

CONSULTATION ON THE REFRESHED PRACTICE GUIDANCE GETTING OUR PRIORITIES RIGHT (GOPR)



RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation

Organisation Name

Barnardo's Scotland

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3. Permissions - I am responding as...

Individual

/

Group/Organisation

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate Yes No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate Yes No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

Yes

No

CONSULTATION QUESTIONS

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

Overall Barnardo's Scotland very much welcomes the updated version of Getting Our Priorities Right, which will be a useful document for managers and practitioners.

We believe that the document is a lot clearer than the previous edition, the language is better, the layout is clearer, and it generally the information flows better, so should be a more practical document, particularly with its use of flow diagrams and charts.

There is recognition of GIRFEC, which is important, especially in light of the upcoming Children and Young People Bill. We also believe that it links other relevant policies much better than the previous edition, as well as links with child protection guidance and emphasises that this is part of it

We are concerned that the document is overly long and as such will make it less likely for practitioners to read in its entirety. We believe that the Government should make efforts to make the document more concise.

The summary sections contained within the document are very useful and much more likely to be read by practitioners than the full document.

Overall we see this document as an improvement on the previous version.

Do any areas require further updating?

Overall, we feel the document is a useful tool, however, policy and guidance can only do so much to support practitioners. The reality of situations verses the theory is often very different. Practitioners need practical support and guidance, as well as the theory, which isn't accounted for in this document.

There is no mention in the publication of what happens when things do not work, for example, what to do when the families do not try to implement changes or change their behaviour. We believe the document would be improved if it included some form of troubleshooting guide to further support practitioners in difficult and challenging circumstances.

We also believe that the document would benefit by setting out clearly what is expected from agencies. There is currently nothing within the guidelines regarding accountability and to how to hold practitioners to account under the guidelines when practices are not consistently being carried out. It is crucial that there is accountability in the system.

At present, there is considerable debate among organisations as to whether the goal with drugs and alcohol should be recovery or maintenance (use in a controlled way). Practitioners can favour both approaches depending on

the circumstances of those they are supporting. There is nothing in the consultation about families where recovery isn't on the agenda, where maintenance is used instead. The Government should consider including this in the document. There should also be a clear definition of 'recovery' within the document.

The document should set out more clearly that all organisations and services working with adults need to be responsible for reporting problems with drugs and alcohol. There is a notable lack of joined-up working, which this guidance needs to highlight and help address. There needs to be an expectation that suspected drug and alcohol issues are picked up by all agencies linked to GIRFEC including teachers.

The use of the term 'named worker' and 'lead professional' is ambiguous when it comes to drugs and alcohol. We believe this guidance presents a good opportunity to clearly define these roles and set out their responsibilities and how the two roles interact.

We have some concerns with the flow diagram on p.47 of the guidance regarding information sharing. It is difficult to have a flow chart about consent as in reality every situation is full of 'ifs' and 'buts' that can not be taken account of by such a chart.

We also feel that the flow diagram misrepresents what might happen if consent is not given, as you may still share in certain circumstances even if consent is not given.

The flow diagram also does not reflect the fact that individual practitioners would rarely make a decision to share information on their own – they would consult their line manager – this interaction is not in the flow chart and should be.

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

Yes, we agree with this. However, it is important to highlight that it is very difficult to get a child's view on a parent's substance misuse due to the tricky and sensitive nature of the relationship. This should be referenced in the document with examples and guidance on how to a child's views.

From our experience in this area we believe that practitioners need to link observations to the theory more in their reporting.

We also believe that looking at the role of observation by practitioners in identifying family relationships with alcohol and drug issues, and not just the views of the family members, is crucially important in determining support and the right action taken.

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

Yes. It does as much as guidance can do, but as previously noted it does have holes in it, but we also recognise that it can not cover everything.

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

We believe the Scottish Government should consider introducing a national protocol, rather than rely on thirty two local protocols. It would be far easier for the Scottish Government to challenge and hold local authorities to account if there was a national protocol.

With regards to the proposed local protocols, we would ask the question of what they are superseding and if any review or analysis has been carried out to determine a need for new local protocols. This information might be useful for practitioners and local services.

The current guidance we believe is too open to interpretation and that the wording should be more explicit with 'must dos' and 'have to'. Far too often the term 'should' is used.

There is also an issue around accountability. The guidance does not make it clear who is responsible for ensuring that local authorities actually develop and improve. What role does the Alcohol and Drug Partnerships play? How is the Scottish Government going to ensure that local protocols are reviewed and maintained?

Does the evidence base/research help?

We have noted that a number of the statistics used in the updated version are the same from the previous edition. For example, the estimate of '40,000- 60,000 children in Scotland may be affected by parental problem drug use...' is repeated. It is disappointing that not more research has been done that can produce both a more accurate and up-to-date figures for the new guidance.

All the examples used in the Practice Study sections are from the voluntary sector. There are none from other professions, such as social workers or teachers. We believe that the document would be a more effective guide if the practice examples covered all professions.

There are also few examples of good partnership working throughout the guidance. We believe partnership work to be key and increasingly playing a role in service provision and support in this area. The guidance should reflect this further.

The guidance does not sufficiently recognise situations and cases that recognise multiple adversities, for example, domestic abuse. Many of the

alcohol and drug misuse cases we are involved in will see those involved facing multiple adversities, which need to be addressed as well in order support a positive outcome.

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

Yes, the document does talk about earlier intervention. However, we believe that there is a significant concern with regards to available resource to support such intervention. From our experience, there is currently interventions are not being made early enough. All too often the reality is that a crisis is reached before decisive action is taken. The guidelines are good, but the reality is poor.

We need to move to make child centred decisions not resource driven. The guidelines, as drafted, offer an important step in that direction, but must be backed up by the necessary resources.

We also have a concern regarding accountability and early intervention. If intervention is not made sufficiently early enough who will be responsible and what sanctions will be imposed. This is not made clear in the document and should be.

Does it complement the National Guidance on Child Protection?

The guidance does complement and acknowledge the National Guidance on Child Protection.

Have you any further comments?

Resources

Barnardo's Scotland's biggest concern is that achieving the high standard of support and service set out in the guidance will prove to be very difficult for local authorities and services to achieve due to significantly less resources being made available to services. This combined with welfare reform changes, which are likely to lead to greater numbers of families moving into crisis some of them drug and alcohol related will put even greater pressure on resources.

The guidance rightly highlights the need for early intervention; however, this is far removed from what actually happens in practice in our experience. This is due to a lack of resources and lack of services to allow this

The later the intervention the more costly it becomes, particularly if the

situation reaches the point of crisis. Crisis intervention is not only very costly, but by that time the damage is long term and potentially irrevocable. There can be significant problems in terms of attachment, development, emotional and behavioural issues, which need to be addressed and takes considerable intervention.

Kinship Care

We also believe that there needs to be more robust assessments of kinship carers and more ongoing support for kinship carers looking after children and young people who come from homes where parents have been misusing alcohol and drugs. From our experience, many kinship carers face significant problems in supporting those children and young people in their care and often do not receive the support they need or do not have the information to know where to go to ask for help.

In some cases children can be taken off supervision if placed with kinship carers. This isn't always appropriate as those children may have a range of emotional difficulties which may manifest later in life.

The guidance should more effectively consider the role of kinship and how to support them and the children in their care.

The duty of all professionals

We believe there is a need to review teacher training and other professions to ensure that they are equipped to identify and refer concerns with drug and alcohol.

Far too often, we hear of examples of where practitioners and those that work with children and young people who do not have the confidence or the information to know who or where to refer suspected issues of alcohol and drug misuse of parents or children and young people. It is everyone's responsibility and this must be reflected in training and support of all those working with children and young people.