



Impact of Parental Substance Misuse (IPSM) Assessment Briefing

All agencies need to work together in tackling the problems caused by substance misuse in families in order to safeguard children and promote their well-being. It is important not to generalise or make assumptions about the impact on a child of parental/carer drug and/or alcohol use. However, it is important that the implications for the child are properly assessed having full regard to the parents/carers ability to maintain consistent and adequate standards of care.

Protecting children can be successful if the professional staff concerned do all they can to work in partnership and through the sharing and appropriate exchange of relevant information. It is important that professionals from all agencies working with an adult(s) who have care of a child, and professionals from child care agencies, work collaboratively, sharing knowledge and expertise. Moreover, all agencies have a collective responsibility to protect children. This demands effective communication and co-ordination of services at both strategic and operational levels. Professionals have a collective responsibility to arrange appropriate packages of support for families, who through substance misuse, are deemed vulnerable.

Forth Valley Substance Misuse Services have a range of assessment tools, whilst these tools gather information on the wider circumstances of the individual, it tends to be of a demographic nature and none of them specifically assess the impact of parental substance misuse. Given the launch of the Scottish Government (2013)¹ *Getting our Priorities Right (Updated Good Practice Guidance for use by all practitioners working with children, young people and families affected by substance use)* and the Forth Valley ADP (2016)² *Getting Our Priorities Right for Children and Families affected by Parental Problematic Alcohol and Drug Use*, there is now a greater need to ensure our assessments, care plans and recovery plans are able to contribute to support the wider 'recovery agenda' for families facing substance misuse issues. Substance Misuse Services have a responsibility for ensuring that child protection, recovery and wider family support concerns are considered together as part of a coordinated approach to giving children, young people and their families the best support possible.

Therefore, a working group of the Stirling & Clackmannanshire ADP/CPC Subgroup have been working through a number of options in terms of finding an appropriate means of assessing the impact of parental substance misuse. The working group determined that in undertaking an assessment of the impact of substance misuse on parenting capacity, it is vital to maintain the focus on the needs of the child and their well-being at all times. It is important to consider the parental substance misuse from the perspective of the child and the impact it has on the child's life and

1. Scottish Government (2013). *Getting our Priorities Right (Updated Good Practice Guidance for use by all practitioners working with children, young people and families affected by substance use)* [Online]. Available from: <http://www.gov.scot/Resource/0042/00420685.pdf> [accessed 2nd May 2016]
2. Forth Valley ADP (2016). *Getting Our Priorities Right for Children and Families affected by Parental Problematic Alcohol and Drug Use Guidance from the Forth Valley Alcohol and Drug Partnerships and Child Protection Committees* [Online]. Available from: http://forthvalleyadp.org.uk/wp-content/uploads/2016/03/Final_GOPR_29_February_2016.pdf [accessed 2nd May 2016].

development. It is further necessary to separate the effects of substance use on the family from the effects on each individual child in the family. Professionals need to identify services that can reduce any adverse effects on the children of parents who misuse substances.

The group decided to look at examples of work across Scotland. It became apparent that an Integrated Children's Services Plan (ICSP) is the vehicle by which health and social care partnerships (Integrated Joint Board's) and other community planning partners will address the new statutory requirements as described within the Children and Young Person Act (Scotland) 2014 and in delivering GIRFEC. Following an examination of a number of recently developed ICSP's and their supporting documentation it became clear that the work undertaken by Renfrewshire Children's Services Partnership in the development of the 'Renfrewshire Integrated Assessment and Plan For Children's Services' was being heralded as a best practice model and was being used to help shape assessment frameworks in a number of local authority areas throughout Scotland (Dundee City Council, 2016³; HMle, 2011⁴; West Dunbartonshire Health & Social Care Partnership, 2015⁵).

The 'Renfrewshire Integrated Assessment and Plan For Children's Services' is based on the GIRFEC Integrated Assessment Framework and therefore supports the GIRFEC expectations and ethos of joint ownership and delivery of services, the integrated assessment framework provides all agencies with guidance to their role in assessment, analysis and care planning. Having utilised the IAF in its Integrated Assessment Framework and Child's Plan, the document is able to inform the process of undertaking different forms/depths of assessment that are proportionate depending on the needs of the child in the context of parental capacity and the purpose of assessment. The 'Renfrewshire Integrated Assessment and Plan For Children's Services' is also compliant with the National Guidance for Child Protection in Scotland (Scottish Government, 2014⁶) whereby it emphasises the need to integrate the assessment of the risk posed by adults to children into the Getting it Right for Every Child Assessment Framework.

Furthermore, when discussing the 'Renfrewshire Integrated Assessment and Plan For Children's Services' as part of their Inspection of Services for children and young people in Renfrewshire, the Care Inspectorate highlighted:

"An integrated multi-agency framework for assessing risks and needs was clearly embedded and usefully framed around the national indicators of wellbeing. Staff confidence was increasing in their use of the framework and as a result, the quality of their assessments of risks and needs was improving." (Care Inspectorate, 2015⁷, p.31)

Importantly, the Care Inspectorate felt that the addition of a parental substance misuse risk

3. Dundee City Council (2016). *Integrated Assessment and Care Planning* [Online]. Available from: <https://www.dundee.gov.uk/chserv/home-page-integrated-assessment-and-care-planning> [accessed 30th May 2016].
4. HMle (2011). *Educational psychology in Scotland: making a difference*. Livingstone: HMle.
5. West Dunbartonshire Health & Social Care Partnership (2015). *Strategic Plan 2015/16* [Online]. Available from: <http://www.wdhsc.org.uk/media/1213/wdhscp-strategic-plan-2015-16.pdf> [accessed 30th May 2016].
6. Scottish Government (2014). *National Guidance for Child Protection in Scotland* [Online]. Available from: file:///C:/Users/norrie.moane.SIGNPOST/Downloads/national-guidance-for-child-protection-2014-revised.pdf [accessed 30th May 2016].
7. Care Inspectorate (2015). *Services for children and young people in Renfrewshire: Report of a joint inspection* [Online]. Available from: <http://www.careinspectorate.com/images/documents/2851/Joint%20inspection%20for%20c%20and%20YP%20Renfrewshire%20December%202015.pdf> [accessed 30th May 2016].

assessment had actually enhanced the IAF GIRFEC national practice model and it was allowing staff to better assess the needs of children in the context of parental substance misuse:

“The Integrated Assessment framework was used well by staff to assess the risks and needs of children and young people and was helpfully structured around the national practice model with reference to the wellbeing indicators, My World Triangle and Resilience Matrix. Through the effective use of multi-agency meetings, staff across services ensured that the holistic needs of children were fully considered. The revised process of embedding a parental substance misuse tool in the assessment of risk of children affected by parental drug/alcohol use or parental mental health issues was helping staff better identify and respond to their needs.” (Care Inspectorate, 2015, p.34)

The Stirling & Clackmannanshire ADP/CPC Subgroup subsequently decided to adopt the Assessment of Parental Substance Misuse from the ‘Renfrewshire Integrated Assessment and Plan for Children’s Services’. Whilst it was a very small cohort, this has been successfully piloted by the Senior Addiction Worker within the Time 4 Us Project of Signpost Recovery. Following some analysis of the assessments undertaken, a review of the literature and discussion with the staff involved, it has highlighted a number of benefits for substance misuse staff:

1. It provides a consistent and tested means to identify the impact of the drug and / or alcohol problem on the parenting capacity of the adults in the family, the environment in which they live and the impact of their use on the child’s developmental needs and safety;
2. Supports staff in substance misuse services in identifying situation(s) where action is needed to safeguard a child and promote their welfare as a result of their parent’s drug and / or alcohol use;
3. Would allow early identification and the correct support both for parents and children, this can often result in the children remaining in their parents care.
4. This contributes to our collective responsibility to protect children; sharing an assessment would enable effective communication and co-ordination of services. Professionals have a shared responsibility to arrange appropriate packages of support for vulnerable families.

Forth Valley Substance Misuse Services are now operating on an Integrated Care Pathway (ICP) whereby clients enter a treatment system as opposed to any one service. The client’s documentation follows their transitions of care and can follow them across Forth Valley and beyond. Furthermore, Substance Misuse Services are nearing the system wide use of ‘Care Partner’- an electronic means of assessing and care planning that follows the client throughout their care journey. ICP’s in substance misuse emerged as a result of the Integrated Care Project Group of the Scottish Advisory Committee on Drug Misuse (2008). The committee recommended that drug services needed to agree a single shared assessment system, a care pathway for service users and common performance management structures for statutory and voluntary sector providers. With that in mind, a single means of assessing the impact of parental substance misuse across Forth Valley would be in keeping with the ICP principles. Whilst services aim to be locality based there are posts and circumstances where staff are required to be operational across Forth Valley. Therefore, this would cause operational difficulties in the event of multiple assessment tools in respect of assessing

8. Scottish Advisory Committee on Drug Misuse Care Inspectorate (2008). *Integrated care for substance misusers project group. Final report* [Online]. Available from: : <http://www.scotland.gov.uk/Resource/Doc/224866/0060846.pdf> [accessed 30th May 2016].

parental capacity.

Importantly, Stirling & Clackmannanshire Children & Families Social Work have been key partners in all aspects of the work undertaken by the ADP/CPC Subgroup in respect of the IPSM. Michael Grassom, Service Manager, Child Care and Lindsay McRae, Team Leader, Child Care, have provided social work expertise and input in terms of both the scoping exercise and the final selection of the IPSM Assessment tool. Michael is a member of the Forth Valley GIRFEC Group and in light of discussions within that group, he reviewed both the 'Renfrewshire Integrated Assessment and Plan for Children's Services' and the National Risk Framework (2012) 'Risk Indicators and Recording Sheets'. In Michael's professional opinion and in taking cognisance of the working group findings, the pilot and the ongoing GOPR work, he was convinced of the need to adopt the Renfrewshire Tool in Stirling & Clackmannanshire. Following this work, Michael made the appropriate recommendations to Liam Purdie, Assistant Head of Social Services, Stirling & Clackmannanshire Councils who then subsequently approved this decision.

Finally, we accept that there is still some work to do; the IPSM Assessment tool will require some minor adjustments to ensure it is Forth Valley appropriate and whilst the changes are minor, this work is ongoing. Crucially however, the changes will not compromise the rigour or structure of the assessment. A training package and briefings will be required, given the implications of this change in practice; this will require a multi-agency approach whereby this is supported by both substance misuse and social work staff. Furthermore, Substance Misuse Services are all at different stages in relation to their knowledge, understanding and adoption of GIRFEC processes and paperwork and this will need to be addressed to ensure equity of IPSM application. In addition, colleagues in Falkirk Council have sought further information and there is clearly work to be done in appraising Falkirk colleagues of the process so far.

Whilst Stirling & Clacks colleagues have accepted the use of the IPSM Assessment contained in the 'Renfrewshire Integrated Assessment and Plan for Children's Services' there still remains a question as to who would undertake such an assessment if a parent who is misusing substances refuses a referral to substance misuse services.

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9. Scottish Government (2012). *National Risk Framework to Support the Assessment of Children and Young People* [Online]. Available from: <http://www.gov.scot/resource/0040/00408604.pdf> [accessed 1st June 2016].