

To: SOCIAL WORK COMMITTEE		Subject: "GETTING OUR PRIORITIES RIGHT" POLICY AND PRACTICE GUIDELINES FOR WORKING WITH CHILDREN AND FAMILIES AFFECTED BY PROBLEM DRUG USE
From: JIM DICKIE DIRECTOR OF SOCIAL WORK		
Date: 28 February 2002	Ref:GMcI/LMcA	

1 PURPOSE OF REPORT

- 1.1 To advise the Social Work Committee of the publication by the Scottish Executive of a consultation paper, "Getting our Priorities Right", which provides policy and practice guidelines for working with children and families affected by problem drug use.
- 1.2 To seek homologation for the response submitted by the Director of Social Work on behalf of the Council in respect of the consultation paper. (copy attached Appendix 1).

2 BACKGROUND

- 2.1 The National strategy "Tackling Drug Misuse In Scotland: Action In Partnership", published in March 1999, highlights the Scottish Executive's commitment to reducing drug misuse amongst young people and help communities resist drug related crime and anti social behaviour. The publication of the consultation paper "Getting Our Priorities Right", is a key component in relation to the development of policy and practice guidelines for working with children and families affected by problem drug use.
- 2.2 A copy of the consultation paper is available in the members library.

3 PROPOSALS / CONSIDERATIONS

- 3.1 The consultation document contains six main sections
 - i) Describing the problem
 - ii) Sharing information and confidentiality
 - iii) Deciding when children need help
 - iv) Working together to tackle problems
 - v) Strengthening services for families
 - vi) Building strong inter-agency partnerships
- 3.2 In addition there are five appendices, dealing with:- legal framework, blood borne viruses, effects of drug misuse on pregnancy, useful organisations and advising group members.

- 3.3 North Lanarkshire Council welcomes and supports the development of these policy and practice guidelines. The report establishes essential considerations in each of the subject matters which will assist the Council and its partners to strengthen services for families, develop appropriate protocols, sharing of information, designing good communication links, collaborating in assessment and intervention and planning to make effective decisions regarding risk assessments.
- 3.4 The document provides sound guidance on the needs of children and the responsibilities which local authorities, health services, housing agencies, Courts and Childrens Hearings and other agencies in contact with families have in relation to the welfare of children. A number of important principles are highlighted in respect of children, and these include:-
- The welfare of the child is of paramount consideration
 - Each child has the right to be treated as an individual
 - Each child who can form a view on matters affecting him or her has the right to express those views if he or she wishes
 - Each child has the right to protection from all forms of abuse, neglect or exploitation
 - Parents should normally be responsible for the upbringing of children and should share that responsibility. So far as is consistent with safeguarding and promoting the child's welfare, local authorities should promote the upbringing of children by their families
 - Any intervention by a public authority in the life of a child must be properly justified and supported by services from all the relevant agencies working in collaboration.

4 POLICY CONSIDERATIONS

- 4.1 Whilst many of the recommended policies and practices are currently followed by the Council and its partners, the totality of the recommendations require to be studied and implemented across the Council area. This matter should therefore be referred to the Children Services Strategy Group/Child Protection Committee for consideration and action.

5 RECOMMENDATIONS

Committee is requested to

- i) Approve the comments submitted by the Director of Social Work on the consultation paper
- ii) To remit the document to the Children's Services Strategy Group/Child Protection Committee for its consideration and action.
- iii) To otherwise note the report.



Jim Dickie
Director of Social Work
7 January 2002

For further information on this report please contact George McNally, Manager Social Work Strategy (TEL: 01698 332553)

“Getting Our Priorities Right”

(Comments on Policy and Practice Guidelines)

Introduction – Page 2

This section notes that each local Drug Action Team is “advised to work closely with the Child Protection Committee to put in place joint policies and procedures for addressing the needs of children in these families”. This advice is clearly appropriate as close working will be necessary to ensure the development of local strategies and frameworks. The clearly prescribed targets of the National Strategy, and the role of statutory agencies in relation to the care and protection of children and young people should perhaps require a strengthening of this statement beyond advice to work closely together, suggesting that this is in fact necessary.

Part 1 Describing The Problem

Page 3 Section 3

Provides a useful and necessary reference to the term “problem drug use”, which assists in re-stating the fact that all drug use should not necessarily be viewed as problematic.

Part 2 Sharing Information and Confidentiality

Section 3 Page 9

Refers to the legal position and the relevance of the Human Rights Act in respect of disclosure of health and related information. This section is well stated and presents a healthy balance of the rights of the drug using parent aside a well highlighted statement regarding the overriding issue of the safety and welfare of the child.

Section 17 Page 15

Refers to the requirement for good communication between agencies. This section states that the various agencies involved should agree local protocols, setting out the responsibilities of each. This begins by stating that these protocols should be organised under the auspices of the local Drug Action Team, and again this perhaps would warrant clarity or direction due to the potential variance in local organisation of DAT’s. Child Protection Committees and the Childrens Service Planning mechanism should in theory be working in tandem or along side the Drug Action Teams, but this section presents as directing DAT’s to lead. This would appear to require clarification and perhaps be more prescriptive regarding where responsibility should rest.

Part 3 Deciding When Children Need Help

Section 6 Page 19

Well states the role of the various agencies and teams within Social Work e.g. Child Care, Criminal Justice etc, in relation to assessing risk. It is viewed as positive that emphasis is made at this stage regarding appropriate supports for children of drug using parents, and promotes pro-active early intervention and risk prevention.

Section 9 Page 21

Presents a framework for consideration in relation to initial assessment. This is well stated and appropriately generic i.e. factors for consideration in relation to potential risk no matter the circumstances, and not just in relation to drug use. This is viewed as particularly beneficial in terms of moving the emphasis from the substance to the needs of the child, and it would perhaps be worthy of a statement at this stage emphasising same. Knowledge and awareness of substance related issues can be variable within Children and Families Teams, and the substance can potentially be viewed more problematically than is required, therefore this section should perhaps be used to re-state that the same basic principles would apply in relation to any child or young person deemed to be at risk.

Part 4 Working Together to Tackle Problems

Section 16 Page 29

Introduces the concept of a common framework for assessing problem drug use and its impact upon parenting. It is deemed to be appropriate that this section note that this suggested framework should supplement and not replace current generic frameworks, and as previously stated this is viewed as being highly appropriate to ensure that the substance is not seen before the child.

Section 37 Page 39 entitled "When Enough is Enough"

This section provides a statement in bold print re-stating the importance of the child's physical and emotional needs, and the requirement for professionals to act in the best interest of the child. This is viewed as appropriate and in context, but again would benefit from some broadening of said context for the benefit of those not directly involved in child protection, thus ensuring that there is not an over-emphasis on the substance over all other, equally important issues.

Part 5 Strengthening Services for Families

Section 13 Page 55

Clearly states that DATs, Child Protection Committees and those involved in Childrens Service Planning should work together to ensure common polices and protocols. Once again this is relevant and appropriate, but due to potential variance in local planning arrangements, perceived role of the DAT, etc, this could perhaps benefit from greater emphasis.

Section 14 Page 56

States that Drug Action Teams should take responsibility for ensuring the development of these policies and protocols, but once again this may not be readily achievable in areas where the role and focus of the DAT has less profile. Earlier guidance suggests closer working whilst this latter section promotes lead responsibility – this would require re-statement or clarification.

Section 18 Page 58

States that all maternity staff should receive basic drugs awareness training to enable them to identify problem drug use in pregnancy. Maternity staff have a clear and integral role in relation to problem drug use in pregnancy, but it is most notable that in general, the issue of training receives limited emphasis within the document. Note is made earlier of the role of STRADA, but there should perhaps be regular reference to the need for appropriate training for all staff, at all levels, particularly in relation to what is often common mis-information and lack of understanding regarding the broader issues of substance misuse prevalence in society. This document does make note of alcohol misuse, but it is weighted in relation to illicit drug misuse, and this could be viewed as assisting in continuing to encourage the demonization of one substance against another.

Request is made for consideration in relation to specific questions therefore in answer to these please note the following:

- ❖ *Does the guidance achieve an appropriate balance between supporting drug using parents to carry out their parental responsibilities and ensuring children are properly protected from neglect and harm?*

The document makes clear that parental drug use does not in itself lead to automatic recourse to child protection inquiries. At various points, the document also states the need to consider appropriate supports at home to assist parents while ensuring the safety of the child.

It makes clear that all staff working with parents and children, where problem drug use is a feature, must consider the welfare and safety of children within the household (e.g. what effect is an increasing use of drugs having on the parent's ability to provide for the children's needs).

- ❖ *Is the guidance on confidentiality and sharing information sufficient to help you or your organisation to decide when to share information with others?*

This offers clear guidance. It sets out good practice in relation to service users being well and clearly informed of each agency/organisations policy of confidentiality, and what would be exceptions to this. It offers that consent for information sharing should be sought but there are clear instances when this will not be necessary, and if consent is refused certain information will be shared (protection of children/children at risk of harm).

The document sets out the legal position with regard to information sharing, and makes clear organisations/agencies responsibility and accountability in relation to the safety of children.

This guidance is helpful and will clarify the position for practitioners.

- ❖ *How well does the guidance on working together set out expectations of agencies in developing effective interagency partnerships and working together?*

This makes clear that agencies, even where the focus of intervention is the parent not the children, have a responsibility to assess the impact of parental drug use upon the children.

Its sets out who is responsible as lead agency in such interventions and makes the duty to report clear - (it indeed details the referral process).

Clear emphasis is made on good communication, collaborating in assessment, and intervention and planning to make effective decisions regarding risk assessment.

It will be important to assess drug using parents in the same way as any other parents experiencing difficulties, and the development of a common assessment framework will go some way to ensuring this (presently being developed with Dundee University, Local Authorities and Scottish Executive).

The section on partnership with parents is positive and encourages clear, honest communication and the seeking of their views (they may need support to participate, and consideration needs to be given to the appropriate source for such support).

In relation to “pregnant drug users” it is stated that prolonged hospitalisation or placement away from parents should not happen unless there are serious concerns. This is important in respect of early attachments, and the place such attachments have in future parent/child relationships.

- ❖ *How useful is the guidance in setting out how local Drug Action Teams and others should develop local protocols?*

Issues regarding the role of DAT’s locally are raised under the initial general comments. The expected role of the DAT in terms of the National Strategy and priorities are clearly

stated, but there would appear to continue to be variables in relation to local links with childrens' services. The document does attempt to prescribe a role which suggests a DAT lead in many of these issues, but in many areas this may not be fully in line with the local or anticipated role or status of the DAT. Guidance to DAT's and Local Authorities should perhaps be more clearly stated.

- ❖ *What implications does the guidance raise for training and staff development and how might these be addressed?*

All staff working in this field should have child protection training which covers procedures definitions, process, responsibilities, legal position and signs/indicators. If a common assessment framework is introduced, there will be a necessity to assist people to understand the format, the process, and their own responsibility and accountability. There will be a need to consider how well different groups of staff understand and value each others function and tasks (some of this will mean a challenging of attitudes and cultures).

- ❖ *Does this guidance offer sufficient relevant advice to assist agencies working with parents with alcohol related or other difficulties?*

This guidance offers implicit advice in relation to alcohol related problems – many of the issues are the same in relation to the need for all to consider the impact of alcohol problems on children. However as we know implicit advice is not always sufficient and it might be helpful to combine both areas in one document (particularly given DATs will consider both issues) and the legal context is the same.

- ❖ *How might we ensure that the guidance is made accessible to parents, families and their representatives?*

A plain English summary of guidance with relevant contact numbers, etc would be appropriate, in addition to communication via a range of service user groups, family support groups, sub groups of the DAT, etc, and via different agencies. Information regarding the guidance should be provided when working with parents with problem drug use, and should be available in local areas, groups and agencies, such as law centres, advocacy projects, etc.