A Practitioner's Guide: Getting Our Priorities Right (GOPR)

Working Together with Children, Young People and Families Affected by Problematic Alcohol and/or Drugs Use across Dumfries and Galloway

Contents

Introduction

This Practitioner's Guide has been developed jointly by Dumfries & Galloway Alcohol & Drugs Partnership (ADP) and Dumfries & Galloway Public Protection Committee (PPC).

The Practitioners Guide and Toolkit has been developed from 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"* (Scottish Government: April 2013) into a localised format for Dumfries & Galloway.

It has also been informed by the *National Risk Framework and Toolkit to Support the Assessment of Children and Young People* (Scottish Government 2012).

It 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 and Toolkit** aims to:

- keep children, young people and their families safe and protected;
- translate the national policy guidance into local practice arrangements;
- promote prevention; early identification; proportionate intervention and support to children, young people and families affected by problematic alcohol and/or drug use;
- ensure children, young people and their families get the right kind of help and support they need, when they need it, for as long as they need it;
- ensure parents and carers are provided with help and support to improve their parenting capacity;
- support and empower all practitioners and managers working with children, young people and families affected by problematic alcohol and/or drug use;
- support, complement and not replace existing single service/agency assessment and care planning processes in relation to children, young people and families affected by problematic alcohol and/or drug use; and
- provide better outcomes for children, young people and families affected by problematic alcohol and/or drug use.

This **Practitioner's Guide and Toolkit** cannot in itself, protect and/or provide better outcomes for children, young people and families affected by problematic alcohol and/or drug use; a competent, skilled and confident workforce, focussed on early identification, proportionate intervention, effective support, assessment and care planning can. This Guide and Toolkit aims to support and promote that approach and empower your practice.

Who is it for?

This **Practitioner's Guide and Toolkit** is for all practitioners and managers working with children, young people and their families within the ***public, private and third sectors*** across Dumfries and Galloway.

It is particularly for all those practitioners and managers within ***education and children's services, adult services, health and/or alcohol and drugs services*** who are working with children, young people and families affected by problematic alcohol and/or drug use.

Parents and carers may also find it helpful.

How do you use this Practitioner's Guide?

This **Practitioner's Guide and Toolkit** is divided into 3 Parts: Sections which reflects the national GOPR guidance:

Part 1: Practitioners Guide

This part is divided into 5 sections which reflects the national GOPR guidance). Each section is presented (from a practitioner's perspective) in a question and answer style format. Each section contains bullet point messages and prompts (extracted from the national guidance) which aim to support and empower your practice. Each section also contains additional key practice points, references and/or electronic links.

Part 2: Policy, Legislation, References and Electronic Links.

The part contains references and electronic links to the national policy framework (presented by publication date); legislative framework (presented by year of enactment); local publications (policies, procedures and information presented alphabetically and useful web links (national and local).

Part 3: Toolkit Checklists

This part contains a number of Checklists which contain various questions and prompts. Each Checklist supports early identification and proportionate intervention. They are presented as Document Templates which can be

completed online, downloaded and/or printed off. They also contain text boxes and/or fields which automatically expand to allow data input.

Each Checklist contains some guidance about who can use it and when to use it. Each Checklist allows the author to include information about the child, young person and/or their parent/carer; to consider what the information is telling them and to record the next steps to be taken.

These Checklists do not replace professional judgement; instinct; and common sense. They do not replace any other single service/agency screening, assessment and care planning processes and aim to support and complement existing processes.

We hope you will find this **Practitioner's Guide** and Toolkit a helpful and useful resource in your day-to-day practice.

D&G PPC

D&G ADP

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PART 1:

PRACTITIONERS GUIDE

Section 1: Describing the Context and Challenge

Practice Points[1]

1.1 *What is the context?*

1.1.1 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*[2]".

1.1.2 Problem drug use can also include abusing over-the-counter medications, prescription medicine or illicit drugs.

1.1.3 Not all alcohol and/or drug use is harmful; it does not necessarily follow that all children and young people will be adversely affected or that all users are bad parents/carers; albeit it can impair and/or affect their parenting capacity.

1.1.4 Adults can recover from problematic alcohol and/or drug use whilst being effective parents/carers for their children.

1.1.5 Supporting families where there are problem alcohol and/or drug use – remains a significant practice challenge for all workers and a most difficult task.

1.1.6 Children may be at risk of physical harm if drug paraphernalia (e.g., needles) are not kept safely out of reach. Children may become seriously ill or die through inadvertent access to drugs (e.g., methadone kept in fridge).

1.1.7 Pregnancy and pre-conception stages are the most critical stages – sexual health, family planning and maternity services have an important role to play.

1.1.8 Alcohol and/or drug use may co-exist with mental ill-health and domestic abuse – trio of risk [3] (previously known as the toxic trio); with heightened risks for children and families.

1.1.9 There is a need to ensure a co-ordinated approach to child protection, recovery and wider family support – a ***whole system*** and ***whole family*** approach is required.

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[1] **Practice Points** throughout this document have been extracted from *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)

[2] **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)

[3] **Recovery** as defined in *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem* (SG 2008)

1.1.10 Recovery – is defined 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[A]"*.

1.1.11 Recovery Timescales for adults may differ from Child Protection Timescales – there is a need be aware of the risks.

1.1.12 Recovery Timescales – the start and end points are variable; it is a sustained journey over a given period of time; it can last for several years or for a lifetime – outcomes are better if a ***whole family*** approach is taken.

1.1.13 Recovery Timescales – contingency and supportive measures are necessary; consider the impact if services are withdrawn too quickly – keep your focus on the child or young person.

1.1.14 Stigma remains one of the biggest issues – it can result in reluctance to seek help; create a fear of being judged; a fear of repercussions; and can present a significant barrier.

1.1.15 Children's Services and Adult Services ***must*** work together and remain focussed on the child – ***whole family approach*** – in keeping with the Getting It Right For Every Child (GIRFEC) and Recovery Agenda.

1.2 What is the scale of the challenge?

1.2.1 Estimating the exact numbers of children and young people affected by problematic alcohol and drug use remains a complex task – there is always a level of significant under-reporting.

1.2.2 Agreeing, on an inter-agency basis, the definition of a Child in Scotland can be challenging, given differing professional backgrounds and service and/or agency perspectives.

1.2.3 **The Children and Young People (Scotland) Act 2014** *defines a child as "a person who has not attained the age of 18 years"*.

1.2.4 Alcohol is by far the most popular substance in Scotland.

1.2.5 Unborn Baby – Pre-Conception and Pregnancy – some babies are born dependent on alcohol and drugs and can develop severe withdrawal symptoms.

1.2.6 Neonatal Abstinence Syndrome (NAS) – has serious impact on attachment; interactions; longer-term growth and development.

1.2.7 Foetal Alcohol Spectrum Disorder (FASD) – has serious impact on 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.

1.2.8 Blood-Borne Viruses – including HIV; Hepatitis B; and Hepatitis C are a possible consequence.

1.2.9 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. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty, as an indicator of both support & protection needs*[5]*;*

1.3 Neonatal Abstinence Syndrome (NAS)

1.3.1 NAS is the most commonly reported adverse effect of drug use in pregnancy. 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 infants longer term growth and development.

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

1.3.3 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
- Red or broken skin from excessive rubbing
- Blotchy skin colouring
- Poor weight gain or weight loss

1.4 Foetal Alcohol Spectrum Disorder (FASD)

1.4.1 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 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.

1.4.2 FASD can resemble other conditions and is difficult to diagnose. As a result, the actual prevalence of FASD in the UK is unknown, and there is no reliable evidence on the incidence of FASD. Estimates of the prevalence of FASD have however been

[5] **Neglect** as defined in Tackling child neglect - Child protection - gov.scot (Scottish Government 2021)

produced. A meta-analysis of 24 studies estimated a global prevalence of FASD of 7.7 per 1000 population and a UK prevalence of 32.4 per 1000 population. (NICE, 2019).

1.4.3 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.

1.4.4 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.

1.4.5 It is essential that the advice provided by healthcare professionals is up to date, consistent and evidence-based, in addition to the advice provided on other lifestyle choices such as drugs, smoking and nutrition during pregnancy. Discussion and accurate documentation around pre and post conception alcohol use is vital to aid future diagnostic assessments in relation to FASD.

1.5 Blood-borne viruses

1.5.1 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 which causes AIDS (Acquired Immune Deficiency Syndrome). Hepatitis B and hepatitis C are viruses which effect the liver, people with long-term infection are at increased risk of serious liver disease and cancer.

1.5.2 Children can be at risk of blood-borne viruses through: mother-to-child transmission (during pregnancy, childbirth, and breast feeding); "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.

1.6 Neglect

1.6.1 "Persistent" means there is a pattern which may be continuous or intermittent which has caused or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm.

1.6.2 The GIRFEC SHANARRI indicators set out the essential wellbeing needs. Neglect of any or all of these can impact on healthy development. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of

inadequate caregivers); to seek consistent access to appropriate medical care or treatment; to ensure the child received education; or to respond to a child's essential emotional needs.

1.6.3 Malnutrition, lack of nurturing and lack of stimulation can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. For very young children the impact could quickly become life threatening. Chronic physical and emotional neglect may also have a significant impact on teenagers.

1.6.4 Antenatal vulnerabilities and pre-birth harmful behaviours can lead to the risk of harm post birth and are often indicators of potential future neglect. Maternal self-neglect stemming from ill mental health, domestic violence, poor lifestyle, lack of prioritisation, substance misuse, concealed pregnancy, poor parenting values can often extend onto the new-born and/or wider siblings. This list is not exhaustive, and it is fundamental that midwives and wider professionals involved in a woman's pregnancy are familiar with the pre-birth planning and risk assessment for the management of potential future neglect towards a new-born. Whilst recognising the rights of the unborn are recognised differently within UK law to those of an existing child.

Section 2: Deciding When Children Need Help

Practice Points

2.1 What should I consider first?

Key Practice Point 1: Reflective Practice
If you are worried or concerned about something you have witnessed and/or observed ask yourself the following questions: • *What have I seen?* • *What have I heard?* • *What do I feel is unusual or different?* • *What has actually happened?* • *What is my worry or concern?*

Key Practice Point 2: Ask yourself the Five GIRFEC Questions
At each stage of an intervention, practitioners should consider the GIRFEC values and principles and ask themselves the following questions: • *What is getting in the way of the 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?*

Key Practice Point 3: Consider the Seven Signs of Safety Questions
At the point of referral, consider the following questions: • *What worries do you have that made you call us today?* • *How safe is the child/adult?* • *How safe do you think they will be tonight and tomorrow if nothing were to change?* • *How long have you been worried about the child/adult?* • *What are you most worried about?* • *What have you done to help?*

- *Given what you know about this child/adult/family what do you think could be done to help?*

2.1.1 Keeping children and young people **safe** is ***everyone one's job and everyone's responsibility.***

2.1.2 Children and young people should ***get the help they need; when they need it; for as long as they need it;*** and their **wellbeing** always paramount.

2.1.3 Children and young people have a view and must be listened to, understood and respected.

2.1.4 Ensure the child or young person is seen and is **safe** – remember the siblings.

2.1.5 Keep your focus on the child or young person's **wellbeing**– always consider the needs of the child or young person and any impact on them.

2.1.6 Significant need or risk to a child or young person – **child protection procedures *must be* followed immediately** – there are no other parallel pathways – do not delay.

2.1.7 Prevention, early identification, intervention and support is critical – to prevent further escalation, damage and/or difficulties later.

2.1.8 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.

2.1.9 Child Protection is a **Getting It Right For Every Child (GIRFEC)** intervention where the emphasis on keeping **safe**, is the main **wellbeing indicator**.

2.1.10 In keeping with the GIRFEC National Practice Model – always involve the practitioner who is fulfilling the role of the Named Person. The named person for the child or young person will play a critical role in deciding whether a child or young person needs help, and in accessing such help promptly.

- Generally, for unborn children and those up to 10 days old, **the named person is the midwife.**
- From 10 days old until the child enters school, **the named person is the family nurse or health visitor.**
- When the child begins school, **a member of educational staff will become their named person.**

2.1.11 Where there is a child's plan in place, always involve the practitioner who is carrying out the role of the Lead Professional, if one has been appointed.

- The **Lead Professional** is the practitioner best placed to co-ordinate multi-agency activity supporting the child or young person and their family.
- The **Child's Plan** is the single agency, or multi agency action plan agreed by all involved services.

2.1.12 Always consider the wider factors – the family's strengths; vulnerabilities; challenges; protective factors; resilience; ability to recover and the impact on the child or young person.

2.1.13 Remember to highlight the family's strengths, the positives, what they do well in addition to what they do not do so well. This will enable the family to engage and build a working relationship.

2.1.14 Ensure you have read and understood your own service and/or agency child protection procedures and adult protection procedures – know where and how to access them.

2.1.15 If in any doubt, seek help and support from the designated person within your own agency with responsibility for child protection.

2.2 What should I be considering further?

2.2.1 Staff working in adult services – including health; drug and alcohol; housing; community justice – have an important role in identifying children and young people living and being cared for by adults with problematic alcohol and/or drug use – you must understand the impact on the child or young person.

2.2.2 Staff need to consider any other related issues – including domestic abuse and other forms of violence against women; mental-ill health; learning disability; adult subject to AS&P procedures, hostility and/or when services find it hard to engage with families and you should know how to recognise and respond to these complex issues.

2.2.3 There is a strong link between problematic alcohol and drug use and childhood sexual abuse, rape and sexual assault and other forms of violence against women. Alcohol and drugs can often be used to self-medicate after these experiences and/or can be a feature of abuse. In addition, women who have problematic alcohol and drug use may also be involved in selling or exchanging sex to pay for their own or someone else' drugs or debt. (CSE Aware).

2.2.4 Staff need to be aware of the signs and/or symptoms of child abuse and/or neglect; you need to be alert to changes in behaviours and/or family circumstances – keep your focus on the child or young person's **wellbeing**.

2.2.5 This Guide and toolkit contain a number of electronic Checklists/Questions/ Prompts to support early identification; proportionate intervention; assessment and planning. Staff may find these helpful in determining the nature and/or extent of any initial worry or concern they may have and can use them to identify risks and/or needs to a child or young person's wellbeing (reproduced with the permission from GIRFEC Guidance 2022; Getting Our Priorities Guide 2013 and with kind permission from Child Protection in Fife

2.2.6 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**.

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

2.3.1 **Doing nothing is not an option** – do not delay unnecessarily.

2.3.2 Do not assume someone else will do something – they may not.

2.3.3 Always act in the best interests of the child or young person – their **wellbeing** is paramount and is your responsibility.

2.3.4 **Ensure the child or young person is seen and they are safe.**

2.3.5 Note and accurately record the exact nature of your worry or concern.

2.3.6 Make contact with the child or young person's Named Person; discuss and share your worry or concern; agree a course of action – single agency or multi-agency.

2.3.7 Make sure you speak with colleagues in other relevant services and/or agencies – including children's services (education and social work), adult services (including health, drug and alcohol services, housing services and community justice services) – it is important you have a full holistic picture of what is affecting the child or young person and the whole family unit.

2.3.8 Share and exchange information with other practitioners, services and/or agencies who may also be involved with the child or young person and family – keeping in mind the guidance available in the next section of this guide.

2.3.9 Make use of the Practitioner's Guide and Toolkit to determine and identify the level of needs and/or risks.

2.3.10 Follow your own service and/or agency child protection procedures.

2.3.11 Remember you are entitled to feedback – if you do not get it – actively seek it.

2.3.12 If you are worried about a child or young person, you should contact **Dumfries & Galloway Single Access Point** or **Police Scotland.**

Section 3: Information Sharing, Confidentiality and Consent

Practice Points

Key Practice Point 4: Dispelling a Common Misconception.
It is a common misconception that data protection legislation/GDPR prevents you from sharing personal information or special category 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 is some cases special category information where you are worried or concerned about the welfare and/or protection of a child or young person. On the contrary, you are, within certain limitations and constraints, empowered to do so.

3.1 What do I need to know about Information Sharing? [6]

3.1.1 Information gathering, sharing and exchanging is not a *one-off event* – but a continual process.

3.1.2 The wellbeing of children and young people is ***everyone's job and everyone's responsibility*** – including you.

3.1.3 **Doing nothing is not an option.**

3.1.4 Keep your focus on the wellbeing of the child or young person.

3.1.5 Ask yourself the **five key GIRFEC Questions** – if the answer is no or you do not know, find out.

3.1.6 Adopt a common-sense approach.

3.1.7 It is good practice to discuss information sharing, confidentiality and consent with parents/carers – especially when it is safe to do so – you must know these limitations and extents.

3.1.8 You should also consider sharing your worry or concern with the practitioner fulfilling the role of Named Person for the child or young person.

3.1.9 **Use your professional judgment, instinct, knowledge and skills – gut feelings**.

3.1.10 Do not delay unnecessarily – act quickly.

[6] 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 data (information) and/or special category data (information) in keeping with the Data Protection Act 2018 and the Data protection: The UK's data protection legislation - GOV.UK (GDPR)

3.1.11 Seek help and support in doing so – Safeguarding Manager in Education, NHS Child/Public Protection Advisers, Team Manager/Senior Social Worker in social work, your single agency designated child protection lead.

3.1.12 Share what you consider only to be necessary, **legitimate, appropriate and proportionate** – on a need-to-know basis only.

3.1.13 Consider the alternatives and/or implications of not sharing information.

3.1.14 Always record your decision and the reasons for it.

3.1.15 Follow your own service and/or agency information sharing guidance and child protection and/or adult protection procedures.

3.2 What do I need to know about Confidentiality?

3.2.1 Practitioners must work within the limitations and constraints of confidentiality.

3.2.2 Confidentiality is not an absolute right and must never be promised.

3.2.3 Confidentiality does not apply where the matter is clearly one of protecting children and young people. The welfare of children and young people is paramount.

3.2.4 Confidentiality does not prevent you from sharing a worry or concern about a child or young person's welfare – it actually empowers you to do so.

3.2.5 Practitioners have a duty of care, and it has long been established that just cause, or excuse and/or acting in the public interest are defences to any action for breach of confidence.

Key Practice Point 5: Limitations and Constraints.
Where a practitioner believes, in their professional opinion, that there is a risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of **The Data Protection Act 2018** and the Data protection: The UK's data protection legislation - GOV.UK (GDPR) 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 appropriate colleagues about the case. If there is any doubt about the welfare of the child and the decision to share, a breach of **The Data Protection Act 2018** and the Data protection: The UK's data protection legislation - GOV.UK should not be viewed as a barrier to proportionate sharing.

3.3 What do I need to know about Consent?

3.3.1 Practitioners must clearly understand the limitations and constraints of consent.

3.3.2 Consent does not apply where the matter is clearly one of protecting children and young people. Seeking consent in these circumstances would not be appropriate, as doing so, may likely place a child or young person at further risk.

3.3.3 Consent is only applicable in circumstances where an individual has a real choice over the matter.

3.3.4 Practitioners must ensure the individual being asked to provide their consent fully understands the request and its extent.

3.3.5 Consent must be considered on a case-by-case basis. Consent, when sought, must be freely given, specific, informed and unambiguous and never implied.

3.3.6 Consent can take the form of a written statement (including by electronic means) or an oral statement. However, consent in writing should be obtained wherever possible so that it can be clearly evidenced if subsequently challenged or questioned.

3.3.7 Consent and discussions relating to consent must always be documented.

3.3.8 Within the United Kingdom, the law dictates that there is a difference between an unborn and a new-born child (European Council on Human Rights, 2008) and in a number of respects it is not legally possible to take action, as it would be if the child had been born. The intention should therefore be to do whatever can **reasonably** be done to ensure a child's safety before, during, and after birth. Antenatal care is not mandatory nor a legal obligation. Consent should always be sought in pregnancy along with the same principles of protecting an adult or a child should future risk be suspected or predicted.

Key Practice Point 6: To seek or not to seek.
Consent does not apply where the matter is clearly one of protecting children and young people. Seeking consent in these circumstances would not be appropriate, as doing so, may likely place a child or young person at further risk. Consent is only applicable in circumstances where an individual has a real choice over the matter.

3.4 What do I need to know about the legislation?

3.4.1 Legislation regulates and supports you to share information lawfully.

3.4.2 Legislation provides you with a legal framework within which information can be shared.

3.4.3 Legislation helps you to weigh up the benefits and the risks.

3.4.4 Legislation is bases on common sense principles.

3.5 What do I need to know about information sharing methods?

3.5.1 Share and exchange information in a working relationship – built on mutual trust and respect.

3.5.2 Document the reasons why you are sharing information and/or not sharing information.

3.5.3 Keep all information safe and secure at all times.

3.5.4 Always identify the person you will be communicating with.

3.5.5 Do not give verbal information where you can be overheard.

3.5.6 Do not leave information on answering machines or voicemail.

3.5.7 Be aware of your own service and/or agency's e-mail policy – always use secure e-mail.

Section 4: Assessing Risks, Planning and Improving Outcomes

Practice Points

Key Practice Point 7: When Enough is Enough.
When a parent or carer consistently places procurement and use of alcohol or drugs over their child's welfare and fails to meet a child's physical or emotional needs, the outlook for the child's health and development is poor. Problematic alcohol and/or drug using parents themselves acknowledge this and it is the duty of all professionals to act in the child's best interests when parents cannot.

4.1 What should I be thinking about when trying to make an assessment of risk?

4.1.1 When looking at the parent/carer'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 **wellbeing**.

4.1.2 Keep your focus consistent with the GIRFEC National Practice Model in particular the Wellbeing Indicators; the My World Triangle; and the Resilience Matrix.

4.1.3 Focus on each child or young person in the household separately – **ensure they are seen**.

4.1.4 **Keep your focus on risk as well as need**.

4.1.5 Assessment is a dynamic and continuous process – not a one-off event.

4.1.6 Assessment must take account of changing circumstances – good or bad, positive or negative. Concerns can reduce over time and can also increase.

4.1.7 Assessments must be evidence-based, comprehensive and strengths-based.

4.1.8 Involve the child or young person and their parents/carers to maximise the overall opportunity of recovery – ensure that their voice is heard, listened to and respected.

4.1.9 Work to build and sustain trusting and honest relationships with the child or young person and family – always work in partnership with them.

4.1.10 Be aware of hostility and those parents and carers who services have difficulty engaging with and ask yourself why resistance may have developed.

4.1.11 Do not allow the Rule of Optimism to overly-influence your professional judgement, instinct, knowledge; skills and/or gut feeling.

4.1.12 Keep in mind there are critical and difficult points during the recovery journey – detoxification; relapse; discharge; hospitalisation; blood testing; imprisonment and these must be carefully assessed.

4.1.13 Be aware of and apply the methodological approach within the Cycle of Change (Prochaska and DiClemente, 1982) and take the opportunity to engage with parents and carers to improve outcomes for children and young people.

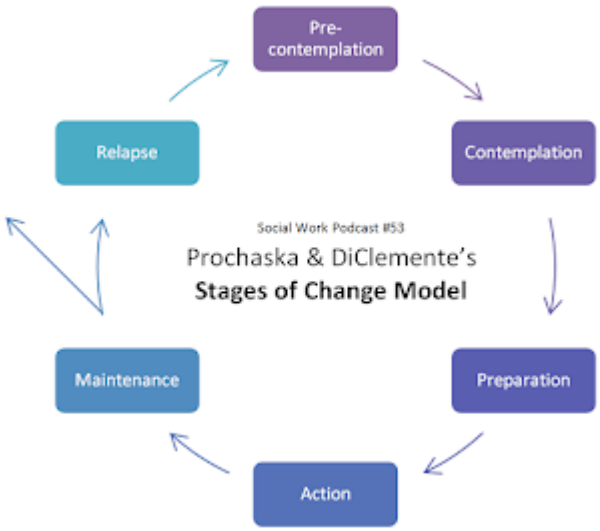
4.1.14 Always involve the practitioner who is fulfilling the role of the Named Person for the child or young person.

4.1.15 If single service and/or agency assessment indicates the need for a multi-agency assessment, move towards a Child's Plan co-ordinated via the practitioner carrying out the role of the Lead Professional.

4.1.16 Always follow your own single service and/or agency assessment and/or care planning processes and/or frameworks.

4.1.17 This Guide and Toolkit contains a number of electronic Checklists/Questions/ Prompts to support early identification; proportionate intervention; assessment and planning. Staff may find these helpful in determining the nature and/or extent of any initial worry or concern they may have and can use them to identify risks and/or needs to a child or young person's wellbeing.

4.1.18 Alternatively, you may find the National Risk Framework and Toolkit to Support the Assessment of Children and Young People a helpful resource.



4.2 What should I be thinking about in terms of Planning, Improvements and Outcomes?

4.2.1 If a Child's Plan is required, this would usually be initiated by the practitioner carrying out the role of the Named Person.

4.2.2 If the assessment concludes that a child or young person requires specialised support through a targeted intervention, then a practitioner should be identified to fulfil the role of the Lead Professional, and he/she should co-ordinate the Child's Plan.

4.2.3 Ensure the views of the child or young person and the family are included.

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

4.2.5 Ensure the child's plan is focussed on risk as well as need.

4.2.6 Ensure the Named Person and any other who may be providing a network of support to the child or young person and their family are involved in the development of the Child's Plan.

4.2.7 Ensure that goals, milestones and timescales are outcome-focussed, realistic and achievable – keep them real and under constant review.

4.2.8 Consider setting short-term and longer-term outcomes – this may be more manageable – do not allow these timescales to drift.

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

4.2.10 Keep in mind a parent/carer's recovery timescales may not match the needs of the child or young person.

4.2.11 Consider including social support (mutual aid/support) information provision, parenting skills training as part of your planning process.

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

4.2.13 Withdrawal of treatment services can have a negative impact on parenting capacity and therefore the child or young person's wellbeing.

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

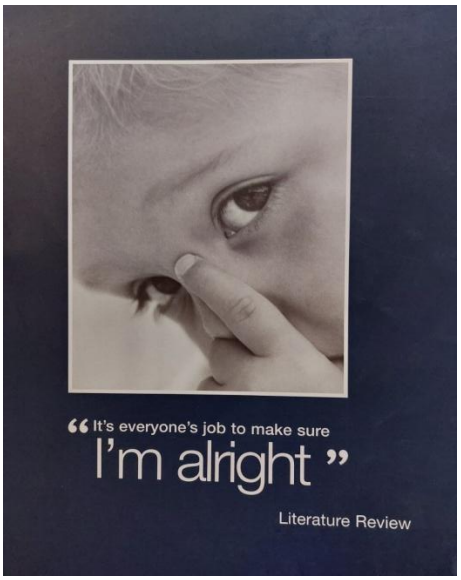
4.2.15 Always follow your own service/agency assessment and planning processes.

4.2.16 Remember the Practitioners Guide and Toolkit supports and complements single service/agency assessment and care planning processes – it does not replace them.

Section 5: Working Together

Practice Points

5.1 What difference does joint working make?



Protecting Scotland's Children and Young People: “It is Still Everyone's Job”

Its everyone's job to make sure children & young people are alright
In November 2002, following a national audit and review of child protection practice across Scotland, the report, '**It's Everyone's Job to make Sure I'm Alright'** was published. The title of the report is a direct quote from one of the children interviewed. In March 2017, the Scottish Government published “Protecting Scotland's Children & Young People: It's Still Everyone's job”, It highlighted that it is **still** everyone's job to keep children & young people safe & professionals in health, education, police and social work have specific responsibilities when they become aware that a child or young person is being subjected to harm or is at risk of significant harm.

5.1.1 Keeping children and young people **safe** is **everyone one's job and everyone's responsibility –** their **wellbeing** is paramount.

5.1.2 Problems in alcohol and/or drug using families are more than often complex and cannot be solved by one service and/or agency alone.

5.1.3 Support should be provided to all family members – children, young people and their parents and/or carers – child protection and adult protection procedures may apply.

5.1.4 Determining the degree of risk and need requires good inter-agency communication and collaboration between all services and/or agencies including children's services; health and adult services – drug and alcohol; housing; community justice and third sector.

5.1.5 A joint approach between all children's services and all adult services ensure a **whole system** and **whole family approach** is taken – to meet the wider needs of the child or young person and family in overall therapy, support and recovery.

5.1.6 Effective collaboration and coordination between all children's services and all adult services is vital.

5.1.7 Interventions must be planned and co-ordinated – individual staff cannot resolve these complex issues alone.

5.1.8 Working together means breaking down organisational barriers; building mutual trust and respect and seeing it from each other's perspective.

5.1.9 Working together means having an understanding of each other's roles and responsibilities and the any limitations (real or imagined).

5.1.10 Issues of power; control; status and hierarchy are irrelevant – the focus must remain on the needs of the child or young person and family.

5.1.11 Working relationships have to be developed, maintained and sustained – they need to be worked at.

5.1.12 Work shadowing and joint visits promote good inter-agency working relationships.

Effective partnership working is an underpinning principle of Getting it Right for Every Child (GIRFEC) – which has a focus on early identification, proportionate intervention and support.

5.1.13 Communication between and across all services and/or agencies is critical – if children, young people and families are not to fall through the gaps.

5.1.14 Transitions – children, young people and families who may be in transition (any type) can become more vulnerable and in need of help and support.

5.1.15 Housing Services – Housing Staff have a key role to play in keeping children and young people safe, given their community-based work and home visiting.

5.2 What can I do to promote joint working further?

5.2.1 Ensure you know who to contact within your own agency, find out who your Designated Lead for Child Protection is.

5.2.2 Ensure that you take advantage of any Line Management and/or Supervision opportunities – in the absence of that, always seek support from Colleagues and/or Peers – you are not alone.

5.2.3 Ensure you Child protection | Dumfries and Galloway Council who to contact and how and when to do that.

5.2.4 Ensure that you understand the roles and responsibilities of other practitioners, services and/or agencies – understand their professional boundaries, limitations and constraints – **if in doubt ask them**.

5.2.5 Ensure that you have read and understood your own service and/or agency child protection and adult protection procedures and information sharing guidance.

5.2.6 Ensure that you have read and understood this **Practitioner's Guide** – ensure you understand the Practice Points and make use of this resource.

5.2.7 Ensure you understand the principles of information sharing, confidentiality and consent proactively share and exchange information when it is appropriate to do so.
5.2.8 Ensure you have an understanding of meetings, assessment, care planning and what constitutes an improvement outcome for a child or young person and family.

5.2.9 Ensure that you actively contribute to any assessments, chronologies and/or plans if asked to do so.

5.2.10 Ensure your opinion and professional experience is taken into consideration when decisions are being made – your contribution is vital.

5.2.11 Ensure that you visit children, young people and families at home; that visits are both planned and unplanned – where possible carry out joint visits with other practitioners, services and/or agencies.

5.2.12 Ensure you keep your focus on the child or young person and family – remain child-centred and focussed and ensure you see the child or young person – be persistent and do not give up.

5.2.13 Ensure the child or young person is **safe**.

5.2.14 Ensure you always seek feedback – be proactive and seek it.

5.2.15 Ensure you take an opportunity to view and complete the Types of training | Training and development for professionals | Dumfries and Galloway Public Protection Partnership the 2 day in-person ASP training | Dumfries and Galloway Public Protection Partnership and the Getting it right for every child (GIRFEC) - gov.scot.

5.2.16 Ensure you consider any need you may have for further learning and development in child protection, adult protection and/or drugs and alcohol and actively seek out that learning, as part of your own staff training and/or continuous professional learning and development plan.

5.2.17 **Ensure you always think about wellbeing – remember the child or young person's welfare is paramount.**

PART 2:

POLICY, LEGISLATION & REFERENCE WEBLINKS

Weblinks

National Policy Framework

UN Convention on the Rights of the Child

[ARCHIVED CONTENT]
Advisory Council on the Misuse of Drugs (ACMD) (2003): Hidden Harm: Responding to the Needs of Children of Problem Drug Users

VERY DRAFT 2

Part 1: The Context for Child Protection - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot

Child protection learning and development 2024: national framework - gov.scot

Chapter 5: Getting it Right for Children in Substance Misusing Families - The road to recovery: a new approach to tackling Scotland's drug problem - gov.scot

Quality improvement framework for the early learning and childcare sectors | Inspection frameworks | His Majesty's Inspectorate of Education in Scotland

Long Acting Reversible Methods of Contraception (LARC) in Scotland - Year ending 31 March 2025 - Long Acting Reversible Contraception (LARC) Key Clinical Indicator (KCI) - Publications - Public Health Scotland

Scottish Government (2012): A Guide to Getting it Right for Every Child

Scottish Government (2012): National Risk Framework to Support the Assessment of Children and Young People

Scottish Government (2012): National Child Protection Risk Assessment Framework – Useful Toolkit for Practitioners

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

Care Inspectorate (2014)- How well are we improving the lives of children and young people? A guide to Evaluating Services using Quality Indicators

Scottish Government (2018) – Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy

Scottish Government (2018) – Alcohol Framework 2018

Quality improvement framework for early learning and childcare sectors

National Institute for Health & Care Excellence: Quality Standards

National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot

Scottish Government (2021) – Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice

National Legislative Framework

The Children and Young Persons (Scotland) Act 1937

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 Adults with Incapacity (Scotland) Act 2000

The Freedom of Information (Scotland) Act 2002

The Mental Health (Care and Treatment) (Scotland) Act 2003

The Adult Support and Protection (Scotland) Act 2007

European Council on Human Rights (2008)

The Children's Hearings (Scotland) Act 2011

The Children and Young People (Scotland) Act 2014
The Data Protection Act 2018

General Data Protection Regulation (GDPR 2018)

The Children (Scotland) Act 2020

Useful Web Links

We Are With You

Dumfries and Galloway Alcohol and Drug Partnership (ADP) – DGADP is a body made up of representatives from a wide range of partners across the region. This includes input from Health, Social Work, Housing, Police, Procurator Fiscal Service and the Voluntary sector.

Al-Anon

Alcohol Focus Scotland

Alcoholics Anonymous

Barnardo's Scotland

ChildLine

Children 1st

Crimestoppers Scotland

Drink Aware

Drug Scope

Families Anonymous

FPA Sexual Health Charity

ISSU18

Know the Score

Crew 2000 – Mind altering

NHS 24

NHS Specialist Drug and Alcohol Service (Dumfries and Galloway)

Dumfries and Stewartry Women's Aid

Parentline

Police Scotland

Welcome to SCRA | Scottish Children's Reporter Administration

Scottish Drugs Forum

Scottish Families Affected by Alcohol and Drugs

Scottish Government

Scottish Government Getting it Right for Every Child Website

Shelter Scotland

SMART Recovery UK

Talk to Frank: Friendly, Confidential Drug Advice

PART 3:

TOOLKIT

(Checklist/Questions/ Prompts)

Checklists

Checklist No 1: Reflective Practice

All practitioners and managers in all services/agencies can use this Checklist to reflect on any early worries or concerns they may have witnessed or identified. This is a self-reflective Checklist.

Checklist No 2: Five Key GIRFEC Questions

All practitioners and managers in all services/agencies can use this Checklist to reflect on any worries or concerns they may have about a child or young person's wellbeing. This is a self-reflective Checklist.

Checklist No 3: Early Observations of Children and Young People

All practitioners and managers in all services/agencies can use this Checklist to reflect further on any worries or concerns they may have witnessed or identified from recent contact with and/or observations of children/young people. This is a self-reflective Checklist which can be completed with or without the child/young person.

Checklist No 4: Early Observations of Parents and Carers

All practitioners and managers in all services/agencies can use this Checklist to reflect further on any worries or concerns they may have witnessed or identified from recent contact with and/or observations of parents/carers.
This is a self-reflective Checklist which can be completed with or without the parent/carer.

Checklist No 5: Further Considerations for Children's Services

All practitioners and managers in children's services can use this Checklist to reflect further on any worries or concerns they may have. This is a self-reflective Checklist which should be completed with the parent/carer.

Checklist No 6: Further Considerations for Adult Services

All practitioners and managers in adult services can use this Checklist to reflect further on any worries or concerns they may have. This is a self-reflective Checklist which should be completed with the parent/carer.

Checklist No 7: Information to be Considered as Part of a Multi-Agency Assessment (GOPR2)

All practitioners and managers in all services/agencies can use this Checklist to inform a holistic assessment of the impact of problematic alcohol and/or drug use on a child/young person's wellbeing. This is a self-reflective Checklist which can be completed with or without the child/young person and/or their parent/carer.

Checklist No 8: Information to be Considered as Part of a Multi-Agency Assessment (GOPR2)

All practitioners and managers in all services/agencies can use this Checklist to inform a holistic assessment of the impact of problematic alcohol and/or drug use on a child/young person's wellbeing. This is a self-reflective Checklist which can be completed with or without the child/young person and/or their parent/carer.

Checklist No 9: Information to be Considered as Part of a Multi-Agency Assessment (GOPR2)

All practitioners and managers in all services/agencies can use this Checklist to inform a holistic assessment of the impact of problematic alcohol and/or drug use on a child/young person's wellbeing. This is a self-reflective Checklist which can be completed with or without the child/young person and/or their parent/carer.