



Outer Hebrides Child Protection Committee and Outer Hebrides Alcohol and Drug Partnership

Getting Our Priorities Right

Multi Agency Practitioner Guidance and Toolkit for Parental Substance Misuse

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Approval committee/group & date: Child Protection Committee (CPC), Outer Hebrides Alcohol and Drug Partnership (OHADP).December 2024		Owner (director): ADP Chair, CPC Chair and Nurse Director
Approval for use within NHSWI: Clinical Policies Group; 10 th March 2025		Review date (2 years max):March 2026



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Introduction

This Multi Agency Practitioner’s Guide has been developed jointly by Outer Hebrides Alcohol & Drugs Partnership (ADP) and Western Isles Child Protection Committee (CPC).

This Guidance 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, 2013) into a localised format for the Outer Hebrides. It has also been informed by the National Risk Framework and Toolkit to support the assessment of children and young people (Scottish Government 2012).

In the Outer Hebrides 32% of males and 9% of females drink above the recommended levels of consumption. This compares to 35% of males 17% of females in Scotland as a whole (Alcohol Focus Scotland, 2024).

In the Outer Hebrides, 9 people died because of alcohol in 2023, from conditions solely caused by alcohol. The death rate was higher than Scotland as a whole (Alcohol Focus Scotland, 2024).

In the Outer Hebrides the prevalence of drug users is 0.30% of population in comparison to 1.62% of population in Scotland as a whole (Alcohol Focus Scotland, 2024).

Aim of Guidance and Toolkit

- 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.

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- Provide better outcomes for children, young people and families affected by problematic alcohol and/or drug use.

This Guidance 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.

Who is it for?

The Guide and Toolkit is for all operational practitioners and managers working with children, young people and their families within the public, private and third sectors across the Outer Hebrides. 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.

How to use the Framework?

The Guide and Toolkit is divided into 3 Parts which reflect the National Getting Our Priorities Right (GOPR) guidance (Scottish Government, 2013).

Part 1: Practitioners’ Guide This part is divided into 5 sections which reflect 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. Appendix 1 provides the pathway to guide practitioners and managers in their response to any concerns.

Part 2: Toolkit Checklists This part contains a number of Checklists which contain various questions and prompts. Each Checklist supports early identification and proportionate intervention. 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.

Part 3: Local Links sand Legislation. This part contains details on local networks and publications and legislation/policy to support practitioners.

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Part 1 Describing the Context and Challenge

Section 1 Overview

- 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 (Scottish Government, 2013).
- Problem drug use can also include abusing over-the-counter medications, prescription medicine or illicit drugs. 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.
- Adults can recover from problematic alcohol and/or drug use whilst being effective parents/carers for their children. Supporting families where there are problem alcohol and/or drug use – remains a significant practice challenge for all workers and a most difficult task.
- 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).
- Pregnancy and pre-conception stages are the most critical stages – sexual health, family planning and maternity services have an important role to play.
- Alcohol and/or drug use may co-exist with mental ill-health and domestic abuse with heightened risks for children and families. 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.

Recovery

Parents and their children can and do recover from the impact of problematic drug and/or alcohol use with the support of the wider team and family around them. This requires the right interventions to be available at the right time to help families overcome their difficulties and achieve their full potential. It is crucial that services work together to best support individuals and families to build their recovery capital in such a way that they can then develop the skills and resilience that will reduce the likelihood of relapse and enable them to achieve their recovery goals, hopes and aspirations.

- 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 (Scottish Government, 2008).

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- Recovery timescales for adults may differ from Child Protection timescales – there is a need be aware of the risk.
- 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.
- 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.
- 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.
- 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 (Scottish Government, 2008).

Neonatal Abstinence Syndrome (NAS)

- 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 (Scottish Government, 2013).
- NAS is characterised by central nervous system irritability, gastro-intestinal dysfunction and autonomic hyperactivity.
- The following signs and symptoms have been reported in babies born to opiate and benzodiazepine dependent women (including poly-drug users) and describe the more severe range of symptoms that a baby might display. Babies can present with these symptoms shortly after birth or in some cases at 5-10 days and the duration of symptoms can be varied. Symptoms are not directly linked to the frequency or dosage of substance/s taken by the mother throughout her pregnancy.

Baby withdrawal symptoms include:

- High pitched crying.

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- 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.

Foetal Alcohol Spectrum Disorder (FASD)

- 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.
- 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 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 (National Institute for Health Care Evidence, 2022).
- Infants and children with FASD can be particularly challenging to care for as the condition is irreversible. Any effects are lifelong. Children with FASD display a variety of effects ranging from learning difficulties, having poor social and emotional development, hyperactivity and attention disorders, having difficulty understanding rules, cause and effect, receptive and expressive language, and problem solving and numeracy.
- The advice from Scotland's Chief Medical Officer is that it is best to avoid alcohol completely during pregnancy as any alcohol drunk while pregnant will reach the baby and may cause harm. Women who are trying to conceive should also avoid drinking alcohol. There is no safe time for drinking alcohol during pregnancy and no "safe" amount.
- 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.

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Blood-Borne Viruses

- Injecting drug use is associated with an increased risk of blood-borne virus infections, e.g., HIV, hepatitis B and hepatitis C. HIV is the virus 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.
- 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.

Neglect

“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 (Scottish Government, 2021).

The GIRFEC wellbeing indicators set out the essential wellbeing needs (Scottish Government 2012). 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.

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.

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-

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born. Whilst recognising the rights of the unborn are recognised differently within UK law to those of an existing child.

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Section 2: Deciding When Children Need Help

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

- What is getting in the way of this child or young person’s wellbeing?
 - Do I have all the information I need to help this child or young person?
 - What can I do now to help this child or young person?
 - What can my agency do now to help this child or young person?
 - What additional help, if any, may be needed from others?
-
- Keeping children and young people safe is everyone one’s job and everyone’s responsibility.
 - 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.
 - Children and young people have a view and must be listened to, understood and respected.
 - Ensure the child or young person is seen and is safe – remember the siblings.
 - 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.
 - 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.
 - Prevention, early identification, intervention and support is critical – to prevent further escalation, damage and/or difficulties later.

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- 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.
- Child Protection is a Getting It Right For Every Child (GIRFEC) intervention where the emphasis on keeping safe, is the main wellbeing indicator.
- 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.
- 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 multiagency 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.
- 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.
- 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.
- 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.
- If in any doubt, seek help and support from the designated person within your own agency with responsibility for child protection.

Further Considerations

- 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.

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- 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 Adult Support and Protection 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.
- 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.
- 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.
- 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.

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

- Doing nothing is not an option – do not delay unnecessarily.
- Do not assume someone else will do something – they may not.
- Always act in the best interests of the child or young person – their wellbeing is paramount and is your responsibility.
- Ensure the child or young person is seen and they are safe.
- Note and accurately record the exact nature of your worry or concern.
- Make sure you speak with colleagues in other relevant services and/or agencies – including named person, 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.

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- 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.
- Make use of the Practitioner’s Guide and Toolkit to determine and identify the level of needs and/or risks.
- Follow your own service and/or agency child protection procedures.
- Remember you are entitled to feedback – if you do not get it – actively seek it.
- If you are worried about a child or young person, you should contact one of the core agencies NHSWI Public Protection Service, Social Work or Police Scotland to share your concern.

Concerns for an Unborn Baby

Scottish Government (2014) notes potential impact on the foetus of maternal substance misuse, with alcohol particularly having potentially long lasting detrimental effects. Practitioners are encouraged to read the national Getting Our Priorities Right document (Scottish Government, 2013), appendix 5 Pre –Birth (pp 81-85) which gives details regarding effects of drug use in pregnancy, advice regarding breast feeding and assessment of pregnant mothers etc. Assessment must of course, where possible, involve the father. The national GOPR document notes that poverty impacts negatively on the health of both mother and baby.

Any member of staff who becomes aware that a service user is using alcohol or drugs while pregnant must share this information in accordance with their organisations’ child protection procedures and in line with NHS Western Isles (2023) Pre Birth Concern Protocol. Staff outside of NHS Western Isles should refer to the multi agency guidance for concerns about an unborn baby (Child Protection Committee, 2023).

Whilst most referrals of unborn children are made by midwifery services, there are situations of concealed pregnancy, late presentation or non engagement with health services that may mean staff from another agency becomes the first to be aware of these risks to an unborn baby. Therefore, all staff have responsibility for sharing concerns about unborn children with social services as part of their child protection procedures.

Where there are risks to the unborn baby and a multi agency plan is required to protect the unborn baby, the Lead Professional will be appointed at the ante-natal planning meeting and may be a midwife or social worker.

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Section 3: Information Sharing, Confidentiality and Consent

Key Practice Point 3: Dispelling a Common Misconception

It is a common misconception that data protection legislation, including General Data Protection Regulation (GDPR), prevents you from sharing personal information and in some cases sensitive personal information.

There is nothing in Scottish, UK and/or European Law and/or in the Scottish child care legislative (including GDPR), policy and/or practice environments which prevents you from sharing personal information and in some cases sensitive (special categories) personal information where you are worried or concerned about a child or young person’s wellbeing. On the contrary, you are, within certain limitations and constraints, empowered to do so. (Data Protection Act, 2018).

What do I need to know about Information Sharing?

- Information gathering, sharing and exchanging is not a one-off event – but a continual process.
- The wellbeing of children and young people is everyone’s job and everyone’s responsibility – including you.
- Doing nothing is not an option.
- Keep your focus on the wellbeing of the child or young person.
- Ask yourself the five key GIRFEC Questions – if the answer is no or you do not know, find out.
- Adopt a common-sense approach.
- 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.
- You should also consider sharing your worry or concern with the practitioner fulfilling the role of Named Person for the child or young person.
- Use your professional judgment, instinct, knowledge and skills – gut feelings.
- Do not delay unnecessarily – act quickly.
- Share what you consider only to be necessary, legitimate, appropriate and proportionate.
- Consider the alternatives and/or implications of not sharing information.

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- Always record your decision and the reasons for it.
- Follow your own service and/or agency information sharing guidance and child protection and/or adult protection procedures.
- Remember to consider the implications of not sharing information. You should document your reasons for not sharing information.

What do I need to know about Confidentiality?

- Confidentiality is not an absolute right and must never be promised.
- 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.
- 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.
- 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 4: Limitations and Constraints

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

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

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

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What do I need to know about Consent?

- 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.
- Practitioners must ensure the individual being asked to provide their consent fully understands the request and its extent.
- Consent must be considered on a case-by-case basis. Consent, when sought, must be freely given, specific, informed and unambiguous and never implied.
- 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.
- Consent and discussions relating to consent must always be documented.
- Within the United Kingdom, the law dictates that there is a difference between an unborn and a new-born child (United Nations Convention of the Rights of the Child, 1998) 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 5: To Seek or Not to Seek

Consent should only be sought when the individual has a real choice over the matter. If you have a genuine, professional concern in relation to a child or young person’s wellbeing that you believe must be shared with another service, agency and/or practitioner with or without consent, there is no requirement to seek consent and you should rely on one of the other conditions for processing as outlined in Schedule 2 or Schedule 3 of the Data Protection Act (Data Protection Act, 2018).

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.

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What do I need to know about information sharing methods?

- Share and exchange information in a working relationship – built on mutual trust and respect.
- Document the reasons why you are sharing information and/or not sharing information.
- Keep all information safe and secure at all times.
- Always identify the person you will be communicating with.
- Do not give verbal information where you can be overheard.
- Do not leave information on answering machines or voicemail.
- Be aware of your own service and/or agency's e-mail policy – always use secure e-mail.

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Section 4: Assessing Risks, Planning and Improving Outcomes

Key Practice Point: 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.

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

- 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.
- Keep your focus consistent with the [National Practice Model](#) in particular the [Wellbeing Indicators](#); the [My World Triangle](#); and the [Resilience Matrix](#). (Scottish Government, 2012).
- Focus on each child or young person in the household separately – ensure they are seen.
- Keep your focus on risk as well as need.
- Assessment is a dynamic and continuous process – not a one-off event.
- Assessment must take account of changing circumstances – good or bad, positive or negative. Concerns can reduce over time and can also increase.
- Assessments must be evidence-based, comprehensive and strengths-based.
- 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.
- Work to build and sustain trusting and honest relationships with the child or young person and family – always work in partnership with them.
- Be aware of hostility and those parents and carers who services have difficulty engaging with and ask yourself why resistance may have developed.
- Do not allow the Rule of Optimism to overly-influence your professional judgement, instinct, knowledge; skills and/or gut feeling.

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- 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.
- 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.
- Always involve the practitioner/s who is fulfilling the role of the Named Person and/or Lead Professional for the child or young person.
- 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.
- Always follow your own single service and/or agency assessment and/or care planning processes and/or frameworks.
- Alternatively, you may find the National Risk Framework and Toolkit to Support the Assessment of Children and Young People a helpful resource.

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

- If a Child’s Plan is required, this would usually be initiated by the practitioner carrying out the role of the Named Person. This would be in conjunction with the Adult Substance Misuse Service to ensure the child’s needs were being met in line with the adult’s recovery.
- 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.
- Ensure the views of the child or young person and the family are included.
- [Child’s 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.
- Ensure the Child’s Plan is focussed on risk as well as need.

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- 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.
- Ensure that goals, milestones and timescales are outcome-focussed, realistic and achievable – keep them real and under constant review.
- Consider setting short-term and longer-term outcomes – this may be more manageable – do not allow these timescales to drift.
- 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.
- Keep in mind a parent/carer’s recovery timescales may not match the needs of the child or young person.
- Consider including social support (mutual aid/support) information provision, parenting skills training as part of your planning process.
- 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.
- Withdrawal of treatment services can have a negative impact on parenting capacity and therefore the child or young person’s wellbeing.
- In trying to effect positive change and/or improvement, remember the need for engagement; stickability; relationships; support; trust; honesty; empowerment and self-determination.
- Always follow your own service/agency assessment and planning processes.
- Remember the Practitioners Guide and Toolkit supports and complements single service/agency assessment and care planning processes – it does not replace them.

5: Working Together

All practitioners working together to support families affected by problematic alcohol and/or drug misuse within or across the Western Isles must have a shared understanding of the following key concepts. These concepts underpin our overarching approach to getting it right for families affected by problematic alcohol and/or drug use. All interventions must be informed by this approach.

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Key Practice Point: Assessment Process

When assessing the wellbeing of any child and family all services must assess the parent’s substance use from the perspective of the child to understand the impact that this has on the child’s life and development. Services should also consider each child in a household separately as their needs may differ significantly.

When assessing needs and risks, services working with children and families will find it useful to refer to the GIRFEC national practice model and risk assessment as contained in the National Risk Assessment Framework for Children and Young People (Scottish Government, 2012).

- Keeping children and young people safe is everyone one’s job and everyone’s responsibility – their wellbeing is paramount.
- Problems in alcohol and/or drug using families are more than often complex and cannot be solved by one service and/or agency alone.
- 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.
- 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.
- 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.
- Effective collaboration and coordination between all children’s services and all adult services is vital.
- Interventions must be planned and co-ordinated – individual staff cannot resolve these complex issues alone.
- Working together means breaking down organisational barriers; building mutual trust and respect and seeing it from each other’s perspective.
- Working together means having an understanding of each other’s roles and responsibilities and any limitations (real or imagined).

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- Issues of power; control; status and hierarchy are irrelevant – the focus must remain on the needs of the child or young person and family.
- Working relationships have to be developed, maintained and sustained – they need to be worked at.
- 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 (Scottish Government, 2012) – which has a focus on early identification, proportionate intervention and support.
- Communication between and across all services and/or agencies is critical – if children, young people and families are not to fall through the gaps.
- Transitions – children, young people and families who may be in transition (any type) can become more vulnerable and in need of help and support.
- 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.

What can I do to promote joint working further?

- Ensure you know who to contact within your own agency, find out your Designated Lead for Child Protection.
- 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.
- Ensure you know that to do if you are worried or concerned about a child or young person; who to contact and how and when to do that.
- 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.
- Ensure that you have read and understood your own service and/or agency child protection and adult protection procedures and information sharing guidance.
- Ensure that you have read and understood this Practitioner’s Guide – ensure you understand the Practice Points and make use of this resource.

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- Ensure you understand the principles of information sharing, confidentiality and consent proactively share and exchange information when it is appropriate to do so.
- Ensure you have an understanding of meetings, assessment, care planning and what constitutes an improvement outcome for a child or young person and family.
- Ensure that you actively contribute to any assessments, chronologies and/or plans if asked to do so.
- Ensure your opinion and professional experience is taken into consideration when decisions are being made – your contribution is vital.
- 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.
- 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.
- Ensure the child or young person is safe.
- Ensure you always seek feedback – be proactive and seek it.
- Ensure you complete mandatory child and adult protection training and Getting it Right for Every Child Training.
- 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.
- Ensure you always think about wellbeing – remember the child or young person’s welfare is paramount.

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Part 2 Getting Our Priorities Right Toolkit

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. These are self-reflective Checklists. Appendix 2-9 provides the checklists.

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Part 3 Local Links and Legislation

National Policy Framework	Weblink
UN Convention on the Rights of the Child	UN Convention on Rights of a Child (UNCRC) - UNICEF UK
Getting Our Priorities Right National Guidance	Getting our priorities right: good practice guidance - gov.scot (www.gov.scot)
National Risk Assessment Framework	Supporting documents - National Risk Framework to Support the Assessment of Children and Young People - gov.scot (www.gov.scot)
Rights, respect and recovery: alcohol and drug treatment strategy	Supporting documents - Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot)
Alcohol Framework 2018	Supporting documents - Alcohol Framework 2018 - gov.scot (www.gov.scot)
Families Affected by Drug and Alcohol Use in Scotland A Framework for Holistic Whole Family Approaches and Family Inclusive Practice	Families Affected by Drug and Alcohol Use in Scotland : A Framework for Holistic Whole Family Approaches and Family Inclusive Practice
National Guidance for Child Protection in Scotland 2021 - updated 2023	Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot (www.gov.scot)

National Legislative Framework	Weblink
The Children’s (Scotland) Act 1995	Children (Scotland) Act 1995 (legislation.gov.uk)
Children and Young People (Scotland) Act 2014	Children and Young People (Scotland) Act 2014 (legislation.gov.uk)
Children (Scotland) Act 2020	Children (Scotland) Act 2020 (legislation.gov.uk)
Human Rights Act 1998	Human Rights Act 1998 (legislation.gov.uk)
Adults with Incapacity (Scotland) Act 2000	Adults with Incapacity (Scotland) Act 2000 (legislation.gov.uk)
Adult Support and Protection (Scotland) Act 2007	Adult Support and Protection (Scotland) Act 2007 (legislation.gov.uk)
Mental Health (Care and Treatment) (Scotland)	Mental Health (Care and Treatment) (Scotland) Act

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Act 2003

[2003 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Local Networks Western Isles	Contact Detail
<p>Safe Families Western Isles (SFWI)</p> <p>Safe Families is a charity that works with 35+ local authorities around the UK. Safe Families offer hope, belonging and support to children, families and care leavers; we do this primarily, but not exclusively, with and through local churches</p>	<p>Support. Hope. Belonging. - Safe Families</p>
<p>The Shed Project</p> <p>The Shed Project is a purpose built facility running various services within and throughout the community.</p> <p>Our primary vision is to provide a place of belonging, support and encouragement for anyone who comes through our doors, through the numerous clubs and services tailored to a varied group of young people and adults.</p>	<p>The Shed Project Youth and Community Centre 11 Francis Street, Stornoway HS1 2ND, UK</p>
<p>Outer Hebrides Alcohol and Drug Partnership</p> <p>The Outer Hebrides Drug and Alcohol Partnership (ADP) aims to prevent and reduce the harmful effects of alcohol and drugs in our community to promote sustained recovery and deliver better outcomes for those affected. The ADP comprises of organisations and key stakeholders from NHS Western Isles, Comhairle nan Eilean Siar, Police Scotland, Thirds Sector and community representatives.</p>	<p>Alcohol Drug Partnership (outerhebadp.com)</p>
<p>Action for Children – Eilean Siar</p> <p>Through our Early Years, Early Intervention, and Weekend Services and in partnership with our funders the Outer Hebrides Alcohol & Drug Partnership (ADP), we work with children, young people and their families who have been affected in a variety of ways by substance misuse. We ensure that early intervention, assessment, and individualised support packages are provided quickly aiming to reduce the level of substance</p>	<p>Eilean Siar ADP Action For Children</p>

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<p>misuse within Lewis and Harris.</p>	
<p>Cool2talk A safe space for young people age 12 up to & including 25 living in The Western Isles.</p>	<p>cool2talk – Cool2Talk</p>
<p>Kooth Kooth is an anonymous site which helps children and young people to feel safe and confident in exploring their concerns and seeking professional support.</p>	<p>Kooth for Children & Young People - Kooth plc</p>
<p>Western Isles Rape Crisis Service Free confidential specialist support, information and advocacy to anyone, of any gender, over the age of 13, in the Western isles (Lewis, Harris, Uist & Barra) who has been affected by sexual violence.</p>	<p>Western Isles Rape Crisis Centre (wircc.co.uk)</p>
<p>Safer Hebrides Visit Safer Outer Hebrides, where you will find contact details for organisations here in the Western Isles - and nationally - offering public protection advice, assistance, and information. We also aim to provide useful information about upcoming events, training, and up-to-date news</p>	<p>Home (saferouterhebrides.com)</p>

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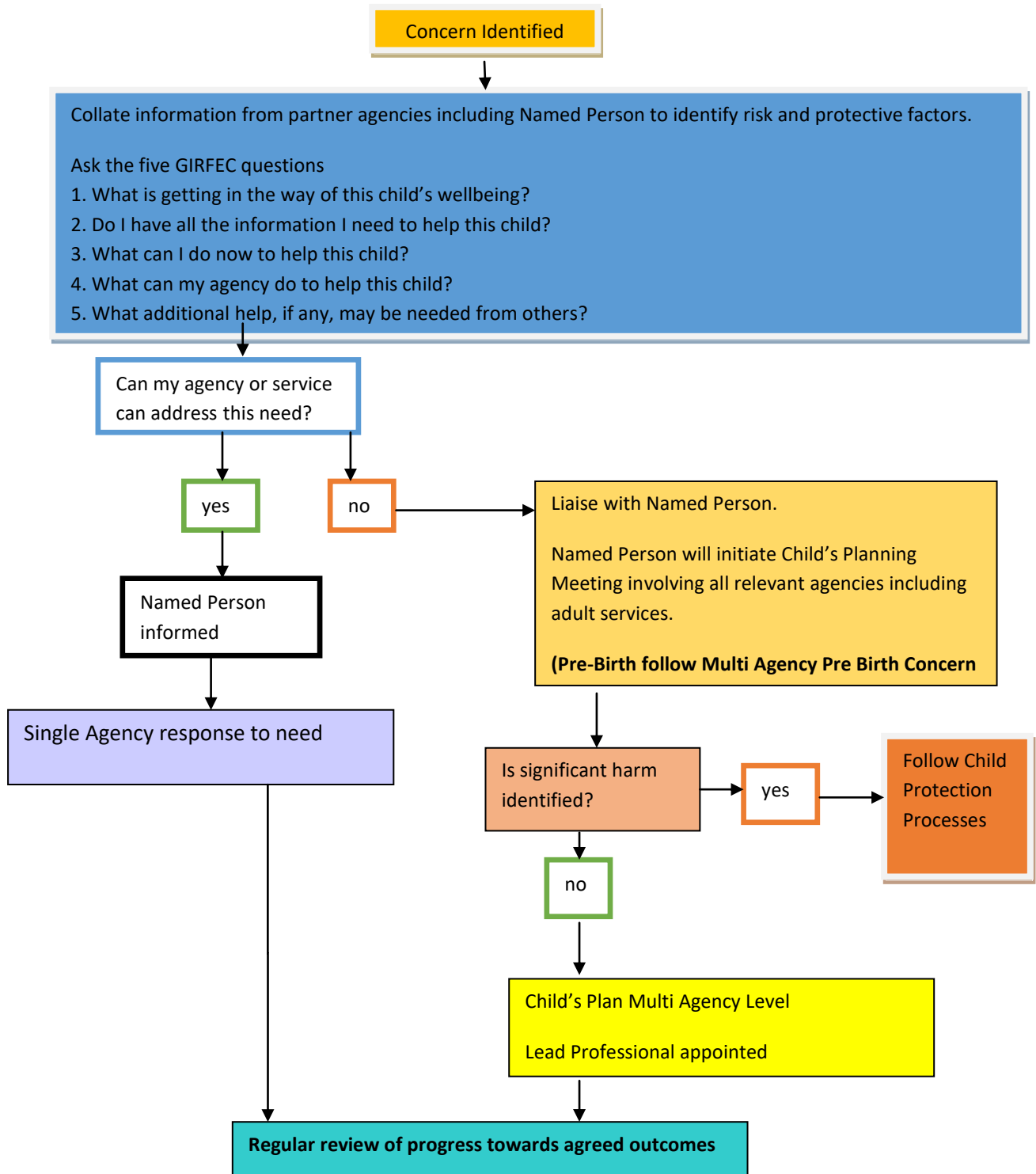
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Appendix 1 Pathway for Responding to Concerns about Parental Substance Misuse



Be aware lack of progress or deterioration may warrant moving from single agency level to initiating a Multi Agency Level Child's Plan via the Named Person. Be aware of changes in circumstances particularly those which may increase a child's vulnerability and if risk escalates to significant harm Child Protection procedure MUST be initiated.

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Appendix 2 Checklists Checklist No 1: Reflective Practice

Key Questions for Practitioners

Below are some questions which might assist in the assessment process. They include key questions for those working with children and adults and should be used as part of the wider assessment process. Assessment should not be the responsibility of any single practitioner but should include those involved in the lives of both the child and the parent/carer.

- What have I seen?
- What have I heard?
- What do I feel is unusual or different?
- What has actually happened?
- What is my concern?

(Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of concern/need/risk)

What is the information telling me?

Consider the information gathered and identify the key risk factors for the child or young person or the parent/carer and their wider world. The Checklist will highlight the specific areas of concern/need/risk (your evidence) and should give you an overview of what you consider to be the key issues. Now form a view as to the level of concern/need/risk for the child or young person or the parent/carer, taking account of the interaction between the child or young person or the parent/carer and their wider world.

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Appendix 3 Checklist No 2: Five Key GIRFEC Questions

- What is getting in the way of this child or young person’s wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

You may also choose to consider the five questions in relation to the adult(s) you are working with:

- What is getting in the way of this **adult** being able to meet the child or young person’s wellbeing?
- Do I have all the information I need to adequately assess the situation?
- What can I do to support the **adults** who have care of this child or young person?
- What can my agency do to support this **adult**?
- What additional help if any may be required from others - referral to others for assessment/ support?

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

Practice Note: 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.

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Appendix 4 Checklist No 3: Early Observations and Assessment 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.

The National Practice Model enables practitioners working in both child/adult services to consider the strengths and pressures of children affected by parental substance misuse. The assessment framework below, 'How I grow and Develop' will assist practitioners by providing key questions to consider when working with children/family members.

How I grow and develop

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

Practice Note: These questions do not provide all the answers but will give practitioners an idea of the day-to-day lived experience of the child

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What is the information telling me?

- Using this Checklist, analyse the information gathered and ask yourself the key question, “what is this information telling me?”
- Consider the information gathered and identify the key risk factors for the child or young person or the parent/carer and their wider world.
- The Checklist will highlight the specific areas of concern/need/risk (your evidence) and should give you an overview of what you consider to be the key issues.
- Now form a view as to the level of concern/need/risk for the child or young person or the parent/carer, taking account of the interaction between the child or young person or the parent/carer and their wider world.
- What is the information telling you about the level of concern/need/risk?

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Appendix 5 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.

- Change in presentation - appearance and emotionally?
- Failing to keep appointments?
- Unusual events e.g. police involved?
- Short temper - use of harsh language?
- Missing cues from children?
- A&E admission or accidents?
- Employment issues e.g. Mondays off?
- Intoxication?
- Change in partner?
- Non-attachment?
- Late presentation in pregnancy and/or poor attendance?
- Poor attendance?
- Attending clinics, school and/or meetings smelling of alcohol?
- Associating with bad characters e.g. known drug users?
- Families have no boundaries?
- Criminality – e.g. shoplifting?
- Professionals can't get access to house?
- Routines slipping or lacking?
- Parents not knowing where children are?
- Always asking for money for basics?

What is the information telling me?

- Using this Checklist, analyse the information gathered and ask yourself the key question, “what is this information telling me?”
- Consider the information gathered and identify the key risk factors for the child or young person or the parent/carer and their wider world.
- The Checklist will highlight the specific areas of concern/need/risk (your evidence) and should give you an overview of what you consider to be the key issues.
- Now form a view as to the level of concern/need/risk for the child or young person or the parent/carer, taking account of the interaction between the child or young person or the parent/carer and their wider world.
- What is the information telling you about the level of concern/need/risk?

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Appendix 6 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.

- Are you seeking support for your substance use at the moment? If so, what support/treatment are you receiving?
- Are your children aware of any support you are receiving?
- Have you any other children who are not living with you at the moment?
- Are you on any prescribed medication?
- Is there anyone living in your home who is being supported by alcohol/drug treatment services?
- Are there any other adults visiting your home who may be using illegal substances?

What is the information telling me?

- Using this Checklist, analyse the information gathered and ask yourself the key question, “what is this information telling me?”
- Consider the information gathered and identify the key risk factors for the child or young person or the parent/carer and their wider world.
- The Checklist will highlight the specific areas of concern/need/risk (your evidence) and should give you an overview of what you consider to be the key issues.
- Now form a view as to the level of concern/need/risk for the child or young person or the parent/carer, taking account of the interaction between the child or young person or the parent/carer and their wider world.
- What is the information telling you about the level of concern/need/risk?

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Appendix 7 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. All practitioners and managers should consider asking new attendees the following

- Are you a parent/carer or living in a household with children?
- Do you have any children who live with others or are in residential care?
- Do you have any contact or care of a child?
- Are you registered with a GP?
- Are there any other relatives or support agencies in touch with your family who are supporting the children?
- Do you need any help with looking after your children or arranging childcare?
- Are you planning to have any more children? If yes, and this is not a good time for you to have a baby, can we help you to access LARC (long-acting reversible contraception)?
- Has there been any change in your family circumstances – e.g. a new partner has moved in?
- How many dependent children live with you?
- What are the age and gender of your children?
- What school/nursery or pre-school facility do they attend?
- What other services are supporting you?

What is the information telling me?

- Using this Checklist, analyse the information gathered and ask yourself the key question, “what is this information telling me?”
- Consider the information gathered and identify the key risk factors for the child or young person or the parent/carer and their wider world.
- The Checklist will highlight the specific areas of concern/need/risk (your evidence) and should give you an overview of what you consider to be the key issues.
- Now form a view as to the level of concern/need/risk for the child or young person or the parent/carer, taking account of the interaction between the child or young person or the parent/carer and their wider world.
- What is the information telling you about the level of concern/need/risk?

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Appendix 8 Checklist No 7: Information to be Considered as Part of a Multi-Agency Assessment (1)

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.

- Is there adequate food, clothing and warmth for the child?
- Is height and weight normal for the child’s age and stage of development?
- Is the child receiving appropriate nutrition and exercise?
- Is the child’s health and development consistent with their age and stage of development?
- Has the child received necessary immunisations?
- Is the child registered with a GP and a dentist?
- Does the parent/carer seek health care for the child appropriately?
- Does the child attend nursery or school regularly? If not, why not? Is he/she achieving appropriate academic attainment?
- Is the child engaged in age-appropriate activities?
- Does the child present any behavioural or emotional problems?
- How does the child relate to unfamiliar adults?
- Is there evidence of drug/alcohol use by the child?
- Does the child know about his/her parent/carer’s substance use?
- Does the child have an understanding of the parent/carer’s substance use?
- Does the child have appropriate attachment with his/her main carer?
- Do the children know where the drugs/alcohol are kept?
- Are there any indications that the child is taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities, etc)?
- Is the care for the child consistent and reliable?
- Are the child’s emotional needs being adequately met?
- Who normally looks after the child?

What is the information telling me?

- Using this Checklist, analyse the information gathered and ask yourself the key question, “what is this information telling me?”
- Consider the information gathered and identify the key risk factors for the child or young person or the parent/carer and their wider world.
- The Checklist will highlight the specific areas of concern/need/risk (your evidence) and should give you an overview of what you consider to be the key issues.

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- Now form a view as to the level of concern/need/risk for the child or young person or the parent/carer, taking account of the interaction between the child or young person or the parent/carer and their wider world.
- What is the information telling you about the level of concern/need/risk?

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Appendix 9 Checklist No 8: Information to be Considered as Part of a Multi-Agency Assessment (2)

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.

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

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- How much does the parent/carer spend on drugs per day; per week? How is the money obtained?
- Where is injecting equipment kept? In the family home? Are these kept securely?

What is the information telling me?

- Analyse the information gathered and ask yourself the key question, “what is this information telling me?”
- Consider the information gathered and identify the key risk factors for the child/young person or the parent/carer and their wider world.
- The Checklist will highlight the specific areas of concern/need/risk (your evidence). Now form a view as to the level of concern/need/risk for the child or young person or the parent/carer.
- What is the information telling you about the level of concern/need/risk?

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