NSPCC Scotland response to the Scottish Government's consultation on the *'Getting Our Priorities Right'* practice guidance for professionals

September 2012

NSPCC Scotland welcomes the opportunity to comment on the refreshed *'Getting Our Priorities Right*[1]*'* practice guidance for professionals. We support the aspirations in the revised document around early intervention and prevention and welcome the push towards operational alignment with the key aims of *Getting it Right for Every Child*[2].

However, we believe the guidance would be strengthened by an increased focus on the need for improved data collection on the prevalence and impact of parental alcohol and/or drugs misuse. This should be utilised to inform the reprioritisation of resources towards evidence-based therapeutic interventions which priorities the needs of children. Together these measures will secure better outcomes for children affected by parental substance misuse in Scotland.

About NSPCC Scotland

The NSPCC aims to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential. We are working with partners to introduce new child protection services to help some of the most vulnerable and at-risk children in Scotland. We are testing the very best intervention models from around the world, alongside our universal services such as ChildLine[3], and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

NSPCC Scotland response

Does this document provide a useful practical update to the 2003 Guidance?

'Getting our Priorities Right' (2003)'[4] set out the Government's commitment to tackling the impact of parental substance misuse by prioritising the welfare of the child; intervening early; and improving joint working around planning and delivering services, in assessment and care planning with families, and in multi-disciplinary training.

The revised document is enhanced by the inclusion of the 'whole child' approach, promoted by '*Getting it Right for Every Child'*, which involves looking at the child in the context of their family circumstances and indeed their wider physical environment. NSPCC Scotland believes that this more nuanced approach to service design and

[1] See: http://www.scotland.gov.uk/Topics/People/Young-People/gettingourprioritiesright
[2] See: http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright
[3] Until March 2012, ChildLine in Scotland will be delivered by Children 1st, on behalf of the NSPCC.
[4] Scottish Executive , Getting our priorities right: good practice guidance for working with children and families affected by parental substance misuse (2003) Edinburgh: Scottish Executive

delivery is a positive step towards securing better support and protection for children and families affected by problematic drug and/or alcohol use.

It is important to note that the desired shift towards service integration, early Intervention and a *'whole family'* approach, as set out in the guidance, has been a central policy objective for some time. Key Scottish Government policy initiatives *GIRFEC (2005)* and the *Early Years Framework (2008)* represent a shift towards integration and early intervention and there are already examples of services around Scotland based on this model. However, we believe many more children could potentially benefit from this approach if it were adopted more consistently across localities.

The revised '*Getting our Priorities Right'* guidance is a useful step towards enhanced integration and earlier intervention. However, the realisation of these aspirations will require a redesign of services and, in some instances, a reallocation of resources to ensure sufficient capacity, within frontline provision, to deliver the improved therapeutic services described in the guidance.

One of the key learning points outlined in the Hidden Harm progress report indicates:

"Greatest progress is being made where the needs of children of problem drug and alcohol users are identified and addressed by a shared strategic approach, which is embedded within joint commissioning arrangements for both adult and children's services"[5]

This is the ambition set out in '*Getting our Priorities Right'* but it is arguable the extent to which the infrastructure exists to allow this to happens in practice. A review of local substance misuse services found that few had services in place for the children or families of the adult service users[6] Adult treatment services may not be equipped to support children and non-using family members. Equally, family support services may not be equipped to deal with harmful parental substance use.[7] On-going professional training, practical advice in guidance i.e. case studies and the dissemination of models of best practice are required to inform local protocols for professionals to enable holistic intervention where children are at risk of harm.

More consideration should also be given to how local planners can reprioritise resources to move away from isolated child/adult services towards more family-focused therapeutic work with substance misusing parents/carers and their children.

Do any areas require further updating?

A key objective of the refreshed '*Getting Our Priorities Right'* is that professional should "*understand and recognise the support needs of children and young people whose parent/carer is on their own recovery journey".* However, Hill (2012) suggests that, in practice, support for children is almost 'passported' by virtue of their parents seeking,

[5] Advisory Council for the Misuse of Drugs (ACMD) (2003) Hidden Harm: Responding to the needs of children of problem drug users, London: Home Office.
[6] Enhanced Local Alcohol Services – a window of opportunity (2007) Glasgow: Alcohol Focus Scotland

and continuing with, support services. It is not clear from the guidance how children's needs will be supported independently of adults or how children can be identified and protected where parents do not present to services in the first instance, or continue to engage with services.

It is vital that children have access to safe spaces to disclose any concerns they may have regarding a parent/carer(s) substance misuse. Children require a pathway to support even where the parent/carer is not in receipt of, or known to, services. We therefore suggest that ChildLine in Scotland are specifically named, and professionals and others are signposted to them within the body of the guidance as national, confidential services which statutory agencies and other organisations can make use of to encourage children, parents or other adults to talk about their concerns.

Furthermore, the guidance tends to recommend whole-family interventions where the parent/carer is already in receipt of treatment. However, attempts to establish prevalence and need based on the treatment population has considerable limitations. A significant number of problematic substance users will not access services and where they do, data on whether the individual is a parent is not routinely collected. Parents who do access services are often fearful that their children will be removed from the family home so may not disclose the presence of children[8]. These barriers to seeking help may mean that families that are involved with child welfare services are often at crisis point and there are serious concerns about the safety of the children[9]. Local or national surveys rely on individuals self-reporting their behaviour and the associated stigma of substance problems is likely to lead to underreporting.

The importance of early detection, and support for children living with problematic parental alcohol/drug use should be considered in more detail within the guidance. Where support is offered to an adult, it is vital that this service considers not only the substance misuse but also considers their client as a parent. This may require specific intervention which focuses on the parent-child relationship, supporting the parent to fulfil their parenting role and ensuring that children get the help they need.

Does the document sufficiently highlight the importance of ensuring that children's and parents' views are taken into account?

NSPCC Scotland supports the aspiration within the revised document to fully engage children and families in the development and delivery of assessment and decision making. It is vital that this information is then analysed and utilised to ensure that the collective needs of the family are addressed in a coordinated and collective way by services.

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[8] Hill, Louise, (2009)'A Review of the evidence: The impact of parental alcohol problems on children', Scottish Health Action on Alcohol Problems (SHAAP)

[9] Forrester, D. Opello, A, Waissbein, C. & Subhash Pokhrel, S (2008)Evaluation of an intensive family preservation service for families affected by parental substance misuse Child Abuse Review, 17 (6): 410-426

Does the guidance help you with the question - what to do? And in which situations?

Does the document provide a good basis for the development and implementation of protocols at local level?

It is the role of Alcohol and Drug Partnerships to collect data in their areas to profile children living in households where there is parental alcohol misuse. ADPs are expected to undertake regular and robust needs assessments to explore the prevalence and nature of substance problems in each area and consider what arrangements are in place to address local issues and the level of unmet need. The process of identifying need should include all those who are affected by problematic alcohol use - including families and communities – and is intended to inform service delivery and design and identify gaps in current provision.

In early 2009, the Scottish Government, in partnership with COSLA, published A New Framework for Local Partnerships on Alcohol and Drugs[10]. Child Protection policy (2010), describes Alcohol and Drug Partnerships and Child Protection Committees as;

"playing a pivotal role in co-ordinating activity across child and adult services, developing integrated services and effective interventions where a child may be at risk"

The Scottish Government's ambition to improve integration between adult addiction and children's services data has arguably not been sufficiently realised as yet. However, recently released ADP core outcomes and indicators [11]are intended to drive joint-working and a best-practice approach on establishing formal links between ADPs and local Child Protection Committees was included in the revised national child protection guidance (2010).

Whilst this approach has not been routinely embedded in the delivery function of ADPs, a number of ADPs have begun to establish formal data links. The North and South Ayrshire ADPs seem to be leading the field in terms of this work. The Edinburgh ADP recently commissioned a consultancy to carry out a needs assessment of services for children affected by alcohol. The report identified the need to support and develop the role of non specialist services working with children and young people and identified gaps in specialist treatment provision for children and young people who use alcohol and drugs problematically. Baseline research of this kind is also being undertaken in Borders and South Lanarkshire.

Even where there are robust reporting mechanisms, attempting to establish prevalence based on the treatment population has considerable limitations, as out lined below. Even if ADPs are collecting relevant data and carrying out routine needs assessments, as set out in the policy, it is not clear how this information is being utilised to inform the design and development of provision to support the needs of vulnerable children and families.

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[10]The Scottish Government/COSLA (2009*) A New Framework for Local Partnerships on Alcohol and Drugs,* Edinburgh, Scottish Government

[11] Scottish Government, '*Drug and Alcohol Delivery Bulletin: March 2011*, Edinburgh, Scottish Government

Therefore the collection of data on children and young people affected by harmful parental substance misuse needs to be developed and improved and, together with the voice of the child, used to inform the development of national and local protocols.

Does the evidence base/research help?

Does the document reflect accurately the assessment of support, care etc which would prevent the enactment of child protection procedures? I.e. is the document describing earlier intervention?

NSPCC Scotland supports the intention behind the Named Person approach which, if properly resourced, could increase the likelihood of early intervention for children and young people; thus improving their outcomes.

It is proposed that the Named Person should be the responsibility of the health board i.e. Health Visitor for 0 – 5 years, then the relevant guidance/Head teacher when the child enters the education system. Given that, where we have universal services, the evidence is that the staff who work with infants and parents are stretched to the limit. Between 2009 and 2010 health visitor numbers fell in 7 out of 14 Health Boards.[12] In NHS Lothian numbers declined by 25%, reflecting a shift towards public health nursing.[13] Concerns about excessive health visitor caseloads continue to be highlighted.[14] The 2008 review of the health visiting workforce in NHS Greater Glasgow reported capacity overwhelmed by the scale of need, measured in levels of child vulnerability.[15]

A good indicator of these capacity issues is the actual coverage, or reach, of child health surveillance, which is a universal service. Recent research shows that the actual take-up of child health reviews is variable, declines with child age, and is lowest amongst the most deprived groups with the highest needs. Amongst the most deprived families take-up of the 39-42 month review was just 78%.[16]The remedy to the 'Inverse Care Law' [17]operating here is resource intensive: it requires 'robust efforts…to assess their (the children's) needs and engage them and their families with appropriate and sensitive services.'[18]

A second issue is that the evident from Highland highlights that the pathfinder was subsidised by the Scottish Government and all relevant public bodies involved. A strong

[12] http://www.isdscotland.org/workforce/
[13] Care concerns as health visitor numbers fall by 25% in Lothians'. Scotsman, 3 March 2011.
[14] Scottish Parliament Finance Committee Scrutiny of Draft Budget 2012-13. Submission from Dr Philip Wilson, Dr Colin Brown, Dr Kerry Milligan and Dr Anne Mullin. Available at: http://www.scottish.parliament.uk/S4_FinanceCommittee/Dr_Phillip_Wilson.pdf
[15] NHS GGC (2008), Mind the Gaps: Improving Service for Vulnerable Children (Glasgow: NHS GGC).
[16] Scottish Parliament Finance Committee Scrutiny of Draft Budget 2012-13. Submission from Dr Philip Wilson, Dr Colin Brown, Dr Kerry Milligan and Dr Anne Mullin. Available at: http://www.scottish.parliament.uk/S4_FinanceCommittee/Dr_Phillip_Wilson.pdf
[17] Tudor Hart, J, (1971), The Inverse Care Law. The Lancet. 1(7696): 405-412.
[18] Wood, R, et al. (2012) Trends in the coverage of 'universal' child health reviews: observational study using routinely available data. British Medical Journal Open 2012; 2:e000759

implementation team worked across the sector raising awareness and training practitioners in the use of the model. The proposed duty on the Named Person, as set out in the Children and Young People Bill proposals, does not appear to be accompanied by the necessary resources to support systems change under current legislation. There are also indications from a pilot in Lanarkshire that information gathered may not be clear or useful unless accompanied by significant training.

Despite these obvious resource constraints, NSPCC Scotland support the aspiration embodied in the role of the Named Person and considers that, a single, significant individual could deliver a positive, consistent and nurturing relationship throughout the child's journey. To ensure that the Named Person is appropriately empowered, has sufficient capacity and is well supported to develop a significant relationship with the child, the role must be developed beyond the bureaucratised duties presented in the legislative proposals to a more meaningful, latent model of therapeutic support which enriches the child's experience of childhood and adolescence.

NSPCC Scotland would welcome more detail on the perceived parameters of the Named Person role. We are also concerned that compelling professionals to collect information on children, without a clear understanding of how this information will be utilised, may not serve children's best interests.

Clarification is required on all the issues above however, we welcome the Named Person in principle provided it does not undermine the child's right to confidentiality and is accompanied by a committed resource package to support training and recruitment within the relevant professions.

Does it complement the National Guidance on Child Protection?

The Scottish Government's updated Child Protection Guidance (2010)[19] also calls for collaborative practice across child and adult services as a means of increasing the ability of services to identify children at risk from alcohol and/or drug-misusing parents and carers. NSPCC Scotland believes that attempts to synthesis different models of multi-agency responses within the overarching GIRFEC framework will support the development of integrated pathways to support for children affected by parental substance misuse.

However, a limitation of both documents is that they typically conflate drug misuse and alcohol misuse into a generic heading of 'substance abuse'. NSPCC Scotland believes that alcohol data and drug data should be disaggregated, which would help illustrate the particular harm each can cause.

ChildLine figures[20] show almost twice the number of children counselled about their parents alcohol misuse than about drug misuses and the Scottish Government's own figures show that many more children are affected by parental alcohol misuse than by

[19] Scottish Government, The Child Protection Guidance (2010) Edinburgh: Scottish Government
[20] Hill, L. Wales, A. Finding the Balance: Children's right to confidentiality in an age of information sharing (2011)ChildLine

drugs misuse, albeit that the impact on the children affected is very often just as serious. Therefore NSPCC Scotland believe that it is more appropriate and helpful to separate out these two issues within the policy discourse in Scotland to highlight the risks posed to children from both.

Have you any further comments?

NSPCC Scotland is delivering a number of projects which seek to work with substance misusing parents, to help protect children. Our 'Parents Under Pressure' programme works with drug and alcohol misusing parents with children under the age of two, to help them build parenting skills and develop safe, caring relationships with their babies. Family Environment: Drug Using Parents (FEDUP) is another NSPCC programme which works with children between five and 11 years old and seeks to give them a safe space to talk about their feelings and experiences living with adults who are substance misusers. Both interventions seek to minimise the negative impact of the parent's problematic drug and/or alcohol use on the child.

Conclusion

NSPCC Scotland supports the aspirations within the refreshed *'Getting Our Priorities Right*[21]*'* guidance. We particularly welcome the focus on early intervention and prevention as an additional push towards operational alignment with the key aims of *Getting it Right for Every Child*[22]*.*

However, there is scope for the Scottish Government to show greater leadership to ensure that the best interests of the child are prioritised in the design and delivery of alcohol/drugs services.

The updated guidance needs to be refined to facilitate early identification and whole family assessment to identify and prevent harm to dependent children; prioritising parents' access to treatment where children are at risk; delivering intensive support to help with parenting; and a reallocation of resources towards frontline therapeutic services. There are clearly many challenges to achieving these goals, including issues around identification; parents' reluctance to present for support through fear of losing their child/children; capacity issues; and services tendency to focus on dealing with adults', rather than the child's needs.

Nevertheless, the current move towards a needs led approach to service development is a very positive one and should be welcomed. Some ADPs and CPCs are doing innovative work, using data linkage for the first time, as part of local needs assessment exercises. The learning from this is valuable and it would be useful to disseminate this. This work is not only important for service planning, but could help us develop better national data on children affected by parental substance misuse.

[21] See: http://www.scotland.gov.uk/Topics/People/Young-People/gettingourprioritiesright
[22] See: http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright

The revised '*Getting our Priorities Right'* is a useful starting point but should be implemented in conjunction with improved data collection and utilisation of the prevalence and impact of parental alcohol and/or drugs misuse and investment in evidence-based therapeutic interventions which priorities the needs of children. Together these measures will go some way to securing better outcomes for children affected by parental substance misuse in Scotland.

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