

CHILDREN AFFECTED BY PARENTAL DRUG OR ALCOHOL RELATED PROBLEMS

INTER-AGENCY GUIDELINES

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ALCOHOL & DRUGS ACTION TEAM
WESTERN ISLES



Western Isles
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Introduction

These guidelines have been developed as a response to the growing recognition of the needs of children who are living with parents with problematic substance use as outlined and reported in recent guidance namely '*Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families affected by Substance Misuse*' (2003), *Hidden Harm* (2003) and *Hidden Harm – Next Steps* (2006).

The following is intended to enable all agencies to help children whose lives are affected by either parental alcohol and/or drug misuse to achieve their full potential by under-pinning professional inter-agency working. This in turn will enhance the support given to families, and help safeguard the welfare and protection of children.

These guidelines should be used within the context of the Western Isles Child Protection Committee Inter-Agency Procedures & Guidelines and adult services individual agencies own *Getting Our Priorities Right* action plans.

For services working with adults, these guidelines will supplement guidance relating to the Single Shared Assessment.

For those working with children, this provides the detailed specialist guidance to support implementation of '*Getting It Right For Every Child*' (comprising the Integrated Assessment Framework and Single Assessment Record and Plan). Equally, it supports national guidance such as '*Safe and Well*' for those working in an educational context. This guidance aims to:

- Ensure that staff are clear about what is expected of them
- Offer clarity with regard to who does what, in what order, when and to what standard

Co-ordinating Services – 'It's Everyone's Job to Make Sure I'm Alright'

The Children (Scotland) Act 1995 and the associated guidance make it clear that protecting the welfare and safety of children is not just the responsibility of all teams and designations within Local Authority Children's Services and of the Police. As with the wider focus of the Child Protection Procedures, all staff in other services including voluntary organisations and private providers have a responsibility to protect and safeguard the welfare and safety of children affected by parents with problematic substance use.

Intervention should be carried out as far as possible in partnership with the family and with the aim of helping them to put their children's welfare first. Families in which parents have problematic substance use must be able to ask for advice and help from relevant agencies and to work with them to protect their children from harm. However, the paramount consideration of a child's welfare and protection must be recognised by all professionals working with the family.

These guidelines are therefore framed within a commitment to intra and inter-agency collaboration and co-operation in promoting children's welfare, and they encompass all agencies in contact with problematic substance users and their children. (*Getting Our Priorities Right, 2003, p.64*).

Defining the Problem

Parental Problematic Substance Use

As stated within 'A Framework for Reducing Harm', *“the critical issue in considering the potential impact on a child is not the adults’ use of drugs or alcohol per se, but whether that use causes any form of potential harm to a child. Such difficulties include any short-term physical risks or any lack of appropriate physical or emotional nurturing which can be attributed to the use of alcohol, drugs or solvents by anyone responsible for the child’s immediate care or longer term welfare. With regard to pregnancy, potential risks include harm to the unborn child, difficulties at birth or potential problems relating to the appropriate care of the newborn child.”* ('Children Affected by Parental Drug or Alcohol Related Problems – A Framework For Reducing Harm', published 2008)

Problematic substance use is often a chronic, relapsing condition, which may require continuing review in order to identify continuing, long-term and flexible support. Ongoing assessment of relevant factors should form part of any continuing assessment and review of individual cases.

The Effect of Parental Problematic Substance Use on Children

The potential risks for children affected by parental substance / alcohol / drug misuse may include:

- Harmful physical effects on unborn and new born babies
- Foetal alcohol syndrome
- Impaired patterns of parental care with a higher risk of emotional and physical neglect or abuse
- Chaotic lifestyles which disrupt children’s routines and relationships, poor attachments and bonding, leading to early behavioural and emotional problems
- Parent’s reduced awareness or loss of consciousness may place children at physical risk in the absence of another adult who is able to supervise and care for them
- Careless storage of medication which may cause accidental overdose
- Unsafe disposal of needles and syringes may cause injuries, infection from accidental needle-stick injuries (Hep A, B, C, HIV)
- Loss of employment or inability to sustain employment
- Family income may be diverted to buy drugs or alcohol, leading to poverty, debt and material deprivation
- Unstable accommodation or homelessness as a consequence of anti-social behaviour, rent arrears or convictions for drug offences
- Repeated separation from parents, whilst they attend detoxification or rehabilitation facilities, or are in prison, with children looked after by multiple or unsuitable carers
- Multiple episodes of substitute care with extended family or foster carers
- Children having inappropriately high levels of responsibility for social or personal care of parents with problem substance misuse, or care of younger siblings

- Isolation of children and inability to confide in others for fear of the consequences
- Threat of domestic violence
- Disrupted schooling
- Early exposure to, and socialisation into drug, alcohol and solvent misuse and other criminal activity
- Increased likelihood of children developing problems themselves in later life, including drug and alcohol difficulties.

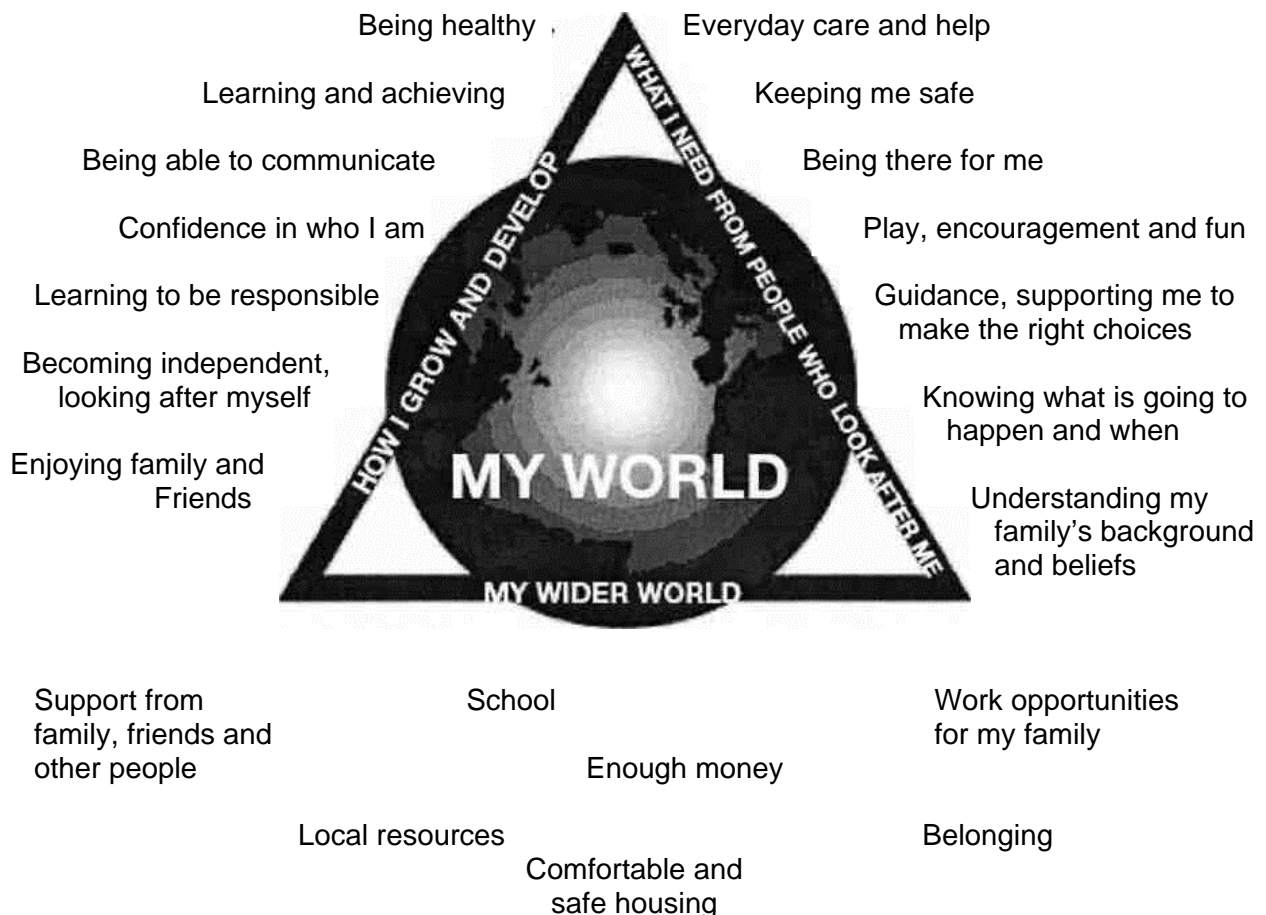
Identification of Children in Need and/or at Risk

All children should be safe, nurtured, achieving, active, respected and responsible and included (*the Vision for Scotland's Children*).

Action should be taken, not only if the child is seen to be at risk of serious harm, but also across the whole spectrum of need experienced by such children. Early awareness that a child has parents with problematic substance use, of the possible consequences of that fact and a timely response to it, can ensure that further harm is prevented.

Any child identified as being *In Need* will have a single support/action plan formulated, specifying who is responsible (lead professional), what needs to happen and within specified timescales ('Getting It Right For Every Child', 2005).

The Assessment Triangle



As part of any assessment of a child's needs, consideration must be given to his/her safety and whether there are any risks. When the effect of parental problematic use is causing, or is likely to cause, a child *“to suffer significant harm”* or *“to suffer unnecessarily and be impaired seriously in his health or development”* the local authority should consider whether:

- The child may require compulsory measures of supervision, whether residing at home or otherwise, and should be referred to the reporter.
- The child is, or will, suffer significant harm if he/she remains at home, and a Child Protection Order is considered necessary for immediate protection of the child and should be sought.

In all cases where a child has been identified as being at risk, the plan will address his/her safety needs. (This may be an existing plan for the child, or a child protection plan or care plan but, as above, the plan will have specified actions, who is responsible ie: lead professional, and what needs to happen within specified timescales).

(Please refer to the Western Isles Child Protection Committee Inter-Agency Procedures & Guidelines)

Partners Roles and Responsibilities

All agencies have a role and responsibility in safeguarding the welfare and the protection of children. However, the danger of it being everyone's responsibility is that it may in practice become no one's. It is therefore important to identify individual roles and responsibilities in the assessment and care planning process across statutory and voluntary agencies, across adult services and children's services.

Quality Assurance measures and performance management processes within each agency or service will be informed by this guidance to ensure that practice meets the required standards within the Western Isles area.

Please refer to '*Children Affected By Parental Drug Or Alcohol Related Problems – A Framework For Reducing Harm*' (see within this pack) for guidance about what is expected for all agencies.

All Agency's Responsibilities – Identification of Children in Need or at Risk

It is important for agencies to identify potential or obvious concerns relating to problematic substance use and a child's welfare or protection. Basic information about the family and household circumstances must be gathered with identification of concerns and a preliminary assessment undertaken (informed by the SCODA Assessment Tool within this document).

This assessment should constitute the referral to Children's Services but it is recognised that not all agencies will be able to gather or have access to all relevant information at initial contact. Agencies should at least ask themselves the following questions, following receipt of information or observed concerns:

- How vulnerable is the child/children?
- How extensive is the concern/problem?
- Are the concerns/problems part of a long-standing or repeated problem?
- What impact is it having on the child's/childrens' well-being?
- Is what has happened against the law?
- What is likely to happen if action is not taken?
- What protective factors may be in place that may mitigate risks associated with parental problematic substance use?

Agencies/Teams Working with Adults with Problematic Substance Use

Information to be gathered

All drug/alcohol agencies, adult and criminal justice teams and ante-natal clinics should gather basic information about the family and household circumstances of adults with substance problems with whom they are working. All new attendees at these agencies should be asked:

- Are you a parent?
- How many dependent children live with you?



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- The child(ren)'s age and gender
- Which school or nursery they attend, if aged 3 years or over ?
- Whether there are any other agencies in touch with the family?
- Do you care for or have regular contact with anyone else's children?
- Are there any other adults living in the house or visiting on a regular basis?
- Do they have regular contact or access to the children? Do such individuals have problematic substance use?
- If the parent needs any help with childcare.

In order to maximise co-operation and engagement it will be necessary to explain your reasons for gathering this information.

This information must, wherever possible, be verified (with the service user's consent) with a reliable third party. If consent is refused, this is an indicator of an additional concern and should be discussed further with the service user and implications for the child/children considered.

During their work with any adult who has a substance problem who is a parent, agencies/teams should ask about any areas of vulnerability which affect them and other members of the family, including children. *This ongoing assessment should be informed by the SCODA Assessment Tool within this document.*

The Single Shared Assessment for adults should be used to assess the needs of the service user. This guidance and the attached assessment tool will be used where the service user is a parent/carer or has responsibilities for a child. For adult services and agencies, good practice dictates that they should have an action plan within their service which details how 'Getting Our Priorities Right' is implemented within their own work place setting, in accordance with 'A Framework For Reducing Harm'.

Agencies/Teams Working with Children

Any agency or professional working with children should be alert to any child showing signs of being in need of care and attention because *"He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless there are provided for him.....services by a local authority;*

His health or development is likely significantly to be impaired, or further impaired, unless such services are so provided".

The Children (Scotland) Act 1995.

Note - One or both of the above definitions may be fulfilled by a child's having parent(s) with problematic substance use.

When information is shared with Children's Services from another agency, whether adult service, from another professional within health, education, housing, police or voluntary sector, it is good practice to acknowledge and give feedback in writing on what action has / has not been taken.



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The Integrated Assessment Framework will be used to assess a child holistically, using the **MY WORLD** triangle: What I need to grow and develop, what I need from those who care for me, and my wider world. All staff should refer to local leaflets and guidance material in their own geographical area about implementation of 'Getting It Right For Every Child', and adhere to their own policies and procedures.

Sharing Information

All staff should refer to the Western Isles Inter-Agency Information Sharing Protocol.

Ensuring the Child's Welfare is Paramount

If there are concerns about how a child is being cared for, or his or her development or welfare, professionals in touch with the family must co-operate to enable proper assessment of the child's circumstances, provide any support needed and take action to reduce risk to the child. Guidance from professional bodies emphasises that **the child's welfare is the paramount consideration** when deciding what they should do in such circumstances. Scottish Government guidance for health professionals issued in 2000 makes the position clear:

"Personal information about children and families given to professionals is confidential and should be disclosed only for the purposes of protecting children. Nevertheless the need to ensure proper protection for children requires that agencies share information promptly and effectively when necessary. Ethical and statutory codes for each agency identify those circumstances in which information held by one professional group may be shared with others to protect the child. Agencies should not disclose information in confidence without consulting the person who provided it". ('Protecting Children – A Shared Responsibility: Guidance for Health Professionals'. Scottish Executive 2000 p.28).

"If a child may be at risk of harm this will always override the professional's or agency's requirement to keep information confidential. They have a responsibility to take action to make sure that the child is made safe. They should always tell parents this". ('Protecting Children – A Shared Responsibility: Guidance on Inter-agency Co-operation'. Scottish Office 1998).

Note: A child with problematic substance using parent(s) will always be regarded as potentially coming within the above exception.

Asking for and Giving Information

When any professional or agency approaches another to ask for information, they should be able to explain:

- what kind of information they need
- why they need it
- what they will do with the information and
- who else may need to be informed, if concerns about a child persist.

On receiving answers to the above questions the person being asked should consider:



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- whether they have relevant information to contribute – that is information which has or may have a bearing on the issue of risk to a child or others, which may assist access to other services, or enable another professional to offer appropriate help
- whether that information is confidential, already in the public domain or could be better provided by another professional or agency, or the parent directly
- what information the service user has already given permission to share with other professionals
- whether there is any perceived risk to a child which would warrant breaking confidentiality
- how much information should be shared to achieve the purpose of contributing to reducing risk for the child.
- It is not helpful to contact another professional and ask everything they know about Family X, because you are worried about Child A. If you are not sure what kind of information the other agency may have or what you might need to know, you should explain your task so that the other person may better understand how they may help.
- If a professional or agency is asked by another to provide information they should never refuse solely on the basis that all information held by the agency is confidential.

Inter-Agency Communication

Role Clarity

When more than one agency / worker contributes to the assessment there must be:

- Awareness of respective roles
- Agreement about tasks
- Work on a partnership basis
- An identified co-ordinator
- Clarity with parents

Regular Communication

To achieve good working practice there is a requirement that all those working with the parent and child at all stages of the assessment:

- Are in regular contact with each other
- Formulate work plans
- Share regular updates

Difficulties in Gaining Access and Maintaining Contact

Because of the nature of alcohol and drug misuse, it can be very difficult either to establish or maintain regular contact with people in this group. Appointments and visits may not be kept, and parents may not respond to letters and calls. Assessments should therefore involve both planned and unplanned home visits.

Observations should be made of both the child, his or her interaction with parents, and living/sleeping arrangements. A number of inquiry reports have highlighted failures by professionals to identify children who have been suffering neglect and poor parenting, resulting in significant harm. This has frequently occurred because professional staff/agencies have not persisted when refused access to the family home and to the child.

It is essential that all children in the family are seen and assessed: one child's circumstances can be very different from the others.

Where there is cause for continuing concern, or a belief that the child may be in immediate danger, agencies should contact the social work services or the police promptly, and a Child Protection Order considered.

Where a pregnant problematical drug / alcohol user repeatedly misses appointments with ante-natal staff, a referral process must be considered by the Senior member of staff with responsibility for the patient.

Where difficulties are experienced in seeing a child, all agencies' staff should persist in their efforts to establish and maintain contact with the family and ensure that they see the child. Difficulties in gaining access should be recorded, the line manager informed, and other involved professionals informed and consulted.

If any worker experiences difficulties in seeing a child and/or a pattern emerges in respect of difficulty in gaining access and/or there is reason to believe the child may be in danger, the relevant Children's Services Team Leader must be informed immediately. Discussion should agree an appropriate course of action and include consideration of application for a Child Protection Order or a Child Assessment Order, depending on the level of concern and convening a Multi-agency Case Discussion/Case Conference.

If there are concerns in relation to staff members safety whilst exercising their duties the relevant Children's Services Team Leader should be informed and the police should be contacted.

Following on from what arrangements must be put in place to ensure both the safety of staff and the safety of the child.

Information Checklist when working with Problematical Substance using Parents

This assessment tool is based on North Lanarkshire guidance which has incorporated the SCODA (Drug using Parents – policy Guidelines For Inter-Agency Working, 1997). It is applicable for all staff working with drug and / or alcohol misusing parents /carers to identify indications of problematical substance use and to understand the possible impact on the care of children.

This assessment tool is not absolute and does not replace good practice and professional judgement or other assessment tools where relevant and useful. Within individual cases, consideration should be given to any necessary additional factors added at the judgement of the assessor. This framework is intended to have general application when there is problematic use of drugs / alcohol / solvents / prescription drugs.

It should be used by all agencies and professionals as a common means of assessment and communication.

Child's Developmental Profile

- Child's age and developmental stage
- Is the child up-to-date with their health checks / immunisations?
- Are there concerns about the way the child presents?
- Is the child showing any signs of emotional distress through their behaviour?
- Does the parent/carer recognise this?
- Does the child have support networks: relatives, friends and school?
- What is the child's understanding of the drug / alcohol misuse?
- Is the child assuming responsibility beyond their years – have they taken over a parenting role within the family?
- Does the child know what is expected of them in terms of behaviour?
- If the child is isolated how does the parent/carer deal with this?
- What is the relationship between child and parent/carer, child and peers?
- Does the child experience violence between parents or between parents and dealer etc?
- What model of behaviour is the child observing?
- Does the child need specific drugs/alcohol education to reduce their own risk of substance misuse?

Accommodation and the Home Environment

- Is the accommodation adequate for the child?
- Is the parent/carer ensuring that the rent, mortgage and essential bills are paid?
- Does the family remain in one area or move frequently? If the latter, why?



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- Are other drug/alcohol users sharing the accommodation? If they are, is there conflict? What impact does this have on the child? Do they take responsibility for the child i.e. baby-sit.
- Is the family living in a community that is materially disadvantaged by drug/alcohol use? What is the effect on them?
- Does the child witness the taking of the drugs or alcohol? What is the effect on the child?
- Are drugs/prescribed medication/injecting equipment/alcohol stored safely e.g. out of the reach of the child?
- Could other aspects of the drug/alcohol use constitute a risk to the child (e.g. conflict with or between dealers, exposure to criminal activities related to drug/alcohol use, violence)?

Provision of Basic Needs

- Is there adequate food, clothing, bedding and warmth for the child?
- Is the child attending school regularly and on time? Is the child making reasonable educational progress?
- Is the child engaged in age-appropriate activities?
- Does the parents'/carer's drug/alcohol use disrupt daily routines? What is the effect of this?
- What is the effect on the child of parental changes in mood or behaviour?
- How are the child's emotional, general health and dental needs being met?
- Is there any indication that any of the children are taking on a parenting role within the family (e.g. caring for parent; caring for siblings; excessive household responsibilities)?

Parental Drug / Alcohol Use

- Is there a drug/alcohol free parent/carers, supportive partner or relative? What part does this person play? Could he/she be encouraged to do more?
- Is the drug/alcohol use by the parent/carers experimental / recreational / chaotic / dependent / prescribed? Is the parent's view of their use markedly different from agencies working with them? If parent/carers is misusing alcohol do they have a pattern of binge drinking?
- Does the parent/carers move between categories of drug/alcohol use at different times? Does this also involve combining both drugs and alcohol? Does this involve combining both illegal and prescribed medication? What happens to increase the amount they use i.e. triggers?
- Is there a marked difference in the level of childcare at the times the parent/carers is using drugs or alcohol and if so what differences are there?
- What arrangements are there for the child's safety during drug/alcohol use?
- If the parent is using prescribed medication how long is each prescription for? Is the prescribed medication stored safely? Is the medication taken as prescribed?



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- Is there any evidence of a mental health problem alongside the drug/alcohol use? What is the relationship between the drug/alcohol use and mental health problem? Does the drug/alcohol use cause these problems or have these problems led to the use?
- Are there changed outcomes that can be negotiated e.g. reduction in consumption, change in drug use from injecting to oral use, reduction in frequency of injecting, move from buying drugs to receiving medication on prescription?
- Pattern of substance misuse over past six months. Increase in stability? Decrease in stability?

Procurement of Drugs / Alcohol

- Is the child left alone while the parents/carers are procuring drugs/alcohol?
- Is the child being taken to places where there is risk? If so, what are the risks to the child?
- How much are the drugs/alcohol costing?
- Is the drug/alcohol use causing financial problems?
- How is the money obtained? If through crime, how is this influencing the care of the child?
- Is the home of the parent/carer being used to sell drugs?
- Is the parent/carer allowing the home to be used by other drug / alcohol users? In what way? Does this happen while the child is there?
- Is the parent/carer aware of the legal implications associated with illegal substance misuse?

Health Risks (Drug Related)

- If parents/carers are intravenous drug users:
 - Do they share injecting equipment?
 - Do they use a needle exchange scheme?
 - How do they dispose of syringes?
 - Is the parent/carer aware of the health risks associated with injecting/using drugs.
- If the parent/carer is on a substitute prescribing programme, such as methadone:
 - Is the parent/carer aware of the dangers of the child accessing this medication?
 - Are adequate precautions taken to ensure this does not happen?
- Is the prescribed medication likely to impair their parenting/functioning?
- Are they managing on their prescribed medication or being prescribed?
- Are they using the medication as prescribed?
- Is the child aware of where the drugs/medication are kept?
- Is the parent/carer aware of/in touch with local specialist agencies that can advise on such issues as needle exchanges, substitute prescribing programmes, detox and rehabilitation facilities. If so, how regular is the contact. If not, are they aware of how to make contact with drug/alcohol agencies?



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- Is the parent/carer pregnant? If so, is the parent/carer aware of the risks to the unborn child? Has the parent /carer been referred to the appropriate services so their substance misuse can be monitored during pregnancy?

Family Social Network and Support Systems

- Does the parent/carer and child associate primarily with families who are other drug/alcohol users? Non-users? Both?
- Does the parent/carer have relatives who are aware of the drug/alcohol use? Are they supportive? Do they live nearby? Do they collude with the substance misuse?
- Will the parent/carer accept help from these relatives? Has communication in the family become disrupted?
- Is the parent/carer socially isolated? What is the *effect* of this on the child? Is the child allowed to have friends visit the house?
- Has the parent/carer ever been admitted to hospital or been in police custody/prison? If so what happened to the child?
- Does the mother exhibit signs of immaturity, self-absorption, low self-esteem, lack of empathy, depression, lack of impulse control or irresponsibility?
- Any information about the mother's or father's own family background and experience of being parented?
- What is the relationship like between mother and father/partner – supportive/ stable/ communicating/ attitude towards the pregnancy or future of the child?

Perception Held by Parent/Carer of the Situation

- Does the parent/carer see the drug/alcohol use as harmful to: Themselves? Their child? Their family life?
- Does the parent/carer feel their substance misuse has any effect on their child? If so what? Do they recognise the emotional effects as well as the material ones?
- Does the parent/carer place their own needs before the needs of their child? In what way?
- How does the parent/carer explain their drug/ alcohol use to their child?
- Do they feel anything would be different if they weren't using? Are their ideas realistic? Are they actively seeking help?
- Is the parent/carer aware of the legislative and procedural context applying to their circumstances (e.g. Child Protection procedures; statutory powers)?
- Are the parents aware of the worker's responsibility for the protection of children? (i.e. the needs of the child are paramount and the resulting limits to confidentiality)
- What is the parents/carers capacity to work towards change? Willingness? Capability? Form of support required? Availability of support? What will prevent/stop work towards change?

Conclusion

This assessment tool attempts to provide a basis for professionals to assess the impact that parental problematical substance use may have upon the provision of care to children in the family. It emphasises that problematical substance use by parents/carers should be seen in the context of family life and functioning, not purely as an indicator or predictor of child abuse or neglect.

It is essential to share all concerns with senior staff/line managers who may be able to offer a different perspective or to support the concerns. Sharing information with other agencies may also help to clarify areas of concern and provide a fuller picture. Where there are concerns or suspicions that there may be risk of neglect, or of sexual, physical or emotional harm/abuse from the parent/carer, or about the circumstances of the family, immediate referral must be made to the Children's Services Department with or without the agreement of the parent/carer, but where possible and appropriate with the knowledge of the parent. Where a child is already allocated to a social worker, the referral will be direct to the named social worker or senior social worker. Where the child is not known or open, the referral process will be similar as that surrounding child protection.

References

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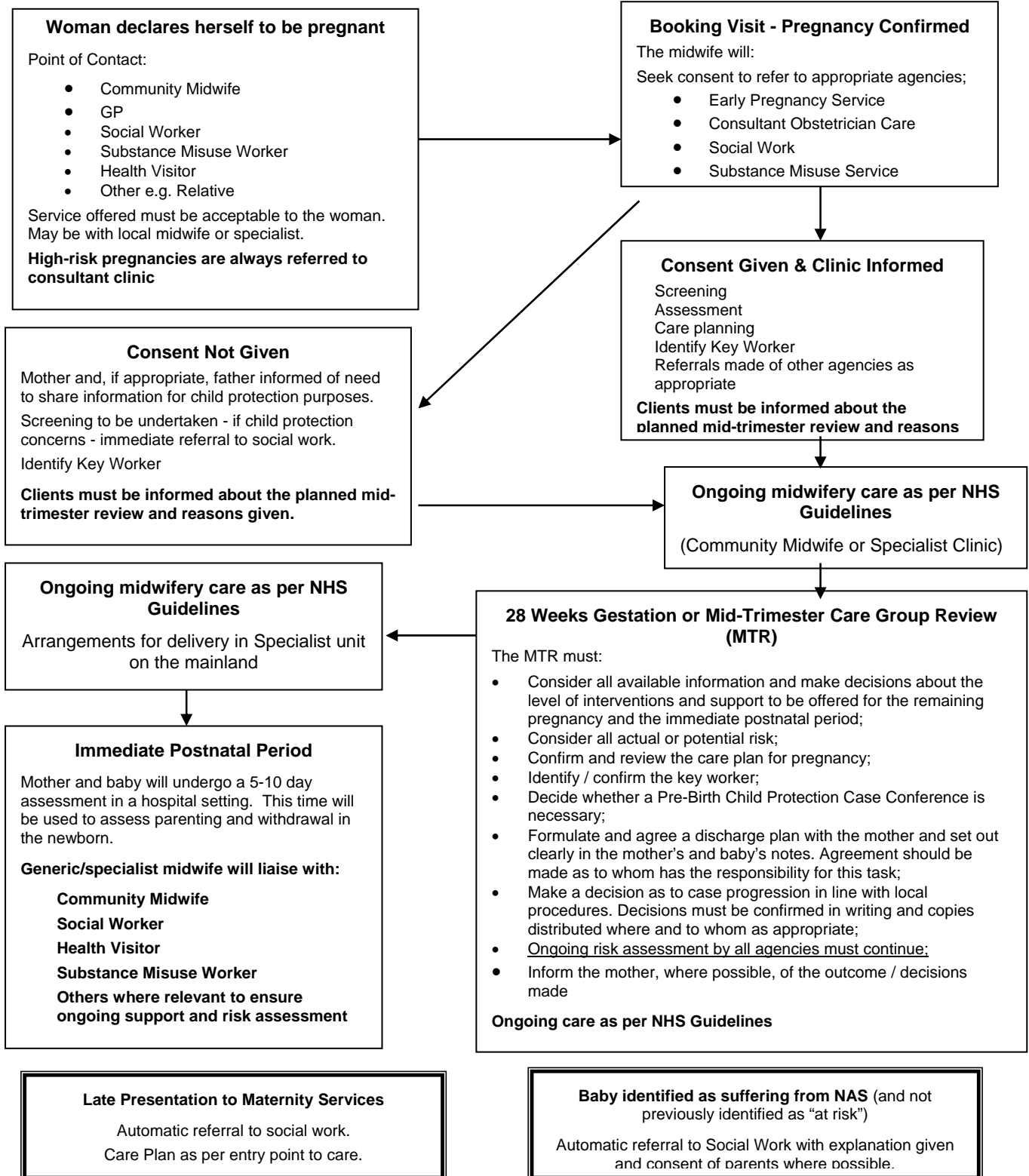
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MANAGEMENT OF PREGNANT SUBSTANCE USERS



The child's needs are paramount. If at any point child protection concerns arise do not delay in making a Child Protection Referral to Social Work as per WI CPC Inter-Agency Procedures & Guidelines. All professionals and services providers have a duty to take action to make sure that a child whose safety or welfare may be at risk is protected from harm, even if the child is not the client/patient.

MANAGEMENT OF PARENTAL PROBLEMATIC SUBSTANCE USE

