FORTH VALLEY IMPACT OF PARENTAL SUBSTANCE USE (IPSU) ASSESSMENT GUIDANCE NOTE

Version 11 – April 2022

Forth Valley Impact of Parental Substance Use Assessment Guidance Note

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1.0 BACKGROUND

This guidance note has been developed in Forth Valley to support practitioners undertaking assessments using the Impact of Parental Substance Use tool (IPSU). This assessment should be completed where there is a drug or alcohol using adult who has care or access to children. The IPSU tool is an assessment which should be viewed as an aid to explore the impact of parental substance use and to further enhance understanding, alongside multi-agency assessment methods and existing systems, central to which is professional judgement. It is aimed at those working in statutory and third sector child and adult services across Forth Valley. The IPSU should be understood in relationship to the Forth Valley 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 - Forth Valley GOPR (2016) and the Forth Valley Inter Agency Child Protection Guidance (2016).

The IPSU tool must be underpinned by GIRFEC Principles. The GIRFEC practice model presents a series of tools that are integral to the risk assessment process: Wellbeing indicators; My World Triangle and Resilience Matrix. At each stage of an intervention, practitioners should consider the five GIRFEC questions:

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

For the purpose of this guidance, 'substance use' means alcohol and/or drug use and the use of prescribed medication which is also a controlled substance. The IPSU process can help people in families wherever there are signs that substance use has the potential to harm anyone in the family.

The aim of the assessment is to understand the impact that substance use is having on parenting and parenting capacity and the impact that this has on the child. The information gathered should support practitioners to assess risks to children and to develop or contribute to a holistic care plan to meet their needs as well as the parenting needs of adults. It is not a risk assessment as such, rather, it will help identify needs and risks to children. Crucially, this intervention will provide a focus for responses with parents and children, as well as provide an opportunity for families to reflect on, acknowledge, and make changes to their caregiving where there are issues identified.

1.1 Guiding Principles

The impact of parental substance use on children is complex and challenging to identify and respond to, and each child in a family may be impacted differently. A range of services will be required to work together to develop coordinated responses and support for whole families. Often families experience several interrelated issues, including domestic abuse and mental health issues, alongside histories of abuse and other traumas, and for some families, these issues may also be intergenerational. Any assessment must keep in mind the relationships between these issues and how they change over time, including where parents are in recovery from substance use. Children describe the impacts of intra family conflict as frightening and challenging, and the efforts of professionals should focus on reducing conflict and establishing consistent and safe caregiving environments.

The wellbeing and protection of children is paramount for all professionals. It is therefore the responsibility of all adult focussed substance use services and all partner agencies to be aware of the children of alcohol or drug using parents and to identify potential or obvious concerns relating to the child's welfare or protection. Services must also be aware of the impact of other significant adults who have contact with the children and who have a substance use issue. If immediate or significant concerns are identified then Children Protection Procedures should be followed.

The Drug Misuse and Dependence Guidance (2017) states that 'Assessing *the need for any safeguarding or other protection actions for at-risk adults or children is an important ongoing expectation on professionals. Risks to dependent children should be assessed as*

soon as possible after contact with services. At initial assessment, all service users should be asked about their own children and other children in the home and otherwise in close contact, the ages of the children (with some service protocols requiring date of birth) and the level of contact. Any important current risks should be clarified and reflected in a risk management plan.'' It is important to remember that the younger the child, the greater the potential risk given the dependency on the parent to meet the vulnerable young child's developmental needs.

Where any potential concerns about need and/or risk in relation to the child are identified, there is a requirement on professionals to gather information about the family and household circumstances, using the IPSU assessment and to record any signs of adverse effects on the adult caregiver as well as the child. Furthermore, professionals should consider the level of risk associated with the information gathered and use their professional judgement as to both the immediate and longer terms interventions required.

To fully understand the needs and risks around the impact of parental substance use, it is crucial that the context of children's daily lives is clear. **Home visiting** is therefore essential to form a coherent picture of children's experiences. Practitioners must ensure that they visit children, young people and families at home; that visits are both planned and unplanned and where possible, carry out joint visits with other practitioners, services and agencies.

Alcohol and/or drug use may co-exist with domestic abuse, which is a significant issue for women who have substance issues, including in pregnancy. Domestic abuse can start (including when there has been no previous abusive behaviour) or increase during pregnancy. Pregnancy and pre-conception stages are the most critical stages – sexual health, family planning and maternity services have a crucial role to play. Specifically within the context of domestic abuse, it is therefore critical that women are not asked to disclose information about pregnancy and conception with partners present. ***Where there are two parents, the IPSU should always be completed separately for both individuals.***

Recovery from substance use may improve parenting capacity and caregiving to children. Recovery is not easily defined, and there is no expectation of the eventual outcome in Scottish policy, but is best thought of as a personal journey away from addiction and towards health. Recovery timescales for adults may differ from the child's

development timescales including child protection timescales. Children, particularly very young children, cannot wait indefinitely while their parent(s) strive for sustained recovery, which, for some, can last several years. Keep in mind that there are critical and difficult points during the recovery journey – detoxification; relapse; discharge; hospitalisation; blood testing; imprisonment. Any of these may increase vulnerability and risk to the child and may prompt a review of the information gathered during the initial IPSU.

Children experience recovery as change, and they may be anxious about change and whether this will be sustained. Professionals can sometimes view recovery as grounds to reduce or remove support and children may have previous experience of this leading to parental relapse. Any withdrawal of services must be planned and co-ordinated. Practitioners providing support must be involved in the decision-making process and the consequences of any withdrawal of support must be carefully considered and agreed by those professionals working with the family. GIRFEC principles of partnership and a network team around the child, working together to improve outcomes, must be upheld.

Professionals must carefully review the impact of change, including recovery, on capacity to parent, mental wellbeing, domestic abuse, experience of trauma, changes in family relationships and on children's day to day lives. This should be done in collaboration with the parent/carer and relevant other professionals, who are involved in the support of the family. Children affected by parental substance use are among the most vulnerable in society and we all have a duty of care to assess and respond to their day to day lived experiences. Action should be taken not only if the child is seen to be at risk of serious harm, but across the whole spectrum of need experienced by children affected by parental substance use.

There is often an over focus on the actual amounts of substance used by or prescribed to parents in assessing impact. More focussed attention should be paid to **patterns** of use, assessing periods of intoxication, withdrawal, and periods of binge use. These patterns may reveal more about capacity to care for the children and the impact that this has rather than levels of substances used. The impact of poly drug use and the contraindications of this

pattern also should be considered. What does this mean for parenting capacity and for risk to children?

There can be overly optimistic views in assessment held, particularly around reduction/ changes in substance use. This 'rule of optimism' has been a defining feature of a number of significant case reviews into the deaths of children. Serious attention should be given to the cumulative effect and pattern of risks often best identified by the service maintaining an up to date single or integrated chronology of significant events. Focus should be on daily lives and the care of children and how substance use and related issues affects their well-being and development. Professional curiosity and questioning – within the realms of a professional relationship – focussed on the wellbeing of children and levels of caregiving by parents is a central driving principle of all interventions including the IPSU.

Assessment should also consider assumptions around perceived engagement with 'treatment' by parents, and be mindful of disguised compliance, where parents are apparently cooperating with services and saying the right things, but there is no improvement in their use or quality of caregiving and therefore no direct, positive impact on the child's outcomes. Please refer to the Forth Valley Working with Resistance Multi-Agency Guideline (2017) for more information.

Similarly, drug test results on their own, do not provide 'evidence' of adequate or inadequate parenting capacity or childcare. The worth of drug testing in determining the effects of parental drug use on parenting capacity is limited and must be set alongside more robust assessments of parenting capacity and child welfare assessment procedures and processes. Taken out of context, urine or oral fluid test results provide a relatively poor decision-making tool in regard to the safeguarding and protection of children. Instead, practitioners are advised to consider them as part of the holistic assessment provided by the approach in this IPSU assessment.

1.2 Purpose of Assessment

Assessment is both a process and an intervention, which can provoke significant levels of problem awareness and change for parents who have substance use issues and their impact on children. Assessment takes place within the confines of a professional relationship. Practitioners need to work to build and sustain trusting and honest relationships with parents which will involve professional challenge at times and it is essential that focus is maintained on the wellbeing and safety of the child. Always work in partnership with individuals and families.

The IPSU assessment aims to aid understanding of the impacts of parental substance use and respond with timely and appropriate interventions to support children and their families at an early stage. Assessment should be seen as a dynamic process, which is highly responsive to changes in circumstances, including where there are new partners and/ or changes in substance use. Professionals should treat with caution the parent's / carer's account of how much and how often they drink / take drugs. Practitioners should be aware of the feelings of shame and stigma which can result in some of the hidden harm associated with problematic alcohol and drug use. "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" (GOPR, 2013).

Parents and their children may find this intervention very helpful in identifying and understanding issues around the impact of substance use on their parenting and care of their children. Assessments such as IPSU can support practitioners in identifying and responding to the range of strengths, protective factors, adversities, and risks that may be experienced by children affected by parental substance use. It is therefore vital that parents understand and are fully involved in the assessment process. Where appropriate, 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. The assessment is not designed to be completed in one meeting with a family. It should be discussed over several contacts and, when other agencies are involved with the family, the tool should be used collaboratively to help develop or contribute to the existing Child's Plan and practitioners

should ensure regular attendance at multi-agency TAC meetings to review the impact of interventions on the wellbeing of the children.

Tools cannot in themselves protect and provide better outcomes for children, young people and families affected by problematic alcohol and/or drug use and must not replace professional judgement. Rather, a competent, skilled, and confident workforce, focussing on early identification, proportionate intervention, effective support, assessment, and care planning can. People protect children and those practitioners working together through communication, partnership and collaboration in children and adult services promote the well-being and protection of vulnerable children. This assessment aims to support and promote that approach. The importance of not simply gathering, but **analysing** information is critical to supporting families.

As noted, when considering the wider possible impacts on children, all services need to be aware that recovery timescales and outcomes for adults may differ from the timescales needed to promote, support, and safeguard and protect the wellbeing of children and young people. Adult Services should therefore always keep in regular contact with children's services to agree any contingency or supportive measures that might need to be put in place. Work shadowing and joint visits promote good inter-agency working. Working relationships haveto be developed, maintained and sustained – they need to be worked at to build mutual
trust and respect while appreciating things from each other's perspectives.

All child and adult services should focus on a 'whole family' approach when assessing needs. This should ensure measures are in place to support the ongoing recovery of all members of the family. There needs to be effective and ongoing co-ordination and communication, between services working with vulnerable children and adults. GIRFEC principles of linking with the Named Person and Lead Professional should underpin all work with children.

In addition, all services need to make every effort to effectively engage with men/ fathers to improve outcomes and wider recovery for the family. Childcare should be viewed as a shared responsibility between adults with responsibility for caregiving. A lack of assessment information in respect of the role of men in children's lives has been a critical factor in some significant case reviews.

1.3 Deciding When Children Need Help – Assessing Risk and Need

Services should explore information about the child's age and stage of physical, social and emotional development; their educational needs; the child's health and any health care needs; the child's safety while adults are using alcohol and/or drugs; the emotional impact on the child of frequent or unpredictable changes in adults' mood or behaviour, including the child's perception of parents' alcohol and/or drug use and the extent to which parental alcohol and/or drug use disrupts normal daily routines. Understanding the degree of risk and need, requires good inter-agency communication and collaboration between all services and/or agencies including children's services alongside health and adult services. Children's views can be sought in different ways as this should be discussed with other agencies to decide who is best placed to speak to the child. It is important that duplication is avoided when the child may have an existing supportive relationship with a key adult already (i.e. class teacher or social worker).

Be aware of hostile and / or non-engaging parents and carers and ask yourself why resistance may have developed? Think about what is being hidden? If at any point, there are concerns raised in relation to the welfare of a child/ren who have not been physically seen by a particular agency (especially if the parent/s are non-engaging with agencies) then the Forth Valley Unseen Child Guidance (2016) should be followed. Remember, consideration may have to be given to following your agencies Child Protection Procedures and reporting your concerns immediately to your Line Manager / Supervisor and Children's Social Work Services.

Work with adults who use substances often focuses on their individual needs rather than their role as parents. Whilst it is important to offer families a holistic support package, it is crucial that the risks faced by any child within that family are prioritised and any necessary safeguarding action taken. Working with conflicting accounts between both professional and family's views of impact is a core part of this work. There is often a tendency to form quick and fixed views about a family's situation. Be mindful that services may hold very different views from each other about impact and be reflective about the 'strength' you are holding of views that simply act to confirm your assessment. For example, a nursery worker,

who is concerned about neglectful care and a health worker who holds no concerns. Be open to alternative views of the family and care of the child/ren. This is particularly critical where there is neglect, abuse which is very difficult to identify, and which can have global developmental impacts.

Professionals must be aware of, and understand, the risks to children posed by parents' substance use. They must be confident in challenging parents/carers about the risks they are exposing their children to.

At any point in the IPSU process where it becomes clear that there is a risk of significant harm to a child, child protection procedures must be immediately followed.

It is everyone's job to make sure that children and young people are alright.

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

- Doing nothing is not an option – do not delay unnecessarily.
- Do not assume someone else will be doing something – they may not.
- Ensure the child or young person is seen and that they are safe.
- Note and accurately record the exact nature or your worry or concern.
- Share your worry or concern.
- Make contact with the Named Person and Lead Professional if identified.
- Follow your own Service / Agency Child Protection Procedures and / or contact your designated CP Officer or Line Manager / Supervisor.
- Agree a course of action which may include contacting Children's Social Work Services (CSWS). Do not hesitate to contact Police Scotland if appropriate. Contact details for all services are included at Appendix 1.

COMPLETING THE IPSU

2.0 Completing the IPSU

Who Should Complete the IPSU Assessment?

The IPSU has been designed as a multi-agency tool that can be completed by Children's and Adult Substance Use Services together. The IPSU can be completed jointly to inform the GIRFEC Multi-Agency Integrated Assessments and Child's Plan. This approach could also be a decision from an Inter-Agency meeting in respect of the child (e.g. a Child Protection Case Conference) and, as a result, a joint IPSU could be undertaken.

Substance Use Services may be the first point of contact with the family. In such circumstances, the IPSU should be completed by staff working in Substance Use Services once it has been established that the service user is a parent or has caring responsibilities for a child. While existing referral protocols remain regarding notification of concerns to Children's Social Work Services, the IPSU tool could also be used as a referral to Children's Social Work Services.

Social Workers in Children's Services should use the IPSU tool if there is a concern in respect of alcohol or substance use with the parent(s) and the adult is not engaged with a Substance Use Service. The information gathered should be used to inform the GIRFEC Multi-Agency Integrated Assessments and Care Planning. This could include a referral to Substance Use Services.

It is not expected that you use the exact wording given in the questions when this is not appropriate but adapt the wording, according to the situation. Also, to avoid duplication some sections may be able to be completed with reference to other recent assessments and reports completed by partner agencies so discussing this with again with parents may be unnecessary at that point. Be aware that parents may not provide accurate descriptions of their substance use and of the impact of this on their children. You should use your

professional judgment to record where there may be inconsistencies in accounts and record this as part of your assessment. Similarly, you should note if one parent does not, or refuses to engage with this process.

There will be a range of options as you complete the form, including drop down boxes to select responses. Many of the questions have 'prompts' and are reflected as "Immediate Action or IA" required. These are to remind you of associated issues that you may want to ask about.

Some information can be recorded as free text, some by selecting one of the options. Where it is possible for more than one option to be relevant, several can be selected at the same time from dependent drop-down boxes. For some questions throughout the document, the "yes" option has been removed to prompt a fuller response. Where "yes" is the desired response in such questions, practitioners should select the free text option and provide supporting information for the response. A greater level of detail within these questions will support practitioners with the overall analysis of the information gathered.

The form is available as an electronic version.

Again, please note that parents/carers should complete this individually and not together. Given the significant relationship between domestic abuse and substance use, including where substance use can be related to controlling behaviours by abusive partners, attempts to sabotage recovery, or as a response by women to living in abusive relationships, practitioners should be aware of not placing responsibility for abuse on women and should work with their strengths as parents.

2.1 Summary of IPSU Sections

Section	Subsection	Question in IPSU	Corresponding Page in Guidance Note
GDPR Statement Privacy Information	Signature required		19
Parents information			19
Assessment Details	Assessor		20
Service Involvement	Service contacts	1-2d	20
Unborn child and /or Children's info **Children's Details**	Unborn child Children info	3a–3i 4	21 23
Substance Use and Medication Profile	Alcohol profile Drug Profile Patterns of use Overdose Drug Storage Injecting equipment Summary and analysis of section	5a & 5b 6a-6e 7a-7c 8a-8e 9a-9b 10	25 25 26 27 28 29 29
Mental Health &Wellbeing	Mental health profile Physical Health profile Substance use impact on physical & mental health Coercion / Manipulation Self-Harm Suicidal Ideation Impact on children	11a -11b 12a-12b 13a 13b-13c 14a - 14b 15a-15c 16	29 29 30 30 30 30 30

	Affected by drug or alcohol death Summary & analysis of section	17	31 31
Current Accommodation and Living Circumstances	Accommodation type Others with substance issues living there? Other living with you who do not have substance issues? Impact of others on children Family awareness of substance use Summary & analysis of section	18 19a-19d 20a-20c 21 22a-22c	31 31 32 32 32 33
Domestic Abuse (including coercive control)	Experience of Domestic Abuse Children support Adult support Summary & analysis of section	23a-23e 23f(i) 23f(ii)	33 34 34 34
Children's Exposure to Substance Use	Witness use? Effect of witnessing Preventing exposure Child Offered substances Discussed with children Time apart from children Intoxication and caregiving	24a-24b 25 26 27a-27b 28a-28d 29a-b 30a	35 35 35 35 35 35 35

	Appropriate adult available	30b-30c	35
	Children taking responsibility	31a-31b	36
	Children's use of substances	32a-32b	36
	CSE risks	33a-33b	36
	Summary & analysis of section		37
Childcare and Routines	Breakfast before school and who ensures this happens?	34a-34b	37
	Who prepares evening meal?	35	37
	Is there enough food in house?	36	37
	Ever go hungry?	37	37
	Typical routine	38	37
	Does parenting change when intoxicated / in withdrawal?	39a-39b	37
	Use and ability to provide emotional support	40a-40b	38
	Strengths as a parent and areas to improve	41	38
	Summary & analysis of section		38
Education, Other Activities & Community Profile	Substance use impact on school /nursery	42a-42b	38
	Nursery /school concerns	43a-43b	38
	Afterschool activities	44a-44c	39

	Acceptance in community Summary & analysis of section	45a-45b	39 39
Financial Profile	Funding of Use Debt Affording essentials and substances Summary & analysis of section	46 47a-47c 48	39 39 40 40
Procurement of Substances	Children present when buying substances? Who looks after when using? Drug sharing and supply Criminal Justice involvement Summary & analysis of section	49a-49b 50 51a-51b 52a-52b	40 40 40 40 41
Further Support	Support needed	53(i)(ii)	41
Overall Summary / Analysis of Needs and Risks			41

3.0 Detailed Instructions on Questions

This section guides you through each part of the assessment. There will also be prompts or points for consideration in some sections and suggestions to further aid the analysis of the information gathered.

3.1 Privacy Statement - General Data Protection Regulations (GDPR)

Please read the privacy and information sharing statement. By signing, parents/ carers are confirming that they understand and agree for professionals to use and share proportionate information, including sensitive personal information.

3.2 Parent Carer A / B /Other Significant Adult/ Carer C

Please enter full name and address, including postcode, of the primary carer of the child/ren. If parent/carer is 'no fixed abode' enter this as 'nfa'. If Other Significant adult / Carer C is not contactable or declines to participate, please note this. If a significant adult refuses to participate, it is important to consider why that may be. Advice should be sought from Line Managers as required.

Parents/ Carers should be assessed separately to ensure safety and confidentiality. If the whereabouts of a parent is not known, and they do not have contact with the child, demographics do not need to be collected. Assessment should be reviewed where the living circumstances of a parents substantially changes e.g. liberated from prison.

D.O.B please enter in dd/mm/yyyy format.

Telephone: Please enter all known phone numbers

Local service /CHI reference number where known. This can be obtained from an individual's Medical Card / Health records.

Please note that if there are two parents but only one is thought to use alcohol and /or drugs, Parent A should be the individual using alcohol and / or drugs. The non-using parent can be recorded at Parent B but there is no need to complete the rest of the assessment for this individual. Practitioners may want to consider the protective role of the non-using parent and reflect on this within the analysis throughout the document if relevant.

3.3 Assessment Details

Please add name and job title of the lead assessor, including agency details and phone contact.

Where a joint assessment is being undertaken, please add details of the 2nd assessor.

Dates of the start, completion and review dates should be selected.

Please state the involvement, or not, of one or both caregivers. Please note if there is any resistance to engaging in this process.

3.4 Service Involvement

1a. **Current Support from FV ADP Service Providers (Drug and Alcohol Services)**: Yes – go to Q1b / No – **Immediate Action**: Consider Referral? / Not Yet – Referral already made.

If there is no current service involvement, please consider making referral to Signpost Recovery. The consent of the adult is required to do this. Contact details for Signpost Recovery are included in Appendix 1.

1b. If yes, please provide details of the Substance Use Services being accessed. It is possible to choose more than one service where appropriate. If an individual is ***accessing an out of area substance use service***, this should be recorded in the free text box.

1c. Current Support from Mental Health Services: Yes – go to Q1d / No – go to 2a / Not Yet – Referral already made.

1d. If yes, please provide details of Mental Health Services being accessed. It is possible to choose more than one service where appropriate. If an individual is ***accessing an out of area mental health service***, this should be recorded in the free text box.

2a. Completed in same way as Q1a but for **Parent / Carer B. Please remember that if Parent B is not known to have alcohol and/or drug issues, the IPSU does not need to be completed for them.**

2b. Completed in same way as Q1b but for **Parent / Carer B**

2c. Completed in same way as Q1c but for **Parent / Carer B**

2d. Completed in same way as Q1d but for **Parent / Carer B**

3.5 Unborn Child and/or Children's Information

3a. **Pregnancy:** If there is a confirmed pregnancy involving either parent/carer then ensure an immediate referral is made to the NHS Forth Valley Pre Birth Planning Service at FV-UHB.PreBirthPlanning@nhs.net, as per the Forth Valley Pre-Birth Planning Guidance. If parents /carers are unsure then please support to complete testing. Practitioners should also ask about ex partners who may be pregnant asthis may still be important in terms of ongoing and future contact with children.

3b. Planning a pregnancy: If parents are actively trying to become pregnant, then advice should be given around alcohol and drug use in pregnancy. Advice and information on contraception should be available in all services and revisited on regular occasions. Sexual and reproductive health support and/or referral to reproductive wellbeing services should be available.

3c. Please state whether the parents wish to continue the pregnancy – yes / no / undecided. Details of support should be provided for parents where they do not wish to continue their pregnancy.

3d. **Expected Date of Delivery**: Please select Yes -Specify due date / No-awaiting 12-week scan / Late presentation – **Immediate Action Required**. Where "late presentation" is the case or where the pregnancy gestation is unknown, an immediate referral to the NHS FV Pre Birth Planning Service should be made (FV-UHB.PreBirthPlanning@nhs.net). This will facilitate the appropriate sharing of information with maternity services and also for the maternity service to contact the expectant mother.

3e. Health / Social Care Services: Please list the health and social care services currently being accessed in relation to the pregnancy.

3f. Midwife: Please detail the named midwife and their contact details. Practitioners should seek the informed consent of the woman to share information with the named Midwife as appropriate. The practitioner must highlight to the patient/client, why information sharing

regarding substance use is important during pregnancy. Practitioners should take time to

sensitively explain, that there may be some potential for substance use to have an adverse impact on the wellbeing of the mother and baby; therefore maternity staff need to have the appropriate information to inform care given during the pregnancy and following the birth of the baby. Where consent is not given, the practitioner must consider the impact that not sharing information, may have on the wellbeing of the unborn baby and, the risk of significant harm. The practitioner must seek appropriate advice from their Line Manager and/or specialist Child Protection staff within their own agency, where required.

3g. **Preparations**: Free text, please detail the preparations in place for the birth. Consider plans for birth – hospital or home, birth partner, concerns around labour and pain management, medication review, are there preparations for going home, baby box, crib, clothing, sterilising equipment, plans to bottle/breastfeed, family supports. Is home adequately heated/ furnished? Potential of withdrawal symptoms and management of these? Partner support?

3h. Impact of Substance Use: The practitioner should sensitively enquire about and detail the parent's knowledge of the impact of alcohol and drugs in pregnancy, particularly in relation to maternal health/ the health of the baby, during pregnancy and following the birth. Where parental knowledge is limited the practitioner, unless skilled in this area, should explain that in some cases the use of substances may have an adverse impact on the wellbeing of the mother and/or the baby, and refer the expectant mother to an appropriate health professional for further discussion, if required, i.e. the midwife; obstetrician; health visitor; family nurse or GP.

Neo Natal Abstinence Syndrome (NNAS) is obviously a sensitive area and it is not possible to predict whether an individual baby will experience NNAS, or the severity of NNAS following birth. An appropriately trained professional will be able to help prepare parents for this situation prior to the birth. This may mean that babies potentially need medication and may have anextended period of care in hospital. Midwifery staff should encourage mothers to stay with their babies, where possible, and to breastfeed (with the exception of women with HIV).

Where babies experience NNAS, an explicit decision around whether it is safe for babies to go home should be made at the multi-agency discussion / meeting / case conference.

To support the positive health messages given by maternity and other universal health services, the practitioner should have an awareness of the risks of co-sleeping and must reinforce this message to all adults who look after children, in a way that they understand and are able to take the information on board. The risks associated with smoking around babies and young children should also be highlighted. Further information on this can be obtained from the Forth Valley Health Information Resource Service (HIRS). Details can be found in Appendix 1.

3i. Planned pregnancy? Discuss the circumstances of the pregnancy. Was the pregnancy planned or not? How do both parents feel about pregnancy? What impact has the pregnancy had on their relationship? Always consider domestic abuse which often significantly increases in pregnancy or commences in pregnancy.

3.6 Children's Details

4a: How many children are subject to and/or a party to this assessment? Select number. The number selected is a dependant drop down box meaning that the number selected will correlate to the number of children's boxes than then become available for completion.

Please complete the **names, date of birth (DoB), gender and age bracket** (select option: 0-5, 6-10, 11-15, 16+). If there is no contact with a particular child, the demographics for this child do not need to be collected.

Disability/ ASN: please select No/Unknown/ Free text response**.** If yes is the desired response, please select the free text option and provide further details.

Childs GP: please add details.

Health Visitor: please add details.

Education status: please choose an option from list and complete details of nursery or school: Not yet applicable/ Child attends nursery/ Child attends Primary/Child attends Secondary/Child is educated at home.

School/ Nursery: please add details.

Address: please select As per Parent / Carer A / As per Parent / Carer B / Unknown or complete the free text option. The address may be unknown in some circumstances where the Parent / Carer does not have any contact with the child or if there is only supervised contact away from where the child lives.

Living situation: please select With Parent / Living elsewhere -Contact / Living elsewhere-No contact/ Free text **Please consider if there is no access/contact, why this is maybe the case. Have previous children been removed? There is a free text option at (ii) for any additional information.**

Sleeping Arrangements Please include information about the child/ren's sleeping arrangements.

Previous Social Work (SW) involvement: Please select from list: yes / no / did not wish to answer. If "yes" response, please provide details in the free text box. If the adult does not wish to answer, consideration must be given to why that is. Practitioners should discuss this with their Line Manager if it raises concerns.

Current Social Work (SW) involvement: Please select from list: yes / no / GIRFEC form submitted – notification of CP concern. If yes is the desired response, please provide details in the free text box.

If yes, please complete SW contact details.

Named Person (NP): please complete name and contact.

Lead Professional (LP): please complete name and contact.

Is NP and/or LP aware of IPSU: please complete No / Yes NP only / LP only / Yes both.

Date Discussed: insert date.

Members of Team Round the Child: Please enter names and phone numbers.

Information Sharing/Concerns re child raised: please select: No / GIRFEC form submitted – wellbeing observation and assessment/ GIRFEC form submitted – notification of CP concern / Police Report (VPD) / Initial Telephone Call.

Child's Legal Status: pick current status - Compulsory Supervision Order, Interim Compulsory Supervision Order, Child Protection Order, Voluntary, Looked After and Accommodated Child, Looked After At Home Child, Accommodated – Voluntary, Permanence Order, Informal Kinship Care Arrangement, Formal Kinship Order Granted or free text.

Child Protection Register: Yes –current / Yes- current & historical / Yes – historical / No / Free text.

3.7 Substance Use & Medication Profile

Alcohol Profile

5a. Do you consume alcohol? Please select yes / no -go to Q6a.

5b. If yes, please detail **Frequency** select daily / 1-2 days / 2-3 days / 3-4 days / 5-6 days / once a fortnight / once a week / once a month.

Amount: free text

Context: please select Drink alone / Drink with others / Drink alone and with others. Please consider the risks associated with each response.

Environment: please select Drink at Home / Drink at friends or families home / Drink at licensed premises / Drink Outdoors, Streets etc. / Drink various locations. Again, please consider the risks associated with each response.

Drugs Profile

6a. Prescribed medication: please select yes/ no – go to Q6c.

Patients must be made aware of the risks of their medication and of the importance of protecting children and others from accidental ingestion. Prescribing and dispensing arrangements should also aim to minimise risks to children.

6b. If yes, please provide details of medication, dosage, and instructions and select if taken as directed; taken as directed / partially taken as directed / no. A list of possible medication can be opened up by clicking on the number underneath the medication column.

Add information about supervision / pick up: Yes, daily dispensed supervised 7 days / Yes dispensed supervised 6 days / Yes dispensed 2/3 weekly / Yes dispensed weekly.

Add pharmacy details in free text box.

Where appropriate / required, please verify this information with services who have current and accurate details to confirm this information.

6c. **Other substance use** Please select yes / no -go to Q6e.

6d. Detail substance use for each substance reported.

Name of substance: number of bags/ pills or enter mls in measure section.

Select Route (s) from: inject-IV / inject-subcutaneous / inject - intra muscular (IM) / nasal / sublingual / oral / inhale / rectal.

Select frequency: used 4-5 times a day / used 2-3 times a day / used once a day / used once per week or less / used 2-6 times in last week / not used in last week / not used in the last month / not known.

Select environment: Use alone / Use with others / Use alone & with others. Please note that "environment" is split into two parts and used as a catch all term used to establish where the drug use is happening and with whom.

And Use at home / Use at friends, family's homes / Use outdoors, streets / Use at various locations.

If you require additional support to analyse any information above, please contact the allocated substance worker or, if the individual is not engaged with a service, contact Signpost Recovery for advice.

6e. Drug testing & Results: Please select No-go to 7a / Yes-Oral fluid test (OFT) / Yes-Urine / Yes-OFT & Urine/ Yes-breathalyser / Yes Breathalyser & OFT / Yes- Breathalyser & Urine / Yes- Breathalyser & Urine & OFT / Free text. Results of any tests should be recorded at point (ii) in the free text box.

7a. Patterns of use: Alcohol - Social / Chaotic / Dependent / NA.
Substances – Experimental / Recreational / Chaotic / Dependent / NA. Be aware of the need

to sensitively challenge here. People may minimise the degree of their use and the associated impact. Think about the impact of patterns of use on parenting capacity.

7b. **Intoxication & Withdrawal**: **(i) Intoxicated -** Yes / No-go to Q7c. Please also ask about how often this is happening and complete the **(ii)** frequency drop down. Think about what this means for parenting capacity.

(iii) Withdrawals: Yes / No – go to Q7c

If yes, please discuss how this manifests itself and the impact that this has on both the adult and his/her ability to look after their children. Details of withdrawals should be provided at point **(iv)**. Multiple options can be selected in this drop down box.

7c. Impact on Daily Life for Adult(s) and Child/ren.

You may wish to prompt here, as often parents/carers will respond that they manage their use to ensure that children are well cared for. You may wish to ask around children witnessing use, knowing about use, or seeing parents in withdrawal or intoxicated, routines, consistency, and play. How does this impact on their ability to care well? How does this impact on their ability to provide emotional support to their children? You may also ask about strengths of their parenting and exploring other impacts. Some of these areas are specifically addressed further on in the assessment.

8a. Non-Fatal Overdose (NFO): please select Yes- one / Yes -multiple / No -go to Q8c. If the individual has never used drugs, please go to Q8c.

8b. If yes, please add date of most recent NFO. If the exact date is unknown, practitioners should ask the individual for an approximate date.

8c. Naloxone supply: please select Yes /No**. If no, immediate action is required, and training is a priority.**

Naloxone, a short acting antagonist which temporarily reverses the effects of an opioid overdose, has been shown to decrease drug related deaths (DRD). Naloxone is not an alternative to calling the emergency services but may provide some extra time for medical help to arrive.

Naloxone training can be arranged through contacting Forth Valley Recovery Community.

Consideration of naloxone supply may still be relevant for a non-opiate user if they have contact with people who use opiates and may be present when an overdose occurs.

8d. Who knows that you have naloxone? (i) Select from No-one - **immediate action is required to encourage the individual to make an appropriate adult aware / ** Parent B / Significant Adult or Carer C / Parents / other family members / friends / free text.

(ii) Do they know how to administer naloxone? Please select - Yes / Unsure - **immediate action is required** / No **- immediate action is required** / free text.

Immediate action may involve arranging for appropriate adults to be trained in overdose awareness and naloxone administration. This can be arranged through contacting Signpost Recovery.

8e. Is your (i) partner at risk of overdose? Please select - Never used drugs – go to Q9a / yes / no -go to Q9a. If risk to a partner is identified, a discussion should take place around training and provision of naloxone.

(ii) Would you know where their naloxone was kept? - Select Yes / No

(iii) How to administer it? Select Yes / No-**immediate action required** / Unsure – **immediate action required.**

Again, Naloxone training for Family Members can be arranged through contactingForth Valley Recovery Community.

9a. Safe storage - This is obviously a key issue for children's safety**.** Provide details of where alcohol, prescribed drugs / over the counter medication (OTC) and illicit drugs and paraphernalia are kept. The risks of children ingesting drugs or alcohol must be explained to parents / carers, in a way they understand and are able to take this information on board. Practitioners should stress that parents must never leave alcohol and/or drugs in places accessible to children.

A. **Alcohol:** please select refrigerator/ cupboard/ fridge & cupboard/ unit in view/ unit in view & fridge / unit in view & cupboard/ unit in view fridge & cupboard
B. **Prescribed/Over The Counter Medication:** please select Out of reach & out of sight / Cupboard/ Bathroom/ Safe storage box/ refrigerator/ free text

C. **Illicit substances and associated paraphernalia**: please select Out of reach & out of sight / Cupboard/ Outside or garden/ Safe storage box/ Under furniture or bed /NA/ free text

9b. Safe Storage box: please select NA / Yes-in possession / Yes- Missing **– immediate action required** / No - **immediate action required** / free text.

Safe storage boxes can be collected from the ADP office. Contact details are included in Appendix 1.

10. Injecting equipment please state how needles, filters and swabs, and water are disposed. Appropriate harm reduction advice should be provided or sought as appropriate.

Summary and Analysis -Description of Substance Use

Please use this section to analyse the information gathered, including the level of parental impact on children and their acceptance of change, how they perceive substance use to be impacting on their children's lives, and what this means for engaging in work to address these issues. Can you evidence that children are safe and well cared in the context of the patterns and contexts of substance use? Highlight strengths and concerns. Does the information being provided, fit with your assessment of how the individual presents/ i.e. in relation to intoxication/withdrawal/physical and emotional health & well-being? Is the information consistent with any other information that you may have? **Practitioners should be mindful of the need to professionally challenge and be curious about the information provided.**

3.8 Mental Health & Wellbeing

11a. Mental Health: please select – yes diagnosed / assessment underway / yes self-diagnosed / no- go to Q12a.

11b. If yes, please complete details

12a. Physical health issues: please select - Yes diagnosed / under investigation / suspected / no -go to Q13a.

12b. If yes, please give details.

13a. Impact of substance use on mental and physical health.

Practitioners should prompt around the development of symptoms and the use of substances to manage / contain these. Are substances masking or contributing to difficulties? Are there patterns in symptoms? Are there links with abuse and/or trauma? Given the strong connections between abuse and trauma and substance use, please be mindful of this and how it can impact on physical and mental health and wellbeing as well as the possibility of ongoing abuse and exploitation.

13b. Exploitation: please describe the kind(s) of harm has been threatened or inflicted? How severe/ serious have they been and are there any children and/or other adults at risk involved.

13c. Please note detail if the person is comfortable sharing it.

14a. Self-harm: please select from**:** Yes-Current / Yes-historical/ Yes- historical and Current/ No -go to Q15a. If self-harm is disclosed, please consider if any prompt action is required, including referral to appropriate support services.

14b. If the person is comfortable providing the details, please select the free text option and provide details.

15a. Thoughts of suicide: please select - Yes - Current **Immediate response is required and should be explored** / Yes historical / Yes historical and Current – again **immediate action should be taken** / no go to Q16.

Immediate action may include contacting the person's GP or seeking support at the Emergency Department.

15b. Have you ever acted upon suicidal thoughts? Please select Yes / No go to Q16.

15c. Please provide details using the free text option if the person is comfortable doing so.

16. Impact on children - please probe around impact of physical and/or mental health issues on children, knowledge of and witnessing mental and physical health issues. Have they discussed these issues with their children? What concerns do the children have and what concerns do the parents have? If children are identified as young carers, practitioners

must be mindful of the child's right to a Carer's Assessment. Practitioners should find out what the specific arrangements are in their area.

17. Alcohol or drug related death - If individuals have been affected by a bereavement, please consider a referral to the SFAD Forth Valley Family Support service. Contact details can be found inAppendix 1. If yes is the desired response, please select the free text box and provide details.

Summary and analysis of section - Mental Health & Wellbeing

Please summarise key issues and analyse the impact on children of physical and mental health issues. What impacts have these issues on capacities to provide care and meet the needs of their children? Is this a changing situation and what are the implications of this for children? What supports are in place? Are any additional supports required?

3.9 Current Accommodation Profile & Living Circumstances

18. Type of accommodation: (i) please select Homeowner / Tenant / No Fixed Abode. The selection will then trigger a dependent drop down box at point (ii) for further details to be provided. Please also detail any issues with the tenancy, including periods of insecure accommodation or threats of rooflessness/ homelessness. Depending on the issues reported, there could be an impact on a parenting capacity and a potential increase in risks to children. If there is more than one issue, please detail in the free text box.

19a. Others living in home who use substances: please select Yes - currently / Yes - recently / Yes-occasionally / No- go to Q20.

In order to paint a full picture of children's lives, it is critical to understand who stays with them, even occasionally, and consider the impacts of that if they are also substance using. This may include people who only visit or stay occasionally.

19b. Nature of relationship: Services should find out who the individual(s) is so that further checks can be made to see if the person poses any risk. This third-party name **should not** be recorded within the IPSU but should be recorded and investigated as per individual agency policies and procedures.

19c. Others Substance Use: Be aware of attempts to minimalize use.

19d. Sole care of children: please select – Never / Yes – overnight(s) / Yes – daily / Yes - weekly / Yes - occasionally. This would include short periods of time including occasions where the parent may still be in the house, but the other adult may be alone with the child/ren. What, if anything, concerns you about these arrangements?

20a, b & c: Others in house NOT using substances? Again, select options, detail nature of relationship and sole care issues. This would again include consideration of even short periods of care. This third-party name should not be recorded within the IPSU but should be recorded and investigated as per agency policy and procedures.

21. View of impact: please probe around this both in relation to (i) substance use and (ii) on children - be aware of attempts to minimise issues or difficulties with children.

22a. Family awareness. Please add text. This may include family member's views around caregiving and their role and ability to respond to children affected. Family support can be crucial in buffering vulnerable children from the impact of problematic parental alcohol and/or drug use. Some families offer strong protective factors in supporting the daily routines in the lives of children. Families lived experiences of their family member's addiction can have a profound impact on immediate and extended family relationships. No assumptions can be made. Some parent(s) may be isolated with no family support and others may be able to identify family but they are not necessarily actively involved in supporting the child. Parental problems may be hidden and addiction may be intergenerational and across other family members. Careful assessment in seeking to identify a safe family network is critical for the child's potential care and protection particularly as a contingency plan in a crisis.

22b. Supports provided. Please add text**. This may include financial support from relatives.** If no support is available, please go to analysis section.

22c. **Is this support conditional?** Please add text. Be curious about any conditions on this support e.g. only when parent is coping well/ or in recovery as this is critical in understanding if they are protective of children. What happens if this support is not

available at times? If yes is the desired response, please select the free text box and provide details.

Summary and analysis Current Accommodation & Living Circumstances

Please summarise your analysis of the needs, issues and risks that arise from this section. What factors are supporting a secure base for children, and what does or may undermine this? Try to analyse protective factors for children, is there evidence that a family member has acted to support the child/ren when there have been difficulties? What risks, if any, do other adults who stay in or visit the home, have on children?

A description of the home environment regarding standards of hygiene, food storage, basic furnishing, including where the child sleeps, space for play, soft toys, stimulation Etc. are essential components of assessing that the child's basic needs are being met and that they are not being exposed to physical and emotional neglect.

3.10 Domestic Abuse (including Coercive Control)

There are very clear links with parental substance use and domestic abuse and the impact that this can have on children, whether they are present or not, is significant and damaging. The safety of women and children is paramount. This is therefore a critical area to be professionally curious around and to be aware of the difficulties in disclosure and action. We should also be aware not to place women who are experiencing abuse as sole protectors for their children, i.e. viewing women as 'failing to protect' their children when they are experiencing abuse. Practitioners should exercise professional judgement when completing this section and, if they have accessed the training, follow Safe and Together ™ model principles or an alternative to Safe & Together . A strengths based approach is key to recognising and capturing the non- offending parent's everyday protective efforts when parenting in such adverse circumstances. There is a clear need to be sensitive when asking questions about domestic abuse and for survivors to feel safe to answer freely. **Accordingly, as noted, participants should be interviewed separately from the outset of the assessment.**

23a. Have you ever been the victim of domestic abuse? Please select: Yes – Current / Yes-

historical / Yes – current and historical / No- go to Q23c / did not wish to answer / free text.

If there is a yes response, then support services and options should be offered. See Appendix 1 for details.

23b. Please detail if the person is comfortable doing so.

23c. Have you ever perpetrated or being accused of domestic abuse? Please select: Yes – current / yes – historical / yes – current & historical / subject to accusation(s) – current / subject to accusation(s) – historical / subject to accusations – current & historical / no – go to Q24 / did not wish to answer / free text.

23d. Please add detail if person is willing to do so.

23e. Have children witnessed or aware of domestic abuse? Please add text here around children's views and services that are, or could be, offered for children.

23f. Detail supports for (i) children (ii) victim (e.g. Women's Aid or Shakti) and perpetrator (e.g. Criminal Justice, Caledonian project). Please consider a referral as a matter of urgency. Contact details can be found at Appendix 1.

Summary and analysis of Intimate Partner Violence (IPV) / Domestic Abuse section.
Please analyse the information from this section, including the needs and risks for children where there is domestic abuse. Consideration should also be given to the type of abuse and the part that the perpetrator's pattern of behaviour may have played in the survivor's substance use (e.g. as a coping mechanism, a means of the perpetrator controlling the survivor, creating dependency, interfering with their recovery or preventing them from leaving). It is important to remember that alcohol use can be present in situational couple violence that is not typified by patterns of violent, coercive and controlling behaviour in the same way that intimate partner violence can be. The impacts of conflict and violence are highly damaging to children and young people, and it is crucial that these are considered in some depth and with a sound understanding of domestic abuse. Some children will try to intervene to protect during episodes of domestic abuse, which could place them at risk of physical abuse. Remember, if you believe that there are child protection concerns, please report urgently to your Line Manager, Supervisor or designated CP Advisor for your service.

3.11 Children's Exposure to Substance Use & Associated Risks

Children, including very young children, will often be highly aware of their parents use, though parents may not recognise that their children are aware of substance use. This section explores this and provides parents /carers with an opportunity to reflect around the impact of their substance use. It may be useful to return to this section to review awareness of use and impact as parents make changes.

24a. Children see use: please select Yes-provide details below / No-provide details below / Unsure – provide details below.

24b. Please provide details – even if parent has answered "no", practitioners should ask why they think that to be the case.

25. Effect on children: please complete text box, noting points above. It will be important to probe here.

26. Steps taken to prevent children witnessing: complete free text**.**

27a. Children offered substances? Yes / no-go to Q28.

27b. If yes, please provide details.

28a. Discussed with children? Select Yes / no -go Q28c.

28b. Children's Reaction? Please complete text box.

28c. Awareness of use? Select yes / no / unsure.

28d. Support from family worker? Select Yes / No-but information wanted / No / free text. Details for appropriate services are contained in the Appendix 1.

29a. Time away from children? Please select yes /no-go to Q30.

29b. If yes, please ask when this last happened, who looked after children and the likely reoccurrence. Please add free text.

30a. (i) Intoxication select yes/no – go to Q30b. If yes is the desired response, please select the free text option and provide details.

(ii) Ongoing issue select yes/no **–** If the desired response is "yes", please select the free text box and provide details.

30b. Family member that can provide care? Select Yes – go to Q30c / Unsure /No - go to Q31a

30c. Nature of relationship: please add details in the free text box. Details of any third party should be recorded as per agency policy and procedure.

31a. Child taking on responsibilities: select Yes / Unsure/ No-go to Q32a. Practitioners are reminded to consider the need for a carer's assessment where appropriate.

31b. Please provide details: are children taking on age inappropriate responsibilities? This would include looking after siblings and household activities. It would also include children possibly feeling like they are responsible for ensuring that adults in the household are safe.

32a. Children's Own Use: select Yes /No-go to Q33a / Unsure. Practitioners should discuss tobacco use and associated risks. Please also consider New Psychoactive Substances (NPS) and solvents.

32b. Please provide details and consider referral to young people's services for support and assessment if required. Details are contained in Appendix 1.

33a. Possibility that your child/ren may be vulnerable to and/or have experienced child sexual abuse (CSA), including child sexual exploitation (CSE)? Sexual exploitation is a form of sexual abuse, in which a child/young person is manipulated, coerced, and/or forced into taking part in a sexual act(s). This could be as part of a seemingly consensual relationship, or in return for attention, affection, money, drugs, alcohol and/ or somewhere to stay. This is a key topic to discuss with parents as children who are living with parents who use substances can be at more risk of child sexual abuse, including exploitation. It is crucial that parents have the opportunity to discuss with practitioner's indictors of CSA and CSE.

Please select from Yes **– immediate action required** / Unsure – **immediate action required** / No – go to Q34a.

Immediate action here may include contacting the Police.

33b. If yes, please provide details in the CSE box and consider what supports are needed and consider if immediate action is required, including contacting the police.

Summary & analysis of Children's Exposure to Substance Use & Associated Risks section

Please analyse the responses in this section and, as this may be the first-time questions around this have been asked, parents may need time to reflect on their responses. Revisiting this section is then crucial. Parents will naturally feel defensive around the impact of their substance use and other issues on their children, and may be unaware of the impact of these, so continue to look for acknowledgement of impact on children as a key indicator for change.

3.12 Childcare & Routines

34a. **Breakfast**: please complete details. Although this question asks about children who go to school, consideration must also be given to children who are too young for school.

34b. **Who ensures this happens?** Please complete details.

35. Evening meal prep: please complete details

36. Enough food in the house? Please select Yes - always / yes - mostly / Yes - occasionally / No.

Please consider referral to a food bank if no/occasional response.

37. Does parent or children ever go hungry? Please select **(i)** Parent: Yes-always / yes-mostly /Yes-occasionally / No.

(**ii) Child:** Please select yes – always / yes - mostly / Yes - occasionally / No.

38. Typical bedtime routine: Please detail in free text box.

39a. Parenting changes when intoxicated and withdrawal: select yes / No - go to Q40 / Unsure

39b. If yes / unsure please provide detail.

40a. Provision of emotional support: select yes - always / yes – mostly / yes – occasionally / No / Unsure.

40b. Details: Encourage parent to articulate what this might look like. Parents may need prompts around appropriate age and stage emotional support that children and young people may need.

41. Parenting strengths: parents should be encouraged and supported to identify areas of strengths as well as parenting skills that need further developed.

Summary & Analysis of Section – Childcare and Routines

Please summarise and analyse the impact of substance use on parenting, on routines and on caregiving. Does there appear to be a consistent, nurturing, and supportive environment for children? Are there routines and structure? What are the identified strengths as parents/ carers and are there areas where support or development is needed? Is there a need to professionally challenge any identified strengths based on the information gathered and wider observations?

3.13 Education, Other Activities & Community Profile

42a. Impact on attendance at school / nursery. Please select Yes /No - go to Q43a / Unsure.

42b. If yes, please select Non-attendance/ lateness/relationships at school/academic /completion of homework/Multiple -please specify. This drop down box allows for selection of more than one issue.

43a. Contact from school / nursery re progress or behaviour: please select Yes / No – go to Q44a.

43b. If yes, please select: Non-attendance / lateness /relationships at school /academic /completion of homework /Multiple -please specify. This drop down box allows for selection of more than one issue.

44a. Involvement with after school activities / community groups: please select Yes / Yes - but not all children / No / Not yet-on waiting list / NA-Age.

44b. Please provide details in free text box.

44c. Difficulties attending? please select No / if response is yes please select free text and provide details.

45a. Included in community: please select No/ Unsure / if response is yes please select free text and provide details.

45b. Feel Unsafe: (i) Home please select No/ Unsure / if response is yes please select free text and provide details. **(ii) Community** please select No/ Unsure / if response is yes please select free text and provide details.

Summary & Analysis of Section – Education, Other Activities & Community Profile
Please summarise and assess the impacts on nursery /school and other activities on children. These can offer significant protective factors and opportunities to develop resilience for children and are critical to ensuring and enhancing health and wellbeing. Where there are challenges to this, care planning should consider ways to mitigate these.

3.14 Financial Profile

46. Funding of use: Please select Employment /Benefits / Crime / Sex work / Debt / Other /Did not wish to answer. Staff should ensure benefits checks are completed where required. Please select as many options as apply.

47a. Owe money? Please select yes / No -go to Q48

47b. If yes, does this concern you? Please select Yes / a little / No - go to Q48

47c. Please provide details if individual is comfortable doing so.

48. Challenges of managing day to day budgets: please provide details. It is important to probe / explore here. If someone states that they use their benefits for both their drugs and food, is this possible? Do you know the price of street drugs locally?

Summary & Analysis of Section – Financial Profile

Please provide a summary and analysis of issues around finances and debt and consider how these may impact on children. This is clearly an issue if there is a lack of food, electricity, and rent money. Has a referral to food banks and/or debt advice services been made? If money is owed for drug related debt, are there indicators that violence is, or has been, threatened due to debt? What are the risks to and needs of children?

3.15 Procurement of Substances & Associated Risks

49a. Children present when buying? NOTE this includes where children are present in the home when alcohol and/or drugs are delivered to the house. Please consider issues around what children may be witnessing, where they may be taken and what risks there may be in these situations. Select Yes / No-go to Q50.

49b. What risks are the children exposed to? Please provide details of risks in free text box.

50. Who looks after children when drugs are being purchased? Please provide details in free text box. Please consider any risks to the children from any other individuals providing care.

51a. Drugs shared/dealt from the home? Select Yes / No- go to Q52a. Please consider whether people are using in the house, whether there are signs of violence / security issues e.g. front door secured or unsecured/ recently broken, forced entry by others or the police. This includes situations where parents are supplying friends with drugs.

51b. Arrangements for children: please provide details in free text box.

52a Criminal Justice involvement: select Yes / No- go to Q53.

52b. If yes, provide details in free text box.

Summary & Analysis of Section – Procurement of Substances & Associated Risks

Please summarise and analyse the impact on children around their parent's procurement of substances. Again, children are very aware of what is happening in the home and it is important to encourage reflection from parents around the impacts of this. Who is coming into the house, are they using there and are there signs that forced entry by the police or others has occurred? It may also benefit this section to liaise with criminal justice services.

3.16 Further Support

53. Additional Supports (i) Yourself (ii) Children - Please add details.

3.17 Overall Summary / Analysis of Needs and Risks

Please provide an analysis of the main strengths, risks and protective factors in relation to parenting capacity and the impact on children in the family in the tables provided. Analysis involves sorting through complex and sometimes contradictory pieces of information and considering the internal and external factors that affect a parents' ability to meet children's needs, the strengths and weaknesses within the family and the environment, and the issues that need to be addressed. This process should help understand the relationships between factors in each area of the assessment and assist in setting goals for change.

When analysing information about a child and family, practitioners need to state why they attach significance to some issues and not to others, in order to make the thinking behind their judgements and decisions, explicit. This should include reference to the wellbeing principles of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. The My World Triangle and **The Resilience & Vulnerability Matrix** will assist with this in relation thinking about the impact of parental substance use.

You may also find the National Risk Framework 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?

- Risk should be analysed separately for individual children linked to age and stage. Remember the younger the infant / child, the greater the vulnerability and the greater the potential risk factors.
- If a Child's Plan is required – this would usually be initiated by the Named Person.
- If it is assessed that the child or young person requires specialised support through targeted intervention, then a Lead Professional should be identified to co-ordinate the Child's Plan. **The Lead Professional usually would be a Social Worker from Children's Services.**
- Ensure the views of family are included as appropriate. However, some of the questions within the IPSU would not be appropriate to discuss in front of children.
- Ensure goals, milestones and timescales are **outcome focussed**. Again, if there is a Child's Plan, these should be incorporated into this to avoid duplication.
- Keep in mind that parents/carers recovery timescales may not match the needs of the child.
- Withdrawal of treatment services can have a negative impact on parenting capacity and therefore the child or young person's wellbeing. This is a significant decision that should ideally be based on partnership with parents and inter-agency agreement.
- In trying to effect positive change and improvement, remember the need for engagement; stick-ability; relationships; support; trust; honesty; empowerment and self-determination.
- Always follow your own service/agency assessment and care planning processes.

Summary of new and increased risks include:

- New partner (or previous partner coming back),
- Non-family visitors to the home,
- Missed appointments with any agency,
- Dropping out of treatment programme,
- Domestic abuse or mental ill health problems,
- Criminal activity

- Anti-social behaviour incidents,
- Stress (which may impact upon substance use habits)
- Transient lifestyle and pattern of moving home.

Appendix 1: Contact Details

The services listed below are either referred to in the IPSU document or may be helpfulin terms of supporting individuals and families affected by substance use.

Agency	Contact Telephone Number / Email Address (if available)	Geographical Area Covered	IPSU Reference Point
Addiction Support & Counselling (ASC)	01324 874969 enquiries@asc.me.uk	Clackmannanshire, Stirling and Falkirk	N/A
Addiction Recovery Services (ARS)	Clackmannanshire & Stirling – 01786 434430 Falkirk – 01324 673670	Clackmannanshire, Stirling and Falkirk	N/A
Barnardo's – Young People's Alcohol & Drug Service	Clackmannanshire–01786 450963 Falkirk – 01324 718277 FalkirkAxisService@barnardos.org.uk	Clackmannanshire and Falkirk	Q32b
Community Alcohol & Drug Service (CADS)	Falkirk – 01324 673670 Clackmannanshire & Stirling – 01786 434430 FV-UHB.CADSPrescribing@nhs.net	Clackmannanshire, Stirling and Falkirk	N/A
Children's Social Work Services – Clackmannanshire	01259 225000 childcare@clacks.gov.uk	Clackmannanshire	Page 9

Agency	Contact Telephone Number / Email Address (if available)	Geographical Area Covered	IPSU Reference Point
Children's Social Work Services - Falkirk	01324 506070	Falkirk	Page 9
Children's Social Work Services - Stirling	01786 471177 (Option 2) cpandassessment@stirling.gcsx.gov.uk	Stirling	Page 9
Emergency Duty Social Work Team	01786 470500	Clackmannanshire, Stirling and Falkirk	Page 9
SFAD Forth Valley FamilySupport Service (including Bereavement Service)	0141 465 7523 fvfamilies@sfad.org.uk	Clackmannanshire, Stirling and Falkirk	Q17
Forth Valley Substance Treatment Service (DTTO / CPO)	01786 434165	Clackmannanshire, Stirling and Falkirk	N/A
Health Improvement Resource Service (HIRS)	01786 454589 FV-UHB.HIRS-group-mailbox@nhs.net	Clackmannanshire, Stirling and Falkirk	Q3h
Agency	**Contact Telephone Number / Email Address (if available)**	**Geographical Area Covered**	**IPSU Reference Point**

Hospital Addiction Team (HAT)	01324 566231 Hospitaladdictionteam@nhs.net	Clackmannanshire, Stirling and Falkirk	N/A
Police Scotland	Non emergencies - 101	Clackmannanshire, Stirling and Falkirk	Page 9
Pre-Birth Planning Service	FV-UHB.PreBirthPlanning@nhs.net	Clackmannanshire, Stirling and Falkirk	Q3a
Shakti Women's Aid (for BME women aged 16+).	01786 464004 info@shaktiedinburgh.co.uk	Stirling	Q23a
STRIVE (Safeguarding through Rapid Intervention)	strive@clacks.gov.uk	Clackmannanshire	
Transform Forth Valley	01259 272 112 info@transformfv.org.uk	Clackmannanshire, Stirling and Falkirk	Q1b and throughout document
Time 4 Us (Transform Forth Valley)	As above	Forth Valley	Q28d
Women's Aid Committed to Ending Abuse (CEA) – Falkirk only	**Clackmannanshire** – 01259 721401 www.clackswomensaid.org.uk **Stirling** – 01786 470897 www.stirlingwomensaid.org.uk 01324 635661 info@cea.uk.com	As detailed	Q23a