FORTH VALLEY INTER AGENCY

IMPACT OF PARENTAL SUBSTANCE USE (IPSU) ASSESSMENT

Data Protection Act (DPA) 2018 & General Data Protection Regulations (GDPR)	Parent / Carer A	Parent/Carer B
You have previously been issued with a Privacy Notice in respect of the DPA 2018 and the GDPR, which; included the lawful basis for the processing of your information as well as the purpose(s) for the processing of your information. Whilst, the IPSU Assessment is subject to the Privacy Notice, the information contained in this section is for the purposes of providing a 'Privacy Statement' in relation to the IPSU Assessment. We collect and use service information under the **GDPR Article 6- 1c, 1d, & 1e, as well as Article 9- 2h & 2g**. More specifically, under the GDPR, an organisation can process personal data without consent if it's necessary for: • Article 6(c) - Compliance with a legal obligation: If the organisation is required by UK or EU law to process the data for a particular purpose (i.e. In accordance with the Children and Young People (Scotland) Act 2014), then they can; • Article 6(d) - Vital interests: organisations can process personal data if it's necessary to protect a life. This could be the life of the data subject or someone else; or • Article 6(e) - A public task: if the organisation needs to process personal data to carry out official functions or a task in the public interest – and have a legal basis for the processing under UK law – then they can. In addition to the above lawful basis for processing, where an organisation undertaking the IPSU Assessment wishes to share 'special category' information e.g. race, religion, ethnicity, health, sexual orientation with an appropriate partner(s), the organisation will use one of the following additional processing conditions where sharing is likely to be necessary for that purpose: • Article 9(h) - Provision of Health or Social Care; or • Article 9(g) - Substantial Public Interest (Schedule 1, part 2, paragraph 6 - Statutory purpose). Additionally, each agency that undertakes the IPSU Assessment has a senior person responsible for protecting the confidentiality of your information and where relevant, ensuring the appropriate sharing of your information. If you would like more information about the IPSU Assessment and/or service(s) being provided or if you want to discuss anything pertaining to your rights, our processing and/or use of your data, then, please speak your Care Manager/Keyworker/Social Worker. Crucially, should consider it necessary to make any substantial changes to the way we process your personal information we will contact you to discuss this and to agree the lawful basis for doing so. By 'checking' the boxes and signing this form, you are confirming you're your knowledge and understanding of the IPSU Privacy Statement contained herein.	☐	☐

Parent/Carer A Full Name: **Please tick to indicate parent/ carer has understood and agreed with this process:** ☐ **Date: Select**	**Select – Full Name** **Please tick to indicate parent/ carer has understood and agreed with this process:** ☐ **Date: Select**

Parent / Carer Details			
Parent/Carer A	Name: Address:	DOB: Tel:	Local / Service / CHI Reference No:
Parent/Carer B Select/Free Text	Name: Address: Select/Free Text	DOB: Tel: Select/Free Text	Local / Service / CHI Reference No: Select/Free Text
Other Significant Adult/Carer C Select/Free Text	Name: Address: Select/Free Text	DOB: Tel: Select/Free Text	Local / Service / CHI Reference No: Select/Free Text

Assessment Details	**Dates**
Name of Lead Assessor:	Date Assessment Started: Select
Job Title: Select/Free Text Agency: Select/Free Text	Date Assessment Completed: Select
*Additional Information: Select/Free Text	Date of Review: Select
***Details of 2nd Assessor e.g. joint and/or shared assessment**	Parent/Carer(s) Participation? Select/Free Text

No.	**Service Involvement**
1a.	Is Parent/Carer A currently receiving support from any FVADP service provider(s)? Select
1b.	Which service(s)? Select 1/Free Text 2nd, Free Text or N/A
1c.	Is Parent/Carer A currently receiving support from mental health services? Select
1d.	Which service(s)? Select 1/Free Text 2nd, Free Text or N/A
2a.	Is Parent/Carer B currently receiving support from any FVADP service provider(s)? Select
2b.	Which service(s)? Select 1/Free Text 2nd, Free Text or N/A
2c.	Is Parent/Carer B currently receiving support from mental health services? Select
2d.	Which service(s)? Select 1/Free Text 2nd, Free Text or N/A

Unborn Child and/or Children's Information			
No.	**Pregnancy**		
3a.	Are you, your partner or ex-partner pregnant, or might you, your partner or ex-partner be pregnant? Select Details:		
3b.	If no, are you planning / actively trying for a baby? Select		
3c.	In the event of pregnancy, do you plan to continue with the pregnancy? Select		
3d.	Do you know the expected date of delivery: Select Due Date : Select		
3e.	What health and/or social care services are you accessing in respect of the pregnancy?		
3f.	Please provide details of your Midwife:		
3g.	What preparations, plans etc. have you made for the birth?		
3h.	Do you understand the impact of alcohol and/or substances on the unborn child/ren? Select		
3i.	Was the pregnancy planned? Select		
No.	**Children's Details**		
4.	**Including** any unborn child/ren from Q3, how many children are subject to and/or a party to this Assessment? 3 Comments:		
Child 1	**Name:** **Gender:** **DOB:** Select/Free Text **Age Bracket:** Select **Parents:** Select/Free Text ***Disability/ASN:** Select/Free Text *Diagnosed/Under Investigation **Child's GP:** **Health Visitor:** **Education:** Select **School/Nursery:** Select/Free Text	**Address:** Select/Free Text **Living Situation:** **(i) Select** (ii) Free Text **Sleeping Arrangements:** **Previous SW Involvement:** Select **Details:** **Current SW Involvement:** Select/Free Text **SW Contact Details:** Select/Free Text	**Named Person (NP):** **Lead Professional (LP):** Select or Type **Is NP and/or LP aware of the IPSU:** Select **Date(s) Discussed:** **Membership - Team around the Child (TAC):** **Information Sharing/Concern(s) re: Child raised:** Select **Child's Legal Status:** Select/Free Text **Child Protection Register:** Select/Free Text
Additional Information/Comments:			

Child 2	**Name:** **Gender:** **DOB:** Select/Free Text **Age Bracket:** Select **Parents:** Select/Free Text ***Disability/ASN:** Select/Free Text *Diagnosed/Under Investigation **Child's GP:** **Health Visitor:** **Education:** Select **School/Nursery:** Select/Free Text	**Address:** Select/Free Text **Living Situation:** **(i) Select** (ii) Free Text **Sleeping Arrangements:** **Previous SW Involvement:** Select **Details:** **Current SW Involvement:** Select/Free Text **SW Contact Details:** Select/Free Text	**Named Person (NP):** **Lead Professional (LP):** Select or Type **Is NP and/or LP aware of the IPSU:** Select **Date(s) Discussed:** **Membership - Team around the Child (TAC):** **Information Sharing/Concern(s) re: Child raised:** Select **Child's Legal Status:** Select/Free Text **Child Protection Register:** Select/Free Text
Additional Information/Comments:			
Child 3	**Name:** **Gender:** **DOB:** Select/Free Text **Age Bracket:** Select **Parents:** Select/Free Text ***Disability/ASN:** Select/Free Text *Diagnosed/Under Investigation **Child's GP:** **Health Visitor:** **Education:** Select **School/Nursery:** Select/Free Text	**Address:** Select/Free Text **Living Situation:** **(i) Select** (ii) Free Text **Sleeping Arrangements:** **Previous SW Involvement:** Select **Details:** **Current SW Involvement:** Select/Free Text **SW Contact Details:** Select/Free Text	**Named Person (NP):** **Lead Professional (LP):** Select or Type **Is NP and/or LP aware of the IPSU:** Select **Date(s) Discussed:** **Membership - Team around the Child (TAC):** **Information Sharing/Concern(s) re: Child raised:** Select **Child's Legal Status:** Select/Free Text **Child Protection Register:** Select/Free Text
Additional Information/Comments:			

Substance Use & Medication Profile			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
	Alcohol Profile		
5a.	**Do you consume alcohol?**	Select	Select
5b.	**Please provide details of your alcohol consumption:**	Frequency Amount Context Environment	Frequency Amount Context Environment
	Drug(s) Profile		
6a.	**Are you prescribed any medications by your GP, Non-Medical Prescriber (NMP) or Consultant?**	Select	Select
6b.	**What medications and/or substances are you currently prescribed?**	Medication Details Directions For Use & Dispensing Information 1 Dosage Instructions Select Supervision Pharmacy 2 Dosage Instructions Select Supervision Pharmacy 3 Dosage Instructions Select Supervision Pharmacy 4 Dosage Instructions Select Supervision Pharmacy 5 Dosage Instructions Select Supervision Pharmacy	Medication Details Directions For Use & Dispensing Information 1 Dosage Instructions Select Supervision Pharmacy 2 Dosage Instructions Select Supervision Pharmacy 3 Dosage Instructions Select Supervision Pharmacy 4 Dosage Instructions Select Supervision Pharmacy 5 Dosage Instructions Select Supervision Pharmacy
6c.	**Do you use substances (Inc. illicit use and/or abuse of prescribed and/or 'Over the Counter' (OTC) medication(s)?**	Select	Select

6d.	**Please provide details in relation to the substances you are currently using?**	Substance - Details		Route(s) of Use (Please Select)	Frequency	Environment		Substance - Details		Route(s) of Use (Please Select)	Frequency	Environment	
		Select	No. Measure	☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal	Select	Select	Select	Select	No. Measure	☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal	Select	Select	Select
		Select	No. Measure	☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal	Select	Select	Select	Select	No. Measure	☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal	Select	Select	Select
		Select	No. Measure	☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal	Select	Select	Select	Select	No. Measure	☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal	Select	Select	Select
		Select	No. Measure	☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal	Select	Select	Select	Select	No. Measure	☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal	Select	Select	Select

Substance Use & Medication Profile

No.	Question	Parent/Carer A Response(s)	Parent/Carer B Response(s)
		Select | No. Measure | ☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal | Select | Select | Select	Select | No. Measure | ☐ Inject-IV ☐ Inject-Subcutaneous ☐ Inject-IM ☐ Nasal ☐ Sublingual ☐ Oral-Ingest ☐ Inhale ☐ Rectal | Select | Select | Select
6e.	**Have you (i) had a drug and/or alcohol test in the last 3 months and (ii) what was the result(s)?**	(i) Select/Free Text (ii)	(i) Select/Free Text (ii)
7a.	**How would *you* describe your pattern of (i) alcohol and/or (ii) drug use?**	(i)Alcohol Choose an item. .ii)Drugs Choose an item.	(i)Alcohol Choose an item. .ii)Drugs Choose an item.
7b.	**Through this use, are you (i) becoming intoxicated and if so, (ii) how often and (iii) are you experiencing withdrawals, and if so, provide details (iv) of symptoms?**	(i) Intoxicated (ii) Frequency (iii) Withdrawals ☐ Tremor(s) ☐ Sickness ☐ Sweating ☐ Tachycardia (rapid heart beat) ☐ Anxiety ☐ Nausea ☐ Agitation ☐ Stomach pain/ Cramp ☐ Sleep Disturbances ☐ Hallucination(s) ☐ Seizures ☐ Diarrhoea	(i) Intoxicated (ii) Frequency (iii) Withdrawals ☐ Tremor(s) ☐ Sickness ☐ Sweating ☐ Tachycardia (rapid heart beat) ☐ Anxiety ☐ Nausea ☐ Agitation ☐ Stomach pain/ Cramp ☐ Sleep Disturbances ☐ Hallucination(s) ☐ Seizures ☐ Diarrhoea

Substance Use & Medication Profile			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
7c.	**Thinking of your answers to both Q7a and Q7b, what is the impact of this on daily life for you and your children?**		
8a.	**Have you ever had a non-fatal overdose (NFO)?**	Select	Select
8b.	**When was the date of last/most recent NFO*?** ***If date is unknown please approximate**		
8c.	**Do you have a supply of Naloxone?**	Select	Select
8d.	**Does anyone know that (i) you have/should have Naloxone and (ii) do they know how to administer it?**	(i)Select/Free Text (ii)Select/Free Text	(i)Select/Free Text (ii)Select/Free Text
8e.	**Is your (i) partner at risk of overdose and (ii) would you know where their Naloxone was kept and (iii) how to administer it?**	(i) Risk (ii) Location (iii) Administration	(i) Risk (ii) Location (iii) Administration

Substance Use & Medication Profile			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
9a.	**Where do you keep/store:** **A. Alcohol** **B. Prescribed and/or OTC medication** **C. Illicit substances and associated paraphernalia**	 Select/Free Text Select/Free Text Select/Free Text	 Select/Free Text Select/Free Text Select/Free Text
9b.	**Have you been provided with a safe storage of medication box by any substance misuse service?**	Select/Free Text	Select/Free Text
10.	**If injecting, how do you dispose of any needles, swabs, filters, etc.?**		
	Summary & Analysis of Section – Substance Use & Medication Profile:		

Mental Health & Wellbeing Profile			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
11a.	**Do you have any mental health issues or a diagnosed mental illness?**	Select	Select
11b.	**Please provide details:**		
12a.	**Do you have any physical health issues (actual, suspected and/or under investigation)?**	Select	Select
12b.	**Please provide details:**		
13a.	**Do you think your substance use is affecting your physical and/or your mental health?**		
13b.	**Have you ever been coerced, manipulated, forced or deceived to be involved in activities that you did not want to participate in, including sexual activities?**		
13c.	**If yes, would you feel comfortable sharing more details about what has happened?**		
14a.	**Have you ever self-harmed?**	Select	Select
14b.	**If yes, would you be willing to share more detail about the self-harm?**	Select/Free Text	Select/Free Text
15a.	**Have you ever had thoughts of suicide?**	Select	Select
15b.	**Have you ever acted upon suicidal thoughts?**	Select	Select
15c.	**If yes, would you be willing to share more detail about what happened?**	Select/Free Text	Select/Free Text
16.	**How do you think your child/ren are impacted by your physical health and/or your mental health?**		
17.	**Have you ever been affected by an alcohol or drug related death?**	Select/Free Text	Select/Free Text

Mental Health & Wellbeing Profile			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
	Summary & Analysis of Section – Mental Health and Well Being Profile:		

Current Accommodation Profile & Living Circumstances			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
18.	**How would you describe (i) your current accommodation (tenure) and (ii) are there any issues?**	i) Select Tenure Type Please Select Tenure Sub Type ii) Issue/Free Text	i) Select Tenure Type Please Select Tenure Sub Type ii) Issue/Free Text
19a.	**Do other people who use substances live with you?**	Select	Select
19b.	**What is the nature of the relationship**		
19c.	**How would you describe the substance use of these individuals?**		
19d.	**How often do they have sole care of your child/ren?**	Select	Select
20a.	**Is there anyone else living in your house who *does not* use substances?**	Select	Select
20b.	**What is the nature of the relationship?**		
20c.	**How often do they have sole care of your child/ren?**	Select	Select
21.	**What is your view of the impact that others living in your home and/or visiting your home have on both (i) your substance use and (ii) your children?**	***(i)*** ***(ii)***	***i)*** ***(ii)***
22a.	**Who in your family is aware of your substance use?**	Select/Free Text	Select/Free Text
22b.	**What support, if any, do they provide?**	Select/Free Text	Select/Free Text

Current Accommodation Profile & Living Circumstances			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
22c.	**Is this support conditional upon you undertaking specific tasks or behaving/acting in a certain way?**	Select/Free Text	Select/Free Text
	Summary & Analysis of Section – Current Accommodation Profile and Living Circumstances:		

Domestic Abuse (including Coercive Control)			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
23a.	**Have you ever been the victim of domestic abuse?**	Select/Free Text	Select/Free Text
23b.	**Are you able to tell me about it?**		
23c.	**Have you ever perpetrated, or been accused, of domestic abuse?**	Select/Free Text	Select/Free Text
23d.	**Are you able to tell me about it?**		
23e.	**Have your children ever witnessed or is it a possibility that they are aware of domestic abuse in your household?**		
23f.	**Please provide details of the current support/intervention being offered and/or provided to (i)your child/ren and/or (ii) The adult(s) – both victim and/or perpetrator**	***(i)*** ***(ii)***	***(i)*** ***(ii)***
	Summary & Analysis of Section – IPV and/or Domestic Abuse Profile :		

Children's Exposure to Substance Use & Associated Risk(s)			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
24a.	**Have your child/ren ever and/or do they currently, see you using alcohol and/or drugs?**	**Select**	**Select**
24b.	**Please provide details.**		
25.	**What, if any, do you see as being the effect of this on your child/ren?**		
26.	**What, if any, steps do you take to prevent your child/ren from witnessing your alcohol and/or drug use?**		
27a.	**Have you ever witnessed anyone offering your child/ren alcohol and / or drugs?**	**Select**	**Select**
27b.	**If yes, please provide details.**		
28a.	**Have you talked to your child/ren about your alcohol and/or drug use?**	**Select**	**Select**
28b.	**If yes, what was their reaction?**		
28c.	**Even if you have not talked to your child/ren about your alcohol and/or drug use, is there a possibility they are aware of the substance use?**	**Select**	**Select**
28d.	**Would you like any support from a Children's Worker/Family Worker/C&F Worker about this matter?**	Select/Free Text	Select/Free Text
29a.	**Has alcohol / drug use ever resulted in periods of time where you have been separated from your child/ren?**	**Select**	**Select**

Children's Exposure to Substance Use & Associated Risk(s)			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
29b.	**If yes,** • **When did this last happen?** • **Who looked after your child/ren when this happened?** • **Is this likely to occur again?**		
30a.	**Have you ever been (i) so intoxicated / under the influence of substances that you have been unable to care for your child/ren, and is this (ii) a current/ongoing risk and/or problem?**	**(i) Select** (ii) Select/Free Text	**(i) Select** (ii) Select/Free Text
30b.	**Is there a family member/appropriate adult that your child/ren have access to, should you, for any reason, including illness, be unable to care for them?**	**Select**	**Select**
30c.	**If yes, what is the nature of this relationship?**		
31a.	**Does your child/ren take on responsibilities in the home?**	**Select**	**Select**
31b.	**If yes, please provide details.**		
32a.	**Are you aware if your child/ren's is using alcohol, drugs, tobacco or vaping?**	**Select**	**Select**
32b.	**If yes, please provide details.**		
33a.	**Is there a possibility that your child/ren may be at risk of exposure to / experience of child sexual abuse including child sexual exploitation (CSE)?**	**Select**	**Select**

Children's Exposure to Substance Use & Associated Risk(s)			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
33b.	**If yes, please provide details.**		
	Summary & Analysis of Section – Children's Exposure to Substance Use & the Associated Risks:		

Childcare & Routines			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
34a.	**Does your child/ren have breakfast before going to nursery/school?**		
34b.	**Who ensures this happens?**		
35.	**Who prepares the evening meal?**		
36.	**Is there always enough food in the house?**	**Select**	**Select**
37.	**Do (i) you or (ii) your child/ren ever go hungry?**	**(i) Select** **(ii) Select**	**(i) Select** **(ii) Select**
38.	**Could you please describe the typical routine for your child/ren at bedtime?**		
39a.	**Does your parenting change when you are intoxicated and/or in withdrawal?**	**Select**	**Select**
39b.	**If yes or unsure, please provide details.**		
40a.	**Does substance use ever impact on your ability to provide your child/ren with emotional support?**	**Select**	**Select**
40b.	**Are you able to say more about that?**		
41	**What would you say are your strengths as a parent and what would you like to improve on?**		
	Summary & Analysis of Section – Childcare and Routines Profile:		

Education, Other Activities & Community Profile			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
42a.	**Has your substance use ever impacted on your child/ren's attendance and progress at nursery /school?**	**Select**	**Select**
42b.	**If yes, please provide details?**	☐ Non-Attendance ☐ Lateness ☐ Relationship(s) at School ☐ Academic Progression ☐ Homework Issues	☐ Non-Attendance ☐ Lateness ☐ Relationship(s) at School ☐ Academic Progression ☐ Homework Issues
43a.	**Has the nursery/school ever contacted you with concerns regarding your child/ren's progress and/or behaviour?**	**Select**	**Select**
43b.	**If yes, please provide details?**	☐ Non-Attendance ☐ Lateness ☐ Relationship(s) at School ☐ Academic Progression ☐ Homework Issues	☐ Non-Attendance ☐ Lateness ☐ Relationship(s) at School ☐ Academic Progression ☐ Homework Issues
44a.	**Are your child/ren involved in any after school activities or community activities/groups?**	**Select**	**Select**
44b.	**Please provide details:**		
44c.	**Are there times when it can be difficult for the children to attend these activities / groups?**	Select/Free Text	Select/Free Text
45a.	**Do you and/or your immediate family feel accepted and/or a part of your local community?**	Select/Free Text	Select/Free Text

45b.	**Do you feel unsafe either (i) within your home and/or (ii) within your local community?**	(i) Select/Free Text (ii) Select/Free Text	(i) Select/Free Text (ii) Select/Free Text
	Summary & Analysis of Section – Education, Other Activities & Community Profile:		

Financial Profile			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
46.	**How do you currently fund your alcohol and / or drug use?**	☐ Employment ☐ Debt ☐ Benefits ☐ Other ☐ Crime ☐ Did not wish to answer ☐ Sex work	☐ Employment ☐ Debt ☐ Benefits ☐ Other ☐ Crime ☐ Did not wish to answer ☐ Sex work
47a.	**Do you currently owe money?**	**Select**	**Select**
47b.	**If yes, does this debt(s) concern you?**	**Select**	**Select**
47c.	**Do you feel comfortable providing details?**		
48.	**What are the challenges of managing day to day expenses such as food and housing costs as well as alcohol and/or drugs?**		
	Summary & Analysis of Section – Financial Profile:		

Procurement of Substances & Associated Risks			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
49a.	**Are your child/ren with you when you are buying alcohol and / or drugs?**	**Select**	**Select**
49b.	**What risks are your child/ren exposed to when this happens?**		
50.	**Who looks after your child/ren when you have to go and source alcohol and/or drugs?**		
51a.	**Have drugs ever been given, shared or supplied from your house?**	**Select**	**Select**
51b.	**What, if any, arrangements are made for your child/ren when this occurs?**		
52a.	**Have any of these activities led to Police/ Criminal Justice involvement?**	**Select**	**Select**
52b.	**If yes, please provide details.**		
	Summary & Analysis of Section – Procurement of Substances:		

Further Support			
No.	**Question**	**Parent/Carer A Response(s)**	**Parent/Carer B Response(s)**
53.	**Now that you have completed this assessment, is there any other support that you would like for (i) yourself (ii) your child/ren and/or (iii) a significant other?**	**(i)** **(ii)** **(iii)**	**(i)** **(ii)** **(iii)**

Overall Summary / Analysis of Needs and Risks	
Please provide an analysis of the main risks and protective factors in relation to parenting capacity and the impact on children in the family. This should include reference to the SHANARRI Principles of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. The Resilience & Vulnerability Matrix will assist with this. **Risk should be analysed separately for individual children as appropriate. The template below should assist with the analysis.**	
Strengths of Parent(s) and Parenting	**Risks (to the parent and to the children). NB: There may be different risks for each child and each child should be considered separately**
Protective Factors (for the child/ren)	**Vulnerability (e.g. age)**

Evidence that children are:	
Safe	
Healthy	
Achieving	
Nurtured	
Active	
Respected	
Responsible	
Included	
What are the areas that are not clear or that have information missing?	

Action Planning What?	Are there any immediate actions that require to be taken Who (including agency details)?	By When?