

2.3 Where concerns about a child's wellbeing come to a service's attention, staff will need to determine both the nature of the concern and also what the child may need. **Any immediate risk should be considered at the outset. Where immediate risk is identified, child**

protection procedures must be followed without delay. Where immediate risk is not identified, practitioners should consider the GIRFEC 5 questions highlighted below.

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

2.4 Identifying when children might need help is facilitated by sensitive, robust and accurate information gathering. This should commence at the outset of involvement with a parent/carer with problematic alcohol and/or drug use and continue throughout service involvement with the parent/carer.

2.5 Minimal information gathering by adult services includes:

- Details of any dependent children, their ages and their current living circumstances.
- Details of services involved with the children, including names of nursery/school, health professionals and any social services involvement.
- Details of alcohol and/or drug treatment intervention and names of addiction services staff.
- Any key presenting issues such as domestic abuse, housing difficulties, mental health difficulties, relationship issues or changes in family circumstances.

2.6 Additionally, addiction services should explore the parents understanding of how their problematic alcohol and/or drug misuse may be impacting on their children.

2.7 Minimal information gathering by children's services includes:

- Details of alcohol and/or drug treatment intervention and names of addiction services staff. (Historical and current)
- Details of any prescription medication.
- Needs of any children within the household.
- Any key presenting issues such as domestic abuse, housing difficulties, mental health difficulties, relationship issues or changes in family circumstances.
- Children's understanding of parent's alcohol and/or drug misuse.

2.8 Additionally, children's services staff should carefully observe the child/young person to gain information about how they may be affected by the parental alcohol and/or drug misuse. Depending on the age and stage of the child, children's services staff should directly talk to the child about their living circumstances and use age appropriate materials to help the child give their views and understanding of their living environment.

2.9 The **named person** for the child will play a critical role in deciding whether a child needs help, and in accessing such help promptly.

2.10 Staff in all services must ensure they are familiar with the role of the **named person** and utilise this role appropriately.

2.11 Generally, for unborn children and those up to 10 days old, **the named person is the midwife.**

2.12 From 10 days old until the child enters school, **the named person is the health visitor.**

2.13 When the child begins school, **a member of educational staff will become their named person.**

2.14 When a concern begins to emerge about a child, this should be shared with the named person at the earliest opportunity. The named person will be in a position to review other information known about this child and help inform decision making about any required action.

2.15 Practice Points

When deciding whether a child may need help, services should consider the following questions:

1. Are there any factors which make the child(ren) particularly vulnerable? For example, the child might be very young, or has other 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 risks to the child?

2. How does the child's health and development compare to that of other children of the same age in similar situations?

3. 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 children to school?

4. How much money does the family spend on alcohol/drug use? Is the income from all sources presently sufficient to feed, clothed and provide for children, in addition to obtaining the alcohol/drugs?

5. Do the parents perceive any difficulties, and how willing are they to accept, help and work with professionals?

6. What arrangements are there in place for the child(ren) when the parent goes to get illegal drugs or attends for supervised dispensing of prescription drug(s)?

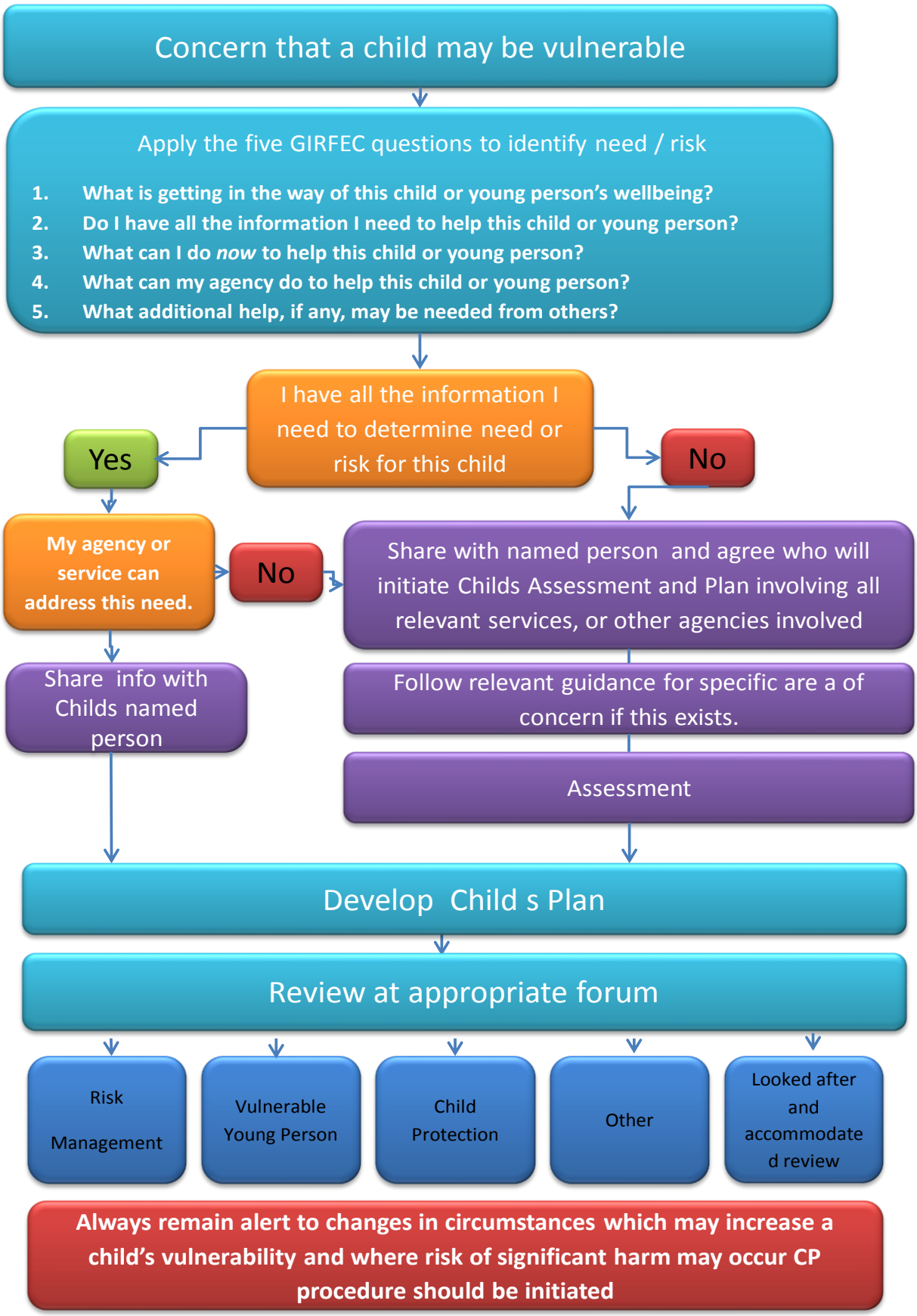
7. Do parent(s) think their child knows about their problematic alcohol or drug use? How do they know? What does the child/other family members think?

8. Do the parent(s) maintain contact with services? Who will look after the child(ren) if the parent is arrested or is in custody?

2.16 What should I do if I am worried or concerned about a child or young person?

- **Doing nothing is not an option** – do not delay unnecessarily;
- Do not assume someone else will do something – they may not;
- Always act in the best interests of the child or young person – their *wellbeing* [8] is paramount and your responsibility;
- Ensure the child or young person is seen and they are safe;
- Note and accurately record the exact nature of your worry or concern;
- Follow your own service and/or agency child protection procedures;
- Alert your Line Manager/Supervisor – in their absence a Trusted Colleague;
- Share your worry or concern with them – discuss and agree a course of action and follow it;
- Make contact with the child or young person's Named Person[9]; discuss and share your worry or concern; agree a course of action – single agency or multi-agency and follow it;
- Make sure you speak with colleagues in other relevant service and/or agencies – including children's services (education and social work), adult services (including drug and alcohol services, housing services and criminal justice services) – it is important you have a full holistic picture of what is affecting the child and the whole family unit;
- Share and exchange information with other practitioners, services and/or agencies who may also be involved with the child and family.

[8] http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright
[9] http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/named-person


Concern that a child may be vulnerable
Apply the five GIRFEC questions to identify need / risk
1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do *now* to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?
I have all the information I need to determine need or risk for this child
Yes
No
My agency or service can address this need.
No
Share with named person and agree who will initiate Childs Assessment and Plan involving all relevant services, or other agencies involved
Share info with Childs named person
Follow relevant guidance for specific are a of concern if this exists.
Assessment
Develop Child s Plan
Review at appropriate forum
Risk Management
Vulnerable Young Person
Child Protection
Other
Looked after and accommodated review
Always remain alert to changes in circumstances which may increase a child's vulnerability and where risk of significant harm may occur CP procedure should be initiated

Practice Point

All child and adult services also share responsibility for identifying Adults At Risk of Harm and for ensuring that an appropriate Adult Support and Protection referral is made for any adult who is suspected to be an Adult At Risk of Harm under the Adult Support and Protection Act.

Adults at Risk of Harm may be the person affected by problematic alcohol and/or drug misuse themselves or could be any other adult (i.e. person over the age of 16 years) living with or having a connection with the family.

Practitioners must ask themselves this question:
Do any of the young people or adults meet the criteria for an Adult Support and Protection referral?

All practitioners are responsible for ensuring they are familiar with the paperwork and know the process for making an Adult Support and Protection referral to Social Services in North Ayrshire.

Further information on Adult Support and Protection, including how to make a referral can be found here:
http://www.north-ayrshire.gov.uk/resident/health-and-social-care/adults-and-older-people/adult-support-and-protection.aspx

Section 3: Unborn children

Key Messages from National Guidance

- Pre-conception and pregnancy are the earliest, and most critical, of the stages at which services can put in place effective interventions that will prevent long-term harm to children and families.

- Women and their partners are often incentivised to improve their problematic drug and alcohol use when either trying to conceive or are about to become parents.

- 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).

Guidance for Staff in North Ayrshire

3.1 Any member of staff who becomes aware that a service user is using alcohol or drugs while pregnant must share this information in accordance with their organisations child protection procedures. Whilst most referrals of unborn children are made by midwifery services, there are situations of concealed pregnancy, late presentation or non engagement with health services that may mean staff from another agency become the first to be aware of these risks to an unborn baby. Therefore, all staff share responsibility for sharing concerns about unborn children with social services as part of their child protection procedures.

3.2 Midwifery services assume the role of named person for unborn babies and babies up to 10 days old and they provide a range of health care, advice, education and support aimed at addressing key health and lifestyle issues such as nutrition, obesity, smoking, alcohol and substance misuse. Where there are risks to the unborn baby and a multi agency plan is required to protect the unborn baby, the midwife will be the lead professional.

3.3 To improve the life chances of babies where women and/or their partners are affected by adversities, such as substance misuse, domestic abuse and mental health, they are referred to Vulnerable Family Midwife (VFM) who provide specialist intensive care and support thus

maximising the opportunity to ensure every newborn baby is discharged into a safe and nurturing home environment.

3.4 The High Risk Pregnancy Protocol detailed below is the mechanism through which risks to unborn babies are identified and responded to.

3.5 NHS Ayrshire & Arran Maternity Services have adopted the 'No Alcohol, No Risk' message in pregnancy and introduced the use of Alcohol Brief Interventions by Midwives and Maternity Care Assistants for women who report continuing use of alcohol when pregnant.

3.6 A screening tool was devised for NHS Ayrshire & Arran and initially asks the drinking pattern for the 3 months prior to the screening. This gives a picture of normal drinking behaviour and has been adopted nationally as a Quality Measure for the Maternity Framework. An Alcohol Brief Intervention is delivered for all women who have consumed alcohol since conception.

3.7 A care pathway is currently being piloted to provide follow up care for pregnant women who have screened positive for alcohol use in early pregnancy. Women who drink > 14 units per week are followed up by Specialist Midwife (alcohol) for further assessment. Sign-posting to other services will happen at this stage. The aim of this care pathway is to provide follow on care for women who drink to hazardous levels but fall below the criteria for HRP protocol. Referral via HRP protocol if there is any evidence of alcohol dependence.

3.8 Since April 2012 the North Ayrshire Alcohol and Drug Partnership has joint funded the Substance Misuse Midwife (alcohol) Post. This midwife works across the agencies to provide leadership in education, training and continuing professional development for differing staff groups in relation to the management of alcohol use in pregnancy.

3.9 At 11 days old; the care of every baby is passed to a named health visitor who assumes the role of the named person and will provide care in accordance with the Universal Care Pathway for 0-3 years. The baby's needs are assessed at key intervals, or in response to needs, and evidence based anticipatory guidance, health promotion/improvement information is given.

3.10 Intensive support to all first time teenage mothers (aged 19 and under) is based on a therapeutic strengths model, to improve child and maternal outcomes, this is provided through the Family Nurse Partnership Programme.

3.11 **Neonatal Abstinence Syndrome (NAS)**

NAS is the most commonly reported adverse effect of drug misuse in pregnancy. There are policies within the Ayrshire Maternity Unit, which address the appropriate management of these babies and facilitate the optimum outcome for mother and baby.

Neonatal withdrawal symptoms vary in onset, duration and severity. Some babies can be very unwell for days or weeks and can require close observation and special medical and nursing care. NAS can also have an impact on attachment, parent-infant interactions, and the infant's longer-term growth and development.

NAS is characterised by central nervous system irritability, gastro-intestinal dysfunction and autonomic hyperactivity.

The following signs and symptoms have been reported in **babies born to opiate and benzodiazepine dependent women** (including poly-drug users) and describe the more severe range of symptoms that a baby might display. Babies can present with these symptoms shortly after birth or in some cases at 5-10 days and the duration of symptoms can be varied. Symptoms are not directly linked to the frequency or dosage of substance/s taken by the mother throughout her pregnancy.

Baby withdrawal symptoms include:

- High pitched crying
- Hyperactivity
- Irritability
- Tremor
- Feeding difficulties
- Sleeping difficulties
- Vomiting and/or diarrhoea
- Excoriation
- Mottling
- Poor weight gain or weight loss

3.12 Foetal Alcohol Spectrum Disorder

Alcohol consumption during pregnancy can affect the child's health and development in a number of ways. There is currently only limited evidence on the prevalence of Foetal Alcohol

Spectrum Disorder (FASD). However, it is known that a baby affected by maternal alcohol use during pregnancy can be born with FASD which describes the range of effects associated with a baby exposed to excessive alcohol in the womb.

FASD can resemble other conditions and is difficult to diagnose. As a result, the number of children in the UK with FASD is not accurately known but it is estimated that FASD occurs in as many as 1 in 100 live births.

Infants and children with FASD can be particularly challenging to care for as the condition is irreversible. Any effects are lifelong. Children with FASD display a variety of effects ranging from learning difficulties, having poor social and emotional development, hyperactivity and attention disorders, having difficulty understanding rules, cause and effect, receptive and expressive language, and problem solving and numeracy.

The advice from Scotland's Chief Medical Officer is that it is best to avoid alcohol completely during pregnancy as any alcohol drunk while pregnant will reach the baby and may cause harm. Women who are trying to conceive should also avoid drinking alcohol. There is no 'safe' time for drinking alcohol during pregnancy and no 'safe' amount.

As part of the 2013 Alcohol and Pregnancy Project, North Ayrshire Alcohol and Drug Partnership jointly funded a multi-disciplinary learning event on 3rd October 2013: '*Fetal Alcohol Spectrum Disorder: What it means for Social Care and Education'.* The event was organised as a tool to enrich the prevention messages in relation to alcohol and pregnancy. Practitioners who work with the public irrespective of profession can play a strong role in influencing the knowledge, attitudes and behaviours of individuals and for the prevention message to be strengthened rather than diluted, it is important that the multi-agency staff understand the link between alcohol consumption during pregnancy and the risk of FASD. A whole day FASD training is being developed in response to the evaluation of the learning event in October.

3.10 Blood-borne viruses

Injecting drug use is associated with an increased risk of blood-borne virus infections e.g. HIV, hepatitis B and hepatitis C. HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). Hepatitis B and hepatitis C are viruses which affect the liver, people with long-term infection are at increased risk of serious liver disease and cancer.

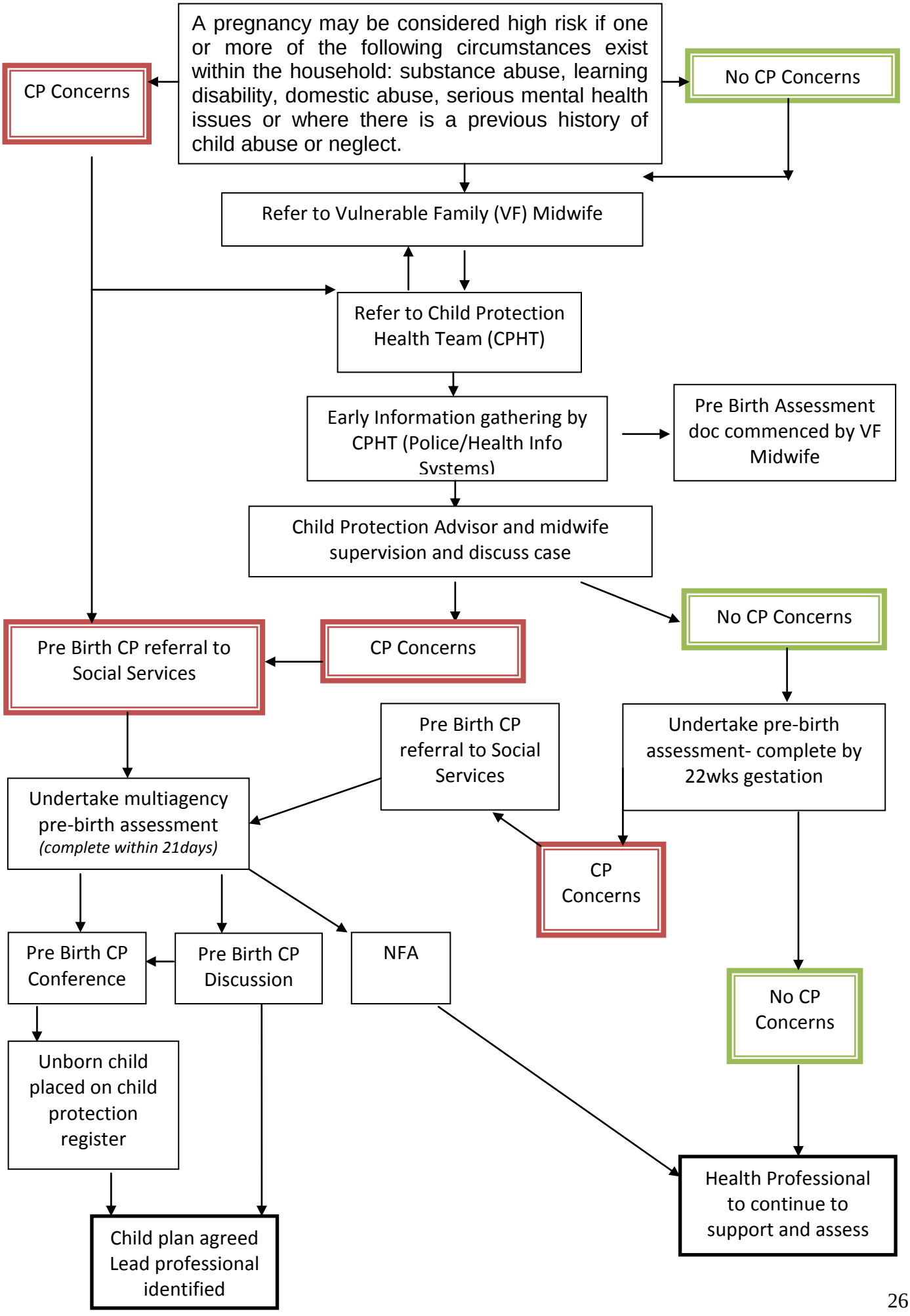
Children can be at risk of blood-borne viruses through: mother-to-child transmission (during pregnancy, childbirth and breastfeeding); 'household contact' (i.e. living with adults or other

children who are infected with blood-borne viruses where sharing of items such as razors and toothbrushes may take place, or blood-to-blood exposure is possible); and accidental injury involving used injecting equipment: e.g. a needle-stick injury**.**

Practice Point

Some women do not disclose problematic use of alcohol and/or drugs during pregnancy even when asked directly. This is due to a number of factors, but particularly the stigma associated with this behaviour and fear of child protection intervention. Therefore, on occasion the presentation of new born babies gives rise to concern about parental alcohol and/or drug misuse and action should be taken at this point by contacting the Child Protection Advisor for NHS Ayrshire & Arran.

High Risk Pregnancy Protocol



Section 4: Information Sharing, Confidentiality and Consent

Key Messages from National Guidance

- Information gathering, sharing and exchanging [10] is not a *one-off event* – but a continual process.
- Share what you consider only to be *necessary, legitimate, appropriate* and *proportionate* – on a *need-to-know basis* only.
- Keep in mind your duty of care and the Common Law and Statutory Obligations of Confidence[11].
- Confidentiality is not an absolute right – never promise that - be aware of the constraints and limitations of confidentiality. Acting in the public interest can be a defence to an accusation of breach of confidence – but this must be justified.
- Always share your worry or concern with the child or young person's named person.
- Consider the alternatives and/or implications of not sharing information.
- Personal Information is defined as Personal Data per Part I Section I of the Data Protection Act 1998[12].
- Sensitive Personal Information is defined as Sensitive Personal Data per Part I Section 2 of the Data Protection Act 1998[13].
- Schedule 2[14] and Schedule 3[15] of the Data Protection Act 1998[16] describe clearly in what circumstances you can share information.
- Legislation provides you with a legal framework within which information can be shared; helps you to weigh up the benefits and risks; and is based upon common sense principles.
- Consent should be informed, explicit and unambiguous – implied consent is not enough.
- Children and young people, subject to their age and developmental capacity, can provide consent, if consent is necessary.
- Consent must always be recorded.
- Do not seek consent in situations where you are likely to share information in any case – e.g protecting the *wellbeing* of a child or young person.

[10] For the purposes of this Practitioner's Guide, Information Sharing should be widely defined and interpreted as sharing and/or seeking and/or exchanging personal information and/or sensitive personal information in keeping with the Schedule 2 and Schedule 3 of the Data Protection Act 1998

[11] http://www.scotland.gov.uk/Publications/2004/10/20158/45774
[12] http://www.legislation.gov.uk/ukpga/1998/29/section/1
[13] http://www.legislation.gov.uk/ukpga/1998/29/section/2
[14] http://www.legislation.gov.uk/ukpga/1998/29/schedule/2
[15] http://www.legislation.gov.uk/ukpga/1998/29/schedule/3
[16] http://www.legislation.gov.uk/ukpga/1998/29/contents

Key Practice Point: Information Sharing

It is a common misconception that data protection legislation prevents you from sharing personal information and in some cases sensitive personal information.

Nothing whatsoever, in Scottish, UK and/or European Law and/or in the Scottish child protection legislative, policy and/or practice environments prevents you from sharing personal information and in some cases sensitive personal information where you are worried or concerned about a child or young person's wellbeing. On the contrary, you are, within certain limitations and constraints, empowered to do so.

Key Practice Point: Confidentiality

Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the Act in such circumstances.

It is very important that the practitioner uses all available information before they decide whether or not to share. Experience, professional instinct and other available information will all help with the decision making process as will anonymised discussions with colleagues about the case.

If there is any doubt about the wellbeing of the child and the decision is to share, the Data Protection Act should not be viewed as a barrier to proportionate sharing.

Key Practice Point: Consent

Consent should only be sought when the individual has a real choice over the matter.

If you have a genuine, professional concern in relation to a child or young person's wellbeing that you believe must be shared with another service, agency and/or practitioner with or without consent, there is no requirement to seek consent and you should rely on one of the other conditions for processing as outlined in Schedule 2 or Schedule 3 of the Data Protection Act 1988.

In such cases, where information will be shared, consent should not be sought, as to do so would give the subject (child or young person and/or their parents/carers) a false belief that they can control the decision, which they cannot.

Key Practice Point: Adult Support and Protection

The Adult Support and Protection (Scotland)Act 2007 places a duty of cooperation on public bodies and office holders to cooperate with a council making enquiries in relation to an adult support and protection referral and with each other where such cooperation is likely to enable or assist the council making those inquiries.

Guidance for Staff in North Ayrshire

4.1 There is a difference between (a) seeking consent to share information and (b) ensuring service users are fully aware of the information that is gathered and recorded about them, and how this information will be used.

4.2 Seeking consent to share information is applicable in certain circumstances. See section above.

4.3 Ensuring service users are fully aware of the information that is gathered and recorded about them, and how his information will be used, is the responsibility of ***every*** service in ***every*** circumstance.

4.4 Talking to service users about information held and how it will be used should routinely form part of the initial engagement processes whereby the service is explained. It should be revisited at certain stages, such as a review of the service provided.

4.5 To help ensure service users fully understand the explanation, examples should be given. These should include things like:

- *X has been recorded on your notes and we are using this to work out the right treatment programme for you.*
- *Y has been recorded on your notes because you have childcare responsibilities towards Y and we will take your childcare responsibilities into consideration when agreeing the best treatment programme for you.*
- *Z has been recorded on your notes because this is a concern we have about Y and we will share this information to ensure Y is safe.*

4.6 There are information sharing protocols and associated guidance in place within and across services in North Ayrshire. Ensure you are familiar with the information sharing guidance for your particular service and that you know where to seek additional guidance or clarity if required.

4.7 Modelling effective information sharing practice goes a long way in building and maintaining professional trust within and across services. This is built upon good practice principles which include:

1. Be as specific as possible when contacting another professional to request information.
2. When asked to provide information, do so promptly, sharing information which is necessary, legitimate, relevant and proportionate.
3. Record the reasons why you are sharing information and/or not sharing information.
4. Keep all information safe and secure at all times – use secure email, ensure the identity of the person with whom you are communicating.
5. Ensure information is accurate. If errors are identified, ensure you amend information so that it is accurate. Regularly review the information you have about a service user to ensure it is accurate.

Useful Links

Information Commissioner's Office (ICO) Letter of Advice 2013[17]
Scottish Government GIRFEC Programme Board Letter of Advice 2013[18]
Scottish Government GIRFEC Bulletin Issue 2013[19]
Ayrshire Information Sharing Protocol[20]
North Ayrshire Information Sharing Booklet for Practitioners[21]
North Ayrshire Information Sharing Leaflet for Parents[22]
North Ayrshire Information Sharing Z-card for Children and Young People[23]

[17] http://www.pkc.gov.uk/CHttpHandler.ashx?id=19613&p=0

[18] http://www.pkc.gov.uk/CHttpHandler.ashx?id=19612&p=0

[19] http://www.pkc.gov.uk/CHttpHandler.ashx?id=20961&p=0

[20] http://www.girfecna.co.uk/admin/uploads/downloads/ISP.pdf

[21] http://www.girfecna.co.uk/admin/uploads/downloads/Info%20Sharing%20Practitioner%20Booklet.pdf

[22] http://www.girfecna.co.uk/admin/uploads/downloads/Info%20Sharing%20Parent%20Leaflet.pdf

[23] http://www.girfecna.co.uk/admin/uploads/downloads/Info%20Sharing%20z-card.pdf

Section 5: Assessing Risks, Planning and Improving Outcomes

Key Messages from National Guidance

- When looking at the parent's alcohol and/or drug use, do so from the perspective of the child or young person and the impact that may have on their well-being.

- Keep your focus consistent with the GIRFEC Practice Model[24] in particular the Wellbeing Indicators[25]; the My World Triangle[26]; and the Resilience Matrix[27]. The National Risk Framework in Part II of this document will assist you.

- Assessment is a continuous process, not a one off event; ensure it takes account of changing circumstances.

- Concerns can reduce over time and can also increase. Equally changes in family circumstances can strengthen or limit protective factors. Assessment needs to be a flexible and ongoing process.

- Assessments must be evidence-based; comprehensive and strengths-based.

- Involve children and their parents to maximise the overall opportunity of recovery – ensure that their voices are heard, listened to and respected.

- Work to build and sustain trusting and honest relationships with the child and family – always work in partnership with them.

- Be aware of hostile and/or non-engaging parents and carers and ask yourself why resistance may have developed.

- Keep in mind there are critical and difficult points such as – detoxification; relapse; discharge; hospitalisation; blood testing; imprisonment and these must be carefully assessed.
- Equally important are the continuing challenges in the recovery journey such as creating a new identity; dealing with stigmatism; repairing familial and social relationships; building new routines; reintegration into positive community life; and managing recovery on a day

[24] http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/national-practice-model
[25] http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/well-being
[26] http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/national-practice-model/my-world-triangle
[27] http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/national-practice-model/resilience-matrix

to day basis. These must be taken into consideration in on-going assessment, planning and support for the family.

- Child Plans must focus on the child or young person'swell-being; they must be SMART; outcome focussed; specify clear timescales and/or milestones; regularly reviewed and must include contingency planning.

- Parents involved with addiction services will have their own plan of treatment/support. The parents plan and the child's plan must be considered together.

- A parent's recovery may not match the needs of the child. Some parents may not be capable of recovery within a timescale that meets the needs of their child.

- Any withdrawal of services must be planned and/or coordinated; practitioners providing support must be involved in that decision making process and the consequences of any withdrawal of support carefully considered beforehand;

- Withdrawal of treatment services can have a negative impact on parenting capacity;

- In trying to effect positive change and/or improvement remember the need for – engagement; stickability; relationships; support; trust; honesty; empowerment; self-determination;

Overall, services need to work together to gather and analyse information about:

- The child's age and stage of physical, social and emotional development
- His or her educational needs
- The child's health and any health care needs
- The child's safety while adults are using drugs and alcohol
- The emotional impact on the child of frequent or unpredictable changes in adults mood or behaviour, including the child's perception of parents' alcohol and/or drug use
- The emotional impact on the child and family of a parent diagnosed with a blood-borne virus infection, including the impact of changes in the adult mood and health upon commencement of anti-viral therapy as part of a parent's treatment regime for a blood-borne virus
- The extent to which parental alcohol and/or drug use disrupts normal daily routines
- Unknown dangerous adults

Guidance for Staff in North Ayrshire

5.1 The framework to be utilised by all staff in assessing a concern about a child or young person is the ***National Risk Framework to Support the Assessment of Children and Young People*** which was published by the Scottish Government in December 2012.

5.2 The National Risk Framework (NRF) is based on the GIRFEC Practice Model and as such it encompasses the Well-being Wheel, the My World Triangle and the Resilience Matrix. It includes sets of risk indicators to guide staff in the collection and analysis of information, some supporting tools, and it facilitates a structured approach to risk assessment, analysis and planning.

5.3 Levels of familiarity and experience with the NRF and associated tools will vary considerably across staff groups. This should not cause anxiety. Every staff member involved with a family will be able to contribute to an assessment. Staff who may undertake the particular roles of "Named Person" and "Lead Professional" are expected to access the available training and support necessary to equip themselves with the knowledge and skill to lead in undertaking an assessment using the NRF. These staff will support colleagues contributing to assessments by being clear about information required to aid assessment and ongoing dialogue and discussion to analyse the information provided.

5.4 The full National Risk Framework can be accessed at:
Scottish Government National Risk Framework[28]

5.5 Local practice guidance and practitioner templates for the NRF in North Ayrshire are located in Part II of this document and can be found on the Child Protection Committee website.

5.6 Staff in some services will have specialised assessment tools. These should continue to be used according to their organisation's guidelines and such specialist assessments can be fed into the Child's Plan.

5.7 For children affected by their parent's problematic alcohol and/or drug misuse, it is expected that there will be a joint assessment of their risks and needs conducted by their named person or lead professional jointly with addiction services staff.

[28] http://www.scotland.gov.uk/Publications/2012/11/7143

5.8 Practitioners should work collaboratively and have clear roles and responsibilities in terms of reporting on outcomes of assessments.

5.9 Any child with an identified need/risk, regardless of the route by which such needs/risks are identified, will have a plan which details how the need/risk will be addressed, what the roles and responsibilities are of all involved and what the anticipated outcomes are for the child.

5.10 In North Ayrshire, the document which contains this information is generally called, the Child Assessment and Plan (CAP). In some processes, such as child protection, looked after and accommodated and problematic sexual behaviour, the wording is slightly different but all essentially refer to a **Child's Plan**. This replaces previous terminology which referred to "care plan".

5.11 The Child's Plan is the vehicle through which support and intervention aimed at improving outcomes for the child or young person is delivered.

5.12 All Child's Plans should be designed in a SMART way, with specific outcomes for the child, (derived from the well-being indicators) and based on the assessment of need and risk.

5.13 As assessment is an ongoing dynamic process, the Child's Plan should be regularly reviewed to ensure progress is being made towards achieving the outcomes for the child, to amend the support and intervention if necessary and to address any barriers to progress. Reviewing the Child's Plan is a critical process and it is vital that all involved contribute to this review.

5.14 Adult Services staff, including addiction services staff, should routinely contribute to the development, implementation and review of any Child's Plan when they are involved with that child's parent or carer.

5.15 This involves providing written and verbal reports when requested and attending multi-agency meetings to actively contribute to decision making processes.

5.16 To aid understanding of the needs and risks for children with parents with problematic alcohol and/or drug misuse, addiction services staff are expected to bring their expertise to meetings about children.

5.17 Similarly, to aid in a parents recovery, children's services staff are expected to bring their expertise to meetings about parents.

5.18 Substance use and misuse is a recognised relapsing condition. All staff working with families affected by problematic alcohol and/or drug misuse must recognise this and take this into account both in planning for the child and in planning for the adult. In cases where lapse or relapse occurs, assertive relinkage to support services and strategies may be required.

5.19 Workers need to be aware of and apply the methodological approach within Cycle of Change (Prochaska and Diclemente, 1982) and engage with adults within the opportunities that this presents to improve outcomes for children. The Cycle of Change is part of the National Risk Framework and assistance in respect of this can be found in Part II of this document.

5.20 A whole family approach is essential. The needs of parents with addiction issues need to be understood in the broader sense. What are the issues they are facing? Who is involved in the parent's recovery? And in the parents wider networks?

5.21 Helping parents should be viewed as an integral aspect of helping a child.

5.22 Understanding "What works" with adults who misuse substances will play a critical role in a successful Child's Plan.

5.23 Parents have their own care plan and need to clarify they are engaged with specialist services as without such structured help, we won't achieve positive outcomes for children

5.24 Practitioners must ensure that parallel planning is in place with/and for adults. Does the adult have a care plan? Are they engaging with this plan? Who is responsible for monitoring? And if there is no specialist addiction worker one should be appointed.

5.25 Part II of this document contains the Parenting Capacity Assessments routinely undertaken by North Ayrshire Council Addiction services to ascertain the level of risk and need and the impact on children from parental substance use. This is an essential tool in terms of collaborative and parallel care planning.

5.26 Practice Points

Throughout their involvement with families in which parents have alcohol and/or drug use problems, all services should continually consider:

A - the extent to which parents may try to conceal their illegal drug taking/harmful drinking from services because they fear the negative consequences, and;

B - how difficult parents may find it to change their alcohol and/or drug use and associated behaviours despite those negative consequences.

Services should acknowledge with parents that they recognise these factors and continually test the accuracy of information provided.

Parents may also find support and advice about their parenting, and possible risks to their children, difficult to accept.

Professionals should be open about these difficulties and talk to parents about the importance of tackling problems early on.

5.27 Looked after children

Evidence shows that children affected by parental problematic alcohol and/or drug use are more likely to experience repeated separation and multiple care placements. In these circumstances the local authority should make early contingency plans to reduce the length of time that children may drift in substitute care under uncertain plans. This requires effective communication between services.

5.28 Practice Points

If assessment indicates that a child is at risk in the care of a parent using alcohol and/or drugs, the child's social worker should consider the following:

- The needs of the child and how these might best be met. This should include an assessment of family ties and support for the child and while family members may be the most appropriate carers for the child, either alone or in partnership with others such as foster or respite carers.

- In consultation with specialist alcohol or drugs agencies supporting the parents, the local authority should determine a realistic timescale in which problematic alcohol or drug using parents should stabilise and reduce alcohol intake or drug misuse, agreed wherever possible with parent(s).

- If the parent(s) fails to make demonstrable progress within this period the services should consider referring to the Reporter or requesting a review hearing if the child is already subject to a supervision requirement.

- If a child is placed in substitute care more than twice in one year because parents' problematic alcohol or drug use makes them unable to look after that child safely the local authority should refer to the Reporter or request a review hearing if the child is already subject to a supervision requirement.

5.29 Optimum care for children is not only a matter of finding the right placement and ensuring safety and stability. Children, parents and other family members will need help to come to terms with trauma and parenting failure, and to repair relationships, whatever the eventual outcome.

5.30 Where the Child's Plan indicates a planned return home, contact should be frequent and regular, with minimal restriction.

5.31 Parents may need help in managing periods when the child is in care, for example, in forming positive relationships with foster carers, or help in adjusting to the child's return home and taking up the primary parenting role once more. When parents' problems do not improve, contact may be difficult for both child and parent to keep up, and it may become a source of disappointment and perceived failure for both.

5.32 The child's social worker should explore honestly and carefully with parents what they feel able to undertake, and help, both parents and children to repair relationships and/or relinquish contact as gently as possible. The parent(s) may need help to present their views and wishes to the local authority, and may look to trusted workers in their alcohol or drugs related services for additional support.

5.33 When a parent is not able to resume care of their child they will need help and counselling to come to terms with this. The local authority responsible for the placement of the child should provide or arrange this through the social work service or another agency.

5.34 The loss of their child, whether to foster or adoptive carers or extended family (kinship care), may exacerbate or intensify a parent's problematic alcohol or drug use. 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.

5.35 Some parents may quickly have another child, exposing themselves and their new baby to the possibility of further trauma and harm. These parents will need careful assessment and intensive help if they are not to repeat their pattern.

5.36 **Adult Support and Protection**. All staff across services must be aware of their responsibilities in relation to any adult they come across in the course of their work, being an adult at risk of harm. Adults at risk of harm may not necessarily be someone with whom the staff member is involved. For instance, they could be a young person (aged over 16 years) or adult (including, for example elderly neighbours or relatives) connected to the household.

5.37 For more information on adult support and protection in North Ayrshire: http://www.north-ayrshire.gov.uk/resident/health-and-social-care/adults-and-older-people/adult-support-and-protection.aspx

Section 6: Working Together (Children's Services and Adult Services)

Key Messages from National Guidance

- Problems in alcohol and/or drug using families are often complex and cannot be resolved by one service and/or agency alone.

- Determining the degree of risk requires good inter-agency communication and collaboration between all services and/or agencies.

- Effective collaboration and coordination between children's services and adult services is vital to ensure needs and risks are identified and addressed.

- A joint approach between children's services and adult services ensures a *whole system* and *whole family approach* is taken to meet the wider needs of the child and family in overall therapy, support and recovery.

- Working together means breaking down barriers, building mutual respect and trust and seeing it from each other's perspective. We share the responsibility to build and maintain effective working relationships with each other and with the family.

- Regardless of issues of power, control, status and hierarchy, the focus must remain on the needs of the child and family.

- Effective partnership working is an underpinning principle of GIRFEC – which has a focus on early, proactive and proportionate interventions which are supportive.

Practice Points

Failure to keep appointments by families – or a proposal to withdraw a specific support service – should always be communicated to the Named Person and/or Lead Professional.

Any changes to a parent/carers presentation (including significant changes to prescribed medications) which would impact on the individual's ability to parent (and therefore has the potential to impact on the child's well - being) must be communicated to those involved with the family, especially the Named Person and/or Lead Professional

Guidance for Staff in North Ayrshire

6.1 Services across North Ayrshire are undertaking a transition to become recovery orientated and progressing towards forming a recovery orientated system of care (ROSC).

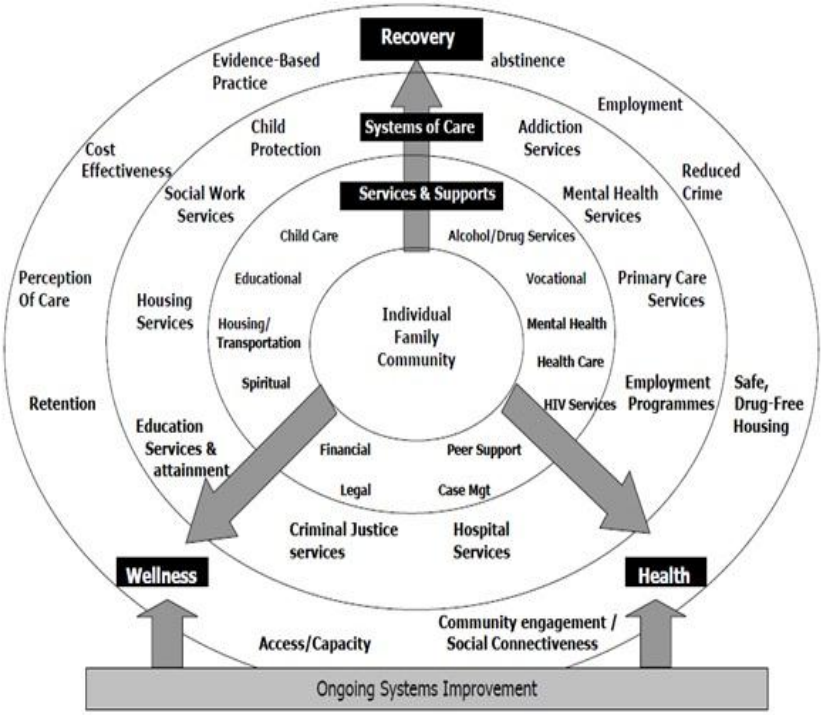
6.2 The ROSC supports *person-centred* and *self-directed* approaches to care that build on the *strengths* and *resilience* of individuals, families, and communities to sustain *personal responsibility, health, wellness and recovery* from alcohol and drug problems. This is done by providing a *comprehensive menu of services* and supports that are neither linear nor sequential and can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery. The experiences of those in recovery and their family members contribute to the ongoing process of systems-improvement.

6.3 The ROSC focuses on *collaboration,* rather than *hierarchy* between professional and client, is anchored in the community and is informed and underpinned by evidence and research.

6.4 The strategic vision for North Ayrshire is:-

- Recovery is possible and at the centre of all services we provide.
- People will own their own recovery and service staff will facilitate their recovery journey.
- People in recovery will support others along the path to recovery.

This is represented in the diagram below:



6.5 The main aim of services working within a ROSC is to support the development and growth of ***recovery capital***. Recovery capital is the collective internal and external resources someone can call upon to initiate and sustain recovery from alcohol and other drug problems (Granfield and Cloud, 2008), and has been shown to be the best predictor of successful recovery from these problems (Best et al., 2010).

6.6 Local research has shown that the level of recovery capital an individual possesses can have a direct impact on the severity of their alcohol and other drug problems (Burns and Marks, 2013).

6.7 Internal recovery capital can include self -esteem, self -efficacy, hope, motivation and physical and mental health while external recovery capital may include finances, housing, access to transport, familial support and opportunities for education, employment and training and recovery conducive social networks. These are only an indication of what can constitute recovery capital, essentially any asset, strength and protective factor which can support the initiation and maintenance of recovery.

6.8 Harnessing recovery capital and using this to meet the outcomes in parent's care plans is fundamental to a successful whole family approach to working with children and young people affected by problematic parental alcohol and/or drug misuse.

6.9 All addiction services commissioned by the North Ayrshire Alcohol and Drug Partnership have been trained in an assessment tool to measure recovery capital and this method of assessing and supporting individuals will continue to roll out and become increasingly embedded in practice.

6.10 Research indicates that a practitioner's competency in Motivational Interviewing skills will have a beneficial impact on service user outcomes. Those working within adult and childcare settings will benefit from exposure to skills development within this framework.

6.11 Cognitive Behavioural Therapeutical (CBT) approaches can be very beneficial in facilitating short term changes. They have a reduced impact in relation to the complex need.

6.12 Evidence indicates that CBT, Motivational Enhancement Therapy and 12 Step Approaches (Alcoholics Anonymous, Narcotics Anonymous) can be equally effective in supporting the initiation and sustainment of recovery (Project Match, 1994).

6.13 Long term sustainable change will be best achieved through the formation of a therapeutic alliance which sees the practitioner demonstrate and applying core skills including acceptance, congruence, empathy, reflective listening and a non-judgemental approach.

6.14 The framework offered by Relapse Prevention will sustain many service users in their recovery. This should be revisited as opportunities present throughout the duration of supportive contact with adults.

6.15 In North Ayrshire, the two key addiction services – North Ayrshire Council Addiction Services and NHS Ayrshire & Arran Addiction Services are co-located at Caley Court in Stevenson.

6.16 Co-location brings additional opportunity for the sharing of knowledge, skills and expertise across both groups of staff.

6.17 There are strong links between these services and other key services including Social Services Child and Family Fieldwork, Social Services Child and Family Specialist Support and the Vulnerable Family Midwifery Service.

6.18 There are a number of other organisations delivering services to families in North Ayrshire affected by problematic alcohol and/or drug misuse. Detailed information on these services can be access via www.naadp.com

6.19 North Ayrshire Council Addiction Service

North Ayrshire Council Addiction Services (NACAS) offers a range of person centred, psychological and social interventions, to individuals and families. These offer harm reduction support, to reduce, abstain, and maintain long term behavioural change for and with those affected by substance use and addiction.

NACAS is committed to supporting individuals to initiate and sustain recovery from problem alcohol and substance use, offering a menu of treatment options predominantly psychosocial in perspective; in an empowering, person centred and socially inclusive way, delivering on recovery outcomes which benefit individuals, families and communities.

In 2013/14, 78% of referrals concerned drug use with the remainder of referrals for alcohol. Opiate, benzodiazepines, cannabis, amphetamine substance use were the dominant substances across all referrals. Poly drug and alcohol use is the most characteristic profile of individuals presenting for support. **This baseline profile for North Ayrshire is generally typical and representative of the national Scottish profile.**

Responding to need by:

- Completing Parenting Capacity Assessments to help inform risk assessments and children's plans. 63% of all parents on caseloads had a Parenting Capacity Assessment completed in 2012/13
- Setting targets and developing electronic systems to complete 100% of Parenting Capacity Assessments by 2013/14
- Offering parents the opportunity to participate in Parenting Groupwork
- Four Addiction Staff trained to deliver Mellow Parenting Programmes
- All Addiction Staff have completed Solihull training
- Getting Our Priorities Right briefings attended by all Addiction Staff
- GIRFEC briefings and incorporation of these principles into assessment and direct interventions with families
- Developing gender specific and sensitive interventions which take account of barriers to women accessing services and seek to include female service users
- Nine female service users are now participating in Peer Research training being delivered by Scottish Drug Forum
- Working in partnership with NHS Midwifery and seeking to develop better responses to pregnancy, maternal health and infant outcomes
- Co-delivery of Antenatal Group to pregnant women
- 90% service users are visited in their own homes
- Care Plans and Assessments are recovery focused, with clear outcomes and are inclusive of service users views
- Cognitive Behaviour Therapy approaches are, as standard, the core approach, with motivational interviewing to enhance the impact of support

Outcomes:

- Improved family functioning
- Improved identification and earlier intervention for parents and children
- Reduce the impact and harm of substance use on family members

Thematic Groupwork has been delivered in the following areas

Theme	Outcome/Achievement	Number of Participants
1. Women's Group	Empowering gender specific recovery support.	22
2. Relapse Prevention Group	Enhanced self-awareness, self-management and CBT tool kit use.	34
3. Arts and Creative Group	Improved confidence, self-expression and enhanced social functioning.	14
4. Anxiety Management Group/Live Life to The Full	Promote well-being and use of self regulatory techniques and tools.	30
5. Womens Gym/Gym/ Fitba4u/Football	Participate in physical exercise to support improved mental, physical health and social functioning.	20
6. Parenting Group	Promote positive parenting within a safe setting utilising both a programme approach and peer support.	20
	Total	140

Active Recovery

There is a strong evidence base which is suggestive that involvement in physical activities robustly supports, and as part of person centred care planning, can be part of treatment which sustains recovery from substances. In 2012/13 the range of provision available as part of Active Recovery has continued to be developed, including: -

- Allotment site development led by Addiction Support Worker and attended by a core group of 6 service users
- Fitba4U continues to be co-delivered with partners in Homeless Services and is consistently attended by around 15/20 individuals
- Women's gym participants completed the Great Scottish Run
- Women's Group participated in the Race For Life

- Twice weekly gym sessions supported by staff are attended by around 8 service users per session
- In 2012/13 five service users attended college and two secured employment
- Around 50 referrals were generated to Lookahead Employability Service for those seeking support

6.20 NHS Ayrshire & Arran Addiction Service

Within NHS Addiction Services adults are supported to tackle addiction issues and services collate information about parenting responsibilities and capacity and share this with the named person or lead professional.

When a parent accesses Addiction Services, at assessment, even if no concern is identified for the child, consent is sought to share information with the child's named nurse. If a concern for the child's well - being is identified, consent to share information is not required and staff notify the child's named nurse to obtain additional support for the child.

Any changes to a parent/carers presentation (including significant changes to prescribed medications) which would impact on the individual's ability to parent (and therefore has the potential to impact on the child's well - being) must be communicated to those involved with the family, especially the Named Person and/or Lead Professional.

Professionals whose role is providing care for adults are expected to undertake the following assessment and observation:

1. A detailed assessment of the adults condition, develop and implement a treatment plan
2. Observation of the adults ability to provide care for their children and report findings onto child's named nurse
3. Observation of the child's needs being met. This would only be expected if the practitioner has contact with the client's children.

If the service user has the role of main carer for a child, the expected action by staff will be dependent on perceived level of risk and need, on conclusion of an assessment of parental capacity and/or the child's needs and safety.

Where the child's named nurse has been informed of the involvement of adult services, it is their responsibility to follow this up with an assessment of the child's needs. In doing so they require to act accordingly to ensure the adult's right to confidentiality is protected.

The Community Addiction Team (CAT) primarily provides services in response to the following needs: substitute prescribing (Methadone, Suboxone), Blood Borne Virus (BBV) harm reduction, Occupational Therapy Intervention, chaotic substance use, co-existing mental health problems. In addition CAT offer a back packing service and Injecting Equipment Provision (needle exchange). Assessment processes for CAT primarily looks at the service user's suitability for substitute prescribing and identification of additional support services and interventions to promote recovery.

The Primary Community Addiction Team (PCAT) primarily provide services in response to the following needs: home detoxification from either opiates or alcohol only; alcohol brief interventions; occupational therapy intervention; relapse prevention, medication monitoring of Disulfiram, Acamprosate, Naltrexone, mental health support. PCAT are also the gate keepers for referrals to Loudoun House and for Ward 1E, Crosshouse Hospital. Assessment for PCAT primarily looks at the service user's suitability for a home or hospital detox from opiates or alcohol.

Clinical intervention takes an holistic approach, focusing on all recovery aspects of the service users life, to include their physical, intellectual, mental, social, spiritual and emotional wellbeing.

BBV Nurse interventions primarily include, test for BBV and any other bloods that are requested for health check or prior to commencing on Suboxone, link people with positive BBV diagnosis to BBV Unit, Crosshouse Hospital and their GP, offer support to service users and their families during treatment and if unsuitable or decline treatment, sexual health screening, contraceptive advice, smear testing, flu and Hepatitis B vaccinations, wound care, IEP services and work with the Prevention and Service Support Team to offer advice and training and jointly facilitate a Hepatitis C Support Group.

Occupational Therapists (OTs) work with people of all ages helping them to carry out activities they need or want to do in order to lead healthy and fulfilling lives. They aim to help service users recover and live independently, learn and maintain daily living skills and fulfill their potential. They can work with individuals or in a group setting. This may be in the community or in the service users home. An OT can support service users to find alternative coping strategies

that can help them move towards understanding how to promote, support and interpret recovery from problematic alcohol or drug use.

6.21 Social Services Children & Families Service

Children & Families Fieldwork teams usually have case responsibility for children subject to compulsory supervision orders and/or children subject to child protection plans. They usually have the role of lead professional with these children.

These teams should work very closely with all other services involved with a family, co-ordinating the Child's Plan, and taking opportunities for joint visits where possible.

Children & Families Specialist Support teams provide services such as crisis intervention for children and young people at risk of being accommodated, mentoring, individual support for children affected by parental alcohol and/or drug misuse, and support for those young people who are using substances themselves. Staff are trained in a range of evidenced based parenting programmes and staff deliver Parenting Programmes and Structured Family Sessions to build on parenting capacity and resilience and prevent family breakdown and effect positive change.

6.22 Responsibilities of all staff working with children, young people and families affected by problematic alcohol and/or drug use in North Ayrshire:

1. Become familiar with the eight well-being indicators

2. Raise your awareness of indicators of concern about children so that you could recognise these in practice

3. Ensure you are aware of, and make proportionate[29] enquiries about, any children within a household where you are providing a service. This holds whether or not you are providing a service to children

[29] proportionate enquiries – your level of enquiry will depend on your job role, the type of service you are providing and your degree of involvement with the child and family. No staff member should make enquiries beyond the boundaries of their professional role and responsibilities. If in doubt, consult your line manager.

4. Follow your organisations procedure for responding to concerns about children, including your organisations child protection procedures

5. When concerned about a child, ask yourself the GIRFEC 5 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?**

6. Contribute to an assessment of a child's needs and risks by sharing relevant information and helping to analyse information

7. Contribute to decision making in respect of children when asked to do so

8. Contribute to a Child's Plan, when the assessment highlights a need that your service could help to address

9. Contribute to reviewing the Child's Plan to ensure outcomes are being achieved

10. Remain alert to any changes in circumstances that may indicate an increase in vulnerability or increase in risk to the child and respond immediately by alerting social services or the police

11. Know your responsibilities in respect of the Adult Support and Protection (Scotland) Act 2007 and how to make an Adult Support and Protection referral to North Ayrshire Council Social Services.

6.23 Staff Learning and Development

North Ayrshire Alcohol and Drug Partnership and North Ayrshire Child Protection Committee work closely together in relation to identifying and meeting the learning and development needs of staff. A Workforce Development Group reports to the Alcohol and Drug Partnership and representation from a number of disciplines in this subgroup enables a fuller understanding of the needs and complexities across the wider sector and to support a smoother, seamless transition between services that will support the client's recovery needs.

A key achievement of the group has been the development of the NAADP and NACPC Harmonised Training Framework[30]. The purpose of this document is to offer a model harmonising the National Framework for Child Protection Learning and Development in Scotland, and COSLA Supporting the Development of Scotland's Alcohol and Drug Work Force 2010. The framework enables managers and practitioners within all service tiers to identify courses which will promote learning and provide professional development.

All staff should take opportunities to access relevant training – GIRFEC, child protection and substance misuse. The CPC/ADP Harmonised Framework outlined above will help you identify relevant training.

For learning and development support in relation to Adult Support and Protection, visit http://www.north-ayrshire.gov.uk/Documents/SocialServices.asp-training-calendar-2014.pdf

The following recovery resources will also be useful for staff:

http://naadp.com.uksite4.yourwebservers.com/info-for-staff/practitioners-guides.aspx

People in recovery across North Ayrshire have shared their recovery stories to raise awareness that recovery from alcohol and drug problems is possible for individuals, their families and communities. As you will see from the stories, understanding and support from others is an important aspect for everyone in their recovery journey.

Alcohol and drugs do not discriminate against gender or race, young or old, rich or poor; people from all backgrounds are affected directly and indirectly by alcohol and drug problems.

http://naadp.com.uksite4.yourwebservers.com/real-stories.aspx

[30] http://www.naadp.com/resources/site1/General/workforce%20development%20harmonised%20framework.pdf

PART II

This section begins with some key policy documents and relevant legislation.

Next, the National Risk Framework (NRF) with additional GOPR risk indicators not covered by the NRF is set out. Risk indicator sheets for My World Triangle, the Resilience Matrix and Resistance and The Cycle of Change are included here.

The Parenting Capacity Assessment template utilised by North Ayrshire Council Addiction services is included as a good practice example of how to draw together relevant information in relation to assessing the impact of parental substance misuse on children.

Policy Framework

UN Convention on the Rights of the Child
Common Law and Statutory Obligations of Confidence
Scottish Executive (2002): Audit and Review Report (2002): "It's everyone's job to make sure I'm alright
Scottish Government (2003): Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families Affected by Substance Misuse
Advisory Council on the Misuse of Drugs (ACMD) (2003): Hidden Harm: Responding to the Needs of Children of Problem Drug Users
Scottish Executive (2004): Hidden Harm: Scottish Executive Response to the Report of the Inquiry by the Advisory Council on the Misuse of Drugs
Scottish Executive (2004): Protecting Children and Young People: Children's Charter
Scottish Executive (2004): Protecting Children and Young People: Framework for Standards
Scottish Executive (2006): Hidden Harm: Next Steps Supporting Children – Working with Parents
HMIe Services for Children Unit (2006): Self Evaluation and Quality Indicators Framework: How well are children and young people protected and their needs met?
Scottish Government (2008): The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem
Scottish Government (2009): Changing Scotland's Relationship with Alcohol: A Framework for Action
HMIe Services for Children Unit (2009): How good are we now? How well do we protect children and meet their needs? How good can we be? Self Evaluation Using Quality Indicators
Scottish Government (2010): National Guidance for Child Protection in Scotland 2010
Department of Health (2012): Your Guide to Long-Acting Reversible Contraception (LARC)
Scottish Government (2012): A Guide to Getting it Right for Every Child
Sharon Vincent (2012): Audit and Analysis of Significant Case Reviews
Scottish Government (April 2013): Getting our Priorities Right: Updated Good Practice Guidance For All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and/or Drug Use
(UK) Information Commissioner's Office (ICO) Letter of Advice 2013 – Information Sharing
Scottish Government GIRFEC Programme Board Letter of Advice 2013 – Information Sharing
Scottish Government GIRFEC Bulletin Issue 1 2013 – Information Sharing

Legislative Framework

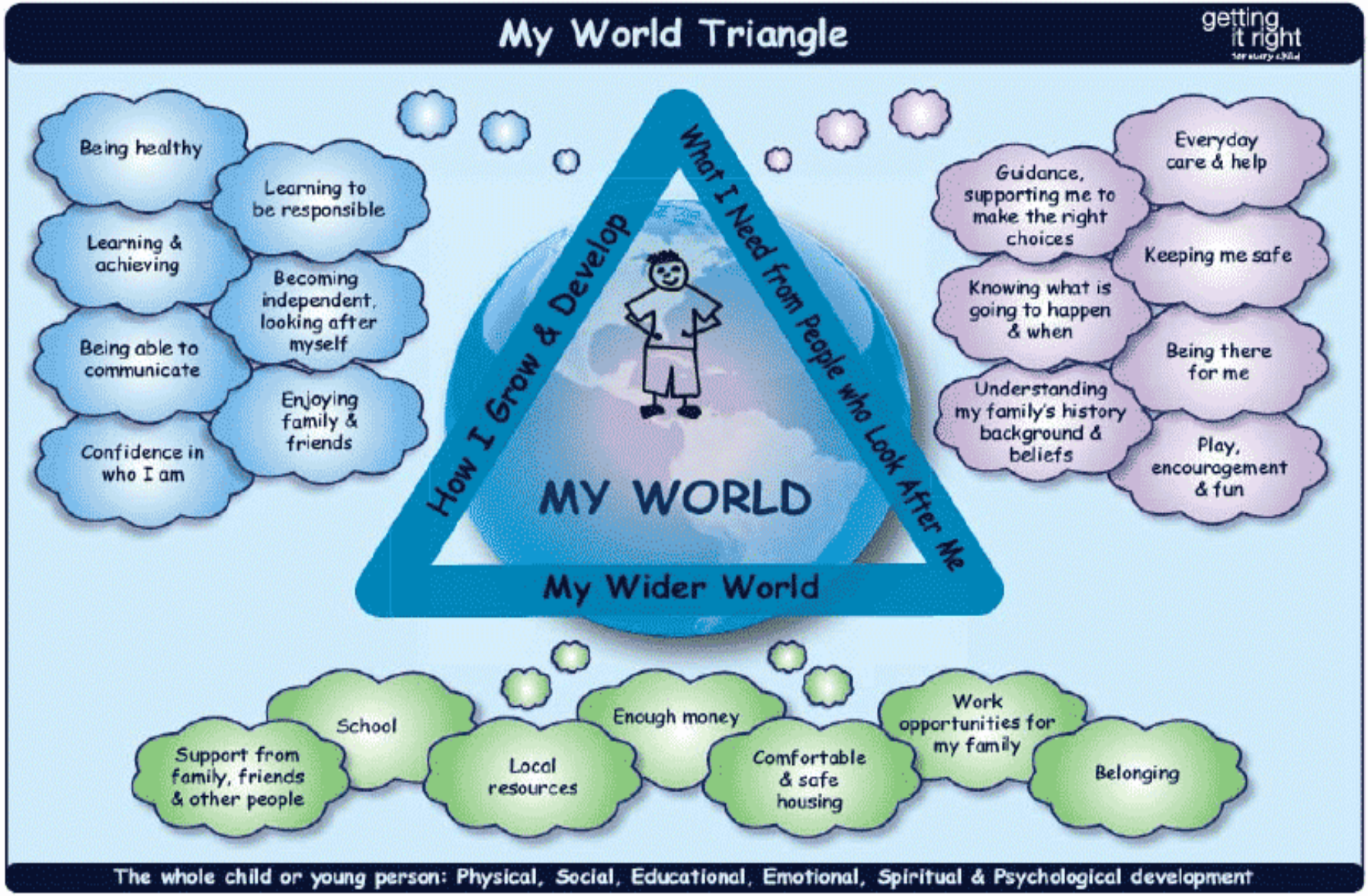
The Social Work (Scotland) Act 1968
The Age of Legal Capacity (Scotland) Act 1991
The Children (Scotland) Act 1995
The Human Rights Act 1998
The Data Protection Act 1998
The Freedom of Information (Scotland) Act 2002
The Children's Hearings (Scotland) Act 2011
http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection/Legislation

Professional Resources

Drugscope Daily News – a daily newsletter that staff can subscribe to –
http://www.dsdaily.org.uk/

Drug and Alcohol Findings – one of the most comprehensive databases of research and analysis –
http://findings.org.uk/index.php

CareKnowledge – http://www.careknowledge.com/ck/home.aspx


My World Triangle
getting it right
Being healthy
Learning to be responsible
Learning & achieving
Becoming independent, looking after myself
Being able to communicate
Enjoying family & friends
Confidence in who I am
How I Grow & Develop
What I Need from People who Look After Me
MY WORLD
My Wider World
Everyday care & help
Guidance, supporting me to make the right choices
Keeping me safe
Knowing what is going to happen & when
Being there for me
Understanding my family's history background & beliefs
Play, encouragement & fun
School
Support from family, friends & other people
Local resources
Enough money
Comfortable & safe housing
Work opportunities for my family
Belonging
The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

National Risk Framework for Assessment of Children and Young People
My World Triangle: Analysis of Indicators.

(Using the information gathered please provide your analysis/summary)

Risk Indicators for:	**Name:**	**Identifier :**
How I Grow And Develop (Insert Indicators)	**What I Need from the People Who Look after Me**	**Family and Wider World**

What is the information telling me about the level of concern/risk? (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of risk.)
What action is required ?

How I Grow and Develop The Child

Generic Indicators	
Premature birth/low birth weight	
Early prolonged separation at birth	
Baby born with substance withdrawal (NAS)	
Very young - highly dependent (birth - 5 years)	
Cries frequently, difficult to comfort	
Difficulties in feeding/toileting	
Periods of separation from parent/primary caregiver	
Adopted or step-child	
Fostered	
Child developmental delay	
Child mental health difficulties	
Child learning disabilities	
Child behavioural difficulties	
Difficult temperament	
Health issues requiring ongoing medical treatment	
Engaging in self-harm	
Involved in substance misuse	
Anti-social behaviour/relationships	
Involved in offending	
Evidence sexually inappropriate behaviour	
Poor relationship with parents	
Fearful of parent/caregiver	
Outwith parental control	
Child not seen by or given chance to talk to workers	
Contested contact and residence issues	
Repeat victim	
Historical abuse of siblings by carers	
Direct or indirect exposure to domestic abuse	
Statutory or child protection measures in place	
Poor school attendance	
Young carer	

Generic Indicators	
English is not first language of child	
More than 4 children in the family	

Notes / Analysis.

How I Grow and Develop The Child

Additional Indicators for children affected by parental substance misuse	
Is there adequate food, clothing and warmth for the child?	
Are height and weight normal for the child's age and stage of development?	
Is the child receiving appropriate nutrition and exercise?	
Is the child's health and development consistent with their age and stage of development?	
Has the child received necessary immunisations?	
Is the child registered with a GP and a dentist?	
Do the parents seek health care for the child appropriately?	
Does the child attend nursery or school regularly? If not, why not? Is s/he achieving appropriate academic attainment?	
Is the child engaged in age-appropriate activities?	
Does the child present any behavioural, or emotional problems?	
How does the child relate to unfamiliar adults?	
Is there evidence of drug/alcohol use by the child?	
Does the child know about his/her parents substance use?	
What understanding does the child have of their parent's substance use?	
Does the child have appropriate attachment with his/her main carers?	
Do the children know where the drugs/alcohol are kept?	
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, etc.)?	
Who normally looks after the child?	
Is the care for the child consistent and reliable?	
Are the child's emotional needs being adequately met?	

Notes Analysis

What I Need from the People Who Look After Me

Generic Indicators	
Parent under 21 years	
Poor parenting skills	
Poor understanding of child's needs	
Lack of empathy	
Unrealistic expectations of child (age and stage)	
Unable and/or unwilling to meet child's needs	
Poor attachment	
Evidence of rejection towards the child	
Lack of interest in child	
Threats/requests to have the child accommodated	
Child perceived as difficult and/or labelled by parent	
Prioritises adult needs over child's	
Inappropriate rigid attitudes towards child	
Partner is not biological parent of child	
New partner -background is unknown	
Parental resistance/limited engagement	
Refuses workers access to child	
Parents masking the reality of the situation	
No shared understanding of concerns	
Child's account minimised/not believed by carer	
Physical illness which impairs parenting ability	
Mental illness which impairs parenting ability	
Substance misuse which impairs parenting ability	
Physical disability which impairs parenting ability	
High stress levels such as poverty, isolation, loss	
Parents parenting was poor/abusive	
Low self-esteem	
Poor life skills and problem solving abilities	
Poor impulse control	

Generic Indicators	
Difficulty with communication	
Lack of trust towards workers and others	
History of multiple relationships	
Carer continually defers to partner for response	
History of domestic violence	
History of community violence	
History of violence /aggression towards workers	
Parents in conflict over custody or residence	
Inability/unwilling-ness to make use of supports	
Breaches of legal orders/agreement - criminal/civil	

Notes Analysis

What I Need from People Who Look After Me

Additional Indicators for children affected by parental substance misuse	
Does the parent manage the child's distress or challenging behaviour appropriately?	
Is there a risk of repeated separation for example because of periods of imprisonment (e.g.short custodial sentences for fine default)?	
Is the drug use by the parent: experimental? recreational? chaotic? dependent?	
Does the user move between these types of drug use at different times?	
Does the parent misuse alcohol?	
What patterns of drinking does the parent have?	
Is the parent a binge drinker with periods of sobriety? Are there patterns to their bingeing?	
Is the parent a daily heavy drinker?	
Does the parent use alcohol concurrently with other drugs?	
How reliable is current information about the parent's drug use?	
Is there a drug-free parent/non-problem drinker, supportive partner or relative?	
Does the parent have any mental health problems alongside substance use?	
If so, how are mental health problems affected by the parent's substance use? Are mental health problems directly related to substance use?	
If parents are using drugs, do children witness the taking of the drugs, or other substances?	
How much do the parents spend on drugs (per day? per week?) How is the money obtained?	
Where in the household do parents store drugs/alcohol? What precautions do parents take to prevent their children getting hold of their drugs/alcohol? Are these adequate?	
Is the parent a daily heavy drinker?	
Does the parent use alcohol concurrently with other drugs?	
How reliable is current information about the parent's drug use?	
Is there a drug-free parent/non-problem drinker, supportive partner or relative?	
Is the quality of parenting or childcare different when a parent is using drugs and when not using?	
What do parents know about the risks of children ingesting methadone and other harmful drugs?	
Do parents know what to do if a child has consumed a large amount of alcohol?	
Is there a risk of HIV, hepatitis B or hepatitis C infection?	
Is there evidence that the parents place their own needs and procurement of alcohol or drugsbefore the care and wellbeing of their children?	
Do the parents know what responsibilities and powers agencies have to support and protect children at risk?	
Where is injecting equipment kept: In the family home? Are works kept securely?	
Is injecting equipment shared?	
Is a needle exchange scheme used?	
How are syringes disposed of?	
What do parents know about the health risks of injecting or using drugs?	
What do parents think of the impact of the problematic alcohol or drug use on their children?	

What I Need from My Wider World

Generic Indicators -Wider World	
Family socially isolated	
Absence of social supports/networks	
Problems within extended family	
Illness within extended family	
Conflict within extended family	
Substance misuse within extended family	
Family - frequent changes of address	
Home environment chaotic, unsafe	
Concerns about sleeping arrangements	
Family history of poor engagement with services	
Discriminated within community victim/perpetrator	
Culturally inappropriate behaviours	
Neighbourhood characterised by offending/violence	
Neighbourhood characterised by poverty	
Housing quality poor	
Lack of community services	

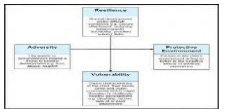
Notes / Analysis.

What I Need from My Wider World

Additional Indicators for children affected by parental substance misuse	
Are there non-drug using adults in the wider family readily accessible to the child who can provide appropriate care and support when necessary?	
Is the family's living accommodation suitable for children?	
Is it adequately equipped and furnished?	
Are there appropriate sleeping arrangements for each child, for example does each child have a bed or cot, with sufficient bedding?	
Are rent and bills paid? Does the family have any arrears or significant debts?	
How long have the family lived in their current home/current area?	
Does the family move frequently? If so, why?	
Are there problems with neighbours, landlords or dealers?	
Do other drug users/problem drinkers share or use the accommodation? If so, are relationships with them harmonious, or is there conflict?	
Is the family living in a drug-using/ heavy drinking community?	
Are children exposed to intoxicated behaviour/group drinking?	
Could other aspects of substance use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to substance use)?	
Where are the children when their parents are procuring drugs or getting supervised methadone? Are they left alone?	
Are they taken to unsuitable places where they might be at risk, such as street meeting places, flats, needle exchanges, adult clinics?	
Is this causing financial problems?	
Do the parents sell drugs in the family home?	
Are the parents allowing their premises to be used by other drug users?	
Are they (parents) in touch with local agencies that can advise on issues such as needle exchanges, substitute prescribing programmes, detoxification and rehabilitation facilities?	
If they are in touch with agencies, how regular is the contact?	
Do the parents primarily associate with other substance misusers, non-drug users or both?	
Are relatives aware of parent(s)' problem alcohol/drug use? Are they supportive of the parent(s)/child(ren)?	
Will parents accept help from relatives, friends or professional agencies?	
Is stigma and social isolation a problem for the family?	
How does the community perceive the family? Do neighbours know about the parents substance use? Are neighbours supportive or hostile?	

Notes / Analysis.

National Risk Framework for Assessment of Children and Young People Resilience Matrix : Analysis of Indicators.



(Using the information gathered in pages 2-5 please provide your analysis/summary)

Risk Indicators for:	**Name:**	**Identifier :**	
Resilience (Insert Indicators)	**Adversity (Insert Indicators)**	**Vulnerability (Insert Indicators)**	**Protective factors (Insert Indicators)**

What is the information telling me about the level of concern/risk? (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of risk.)
What action is required ?

National Risk Framework for Assessment of Children and Young People
Resilience Matrix Indicators - Resilience

Resilience / Risk Indicators Particular to the Child (How I Grow and Develop) – The Child	
Secure attachment to primary carer	
Positive self-esteem	
Ability to use adults for support and assistance	
Good communication skills	
Ability to deal with change	
Good problem solving skills	
Positive sense of belonging	
Positive sense of own identity	

Resilience / Risk Indicators Particular to the Parent/Carer (What I Need from the People Who Look after Me)	
Stable, nurturing caregiver	
Positive family structures and routines	
Stable family environment	
Parents have Good self-esteem	
Consistent quality of care	
Good communication within family	
Affectionate bonds within the family	
Reliable emotional support for child	
Good parental Supervision	

Resilience / Risk Indicators Particular Child Family and Wider World (My Wider World)	
Supportive adults out with the family	
Parents suffering from poor mental health supported	

Resilience / Risk Indicators Particular Child Family and Wider World (My Wider World)	
Good community resources (e.g. childcare)	
Child has cultural connections in community	
Wider family supports (eg. grandparents)	
Community combats racism/exclusion	

What is the information telling me about the level of concern/risk? (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of risk.)

National Risk Framework for Assessment of Children and Young People
Resilience Matrix Indicators – Adversity

Adversity Risk Indicators Particular to the Child (How I Grow and Develop)	
No significant or primary attachment figure	
No clear boundaries or routines	
Child presenting with abusive behaviours	
Child's behaviour unstable or unpredictable	
Child displays poor coping strategies	
Victim of abuse/ neglect	
Experience of loss /rejection or bereavement	
Repeated changes of placement	
More than 4 children in the home	

Adversity Risk Indicators Particular to the Parent/Carer (What I Need from the People Who Look after Me)	
Evidence of unresolved childhood trauma	
Living in recurrent crisis	
History of substance misuse	
Isolated within culture/community	
Longstanding mental health problems	
History of criminal /offending behaviour	
History of violence/conflict	

Adversity Risk Indicators Particular to the Child's Family and Wider World (My Wider World)	
History of concerns about wider family	
Unable/unwilling to overcome adversity	

What is the information telling me about the level of concern/risk? (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of risk.)

National Risk Framework for Assessment of Children and Young People Resilience Matrix Indicators – Vulnerability

Vulnerability Risk Indicators Particular to the Child (How I Grow and Develop)	
Unwanted or unplanned pregnancy	
Difficult birth	
Born with substance withdrawal	
Child behaviour problems	
Child born at time of crisis	
Developmental impairment or disabilities	
Very young child	
Evidence of insecure attachments	
Child finds it hard to make and keep friends	
Child previously been abused or neglected	
Child resembles a hated partner or spouse	
Asylum seeking child	

Vulnerability Risk Indicators Particular Parent/Carer (What I Need from the People who Look after Me)	
Parental difficulties (eg. domestic abuse)	
Poor partner relationships/ multiple partners	
Single parent household	
Young parent under 21 years or immature	
Unrealistic expectations of the child	
History of offending	
Chaotic family situation	
Parent abused as a child	
Asylum seeking	

Vulnerability Risk Indicators Particular to the Child's Family and Wider World (My Wider World)	
No access to community resources	
Subject to racism or other isolating factors	
Poor/unsuitable housing	
Homelessness	
Financial difficulties	
Residing detention centre/secure accommodation	
Family home overcrowded	
Lack of extended family support	
Poor support networks	
History of concerns about wider family	
Unable/unwilling to overcome adversity	

What is the information telling me about the level of concern/risk? (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of risk.)

National Risk Framework for Assessment of Children and Young People Resilience Matrix Indicators – Protective

Protective Indicators Particular to the Child (How I Grow and Develop)	
Child is in good health	
Older child able to keep self-safe	
Outgoing personality	
Child demonstrates good self-control	
Bright/intelligent child	
Child has high self-esteem	
Child has positive relationships in their life	
Regular nursery or school attendance	
Involvement in out of school activities	
The child is aware and supports the Child's Plan	
Parents support the Child's Plan	

Protective Indicators Particular Parent/Carer (What I Need from the People who Look after Me)	
Parent has good relationship with child	
Parent has a positive view of the child	
Parents understand the needs of the child	
Consistent caring, responsive to the needs of the child	
Demonstrates effective parenting	
Resilient and a good parental role model	
Demonstrates motivation to change	
Willing to receive help and accepts responsibility	
Capacity for change - shows insight/initiative	
Actively involved in planning work	

Protective Indicators Particular Parent/Carer (What I Need from the People who Look after Me)	
Good relationship with professionals	
Ability to manage behaviour appropriately	
Relatively few sources of stress	
Strong relationship with own parents/carers	
Mental health problems respond to treatment	
Overcome own childhood abuse	
Positive childhood experiences	
No previous history of abuse	

Protective Indicators Particular to the Child's Family and Wider World (My Wider World)	
Supportive extended family	
Regular, positive contact with extended family	
Ability to access /use appropriate services	
Strong relationship with own parents	
Access to supportive networks	
Family settled in their home	
Family live in a safe and secure neighbourhood	
Access to resources (health, education etc)	
Sufficient income and good physical living standards	
No previous professional supports	

What is the information telling me about the level of concern/risk? (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of risk.)

THE CYCLE OF CHANGE

The **Cycle of Change** is a helpful tool in understanding and plotting a parent/carers potential for engagement with the risk identification, assessment and management processes. It also actively encourages consideration of particular aspects of resistance in parents/carers and assists understandings of issues such as those reflected where there is

- Denial that a problem exists
- Resistance to change
- A lack of commitment to making the agreed changes happen
- The parent/carers slip-back into their old behaviours when changes have previously been implemented

The Cycle proposes **two key principles**:

- **There are several stages a person must go through before they successfully action and maintain lasting change** (a stage cannot be missed)
- **Change is cyclical**, people will have a range of feelings at different times about their risk behaviour/s and it can involve several attempts before they achieve any lasting change

The model is normally seen as having six stages set out as follows: Pre-contemplation, Contemplation, Preparation (sometimes called Decision or Determination), Action, Maintenance (with an exit to termination or lasting change), and (Re)Lapse. The techniques to help move people from one stage to another are different depending on the current stage they are in. For example, offering solutions or seeking engagement in change processes when a person is in Pre-contemplation will not help whereas if they are in Determination this could be very productive. It is, therefore, very important to identify what stage a person is in when they are confronted with the need to change aspects of their behaviour, circumstances, lifestyles etc.

In **Pre-Contemplation**, the parent/carer has not thought about the need to change or does not acknowledge a problem exists. They are 'uninformed' in the sense that no personally convincing reason for change has been presented as yet.

In **Contemplation**, the parent/carer is ambivalent - they are in two minds about what they want to do. Sometimes they feel the need to change but not always.

In **Action**, the parent/carer is preparing and planning for change. When they are ready the decision to change is made and it becomes all consuming.

In **Maintenance**, the change has been integrated into the parents'/carers' life. Some support may still be needed through this stage. When we are able to maintain what we have achieved we exit the cycle entirely.

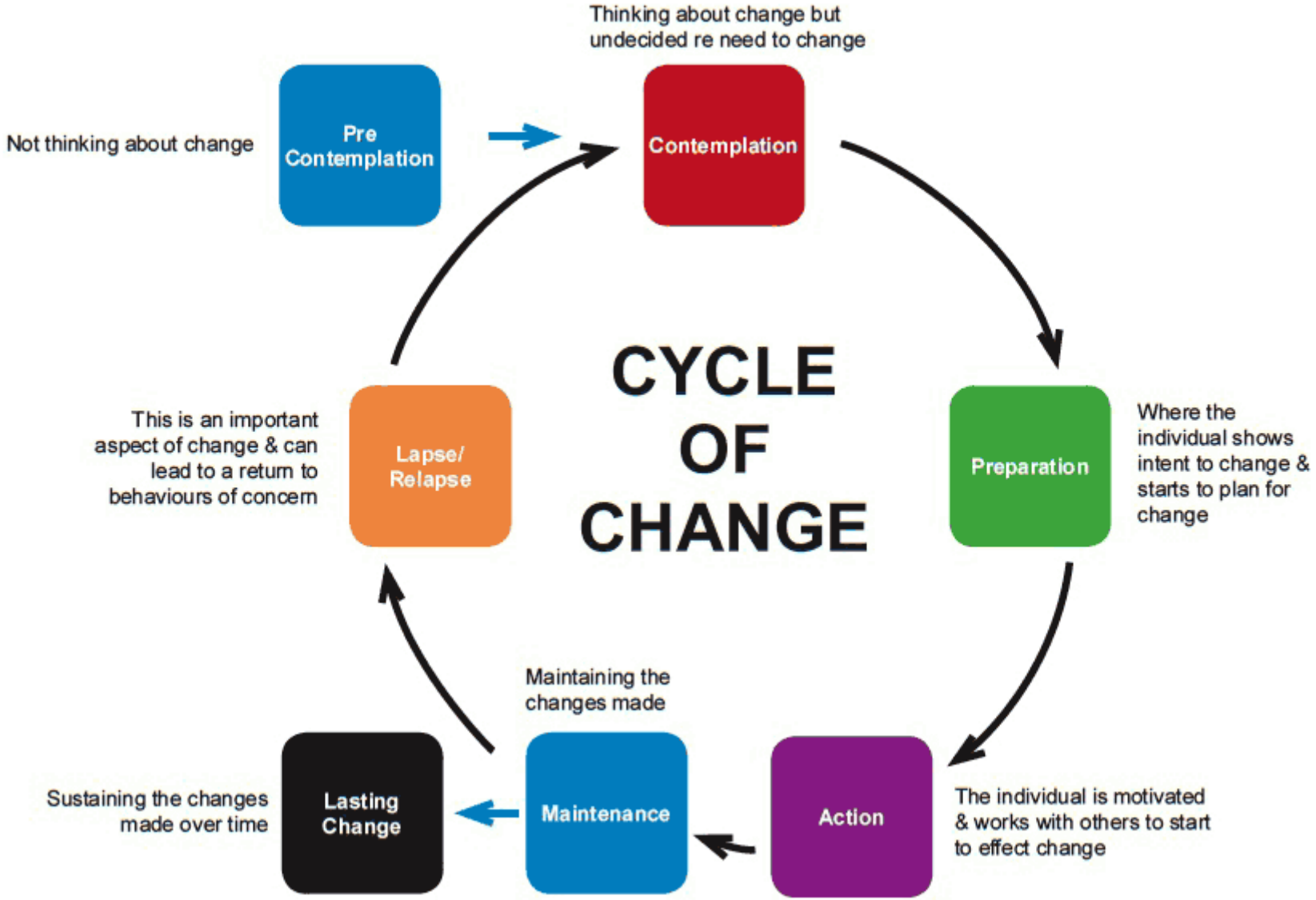
Lapse is a temporary return to 'old' unhelpful thoughts, feelings or behaviour. **Relapse** is a full return to the old behaviour.

Lapse and Relapse are intrinsic to the Cycle Of Change and do not necessarily infer failure. It simply means that change is difficult, not often a linear process and it is unreasonable to expect anyone to be able to modify behaviour perfectly without any slips. When Relapse occurs, several trips through the stages may be necessary to make lasting changes. Each time the person is encouraged to review, reflect and learn from their slips.

In child welfare there may be greater time and opportunity for working with parents/carers through the cycle of change. In a child protection scenario this will obviously be more boundaried by the character and severity of the risk (actual and potential) and time limited by the mandate to keep the child safe and protected.

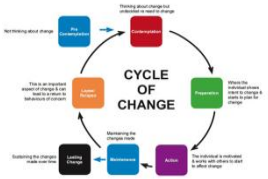
Some Key Questions to Consider When Working for Individual Change

1. Is there a clear, shared understanding of concern by the service user/s?
2. Are they thinking about the need for change?
3. What factors are present that support the potential for change and/or lapse/relapse?
4. Are they motivated to change?
5. Are there indicators of planning and action to support change?
6. Are they able and willing to work openly and honestly with services to address the identified concerns?
7. Are they motivated and positively engaged with others to secure change?
8. Is there Professional Confidence that engagement is genuine and sincere?
9. Is change being achieved, progress being made and improvement being sustained by them?
10. If lapse/relapse, what factors were contributory?


CYCLE OF CHANGE
Not thinking about change
Pre Contemplation
Thinking about change but undecided re need to change
Contemplation
Preparation
Where the individual shows intent to change & starts to plan for change
Action
The individual is motivated & works with others to start to effect change
Maintenance
Maintaining the changes made
Lasting Change
Sustaining the changes made over time
Lapse/ Relapse
This is an important aspect of change & can lead to a return to behaviours of concern

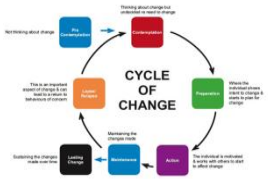
National Risk Framework for Assessment of Children and Young People
Resistance: Analysis of Indicators.

(Using the information gathered on page 2 please provide your analysis/summary)



Risk Indicators for	**Name:**	**CF number:**
Resistance : Child or Young Person	**Resistance : People Who Look After Me**	**Resistance : My Wider World**

What is the information telling me about the level of concern/risk? (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of risk.)
What action is required ?



National Risk Framework for Assessment of Children and Young People
Change – Resistance Factors

Resistance Indicators Particular to the Child (How I Grow and Develop)	
Scapegoated for disclosing family problems	
Fearful/unwilling to disclose anything further	
Identifies with the perpetrator/strong feelings for abuser	
Finds ways of coping with abuse (dissociates)	
Child normalises damaging home circumstances	

Resistance Indicators Particular Parent/Carer (What I Need from the People who Look after Me)	
Threatening workers (physical/verbal)	
No recognition of the problems	
Has a different perception of the problems/risks	
Only recognises some professional concerns	
No/limited/tokenistic capacity for change)	
Parent/carer over-whelmed with situation	
Gives different information to different workers	
Says right things - not backed by behaviours/actions	
Past negative relationships with professionals	
No/limited aware-ness of impact of own behaviour	
Lacks under-standing of what is expected of them	
Actively disrupts professional plans and actions	

Resistance Indicators Particular to the Child's Family and Wider World (My Wider World)	
Poor family/ community support networks	
Changes service driven not driven by parent/carer	
Professional splits/ disagreements	
Cultural issues impact on engagement	
Services not available to tackle the problem	

What is the information telling me about the level of concern/risk? (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of risk.)

Addiction Parenting Capacity Assessment

Form Details	
Form Start Date:	**Worker Name:**

Person Details	
Name:	**CareFirst ID:**
DoB / EDD:	**Gender:**
Address:	**Tel No:**

Person Details	
Date of Assessment	

Details of Spouse/Partner

Remember to use the 'Peek' button

Relationship:

Name:

Notes:

Significant in Chronology?:

NHS Number

Remember to use the 'Peek' button

Number

Accessing NHS Services?	

Please answer YES or NO

If YES, provide details of service and key worker

History of previous NHS service involvement

Please provide details of any NHS services accessed previously, including dates accessed and type of service

Childrens Details

Children's Details

This information will not write back to CareFirst. Please ensure that the client record is updated.

	Name	DOB	CareFirst Number	Legislative Status	Social Worker
Child 1	Name	DOB	CF No	Legislation	Social Worker

Name: Upgrade Test **CareFirst ID:** J89642

	Name	DOB	CareFirst Number	Legislative Status	Social Worker
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					
Child 7					
Child 8					
Child 9					
Child 10					

Current School/Nursery

School/Nursery Contact Details

Please provide the name and telephone number of the main school/nursery contact

Parental Drug/Alcohol Use

Is there a drug/alcohol-free parent, supportive partner or relative?

Please answer Yes or No

Level of Concern re drug/alcohol free person being available

Choose one option from the picklist ***High, medium or Low***

Additional Comments

Drug/Alcohol use by parent/s:

Choose one option from the picklist ***Chaotic, Dependent, Experimental or Recreational***

Name: Upgrade Test **CareFirst ID:** J89642

Level of Concern re drug/alcohol use
Choose one option from the picklist ***High, medium or Low***
Additional Comments

Does the user move between categories at different times?	
Please answer Yes or No	
Level of Concern re moving between categories	
Choose one option from the picklist ***High, medium or Low***	
Additional Comments	

Does the drug use also involve alcohol?	
Please answer Yes or No	
Level of concern re involvement of alcohol	
Choose one option from the picklist ***High, medium or Low***	
Additional comments	

Are levels of child care different when a parent is using drugs/alcohol and when not using?	
Please answer Yes or No	
Level of concern re differences in child care when parent using/not using	
Choose one option from the picklist ***High, medium or Low***	
Additional comments	

Is there evidence of coexistence of mental health problems alongside the drug/alcohol use?	
Please answer Yes or No ***High, medium or Low***	
If mental health problems, do the drugs/alcohol cause these problems?	

Name: Upgrade Test **CareFirst ID:** J89642

If mental health problems, have the mental health problems led to the drug/alcohol use?	

Level of concern re coexistence of mental health problems alongside drug/alcohol use

Choose one option from the picklist ***High, medium or Low***

Additional comments

Summative Analysis

Accommodation and Home Environment

Is the accommodation adequate for children?	

Please answer Yes or No

Level of concern re adequacy of accommodation

Choose one option from the picklist ***High, medium or Low***

Additional comments

Are the parents ensuring that the rent and bills are paid?	

Please answer Yes or No

Level of concern re ensuring rent/bills paid

Choose one option from the picklist ***High, medium or Low***

Additional comments

Do the family move frequently?	

Please answer Yes or No

Level of concern re family moving frequently

Choose one option from the picklist ***High, medium or Low***

Name: Upgrade Test **CareFirst ID:** J89642

Additional comments

Are other drug users sharing the accommodation?	
Please answer Yes or No	
If YES, are the relationships harmonious?	
Level of concern regarding these relationships	
Choose one option from the picklist ***High, medium or Low***	

Additional Comments

Is the family living in a drug-using community?	
Please answer Yes or No	
Level of concern re family living in a drug-using community	
Choose one option from the picklist ***High, medium or Low***	

Additional comments

If the parents are using drugs, do the children witness them taking the drugs or other substances?	
Please answer Yes or No	
Level of concern re children witnessing parents drug or substances use	
Choose one option from the picklistv ***High, medium or Low***	

Additional Comments

Could other aspects of the drug use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?	
Please answer Yes or No	
Level of concern re other aspects of drug use affecting children	
Choose one option from the picklist ***High, medium or Low***	

Name: Upgrade Test **CareFirst ID:** J89642

Additional comments

Summative Analysis

Provision of basic needs	
Is there adequate food, clothing and warmth for the children?	
Please answer Yes or No	
Level of concern re adequate clothing, food and warmth	
Choose one option from the picklist ***High, medium or Low***	

Additional Comments

Are the children attending school/nursery regularly?	
Please answer Yes or No	
Level of concern re school/nursery attendance	
Choose one option from the picklist ***High, medium or Low***	

Additional comments

Are children engaged in age-appropriate activities?	
Please answer Yes or No	
Level of concern re engagement in age-appropriate activities	
Choose one option from the picklist ***High, medium or Low***	

Additional comments

Are the children's emotional needs being adequately met?	
Please answer Yes or No	
Level of concern re children's emotional needs	

Name: Upgrade Test **CareFirst ID:** J89642

Choose one option from the picklist ***High, medium or Low***

Additional comments

Are there any indications that any of the children are taking on a parenting role within the family (caring for other children, excessive household responsibilities etc)?

Please answer Yes or No

Level of concern re children taking on parenting role

Choose one option from the picklist ***High, medium or Low***

Additional comments

Summative Analysis

Procurement of Drugs

Are the children left alone while their parents are procuring drugs/alcohol?

Please answer Yes or No

Level of concern re children being left alone?

Choose one option from the picklist ***High, medium or Low***

Additional comments

Because of their parents' drug/alcohol use are the children being taken to places where they could be 'at risk'?

N/A means not answered

Level of concern re children being taken to places where they could be at risk

Choose one option from the picklist ***High, medium or Low***

Additional comments

Name: Upgrade Test **CareFirst ID:** J89642

How much do the drugs/alcohol cost?

How is the money obtained?

Level of concern re cost of drugs/alcohol and how money obtained

Choose one option from the picklist ***High, medium or Low***

Is this causing financial problems?

Please answer Yes or No

Level of concern re financial problems

Choose one option from the picklist ***High, medium or Low***

Additional comments

Are the premises being used to sell drugs?

Please answer Yes or No

Level of concern re premises being used to sell drugs

Choose one option from the picklist ***High, medium or Low***

Additional comments

Are the parents allowing their premises to be used by other drug/alcohol users?

Please answer Yes or No

Level of concern re premises being used by other drug users

Choose one option from the picklist ***High, medium or Low***

Additional comments

Name: Upgrade Test **CareFirst ID:** J89642

Summative Analysis

Health Risks

If drugs/alcohol and/or injecting equipment are kept on the premises, are they kept securely?	
Please answer Yes or No	
Level of concern re security of drugs/alcohol and equipment	
Choose one option from the picklist ***High, medium or Low***	
Additional comments	
Are the children aware of where the drugs/alcohol are kept?	
Please answer Yes or No	
Level of concern re children being aware of where drugs/alcohol are kept	
Choose one option from the picklist ***High, medium or Low***	
Additional comments	
If parents are intravenous drug users, do they share injecting equipment?	Yes or No
If parents are intravenous drug users, do they use a needle exchange scheme?	Yes or No
If parents are intravenous drug users, do they dispose of the syringes appropriately?	Yes or No
If the parents are intravenous drug users, are parents aware of the health issues of injecting or using drugs?	Yes or No
Level of concern re parents being intravenous drug users	
Choose one option from the picklist ***High, medium or Low***	
Additional Comments	

Name: Upgrade Test **CareFirst ID:** J89642

If parents are on a substitute prescribing programme, are they aware of the dangers of children accessing this medication?	Yes or No
N/A means not answered	
If parents are on a substitute prescribing programme, do they take adequate precautions to ensure the children do not access this medication?	Yes or No
N/A means not answered	
Level of concern re dangers of children accessing medication	
*Choose one option from the picklist **High, medium or Low***	
Additional comments	
Are parents aware of and in touch with, local specialist agencies who can advise on such issues as needle exchanges, substitute prescribing programmes, detox and rehab facilities?	Yes or No
Please answer Yes or No	
If parents are in touch with other agencies, how regular is the contact?	
Please give details of agency and how often contact is made with agency	
Level of concern re parents being unaware of local specialist agencies	
*Choose one option from the picklist **High, medium or Low***	
Summative Analysis	

Family Social Network and Support Systems	
Do parents and children associate primarily with other drug/alcohol users?	
Please answer Yes or No	
Do parents and children associate primarily with non-users?	
Please answer Yes or No	
Do parents and children associate primarily with both?	
Please anwer Yes or No	
Level of concern re parents' and child/ren's associates	
Choose one option from the picklist	

Name: Upgrade Test **CareFirst ID:** J89642

Additional Comments

Are relatives aware of the drug/alcohol use?	
Please answer Yes or No	
If YES, are relatives supportive?	
N/A means not answered	
Level of concern re relatives awareness and supports	
Choose one option from the picklist ***High, medium or Low***	

Additional Comments

Will parents accept help from relatives and other professionals or non-statutory agencies?	
Please answer Yes or No	
Level of concern re acceptance of help from relatives/non-statutory agencies/other professionals	
Choose one option from the picklist ***High, medium or Low***	

Additional Comments

Are parents socially isolated? (living in remote areas where resources may not be available and they may experience social stigmatization)	
Please answer Yes or No	
Level of concern re isolation	
Choose one option from the picklist ***High, medium or Low***	

Additional Comments

Summative Analysis

Name: Upgrade Test **CareFirst ID:** J89642

Parents' perception of situation	
Do the parents see their drug/alcohol use as harmful to themselves or to their children?	
Please answer Yes or No	
Level of concern re parents' perception of drug/alcohol use being harmful to themselves or their children	
Choose one option from the picklist ***High, medium or Low***	
Additional comments	
Do the parents place their own needs before the needs of the children?	
Please answer Yes or No	
Level of concern re parents placing their own needs first	
Choose one option from the picklist ***High, medium or Low***	
Additional comments	
Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. child protection procedures, statutory powers)?	
Please answer Yes or No	
Level of concern re parents awareness of legislative and procedural context applying to their circumstances	
Choose one option from the picklist ***High, medium or Low***	
Additional comments	
Summative Analysis	

Risk Factor
Risk Factor Accumulation

Name: Upgrade Test	**CareFirst ID:** J89642

Summary of Risk and Need

Summary of Risk and Need

Children Affected by Parental Substance Use

Following assessment of parenting capacity and analysis of this, now consider the need for any follow on actions in relation to the dependent children, making reference to the SHANARRI Indicators:-

Workers should complete and discuss with Team Manager to agree need for further referral to specialist Children & Families Service, referral to universal services, referral to Children & Families fieldwork or other provision

	Unmet Need Comment	Action	Outcome
Safe	Comment	Action	Outcome
Healthy			
Active			
Nurtured			
Achieving			
Responsible			
Respected			
Included			

Is this Assessment now ready for Team Manager authorisation?	Not Answered

If YES, change to ORGANISATION and insert your Team Code.

Completion and Authorisation

Completed By: **Worker:** **Tel:** **Address:**	**Date:**

Name: Upgrade Test	**CareFirst ID:** J89642

Authorised By: **Manager:** **Tel:**	**Date:**
Authorisation Comment:	