

Getting Our Priorities Right for the children and young people of Aberdeenshire

Aberdeenshire ADP and Child and Family Protection Committee



**Guidance for staff across Aberdeenshire in support of good practice when
working with families affected by substance misuse**

April 2014

Introduction

“Alcohol and drug use can result in significant and complex risks for children and young people and in some cases, lives are greatly damaged as a result. Addressing these issues presents practitioners with some of the most difficult tasks that our health and social care services can face” (Aileen Campbell, minister for children and young people, Scottish Government 2013)

It is essential that practitioners have access to useful, practical and up-to-date guidance that can support the difficult actions and decisions that often have to be made when working with families where there are problem alcohol and/or drug use. This brief guidance note summarises the updated *Getting Our Priorities Right* guidance issued in April 2013. <http://www.scotland.gov.uk/Publications/2013/04/2305/0>

This guidance is grounded in the core principles that govern our common approach to improving services for children, adults and families. It recognises that early intervention is critical if we want to ensure that problems in vulnerable families do not become more damaging and more difficult to address later.

It is steeped in our *Getting It Right For Every Child* approach to delivering services, not least the principles of joined-up working across the public sector and putting the child and the family at the heart of all service design and delivery. It complements the National Guidance for Child Protection in Scotland, 2014 <http://www.scotland.gov.uk/Publications/2014/05/3052>

Lastly, it supports the wider recovery agenda for families facing problematic alcohol or drug use issues, ensuring that child protection, recovery and wider family support concerns are brought together as part of a co-ordinated approach to giving children, young people and families the best support possible.

National and Local Context:

Getting Our Priorities Right (GOPR) was first published 2003 and described how all services working with adults with substance misuse need to ensure children were protected. Policy environment has significantly changed since then with the focus on the recovery agenda and early intervention described in

- The Road to Recovery
- Getting it Right for Every Child (GIRFEC)
- National child protection guidance

The increased awareness that many more children are adversely affected by parental alcohol misuse than by parental drug misuse has also become clear and services have had to change to reflect this.

In Aberdeenshire significant progress has been made around integrated working, with a clear child and family centred focus:

- the Integrated assessment framework was implemented initially and more recently GIRFEC processes are being developed.

- The Alcohol and Drug partnership (ADP) has streamlined its focus to recovery, protection and prevention
- The North East of Scotland Child Protection Committee (NESPC) has devolved into 3 local authority Child Protection committees. The Aberdeenshire Child and Family Protection committee has responsibility for child protection processes and policies in Aberdeenshire.
- 17 Community School networks have been streamlined into 6 area GIRFEC groups, to reflect the local authority administrative areas
- adult health and social care services are currently working towards an integrated management and delivery structure

Describing the Challenge:

Problematic parental alcohol/ drug use affects children across Aberdeenshire. 40-60,000 children are estimated to be affected across Scotland with 10-20,000 living with parents. Based on population statistics that would indicate that around 2000 children are affected with approximately 500 children actually living with parents with alcohol or drug problems in Aberdeenshire. The impacts of this are felt across age ranges – from pregnancy to young adulthood.

Alcohol is the most popular substance in Scotland and in Aberdeenshire while 90% of females who have problematic drug use are accessing treatment and as a consequence are known to services only 6% of females who have problematic alcohol issues are accessing services. In Aberdeenshire 43% of residents are thought to be drinking above recommended limits and 14,000 may be clinically dependant on alcohol. These figures paint an alarming picture of potentially unmet need - children facing poor outcomes with their wellbeing adversely affected, while parental alcohol misuse goes undetected. Alcohol misuse affects all areas and social groups, while drug misuse is more prevalent in areas of deprivation, and because most drug misuse is concerned with illegal substances it is more often identified. Affluent areas often have high numbers of parents drinking above recommended limits and the impacts of this are often much harder to identify.

Problematic parental drug and alcohol impacts include

- foetal alcohol spectrum disorder
- neglect - physical and emotional
- poor attachment
- inconsistent parenting
- children becoming young carers
- increased risk of conduct disorders in school age children
- increased risk of young people abusing substances as well

Recovery Agenda:

Recovery is described as “a process through which an individual is enable to move on from their problem drug/alcohol use towards a substance free life and become an active and contributing member of society” (the Road to Recovery – Scottish Government 2008). Recovery needs timely and sensitive person centred support that is appropriate and empathetic and which empowers the individual to set their own recovery objectives, manage their own care and sustain recovery. Sustained recovery may take several years to

achieve, and these timescales can often be in conflict with timescales that are needed to ensure the well being and safety of a child or young person. Children's and adult services must keep in regular contact to agree a plan that works for both the child/young person and the family. Engaging the extended family can often be an effective way of keeping children safe while in their own family setting, however the wellbeing of children must always be paramount when plans are put in place to support families living through these challenging circumstances.

Getting it Right for Every Child:

GIRFEC is the Scottish Government's overarching approach to promoting appropriate, proportionate and timely action by services to improve the wellbeing of all children and young people in Scotland. It encourages early intervention supported by a shared understanding by all services of a child's wellbeing as defined by eight indicators: ***Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; and Included.***

The Children and Young People (Scotland) Bill will put this definition and other key elements of the GIRFEC approach on a statutory basis. This shared understanding by services of a child's wellbeing is a critical one for the purpose of this guidance. The core components of the GIRFEC approach are:

- **A Named person for every child in Scotland**- this will be from the universal services of health or education. The Named Person is the initial point of contact for children, young people and parents seeking advice and support and for anyone with a concern about the child. They must make sure the child and their family know that they are the Named Person for their child and inform child and family before their information is shared, what the information is, shared with whom and for what reason. Staff across the public sector have a legal duty to co-operate with the Named Person to improve the well being of any child where concerns are identified. The named person is:
 - the midwife until the child is 10 days old.
 - The health visitor from 11 days to the start of primary school
 - A member of the school management team or pastoral support team until the child leaves school
 - A nominated officer of the local authority for young people between 16 and 18 if young people have left school
- **A Single Plan for every child:** The child and family are fully involved along with agencies in contributing to and taking responsibility for the agreed actions in the plan, working together to provide the right help at the right time
- **The GIRFEC National Practice Model:** an asset-based model for assessing and planning for all children and young people

Any member of staff coming into contact with a child or young person for whom they have concerns should start by asking the following 5 GIRFEC questions

1. What is getting in the way of this child's well-being?
2. Do I have all the information I need to help this child?
3. What can I do now to help this child?

4. What can my agency do now to help this child?
5. What additional help, if any, may be needed from other agencies?

Further information is available at

<http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

<http://www.hi-netgrampian.org/hinet/1637.4.172.html>

Information Sharing, confidentiality and consent:

The purpose of legislation surrounding information sharing is not to prevent information sharing, but to ensure that information sharing is appropriate, proportionate and timely. The default position here is that information should always be shared where there are concerns to the child's wellbeing. There is no absolute right to confidentiality when there are concerns about a child or young person's well being.

Why share information?

- When people work together to provide extra support for children, young people and their family or carers, they may need to share relevant information to get the right help as quickly as possible.
- Sharing relevant information will help give a better picture of what support and services are needed. Working with children, young people and their family or carers will help staff from different services to provide support in a co-ordinated way.

Consent:

Gaining consent to share information supports inclusive working with families, but the data protection act provides conditions to allow sharing of information, such as 'for the exercise of any other functions of a public nature exercised in the public interest by any person' If you have a concern about a child or young person's well being, which you believe may be a strong indication that the child or young person could be at risk of harm, if the matter is not addressed, information can be shared without explicit and informed consent. 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. However the parents and /or young person should be kept fully informed of your intentions, with explanation of your reasons for sharing information being given, unless to do so would place the child at increased risk. Consent, if sought, should always be informed and explicit; whether consent has been sought or parents /young person have been informed about the sharing of information clear recording in the child or adult's record is essential.

Assessing Risks and Improving Outcomes:

All services must look at the parent's alcohol and/or drug use from the perspective of the child to try to understand the impact this is having on the child's wellbeing. Each child in a household should be considered separately, as their needs will vary according to their age and stage.

The national GIRFEC practice model, with its principles of early intervention and child and family centred provision, provide the basis for all assessments of the needs of children. This can be supplemented by more specialist assessments, for example those found in the National Risk Assessment Framework for Children and Young People (Scottish government 2013) , but these should only be used as part of an action plan developed at a multi agency meeting for the child/young person concerned.

Useful prompts around issues to consider when assessing risk can be found in appendix 3 (p76) of the full GOPR guidance. Issues around unknown dangerous adults in the child's environment and the parent's ability to place the needs of the child before their own are of particular

The parent's willingness to engage with services and their ability to ensure that appointments for themselves and their children are attended, including ensuring the child/young person's attendance at school, are key factors to consider.

The GIRFEC approach provides common tools, language and planning processes to be used to ensure that care planning takes place with appropriate and realistic timescales set for the whole family. Clear outcomes need to be set for the child and family, and these reviewed regularly. Adult services staff with their expert knowledge of the recovery agenda of their client , are key to setting these timescales. The timescales on an adult's recovery journey may be different for those that are needed to ensure a child's wellbeing, and families will need help and support when discussing this challenging issue.

Resistance, from both parents and children, can be a barrier to a child receiving support. The parent may not be willing or able to recognise the impact of their drug or alcohol abuse on the child, and the child may collude with them on this.

Services involved in providing care to both adults and children/young people in a family need to meet regularly to ensure that the action plan agreed for the child is having the expected impact on improving outcomes. Parents and children/ young people (where this is age appropriate) should always be part of these meetings

When services are withdrawn, families may be left vulnerable just when their situation seems to improve. The Named Person for the child in universal services should always be aware when specialist services, for either adult or child, are being withdrawn. This will allow the ongoing review and assessment of the child's progress required.

Working Together – children’s and adult services

Working together means working across boundaries and with a range of partners including children, parents, families, communities and other professionals, to determine that the

degree of risk to the child is identified at an early stage. Interventions should then put in place that most effectively put the child's interests first.

- ***A lack of effective communication and collaboration can put children at risk of falling through the gaps.***

Services need to be provided for the wider needs of the child and family for overall therapy support and recovery. Not all problems can be solved and no single worker/service can solve them alone.

- ***All agencies should embed the GIRFEC National Practice Model into local protocols for tackling substance misuse.***

It is important to promote trust and respect between professionals and encourage good interagency working and open communication at all stages – i.e. in assessment, planning and intervention in order to improve outcomes for children, young people and their families.

- ***This should include adult services sharing information about progress and regression.***

When considering the wider possible impacts on children, adult services need to be aware that recovery timescales set for adults may differ from timescales to promote, support and safeguard the well being of children and young people.

- ***The child's well being must be the paramount consideration.***

The importance of regular reviews where parents can see a multi agency approach being implemented can lead to positive outcomes for the child and family members.

- ***An outcome-focused approach should identify clear goals by which to measure improvement.***

All agencies will adhere to the Information sharing and confidentiality protocols that have been put in place.

- ***We will advise children, young people, their family or carer before their information is shared, what information is to be shared, with whom and for what reason, unless this would place a child at risk.***