Refreshed Practice Guidance: Getting our Priorities right

Consultation Analysis

The Scottish Government
Riaghaltas na h-Alba

REFRESHED PRACTICE GUIDANCE:
GETTING OUR PRIORITIES RIGHT
An analysis of responses

ODS Consulting

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EXECUTIVE SUMMARY

Introduction

This report provides an analysis of responses to the Scottish Government's Consultation on the refreshed "*Getting Our Priorities Right*" (GOPR) guidance for practitioners working with children and families affected by substance misuse.

The Scottish Government originally issued the "*Getting Our Priorities Right*" guidance in 2003. It was produced as part of a package of support to help improve the lives of children affected by substance misuse.

Over the past decade, the landscape in which practitioners work to support children and families affected by substance misuse has changed considerably. There have been a number of policy developments which strongly emphasise the need for early intervention, joined up working and a 'whole family' approach to working with children. Importantly, the policy framework *"Getting it Right for Every Child"* (GIRFEC) now sets out Scotland's aims for children and young people as successful learners, confident individuals, responsible citizens and effective contributors.

As the "*Getting Our Priorities Right*" practice guidance requires to be up to date with the policy, legal and practical context in which practitioners operate, officials and practitioners have been working to update the guidance since 2011. The consultation on the refreshed guidance ran from July to September 2012.

Summary of Responses

The Scottish Government received a total of 77 responses to the consultation. Of these, four were duplicate responses – identical in wording to another response, and submitted either by the same organisation or group of organisations. These were removed from analysis, leaving 73 responses. A further two responses were very similar to another response received, but not identical. These were included in the analysis. A full list of respondents is included as Appendix One.

For analysis, respondents were categorised as either 'public' or 'voluntary/ other' organisations. Most responses (71%) were from the public sector. Public sector organisations included partnerships led by the public sector – including Community Health Partnerships and Alcohol and Drug Partnerships – which may also include voluntary sector partners. Due to the relatively small number of responses, it was not felt appropriate to break down the categories further for analysis.

Guidance Style and Presentation

Generally, respondents recognised the effort which had been made to refresh guidance in this significant and complex area. However, most raised issues about the style and presentation of the guidance. Many felt that it was too long and "unwieldy". There were particular concerns about repetition; overlap or lack of consistency with guidance contained elsewhere; and difficulties with referencing and indexing within the document. Many had concerns about the style of writing, which was felt to vary but tended to be academic rather than practical. And many felt that there were contradictions, ambiguous statements and a lack of clarity in defining

some key concepts. Many felt that these challenges meant that the guidance was not accessible.

Many respondents felt that there was a need to help different audiences to navigate the document more easily. Suggestions included:

- producing a stand-alone document or section for operational staff (many found the concluding summaries very useful and felt these could act as a 'pull out note for practitioners);
- refocusing entirely on key practice issues;
- producing a 'pocket version' of the guidance highlighting key points;
- referring and signposting to guidance and policy rather than reiterating it;
- providing quick links to key information in an online version of the guidance;
- being clear about the audience and consistently writing in a style with this audience in mind; and
- streamlining the use of summaries and chapter introductions.

Evidence Base

Just over half of those who provided a view felt that the evidence base and research outlined in GOPR helped. It was seen as providing a relevant context, and a clearer rationale for policy and procedures. Some were concerned that some of the evidence sources were not current, not well referenced and academic rather than practical in style. Many suggested that better organisation of the document, clearer referencing and hosting the document online and regularly updating it would help to address these challenges.

Getting it Right for Every Child (GIRFEC)

There were varied views about the links with GIRFEC. Some felt that the guidance recognised and integrated GIRFEC processes well. However, many felt that GIRFEC could be more clearly embedded within the guidance; and terminology could be more consistent between the two pieces of guidance. A minority suggested that there was a need to consider whether stand alone GOPR guidance was required, and suggested that it could potentially be incorporated into GIRFEC and other existing relevant policy and practice guidance. However others felt that a separate document on GOPR was necessary, particularly as professionals largely working with adults may not be familiar with GIRFEC.

Taking Account of Children's and Parent's Views

Most of those who provided a view felt that the document sufficiently highlighted the importance of ensuring that children's and parents' views were taken into account. Some highlighted a need for more guidance on how to balance the views of children and parents, and how to make sure that practitioners' expertise could also be taken into account – to ensure that decisions are in the best interests of the child. While some felt more could be done to prioritise children's rights, others felt that adults' rights were insufficiently covered.

Multi Agency Working, Roles and Responsibilities

Respondents felt that the guidance balanced national guidance and local practice well, making good links with local structures such as Alcohol and Drugs Partnerships and Child Protection Committees. Respondents also felt that the discussion of 'Named Person' and 'Lead Professional' roles was useful, and that the guidance

made a clear effort to bring children's and adult's services together. However, some respondents sought more clarification over the role of the 'Named Person'. Some were concerned about the guidance appearing to suggest that adult service providers should take more responsibility for children's welfare. And some felt more generally that there was a need for further clarification over staff and organisational roles and responsibilities, and systems of accountability.

Many felt that the guidance would better help them to determine 'what to do' in different situations if it had more detail on best practice partnership working, including signposting, inter-agency protocols, information sharing, confidentiality and consent. Some also felt that it should be clearer that there is a real expectation that practitioners follow the guidance, rather than it being seen as optional.

Information Sharing

Views on the information sharing section were mixed. Some respondents felt that it was useful and straightforward, and an improvement on previous guidance. However, others felt that it was confusing and required:

- more guidance on confidentiality, consent, escalation and accountability;
- recognition of the challenges of sharing information due to IT systems; and
- greater consideration of the roles played by voluntary and third sector organisations.

Substance Misuse

Some respondents felt that a strength of the guidance was that it was more explicit on issues around alcohol misuse. However, many mentioned that reference to substance misuse could be strengthened through:

- clearer distinction between drug and alcohol misuse;
- more background on the prevalence and harm caused by alcohol misuse;
- more up to date guidance on alcohol and drugs misuse – set in the context of related issues such as mental health, sexual offences and gender-based violence;
- reference to all types of substance misuse – including cannabis, legal highs and tobacco;
- more reference to young people's own substance misuse; and
- more guidance around early intervention in the prenatal and early years stages.

Workforce Development

Some respondents felt that the section on workforce development could be further enhanced through:

- more guidance on dealing with hostile situations, overdose awareness and prevention and early identification of vulnerability;
- greater consistency with GIRFEC recommendations in relation to workforce development;
- reference to the 'Common Core' concept helping to define the required skills of the children's workforce across all agencies at a national level;
- more emphasis on the importance of the consistency of workforce training at both national and local levels; and
- more clarity about the audience for this section.

Prevention and Early Intervention
Many respondents gave no definitive answer to whether the guidance accurately described and reflected earlier intervention and prevention. The guidance was seen to help promote earlier intervention through links with GIRFEC, an emphasis on 'whole family' recovery, and recognition of the need for multi-agency working. However, the most common criticism was that the document lacked clarity and was confusing in how it described early intervention. Some felt concerned that the guidance appeared to suggest that early intervention would prevent the enactment of child protection procedures, and felt that early intervention should not necessarily aim to reduce child protection action. Many felt that there was a need to emphasise early intervention in relation to preventing unplanned pregnancy.

National Guidance on Child Protection
Most respondents felt that the GOPR refreshed guidance complemented the National Guidance on Child Protection - reinforcing the close collaboration required between Alcohol and Drug Partnerships and Child Protection Committees; providing more detail than the National Guidance on Child Protection in many areas (such as drug and alcohol misuse, information sharing, risk assessment, confidentiality and consent); and providing useful tools to illustrate child protection and information sharing. However, some felt that there was too much duplication and overlap between the two – and that this could be addressed through better signposting and referencing. Others suggested a need for more consistent and mutually reinforcing messages between the two guidance documents, with consistent terminology and definitions.

Equality Impact Assessment
Very few respondents provided a view on equality impact assessment – with only eight out of 73 respondents providing comments. Respondents felt that the guidance could better reflect and represent the needs of all families, and focus more on minority ethnic people and minority faith groups, travelling families, families affected by disability, mental health and learning disabilities and looked after children.

A small number of respondents felt that the guidance would effectively challenge stigma and would make families better aware of the support available. Almost all respondents felt that the GOPR guidance would not have a disproportionately negative impact on particular groups of people. However:

- Two respondents felt that there should be more recognition of parents misusing drugs or alcohol, including emphasising that people with substance misuse problems are not automatically bad parents.
- One respondent felt that there was a need to ensure that there were no negative connotations in the guidance in relation to blood borne viruses.
- One respondent felt that the lack of reference to independent advocacy would negatively impact anyone who faces a communication barrier.
- One respondent felt that the guidance may encourage professionals to make judgements about families when they are not qualified to do so.

A small number of respondents called for more consultation with particular groups of people, and their involvement in developing the GOPR guidance.

1. INTRODUCTION

About this report

1.1 This report provides an analysis of responses to the Scottish Government's Consultation on the refreshed "*Getting Our Priorities Right*" practice guidance for practitioners working with children and families affected by substance misuse. The report provides a detailed analysis of responses to each of the consultation questions; identifies where particular views can be ascribed to specific groups of respondents; and summarises more general comments expressed.

Background to the consultation

1.2 The Scottish Government originally issued the "*Getting Our Priorities Right*" guidance in 2003. It was produced as part of a package of support to help improve the lives of children affected by substance misuse. The original guidance provided practical advice for practitioners working with children and families affected by substance misuse.

1.3 Over the past decade, the landscape in which practitioners work to support children affected by substance misuse has changed considerably. There have been a number of policy developments which strongly emphasise the need for early intervention, joined up working and a 'whole family' approach to working with children. Key policy developments include:

- Getting it Right for Every Child – This important policy framework clearly sets out Scotland's aims for children and young people as successful learners, confident individuals, responsible citizens and effective contributors. It emphasises the importance of taking early action to avoid problems occurring, and working jointly to provide seamless services for children and families.
- Christie Commission – This Commission was set up in 2010 to review the future of public services in Scotland. It re-emphasised the importance of early intervention, joined up working and working with service users to develop solutions to problems. This complemented the recovery agenda approach to tackling substance misuse, which emphasised the whole family approach to recovery, supported by ongoing joined up working between local services.
- The Scottish Government has introduced a clear focus on outcomes – with national and local performance measured in relation to the difference it makes to people's lives, rather than the processes involved in making these changes come about.

1.4 In addition, new National Child Protection Guidance was published in December 2010; local partners, including communities, have been supported to establish Alcohol and Drug Partnerships; and strategies, policies and

practices in related areas such as mental health, young carers and information sharing have developed over the past 10 years.

1.5 As the "*Getting Our Priorities Right*" practice guidance requires to be up to date with the policy, legal and practical context in which practitioners operate officials and practitioners have been working to update the guidance since 2011. The draft guidance has been developed by practitioners for practitioners.

1.6 The consultation on the refreshed "*Getting Our Priorities Right*" practice guidance ran from July to September 2012. This report provides an analysis of the written responses to the consultation.

2. OVERVIEW OF RESPONSES

Introduction

2.1 This section provides an overview of the consultation responses received. It considers from whom the responses came and provides some general comments on the nature of the responses.

Who replied to the consultation?

2.2 The Scottish Government received a total of 77 responses to the consultation. Of these, four were duplicate responses – identical in wording to another response, and submitted either by the same organisation or group of organisations. These were removed from analysis, leaving 73 responses. A further two responses were very similar to another response received, but not identical. These were included in the analysis. A full list of respondents is included as Appendix One.

2.3 For analysis, respondents were categorised as either 'public' or 'voluntary/ other' organisations. Public sector organisations included partnerships led by the public sector – including Community Health Partnerships and Alcohol and Drug Partnerships – which may also include voluntary sector partners. Due to the relatively small number of responses, it was not felt appropriate to break down the categories further for analysis.

Table 2.1: Distribution of Respondents by Category		
Respondent Category	**Number**	**%**
Public	52	71%
Voluntary and other	21	29%
Total	**73**	

The interpretation of quantitative and qualitative information

2.4 The analysis used both a quantitative and qualitative approach. A quantitative approach was used to demonstrate broadly whether respondents agreed or disagreed with elements of the consultation.

2.5 In many cases, respondents gave a narrative response to a particular question but did not specifically say 'yes' or 'no' to the question posed. In these cases, where the comment clearly implied agreement or disagreement with the proposal, we have assumed either 'yes' or 'no' for the quantitative analysis. Where the comment was non-committal in terms of agreement or was unclear, we have included the answer as 'other' for quantitative analysis purposes.

2.6 Given the relatively small number of respondents, quantitative analysis figures should be treated with caution as they are not a reliable indication of the extent to which the views held by respondents are representative of their wider sector.

2.7 The main focus of the analysis is qualitative, based on what people said and any patterns in views. This qualitative approach has involved identifying the key themes and issues emerging from the consultation. The analysis has also explored the strength of views; particular areas of agreement and disagreement within and between respondent groupings; and the reasoning behind particular view points.

3. RESPONSES TO THE MAIN CONSULTATION EXERCISE

Introduction

3.1 This section considers the responses to the nine consultation questions posed in the main consultation document on *Getting Our Priorities Right*.

Question 1: Does this document provide a useful practical update to the 2003 Guidance?

Table 3.1: Responses to Question 1									
Type	**Number of Respondents**								
	Yes		**No**		**Other**		**No Response**		**Total**
Public	15	29%	16	31%	18	35%	3	6%	**52**
Voluntary and other	10	48%	3	14%	3	14%	5	24%	**21**
Total number	**25**		**19**		**21**		**8**		**73**
Percentage of total responses	34%		26%		29%		11%		**100%**
Percentage of those responding to Q1	38%		29%		32%		-		**100%**

3.2 Overall, over one third of respondents felt that the document provided a useful update to the 2003 *Getting Our Priorities Right* guidance. Voluntary and other organisations were considerably more positive than public organisations.

3.3 Generally, respondents recognised the effort which had been made to refresh guidance in this significant and complex area. Most were positive that the guidance:

- provided a robust and detailed update on the 2003 guidance;
- reflected the policy and legal context – and incorporated relevant principles and practice around early intervention, child protection and GIRFEC;
- contained some useful practical studies and examples;
- had a useful and straightforward section on information sharing – which was an improvement on previous guidance (although many felt this could be further improved);
- was more explicit on a number of issues – including gender, preconception and pregnancy health, alcohol misuse;
- made a clear effort to bring children's and adult services together; and
- highlighted the need for services to work together effectively.

> "The document provides effective updated advice. Its link to the core principles governing the Scottish Government's common approach to improving services for children, adults and families gives an appropriate context for professionals who are having to make professionally challenging decisions."
>
> (Education Scotland)

3.4 However, even when people felt that the guidance was generally useful, most suggested areas for improvement. For example, many respondents mentioned that reference to alcohol misuse could be strengthened with clearer distinction between drug and alcohol misuse, and more background on the prevalence and harm caused by alcohol misuse.

3.5 The main reason that respondents did not find the guidance a useful practical update was that it was "too lengthy and unwieldy". Respondents recognised the difficulty in producing practical inter-agency guidance documents on a national basis, but raised concerns about:

- the length and layout of the document;
- repetition within the document;
- overlap or lack of consistency with guidance contained elsewhere – including existing Child Protection, GIRFEC and National Risk Assessment guidance;
- the style of writing – seen as varied throughout the document, but often academic or inaccessible rather than practical;
- difficulties with referencing and indexing within the document;
- contradictions and ambiguous statements;
- at times, a focus on process rather than outcomes; and
- lack of clarity in defining some key concepts – such as "Recovery", "whole family approach" and "earlier intervention".

3.6 Many felt that these challenges meant that the guidance was not accessible.

> "The length and scope of the document means that it is not a working document in terms of operational guidance which could (or is likely) to be regularly consulted by practitioners."
>
> (East Dunbartonshire Alcohol and Drug Partnership)

3.7 Respondents made a number of practical suggestions about improving the document, which largely focused on audience, design and layout:

- a separate section or stand alone document could be produced for operational staff – written in plain English;
- the guidance could be redrafted to focus entirely on key practice issues – removing the sections on strategic leadership, working together and workforce development;
- the guidance should simply refer and signpost to other guidance and policy rather than reiterating them;

- the guidance should be made available online with quick links to key information; and
- the executive summary was adequate – without the individual chapter summaries.

3.8 Many suggested that the guidance required proof read to reduce repetition, improve navigation and ensure consistency of style and terminology. Some suggested the need to make sure the guidance was absolutely accurate – for example referring to With Scotland rather than MARS.

3.9 A small minority of respondents suggested changes to the topics covered within the guidance, including:

- encouraging a more rights-based approach to work with children and young people to ensure that the rights of the child are kept at the forefront of decision making;
- referring to independent advocacy; and
- providing a short discussion on adults at risk of harm – particularly in the alcohol and drug misuse section where both children and adults may be at risk within the same family.

3.10 A minority suggested that there was a need to consider whether stand alone GOPR guidance was required, and suggested that it could potentially be incorporated into GIRFEC and other existing relevant policy and practice guidance. However others felt that a separate document on GOPR was necessary, particularly as professionals largely working with adults may not be familiar with GIRFEC.

3.11 Some respondents felt that there was a need to return to the previous guidance – in length and style.

> "The original 2003 guidance was very clear for practitioners and planners alike."
>
> (Moray Child Protection Sub Committee)

Question 2: Do any areas require further updating?

Table 3.2: Responses to Question 2									
Type	**Number of Respondents**								
	Yes		**No**		**Other**		**No Response**		**Total**
Public	43	83%	3	6%	-	-	6	12%	**52**
Voluntary and other	15	71%	2	10%	1	5%	3	14%	**21**
Total number	**58**		**5**		**1**		**9**		**73**
Percentage of total responses	79%		7%		1%		12%		**100%**
Percentage of those responding to Q2	91%		8%		2%		-		**100%**

3.12 Most respondents felt that the refreshed *"Getting Our Priorities Right"* guidance did contain areas which required further updating. While acknowledging that the document provided a welcome extension of the 2003 guidance, many felt that key areas required updating.

3.13 A large number of respondents felt that the role and importance of the GIRFEC framework was limited within the refreshed guidance, and where references to GIRFEC principles were made, there were sometimes inconsistencies in terminology. Respondents felt that the GIRFEC Practice Model could have been more fully embedded within the guidance, with some feeling that it appeared throughout the document as an 'add on'.

> "GIRFEC should be the foundation of the whole document, but this is not made as clear as it should be."
>
> (Renfrewshire Alcohol and Drugs Partnership/ Renfrewshire Child Protection Committee)

3.14 Many respondents noted that the refreshed guidance document would benefit users further by being more clearly placed in the wider context of Scotland's health and social care policy and legislative landscape. Some respondents highlighted the omission of The Adult Support and Protection Act (Scotland) 2007, the National Parenting Strategy, the Sexual Offences (Scotland) Act 2009 and the UN Convention on the Rights of the Child – suggesting that referencing these would be beneficial for users of the guidance. Other respondents mentioned the need to reference policy and legislation which the refreshed guidance does cover in Chapter 6, such as the Scottish Recovery Consortium's Road to Recovery agenda, the proposed Children and Young People Bill, the Sexual Health and Blood Borne Virus Framework and the Scottish Government's Risk Assessment Framework.

3.15 In relation to substance misuse, some respondents felt that:

- guidance on, alcohol and drugs misuse was not current or relevant enough;

- the guidance should refer to all types of substance misuse - including cannabis, legal highs and tobacco;
- the guidance underplayed young people's own substance misuse;
- the wider context of health and wellbeing in relation to parental addiction should be strengthened within the guidance, including setting addiction within the context of mental health, sexual offenses, gender-based violence and domestic abuse;
- more guidance was required around early intervention issues in early years - including guidance on unborn children, early assessment and the High Risk Pregnancy Protocol; and increased emphasis on the role of GPs, particularly in relation to the prenatal period.

"The importance of early detection, and support for children living with problematic parental alcohol/drug use should be considered in more detail within the guidance."

(NSPCC Scotland)

3.16 In relation to information sharing and multi agency working, some respondents felt that:

- the chapter on information sharing was confusing, required greater clarity around the issues of confidentiality and consent, and revision of the flowchart;
- further clarification was required of what the guidance meant by 'joined-up partnership working' and what this looks like in practice;
- more guidance was needed about how a lead agency is defined;
- best practice accountability systems should be outlined, along with escalation processes;
- the guidance should recognise the difficulties involved in sharing information due to existing IT systems, which some saw as inadequate for communicating information;
- greater consideration should be taken over the importance of the roles played by voluntary and third sector organisations; and
- the guidance should re-assess the role of the police in the multi-agency model, as they may not be involved in early identification as is currently reflected in the flowchart.

"The references to information sharing and consent in the document are potentially confusing and contradictory and in the current context could present barriers to information sharing."

(East Renfrewshire Alcohol and Drug Partnership/ East Renfrewshire Child Protection Committee)

"More guidance required on how to manage multi-agency involvement and clarification on who and how lead is defined and how agencies hold each other accountable."

(Stirling Council)

3.17 Some respondents also felt that further clarification was required over the roles and responsibilities of all staff. Suggestions included:

- the guidance should emphasise the expectations to work at this level rather than implying that the guidance is optional;
- more clarification is required over the role of the 'Named Person';
- the roles of GPs and other medical and healthcare staff should receive greater emphasis; and
- more information on the role of universal services should be included, so that all partners can be clear about their roles and responsibilities.

3.18 Some respondents felt that staff training and workforce development is an area of the refreshed guidance that could be further enhanced. Suggestions that respondents made in relation to updating this section included:

- more guidance on dealing with hostile situations, overdose awareness and prevention and early identification of vulnerability;
- greater consistency with GIRFEC recommendations in relation to workforce development;
- reference to the 'Common Core' concept helping to define the required skills of the children's workforce across all agencies at a national level; and
- more emphasis on the importance of the consistency of workforce training at both national and local levels.

"Inter-agency workforce development and learning should have a higher profile, with core knowledge, skills and values learning and development opportunities being provided jointly. Many of the skills and values are situated within Scottish Social Services Continuous Learning Framework (CLF). This is currently being revised to incorporate leadership capabilities."

(The Scottish Social Services Council)

3.19 Finally, a minority of respondents felt that the guidance should provide more guidance on kinship and young carers.

Question 3: Does the document sufficiently highlight the importance of ensuring that children's and parent's views are taken into account?

Table 3.3: Responses to Question 3									
Type	**Number of Respondents**								
	Yes		**No**		**Other**		**No Response**		**Total**
Public	28	54%	11	21%	10	19%	3	6%	**52**
Voluntary and other	10	48%	3	14%	4	19%	4	19%	**21**
Total number	**38**		**14**		**14**		**7**		**73**
Percentage of total responses	52%		19%		19%		10%		**100%**
Percentage of those responding to Q3	58%		21%		21%		-		**100%**

3.20 Around half of each respondent group believed that the document sufficiently highlighted the importance of ensuring that children's and parents' views were taken into account. The public sector was slightly more supportive, with 54% expressing agreement, compared to 48% from the voluntary sector. While few of those who agreed gave specific reasons for their support, two praised the document's reference to GIRFEC, of which one also welcomed the adoption of the UN Convention on The Rights of the Child.

3.21 A majority of those who agreed qualified their answer with suggestions of areas for improvement. A number of respondents said that they welcomed the fact that the document encourages gathering views, but hoped for more on the practicalities of how to go about this, such as guidance on balancing parents' and children's views.

3.22 Others felt that the document dealt with gathering views well, but noted that there could be instances in which following the views of either adults or children may not be in the best interests of the child, and that these may need to be overridden by practitioners. This point was emphasised by the public and voluntary sectors alike.

> "The importance of seeking the views of children, parents, carers and significant family members is evident throughout the document. However, it is equally important to stress that agencies will take decisions and act in the best interests of the child at all times and that this may mean that whilst a range of views are sought they may not necessarily be acted upon."
>
> (NHS Dumfries and Galloway)

3.23 However, other respondents from both the voluntary and public sectors felt that while the document sufficiently emphasised child welfare, it did not pay enough attention to the importance of gathering children's views and failed to prioritise the rights of the child. Some suggested that references to gathering views were "tokenistic" and asserted that children's views do not receive enough emphasis.

> "The document could be revised to emphasise children's rights and reassure practitioners on their duty to put children first. If children are not deliberately put first then adults' "rights" can dominate decision making in real life situations."
>
> (NHS Forth Valley)

3.24 Another important issue raised was the potential difficulty in gathering children's views, due to the complexity of the child-parent relationships involved. One respondent also noted that children and young people affected by Foetal Alcohol Spectrum Disorders (FASD) may be less able to give their views, and that this should be taken into consideration. In light of these issues, respondents emphasised the importance of sensitivity and establishing trust, and felt that more attention should be paid to this.

> "It is important to highlight that it can be 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 gather a child's views."
>
> (Barnardo's Scotland)

3.25 Conversely, there were others who felt that adults' rights were insufficiently covered:

> "Document mentions [ensuring that children's and parents' views are taken into account] but could strengthen this in terms of listening to parents – perhaps a practice example?"
>
> (Argyll & Bute Council)

3.26 Some respondents felt that the way in which the document had been developed had failed to engage with both children and adults, asserting that it provided no evidence of engagement. Two respondents also called for clearer definition of what constitutes a child in need, while one hoped for greater emphasis on preventative early intervention.

3.27 Others, while still expressing agreement, felt that the document was repetitive in its treatment of this issue, given that it is mentioned in each chapter. Some also felt that while the document's discussion of gathering views was welcome, it did not add a great deal to practitioners' existing knowledge.

Question 4: Does the guidance help you with the question – what to do? And in which situations?

Table 3.4: Responses to Question 4									
Type	**Number of Respondents**								
	Yes		**No**		**Other**		**No Response**		**Total**
Public	16	31%	15	29%	18	35%	3	6%	**52**
Voluntary and other	8	38%	4	19%	4	19%	5	24%	**21**
Total number	**24**		**19**		**22**		**8**		**73**
Percentage of total responses	33%		26%		30%		11%		**100%**
Percentage of those responding to Q4	37%		29%		34%		-		**100%**

3.28 Over a third of respondents to this question felt that the guidance helped with the question 'what to do', but almost a third did not.

3.29 Of respondents who felt that the guidance did help answer this question, it was felt that it:

- provided excellent guidance and seemed to be clear on what to do and when;
- recognised and integrated local GIRFEC processes well;
- clearly outlined the underpinning values and principles of practice;
- provided useful guidance on information sharing (including a useful flowchart diagram);
- summarised each section and used appendices helpfully; and
- provided useful reference materials to inform the development of local single and national multi-agency procedures.

> "The guidance does give excellent guidance on what to do and the recognition of local GIRFEC processes is important."
>
> (NHS Forth Valley)

3.30 However, others felt that the guidance should be better integrated with GIRFEC principles and guidance, using relevant links and diagrams, and the same terminology across both guidance documents.

> "If the view is that it should include a section on GIRFEC then the text should match the SG GIRFEC guidance exactly rather than trying to summarise the model and misrepresent it in the process."
>
> (Aberdeen City Child Protection Sub Committee)

3.31 Many were also concerned about the advice provided around multi-agency and partnership working. Respondents felt that the document should provide more detail on best practice partnership working, including:

- sourcing external expertise;

- using inter-agency local protocols in specific situations;
- signposting to relevant agencies where necessary;
- developing robust information-sharing systems;
- being clearer about confidentiality and consent; and
- achieving common inter-agency understanding and practices.

3.32 This linked to a desire for more clarity about roles and responsibilities, specific remits and systems of accountability. Many felt that the guidance lacked specific practical advice for practitioners – and some felt that the key messages and expectations of practitioners were disguised in a myriad of background information. Key suggestions for improvement in this area were:

- enhanced emphasis on operational procedures rather than strategic leadership;
- more detail for frontline practitioners on individual roles, functions and related tasks;
- greater clarity about the role of the 'Named Person';
- inclusion of guidance to encourage staff to ask questions at every stage of assessment, using a list of Frequently Asked Questions to facilitate this;
- more guidance on early intervention in order to support practitioners in identifying potential risk factors; and
- improved structure and terminology used to avoid reader confusion.

"The document is missing clear and consistent guidance on what to do and when."

(NHS Addiction Services – Ayrshire and Arran)

"The guidance document circulated does not provide specific guidance for practitioners to assist them in recognising and responding appropriately to the needs of children and young people adversely affected by parental substance misuse."

(North Ayrshire Child Protection Committee and North Ayrshire Alcohol and Drug Partnership)

"…the legal situation needs more clarity, particularly around consent and information sharing with a Named Person."

(Association of Scottish Principal Educational Psychologists (ASPEP))

Question 5: Does the document provide a good basis for the development and implementation of protocols at local level?

Table 3.5: Responses to Question 5									
Type	**Number of Respondents**								
	Yes		**No**		**Other**		**No Response**		**Total**
Public	25	48%	9	17%	14	27%	4	8%	**52**
Voluntary and other	7	33%	3	14%	8	38%	3	14%	**21**
Total number	**32**		**12**		**22**		**7**		**73**
Percentage of total responses	44%		16%		30%		10%		**100%**
Percentage of those responding to Q5	48%		18%		33%		-		**100%**

3.33 Just under half of respondents from the public sector, and a third of those from the voluntary sector, agreed that the document provides a good basis for the development and implementation of protocols at local level. Respondents from both the public and voluntary sectors praised the document's clarity on consent, information sharing and the right to confidentiality, welcomed the focus on early intervention and recovery, and felt that the discussion of 'Named Person' and 'Lead Professional' roles was useful. It was felt that the document balanced national guidance and local practice well, making clear the importance of Alcohol and Drugs Partnership/Child Protection Committee cooperation, and providing a useful structure for local implementation.

> "Strategically, particularly from a leadership, direction and scrutiny perspective and in terms of partnership working, this document is without doubt a useful resource for those tasked with developing and implementing integrated and/or joint working and policy developments."
>
> (Perth and Kinross Child Protection Committee)

3.34 However, many of those who agreed also suggested areas where improvements could be made. A number of these respondents hoped to see more specific detail in order to make the document more applicable.

> "The guidance in its current format is limited in scope to provide a basis for the development and implementation of protocols at local level. The document requires further development to provide clear operational guidance to assist practitioners."
>
> (East Renfrewshire Alcohol and Drugs Partnership/ East Renfrewshire Child Protection Committee)

> "The document does make inroads into creating better links between Community Planning Partnerships, Alcohol and Drug Partnerships and Child Protection Committees at a strategic level but without wider operational intervention in making these links they could be lost."
>
> (Moray Drug and Alcohol Partnership)

3.35 Others suggested that one national protocol may be preferable to 32 local protocols as it would allow the Scottish Government to more easily ensure that local authorities provide an acceptable service. Children in Scotland suggested that more could be done to involve education services, suggesting that the health and wellbeing aspect of the Curriculum for Excellence could be used to deliver substance abuse information to young people.

3.36 Barnardo's also highlighted a potential accountability problem.

> "The guidance does not make it clear who is responsible for ensuring that local authorities actually develop and improve...How does the Scottish Government intend to ensure that local protocols are appropriately reviewed and maintained?"
>
> (Barnardo's Scotland)

3.37 Those respondents who felt that the document did not provide a good basis for local implementation raised more substantial issues. The most common criticism was that both Getting it Right for Every Child (GIRFEC) and the National Guidance for Child Protection in Scotland already provide a robust framework, so reproducing that work may lead to confusion and inconsistency.

> **"**The document confuses too many issues. GIRFEC, for example, has perfectly good guidance which has been adapted locally. There is no need for this document to reproduce GIRFEC guidance, particularly as some of it seems to be at odds with the national GIRFEC guidance."
>
> (West Lothian Child Protection Committee)

3.38 Many respondents also felt that the document itself was unclear and likely to confuse practitioners, particularly, in one respondent's view, when discussing information sharing.

Question 6: Does the evidence base/ research help?

Table 3.6: Responses to Question 6

Type	Number of Respondents								
	Yes		No		Other		No Response		Total
Public	24	46%	8	15%	15	29%	5	10%	**52**
Voluntary and other	10	48%	2	10%	4	19%	5	24%	**21**
Total number	**34**		**10**		**19**		**10**		**73**
Percentage of total responses	47%		14%		26%		14%		**100%**
Percentage of those responding to Q6	54%		16%		30%		-		**100%**

3.39 Just under half of both respondent groups believed that the evidence base did help. Voluntary and other organisations were slightly more likely to agree than public sector organisations.

3.40 Those who found the evidence base helpful generally found it to be a useful resource that provided the document with relevant context. Some also stated that it provided a "clear rationale" for practitioners, demonstrating "the 'why'" behind policy and procedures and potentially serving to educate the public on important issues.

> "The evidence base and research within the document is very helpful and pertinent. The linkage of theory, policy particularly around recovery and the "how to of practice" makes the document timely and relevant to a wide range of practitioners."
>
> (Circle)

3.41 However, many also suggested specific additions and improvements. These included paying more attention to research surrounding children's early brain development, discussing the links between sexual health and substance abuse, and including a discussion of birth plans and pre-birth protocols. It was noted that Neonatal Abstinence Syndrome and FASD should also be discussed. One respondent also felt that the document should acknowledge the possibility that problem parental drinking may be underestimated or under reported.

3.42 The Scottish Drugs Forum welcomed the document's reference to stigma as a barrier to recovery, but questioned whether the guidance was likely to help remove that stigma. They also suggested that more emphasis be placed on engaging with fathers, who it was felt had been ignored by policy so far.

3.43 Many also suggested that the document should be hosted online and include links to relevant websites in order to remain up-to-date. In particular, it was suggested that users should be directed to 'With Scotland'.

3.44 The most common criticism of the evidence base was that some of its sources are up to ten years old. Many noted that these sources are older than the previous GOPR document, which was published in 2003.

> "It is always helpful to have research findings, however they must be clearly referenced and as recent as possible. The use of quotes from 2002 is not useful; this is pre-GOPR 2003."
>
> (Moray Child Protection Sub Committee)

3.45 One respondent who made this point went on to question the validity of the research as a whole.

> "We are not confident that the research information is robust and current...Statistical data includes national and some examples of local data. This is incorrect in statistical management terms."
>
> (Aberdeen City Child Protection Sub Committee)

3.46 A number of respondents also noted that referencing was inconsistent and not properly done in some places, with many calling for better organisation within the document, particularly given its length. Some suggested that this

information be included in an appendix or separately in the document, rather than included throughout.

3.47 Others described the language used as "academic", and found this to be alienating or worried that some may find it "intimidating". One respondent felt that there was too much emphasis on research in the document, given that its purpose is operational guidance.

3.48 Barnardo's was critical of the lack of Practice Study examples from outside the voluntary sector, and felt there were too few best practice examples of partnership working. They also expressed the view that the document should address "multiple adversities" – cases where families face not only problem drinking and substance use but also domestic violence or other issues.

Question 7: 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?)

Table 3.7: Responses to Question 7									
Type	**Number of Respondents**								
	Yes		**No**		**Other**		**No Response**		**Total**
Public	9	17%	15	29%	24	46%	4	8%	**52**
Voluntary and other	5	24%	3	14%	8	38%	5	24%	**21**
Total number	**14**		**18**		**32**		**9**		**73**
Percentage of total responses	19%		25%		44%		12%		**100%**
Percentage of those responding to Q7	22%		28%		50%		-		**100%**

3.49 A majority of respondents gave no definitive answer to this question, instead offering more general comments and suggestions. A number of respondents were very supportive of the document's handling of early intervention, particularly the inclusion of the GIRFEC framework (although some did note that the document should avoid repeating GIRFEC). Others praised the document's emphasis on "whole family" recovery, and its recognition that child protection must be a multi-agency task.

3.50 Some were generally supportive, but felt that early intervention could be more prominently placed in Section 1 of the document, and that the term could be more clearly defined from the outset. Similarly, another respondent felt that someone unfamiliar with staged assessment and early intervention may not be able to gain a better understanding from the document. NHS Dumfries and Galloway felt that early intervention was appropriately dealt with, but may "get lost in the overall presentation" of the document.

3.51 However, the majority of those who responded expressed concerns. Of those who disagreed that the document accurately describes early intervention, the most common criticism related to clarity. The document was referred to as "confusing and misleading" or not "coherent". It was also noted that child

protection and early intervention should be integrated services, rather than existing separately from one another.

3.52 Others took issue with the premise of the question itself, asserting that the aim should not be to "prevent" officers from carrying out child protection duties.

> "Child protection procedures are not the worst thing that can happen to a child!"
>
> (Stirling Council)

> "Assessments...should not be used to stop workers considering whether child protection action is required. Both processes should work together and not be seen as alternatives."
>
> (East Renfrewshire Alcohol and Drugs Partnership/East Renfrewshire Child Protection Committee)

3.53 One respondent felt that the document over-emphasised child protection, noting that GIRFEC sets out a range of early intervention proposals set at a lower threshold. Some raised the issue of accountability, calling for a mechanism to challenge service providers who take too long in intervening. Others echoed this with calls for a monitoring system.

3.54 Many respondents raised the issue of resources, noting that proposals must be backed up by sufficient funding, particularly when the public sector as a whole faces cuts.

> "It describes early intervention but ignores the major challenges in implementation of this in a resource poor environment where everyone is fire fighting."
>
> (Rose Garden Medical Centre)

3.55 NSPCC Scotland cautiously welcomed the 'Named Person' approach, but warned that it may have negative implications for children's confidentiality. They also highlighted resource issues in relation to the Named Officer role, noting that while health visitors would be expected to be Named Officers for a child aged 0-5, health visitor numbers fell by 25% in NHS Lothian in 2009-10, so capacity may be lacking if this trend continues.

Question 8: Does it complement the National Guidance on Child Protection?

Table 3.8: Responses to Question 8

Type	Number of Respondents								
	Yes		No		Other		No Response		Total
Public	27	52%	12	23 %	8	15%	5	10%	**52**
Voluntary and other	10	48%	1	5%	4	19%	6	29%	**21**
Total number	**37**		**13**		**12**		**11**		**73**
Percentage of total responses	51%		18%		16%		15%		**100%**
Percentage of those responding to Q8	60%		21%		19%		-		**100%**

3.56 Most respondents felt that the *"Getting Our Priorities Right"* refreshed guidance complemented the National Guidance on Child Protection. Respondents expressed the following views that it:

- reinforced the close collaboration required between local Alcohol and Drug Partnerships and Child Protection Committees;
- provided more detail than the National Guidance on Child Protection in many areas – such as focusing and widening the debate on drug and alcohol misuse; strengthening guidance on information sharing, confidentiality and consent; and strengthening guidance on risk assessment (including providing Risk Assessment Tool Kits); and
- provided useful tools such as Risk Assessment Tool Kits and a flow chart which illustrates Child Protection and information sharing well.

3.57 Overall, many felt that the two pieces of guidance dovetailed and had similar objectives. However, some felt that there was too much duplication and overlap between the two guidance documents. Some suggested that this could be addressed through better signposting and referencing, and less duplication. However, a small number of respondents felt that the National Guidance on Child Protection provided adequate guidance on child protection in its own right. Others felt that the major issues in GOPR should be integrated into GIRFEC meaning that a standalone GOPR guidance document was not required.

> "The draft document was felt to complement the National Guidance on Child Protection but repeated too much of that guidance in the main text when much of it could have been referenced or included in appendices."
>
> (NHS Dumfries and Galloway)

> "…it is suggested that rather than developing specific guidance for individual areas of concern, such as parental substance misuse, these should be integrated into the existing GIRFEC framework and guidance."
>
> (Strathclyde Police)

3.58 Respondents who did not feel that the guidance complemented the National Guidance on Child Protection suggested a need for:

- more consistent and mutually reinforcing messages between the two guidance documents;
- consistent use of terminology – for example the use of "significant needs" in the GOPR guidance was seen as confusing alongside the use of "significant harm" in the National Guidance on Child Protection;
- consistent definitions – for example using the same description of a 'Named Person' in both guidance documents;
- more clarity of advice and direction – with some feeling that the guidance was not clear about responsibility for child protection between different partner agencies, due to a focus on collective responsibility;

- clearer identification of partners – including reference to key partner agencies such as the police, third sector organisations, educational institutes, and independent advocacy services;
- better signposting to relevant local child protection agencies and services; and
- greater integration of child protection throughout "Getting Our Priorities Right".

> "The document mentions child protection very superficially and the pathway into child protection is not clear with limited guidance on who can help / give advice. We believe the document misses an opportunity to help practitioners identify thresholds for reporting a child protection concern."
>
> (Inverclyde Alcohol and Drug Partnership/ Inverclyde Child Protection Committee)

> "The guidance is often written 'generically' in order to be inclusive and to emphasise collective responsibility. However, in continually referring to 'all agencies' (or 'children's services' or 'adult services') it risks implying that it is no-one's responsibility in particular."
>
> (East Dunbartonshire Alcohol and Drug Partnership)

Question 9: Have you any further comments?

3.59 The vast majority of respondents (60 out of 73) from both the public and voluntary sectors responded to this question and provided additional comments. Some were positive, with particular praise reserved for the document's endorsement of early intervention, the 'whole family' approach and the recovery agenda.

> "The guidance makes a positive contribution to ensuring that services re-focus from more strongly interventionist/investigative approaches to an emphasis on whole-family assessment, support and intervention at an earlier stage."
>
> (Scottish Social Services Council)

3.60 Many also found the concluding summaries (which some described as a pull out note for practitioners) very useful. The Information Commissioner's Office praised the document's treatment of information sharing, while the Scottish Drugs Forum welcomed the discussion of children's resilience, and NHS Lothian was pleased to see the inclusion of the third sector. Some also made more generally positive comments, finding the document "extremely useful" or "forward-thinking".

3.61 However, many more respondents suggested areas for improvement. Most respondents reiterated their concerns about the presentation of the document and need for further editing. Some also felt that some of the diagrams were confusing or unhelpful. Others felt that the document was too long, and that this length made it inaccessible. On this point, respondents generally preferred the "sharp and direct" GOPR of 2003.

> "No matter how useful the content of a document is, if it is too long and poorly indexed it won't get taken off the shelf by practitioners. A pocket version, giving the key points and referencing the more detailed material would be helpful."
>
> (Highland Alcohol and Drug Partnership/ Highland Child Protection Committee)

3.62 Others found the chapter introductions repetitive, and felt that if these were edited down or removed then the document could be considerably shorter. And while a few considered the document to be clear and well-organised, others felt that it shifted between research, operational guidance and strategic vision in a way that readers may find confusing. Some also felt that the target audience of the document was unclear, with some sections written for practitioners and others seemingly written for the general public. On this point, Chapter 6 (Strategic Leadership and Workforce Development) was considered to be particularly problematic.

3.63 Some respondents also raised new issues in responding to this question. Some were concerned about the guidance appearing to suggest that adult service providers should take responsibility for children's welfare. Some were concerned that an expectation to monitor children's welfare would be placed on adult service providers, and that this would be ineffective or counter-productive.

> "Whilst the ultimate aim may be to have seamless services, it is unlikely...that most adult trained professional staff are going to feel able to offer intervention to the children of their service users...We would not want named people to react with stigma when information about a child's parent's substance misuse problem is shared and we think that adult staff may have worries about contacting named people."
>
> (Shetland Alcohol and Drugs Partnership/ Shetland Child Protection Committee)

3.64 Many healthcare providers stressed the need for more emphasis to be placed on agencies' roles in preventing unplanned pregnancies. It was felt that the document did not adequately make the link between alcohol and drug misuse and unplanned pregnancy, nor does it suggest sufficient action through the provision of contraception.

> "Preventing unplanned pregnancies is the earliest/most critical stage that agencies can put in place of interventions."
>
> (Sexual Health Dumfries & Galloway)

3.65 These respondents also felt that the term 'family planning' is outdated, preferring 'sexual and reproductive healthcare' as this allows for discussion of the prevention of STIs.

3.66 Other respondents highlighted individual issues. A few respondents noted that the terms 'domestic abuse' and 'domestic violence' are used interchangeably,

and felt that the document should consistently refer to ‘domestic abuse’. Children in Scotland asserted that universal services like education should be involved in order to ensure that cases are not missed, for example if a parent’s drinking is problematic but they are not in contact with support services.

4. RESPONSES TO THE EQUALITY IMPACT ASSESSMENT

Introduction

4.1 This section considers the responses to the consultation questions posed in relation to Equality Impact Assessment. The response rate to this section of the consultation was very low, with only eight out of 73 respondents making comments.

Question 1: From your knowledge of the diverse needs of vulnerable children and families at risk from problematic substance abuse issues, can you provide any further information that you think we should have in this guidance? In addition, is there any other information you think we should obtain? How or where should we find this information?

4.2 Respondents to this question generally simply suggested that certain groups of people could receive more attention within the guidance. Three respondents suggested that there should be further reference to ethnic and religious minority groups, two of whom gave particular emphasis to travelling families. One respondent felt that more attention could be paid to families affected by disability, mental health issues, or learning disabilities. One suggested that in certain communities, alcohol and drug consumption is rare, so it is difficult for those families who do experience misuse to receive support. One respondent called for more information on how the guidance applies to looked after children.

Question 2: Do you think the guidance will have a disproportionately negative impact on particular groups of people in our target audience?

4.3 Almost all of those who responded to question two believed that there would not be a negative impact on any particular group. Only one respondent believed that there would be negative impacts, but offered no further comment. Another felt that the document may not sufficiently advise staff on how to support parents who use substances problematically, but are not engaged with services. A third respondent felt that the document should emphasise that while drug or alcohol misuse may interfere with parenting capacity, it does not mean that someone who misuses alcohol or drugs is automatically a bad parent. One respondent stated that it was difficult to comment but they felt that not all groups are "appropriately reflected/ represented within the guidance" – but did not provide further comment.

Question 3: If you think this guidance will have a negative impact on a particular group, why is this?

4.4 One respondent noted numerous references to blood borne viruses in the guidance document, and cautioned against the implication of any negative connotations. Another felt that the document paid too little attention to taking the views of children into account, and to the role of Independent Advocacy, and that these perceived failings would negatively impact anyone who faces a

communication barrier. A third respondent felt that as a result of the guidance, professionals may make judgements about families when they are not qualified to do so. They gave the example of children affected by FASD whose behaviour may be erroneously blamed on adoptive parents. Again, one respondent could not comment because they felt that all groups were not appropriately represented.

Question 4: What positive impacts do you think the guidance will have on particular groups of people?

4.5 Two respondents felt that it was difficult to determine positive impact, one because of the size and presentation of the document, and another because they felt that all groups were not appropriately represented. Another respondent expected that the guidance would make families better aware of the support available, but qualified this with the point that more attention could be paid to the motivation individuals need to improve their lives. Similarly, one respondent felt that the guidance would effectively challenge stigma and was particularly helpful in its approach to engaging with men.

Question 5: What changes to this guidance would you suggest to reduce any negative impact or enhance any positive impact you have identified?

4.6 One respondent suggested that people in recovery should have been involved on the steering group (which we assume refers to the steering group for the guidance), while another called for more consultation with service users from minority ethnic groups. A third respondent felt that more information on public attitudes towards families suffering from substance misuse would be welcome, while a fourth hoped for whole population information. One respondent again called for more information on looked after children.

Question 6: When we complete our impact assessment on the guidance – are there any other significant issues we need to consider in relation to:

- **Age**
- **Disability**
- **Gender**
- **Sexual orientation**
- **Gender reassignment**
- **Pregnancy or maternity**

4.7 One respondent called for clearer definitions of ‘children’ and ‘young people’, and for more attention to be paid to pregnancy, neo-natal abstinence syndrome and FASD. Another felt that more attention should be paid to gender in relation to domestic abuse, and also that the guidance should take into account the expected negative impact of upcoming welfare reforms. Again, the Scottish Independent Advocacy Alliance stressed that all protected groups should have access to Independent Advocacy. The Scottish Social Services Council thought that specific guidance may be helpful when dealing with families from ethnic or religious minority backgrounds, while FASD Scotland argued that girls should be warned at a young age of the dangers of drinking while pregnant.

ANNEX ONE – CONSULTATION RESPONDENTS

List of Respondents

The following organisations responded to the consultation:

Public organisations

Aberdeen City Child Protection Sub Committee
Angus ADP and CPC
Angus Council
Argyll and Bute Council
Association of Scottish Principal Educational Psychologists (ASPEP)
Borders ADP and CPC
Chalmers Sexual Health Centre
Dundee Integrated Children's Services, ADP, Violence Against Women Partnership and Child Care & Protection Committee
East & Midlothian CPC
East Ayrshire Child Protection Committee
East Dunbartonshire ADP
East Renfrewshire CPC and ADP
Education Scotland
Fife Adult Protection Partnership; Fife Alcohol and Drug Partnership; Fife Child Protection Committee
Glasgow City CPC
Highland ADP and CPC
Information Commissioner's Office
Inverclyde CPC and ADP
Lanarkshire ADP
Moray ADP
Moray Child Protection Sub Committee
NHS Addiction Services – Ayrshire and Arran
NHS Ayrshire and Arran
NHS Dumfries and Galloway
NHS Education for Scotland
NHS Forth Valley (x2)
NHS Greater Glasgow and Clyde
NHS Health Scotland
NHS Lothian
North Ayrshire ADP and CPC
North Lanarkshire Council – Children's Services Partnership
Perth and Kinross CPC
Renfrewshire ADP and CPC
Renfrewshire CHP
Scottish Lead Clinicians for Sexual Health Group
Scottish Social Services Council (SSSC)
Sexual Health Dumfries and Galloway
Shetland ADP and CPC
South Ayrshire CPC and ADP
Stirling and Clackmannanshire CPC
Stirling Council
Strathclyde Police
Tayside Police
West Lothian CPC

Voluntary and other organisations

Alcohol Focus Scotland
Barnardo's Scotland
Children 1st Aberdeenshire Supporting Children and Families
Children in Scotland
Circle
Cornerstone
Families Outside
FASD Scotland
Kibble Education and Care Centre
NSPCC Scotland
Robert Gordon University
Rose Garden Medical Centre
Royal College of Paediatrics and Child Health
Sacro
Scottish Drugs Forum
Scottish Independent Advocacy Alliance
Scottish Out of School Care Network
The Salvation Army
WithScotland

Individual responses

Nine respondents indicated on the Respondent Information Form that they were responding as an individual rather than an organisation. However, all indicated that they were part of an organisation, and they have been classified as responding from either a public, voluntary or other organisation for the purposes of quantitative analysis.

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