



Scottish Government
Riaghaltas na h-Alba
gov.scot

Families Affected by Drug and Alcohol Use in Scotland

A Framework for Holistic Whole Family Approaches and Family Inclusive Practice



Contents

Ministerial Foreword	1
Executive Summary	4
Summary of Actions	9
1. Introduction	11
2. A Whole Family Approach and Family Inclusive Services in Scotland	13
3. Context for developing Whole Family Approach and Family Inclusive Practice – GIRFEC and the Promise	19
4. What do we mean by Whole Family Approach?	25
5. What do we mean by Family Inclusive Practice?	30
6. Current situation in Scotland – availability of Whole Family Approaches	33
7. Whole Family Approaches, increasing access, tackling abuse and reducing stigma	37
8. The workforce we need for delivering WFA and Family Inclusive Practice	40
9. The need for partnership and collaboration at local level to increase access to WFA/FIP	44
10. Future developments and approach to commissioning, redesign & partnership	47
11. What we need Alcohol and Drug Partnerships to do	50
Annex A Ask the Family! – Family Perspectives on Whole Family Support and Family Inclusive Practice	53
Annex B The principles of Whole Family Approaches across Scotland – what families think about what needs to be done	55
Annex C National Framework Principles for Holistic Whole Family Support from Children and Families Collective Leadership Group which links in with the Promise	57
Annex D What we can learn from Whole Family Approaches Elsewhere	58
Annex E Whole Family Approach/Family Inclusive Practice Working Group Members	60
References	62
Acronyms	64

For every person who has a difficulty with drugs or alcohol, the findings of *Ask the Family* demonstrate that on average 11 other people are affected by harms associated with a loved one's substance use.

We welcome this framework to improve holistic support for families. It will support local partners, their workforce and family members to work together in developing local family support services, making them more approachable and accessible for anyone who has not yet sought support.

This framework will ensure that family members receive support in their own right, and collectively as a family, to recover from the harms caused by alcohol and drug use. We would like to express our thanks to the multi-agency working group who have led the work on this framework and welcome their agreement to provide implementation support and oversee evaluation.

Scotland faces a public health emergency in relation to drug deaths; and the most recent figures for alcohol deaths show a steep increase of 17% (2020). Our national mission to reduce drug deaths recognises the important role that family members play. More poignantly it recognises the devastating impact that each death has on a family.

Through this framework we expect local areas to put in place accessible, consistent, sustained and inclusive support for families, which meets their specific needs and directly benefits the support and outcomes for children and young people, who have told us that their desire is to keep their families together. This mirrors the findings from the Independent Care Review and has led to the development of the Promise. Getting It Right For Every Child (GIRFEC) provides a clear existing framework for local areas to provide

the support that children and young people need.

Family members are often at the forefront, providing support for loved ones with alcohol and drug problems, trying to keep family life going, whilst being affected by harms themselves. As Ministers, we have heard personal testimonies from family members about their experiences and it is clear that the important role that they play can be demanding, we recognise that families need more support from us.

Some families don't have strong positive relationships and our workforce needs to be sufficiently skilled to recognise domestic abuse in the home and harms experienced by children. Families need to be considered in terms of their individual circumstances, ensuring thorough assessment and comprehensive support – whether working with individual family members or the family as a collective.

Our national strategy to address alcohol and drugs harms, *Rights Respect and Recovery*, sets out the importance of ensuring that all family members – adults, young people and children – have access to support to meet their needs and highlights the critical role of services for adults in Getting It Right For Every Child.

We know that alcohol and drug problems on the part of a parent or principal care giver are recognised adverse childhood experiences (ACEs). We also know that individuals can develop alcohol and drug problems as a result of their own childhood adversities and trauma, through no fault of their own. Services will want to understand the impact this has on families and ensure that all those affected have the support they need.

Ministerial Foreword

continued

This may be through specialist services or through well-connected approaches to peer support. *Rights, Respect and Recovery* recognises that family members have rights and that each family is unique – although their experience and journeys are all different, they all require support, compassion and understanding. We expect a diverse range of families and family members to be fully involved in service design, implementation, evaluation and workforce development, as well as family inclusive systems change and improvement.

We want to focus on supporting all families to be resilient and strong – the Independent Care Review and our commitment to keeping the Promise is fundamentally rooted in providing better holistic support to families. We will enable the building of universal, holistic support services across communities in Scotland through our commitment to investing £500 million in a Whole Family Wellbeing Fund over the course of this Parliament, giving families access to the help they need, where and when they need it. Our long-term ambition is that from 2030, we will be investing at least 5% of all community-based health and social care spend in preventative whole family support measures.

The Medication-Assisted Treatment Standards set out the help that people who use drugs should be able to expect, regardless of where in Scotland they live. The implementation of these standards must continue to take into account the important role that all family members can play. However, we must also go further than this and remove the barriers that people experience in accessing support, including the stigma associated with substance use. We must ensure that people working in our services as well as more broadly across

the general public, think about the biases or stereotypes they may have about those who use drugs and alcohol, their families and their lives. This can have devastating consequences and can stop people seeking the help and support they need. We are committed to supporting the roll-out of the stigma charter developed by the lived experience members of the Drug Deaths Taskforce and later this year, we will be launching a national campaign to tackle stigma that will challenge us all to think about the part we can all play in creating a stigma-free Scotland. Addressing stigma is something we can all do to improve the lives of families affected by alcohol and drugs.

That is why the Scottish Government is fully committed to developing a trauma-informed workforce and services across Scotland, supported by the National Trauma Training Programme. Safe and supportive relationships are known to be key in fostering resilience and in enabling recovery. For this reason, it is important that we all recognise the potential for every interaction that we have with someone affected by trauma is an opportunity to afford safety, enhance resilience and promote recovery.

Much of what needs to be done to implement this framework, will be driven forward at the local level by a range of local partners working together to ensure delivery, in particular Alcohol and Drug Partnerships and Children's Service Planning Partnerships. At Scottish Government level we will continue work closely with local partners towards implementation of this framework and have already committed to an annual £3.5 million investment through Alcohol and Drug Partnerships for this very purpose.

Ministerial Foreword

continued

We believe that implementation of this framework will save lives, reduce harms and transform the quality of life for families and we urge local areas to review their

current provision and plans against the recommendations within this framework and initiate action.



Angela Constance MSP
Minister for Drugs Policy



Maree Todd MSP
Minister for Public Health,
Women's Health and Sport



Clare Haughey MSP
Minister for Children and
Young People



Kevin Stewart MSP
Minister for Mental
Wellbeing and Social Care

“

In September 2021 COSLA Leaders endorsed the output of the Working Group Chaired by the Principal Reporter of SCRA, and commends this Framework document to all partners in Scotland's Alcohol and Drugs Partnerships.

There are clear links with the Framework and the Promise, and COSLA and Local Government have made public commitments to 'Keep the Promise' by 2030. Significant reprioritisation and service redesign is underway to meet and deliver the recommendations set out within the Promise, Plan 21 – 24 and Change Programme ONE.

Adopting whole family approaches and family inclusive practices will help to support all family members effected by alcohol and drug use, this Framework provides a welcome articulation of how to make this a reality.”

Councillor Stuart Currie,
COSLA Health and
Social Care Spokesperson

Scotland's national alcohol and drug strategy, *Rights, Respect and Recovery*, acknowledges that families are assets and key partners, with valuable knowledge and experience. Families have the right to support, in their own right, as well as the right to be involved in their loved one's treatment and support.

Culture: Developing a consistent high-quality holistic whole family approach and family inclusive practice in Scotland.

- Family Inclusive Practice holds families at the heart of service design, implementation, evaluation developing and equipping our workforce to deliver family inclusive systems change and sustained improvement.
- Family Inclusive Practice is more likely to exist and develop where services have a culture and ethos of openness and transparency, demonstrably respecting individuals and understanding and respect their lived experience.
- *Ask the Family* provides a range of information from children, young people and adult family members on Whole Family Support and Family Inclusive Practice and what it means to them.
- Strong, creative, trusting and enduring relationships between Alcohol and Drug Partnerships (ADPs) and Children's Service Planning Partnerships (CSPPs) are required to deliver the next phase of investment and expansion of services. The needs, experiences and views of families must be at the heart of these developments
- We must actively promote all family support options across a range of local services, platforms and networks, to ensure everyone knows what is available and how it can be accessed. This should be non-stigmatising and emphasise the confidentiality of support

- We should recognise that positive involvement of fathers helps increase the totality of family support and improve family wellbeing.

Services: Scotland is a country where individuals, families and communities have the right to health and life free from the harms of alcohol and drugs, are treated with dignity and respect and are fully supported within communities to find their own type of recovery.

- We intend to invest and expand services in Scotland. The needs, experiences and views of families must be at the heart of these developments.
- Family members have a clear voice/role in the development and evaluation of services.
- It is crucial that services include trauma-specific interventions where appropriate, ensuring that every aspect of service design and delivery is trauma-informed and trauma-responsive.
- Keeping the Promise means working to the 10 key principles that must underpin intensive family-based support services and sets specific challenges for services to move beyond a risk-based approach, to one actively based on addressing the challenges families face in order to promote their recovery from substance use.

Executive Summary

continued



- The Covid-19 Children and Families Collective Leadership Group supports partners at national and local levels across children’s and adults’ services to work together to ensure whole family support is provided in line with nationally agreed principles, free from stigma, and driven by the views and needs of families.
 - Services must recognise that women in particular can face a range of barriers that can hinder them entering and sustaining attendance with treatment and recovery programmes.
 - Whole Family Approaches, specialist services and mainstream statutory providers need to ensure their service responses are designed to support women overcome the trauma and loss that they often experience when involved in child protection and lose the care of their children.
- Resources to Support Delivery: One of Scotland’s Public Health Priorities is to reduce the use of and harm from alcohol and drugs, with a particular focus on reducing alcohol and drug deaths.**
- Scotland’s national alcohol and drug strategy *Rights Respect and Recovery* recognises that “there remains scope for improvement” in relation to effective, consistent information sharing and joint working between adult and children’s services in supporting families and protecting children.
 - Implementing the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services for Alcohol and Drugs Services. *Quality Principle 8: Services should be family inclusive as part of their practice*, remains a key priority.
 - Getting Our Priorities Right (GOPR): Scotland’s guidance for services working with children, young people and families affected by substance use, recommends that “*all child and adult services should focus on a ‘whole family’ approach when assessing need and aiming to achieve overall recovery*”.
 - Getting It Right For Every Child (GIRFEC): provides a shared language for promoting, supporting, and safeguarding the wellbeing of children and young people.
 - National Guidance for Child Protection in Scotland 2021: sets out how agencies should work together with children and young people, families, carers and communities to protect children and young people from abuse, neglect and exploitation.

Executive Summary

continued

- United Nations Convention on the Rights of the Child (UNCRC) will enshrine the rights of children into Scottish law.
 - Medication-Assisted Treatment (MAT) Standards for Scotland Access, Choice, Support. People have the right to involve others, such as a family member or nominated person to support them in their journey. MAT sets out what the standards mean for families or “nominated persons”.
 - The national Covid-19 Children and Families Collective Leadership Group have developed a vision and blueprint for improving holistic family support, as part of developing work to drive forward whole system change, which links in with delivering the Promise.
 - The Safe and Together model provides more detailed guidance and a practice framework for understanding Whole Family Approaches and the intersectionality with Domestic Violence and is adopted widely across Scotland.
 - The CORRA Foundation’s review of relationship-based practice developments found that there is still some way to go in Scotland in developing cohesive, co-ordinated approach to supporting the whole family in their experience of substance use.
 - The Scottish Government’s Partnership Delivery Framework sets out the partnership arrangements needed to reduce the use of and harm from alcohol and drugs.
- Partnership Working: Strong partnerships ensure all family members (children, young people and adults) affected by substance use have access to relevant high-quality, holistic and consistent whole family approach.**
- Families are unique, their experiences will be an asset and strength to local areas in developing/delivering appropriate whole family support. Their involvement from the outset is central and needs to be secured and continually strengthened by respecting, valuing and harnessing their lived experience to design and deliver the right high-quality local services that make a real difference to the lives of people who are affected by alcohol and drug related harms.
 - Strong, enduring, collaborative working arrangements are needed between adult alcohol and drug services and children and families services.
 - Partnership working across universal and targeted services, need to effectively work together in order to ensure a wide range of evidence-based family support options are available locally to support children, young people and adults.
 - Children’s Services Planning Partnerships, working alongside ADPs are instrumental in local delivery of the aspirations set out in RRR, ensuring that collaborative approaches to local planning, development and delivery of services across statutory and Third Sector partners is contributing to improved outcomes for children, young people and families through each areas Children’s Services Plan with annual reporting on progress.

Executive Summary

continued



- A strong sustainable set of partnership arrangements need to be in place at local and national level with third and voluntary sector organisations who have skills, expertise and a proven track record in the delivery of whole family approaches. We all play to the strengths of local and national third/voluntary sector partners, creating trust, a positive set of relationships, a strong ethos and alignment between services.
- Joint commissioning approaches with adequate resources to back up delivery of the sustainable long term financial framework to meet the aspirations of this work are put in place.
- A common set of core outcomes are developed and agreed by all partner agencies.
- We will find ways to change how our current commissioning cycles and competitive tendering approaches work for us in developing sustainable services with deep roots in our communities.

Workforce: A trauma informed, compassionate, skilled and valued workforce who are family inclusive and able to increase feelings of safety and trust with families.

- The Scottish Government's ambition is for a trauma-informed and trauma-responsive workforce and services across Scotland, capable of recognising where children, young people and adults are affected by trauma and adversity, and able to respond in ways that prevent further harm, supports recovery and improves life chances. This ambition is supported by a [National Trauma Training Programme](#), led by NHS Education for Scotland and is based on the [Transforming Psychological Trauma: Knowledge and Skills Framework](#). This framework is designed to increase understanding of trauma and its impact, across all sectors of the Scottish workforce. A range of additional support materials is being prepared to support workforce development in relation to supporting the confident, competent workforce we need.
- Prioritising a motivated and energised workforce, creating space for quality supervision, coaching, peer support and reflective practice to support staff wellbeing/reducing staff burn-out and stress.
- Alcohol and drugs and wider workforce are trained in family inclusive practice and whole family approaches. We will collectively consider and review existing workforce development programmes at national and local level to ensure they contribute to skills for family inclusive practice, including use of the GIRFEC national practice model.

Executive Summary

continued

- Ask the Family identified the key elements families see as important for a “whole family workforce”. These emphasise, amongst others, the need for holistic approaches, an inclusive ethos, strong commitment to the value of families, transparency, openness, and rights-based practice.
- Change in family dynamics and circumstances will create times where families require additional support and stability. The workforce needs to have the right levels of awareness and be able to adapt and respond to these circumstances. This will involve the workforce working with and staying close to families throughout times of change and crisis.
- Roles and responsibilities and understanding of partner agencies is essential for working together and complementing each other’s skills and knowledge, with a core commitment to solution-focused, relationship-based, asset-based work and an asset-based ethos.



What we are asking Alcohol and Drug Partnerships (ADPs), Children's Service Planning Partnerships (CSPPs) and other local partners to do, to implement 'A Whole Family Approach and Family Inclusive Practice – Summary of' (Section 11).

Section 11 contains the details for local partners, and should be read in full. It recognises that:

- ADPs are pivotal key strategic catalysts for change.
- It is the role of organisations within the ADP to work together in partnership to establish a common purpose and commitment to contribute to and create the conditions for change and improvement in expanding access to whole family approaches. In doing so ADPs should work with the local Children's Service Planning Partnership to agree a local approach which:
- Establishes a baseline understanding of current family support services through audit and critical assessment of what is currently available in the local area to support children, young people and adult family members affected by alcohol and drug use, and which:-
 - includes quantity, quality and reach
 - complements/informs the joint strategic needs assessment undertaken as part of duties under Pt 3 of the Children and Young People (Scotland) Act 2014 in relation to developing or reviewing Children's Services Plans.
 - Establishes proposals for filling gaps in provision and improving quality of available services and corresponding outcomes for families and children and young people

In response to these findings ADPs and Children's Services Planning Partnership should work across local partners, together with family members with lived experience to:

- Ensure there is a range of evidence-based family support options available locally which understands trauma and its impact.
- Adapt and change local guidance, procedures and practice as appropriate to align with this framework.
- Ensure that all family support provisions are evidence and strengths-based, person-centred, and recognises families as a key asset to nurture and protect children and promote and support recovery.
- Ensure families have access to services which are able to support them in their own right.
- Actively promote all family support options across a range of local services, platforms and networks, to ensure everyone knows what is available and how it can be accessed.
- Ensure the whole workforce is effectively trained in family inclusive practice and whole family approaches. Training delivery should be multi-agency in its approach, building on that which is required by individual employers/single agencies.
- Improve joint work between ADPs and Violence Against Women Partnerships (VAWPs) co-ordinating their activities and collaborating effectively towards common goals.

Summary of Actions

continued

- Recognise the inter-relationship between domestic violence, alcohol and drug use, and mental health and how they can contribute to poor outcomes for children.
- Develop trauma-informed leadership approaches and upskilling our workforces in trauma-informed and trauma-responsive practice.
- Keep The Promise and support the delivery of the commitments.





All child and adult services should focus on a ‘whole family’ approach when assessing need and aiming to achieve overall recovery.”

Getting Our Priorities Right (2013)

- 1.1** This paper seeks to provide a framework, in line with the national drug/alcohol strategy *Rights, Respect and Recovery*¹ (RRR), Getting It Right For Every Child (GIRFEC), the National Framework Principles of Holistic Whole Family Support and other linked policy initiatives, for the development and delivery of a consistent approach for families affected by substance use across Scotland.
- 1.2** It is aimed at commissioners and service delivery agencies to contribute to improvement, stimulate service development, create opportunities for investment and improve accessibility to high-quality whole family approaches for children, young people and families affected by substance use on a consistent basis. This should happen alongside, and as part of, the wider investment in support for families across Scotland being driven both nationally and locally.
- 1.3** This paper aims to talk directly to a range of partnerships which have a collective leadership role in relation to alcohol and drug related harms. These include: Integration Joint Boards, Chief Officer Groups, Children’s Services Planning Partnerships, Child Protection Committees, Alcohol and Drug Partnerships, Adult Protection Committees and Gender-Based Violence Partnerships amongst others. We aim to encourage and directly support a joint collaborative approach to improving service delivery and maximise opportunity for using resources to best effect for children, young people and their families affected by substance use through each local areas Children’s Services Plan.
- 1.4** This paper provides a set of recommendations for local partners to help meet the holistic needs of all family members affected by alcohol and drug related harms. These recommendations, summarised in **Section 11**, are based on evidence, the views and experiences of a range of family members gathered through the “*Ask the Family*” engagement which is detailed in **Annex A**, existing examples of good practice, the current context of support for families and the current challenges commissioners and practitioners experience across Scotland.

1 Scottish Government (2018) ‘Rights, Respect and Recovery’

1. Introduction

continued



1.5 At a national level, the Covid-19 Children and Families Collective Leadership Group have developed a vision and blueprint for improving holistic family support [to be published – link will be added to the final version]. As part of this work to drive forward whole-system change, Principles for Holistic Whole Family Support have been developed which are available in **Annex C**. These provide an overarching framework which services should strive to embed as fundamental to the way support is provided to families. The aim of this work which links directly with the Promise, is that

“Every child’s right to support for their family is realised. Where they are safe and feel loved they must stay – and families must get the support they need to overcome the difficulties that get in the way for as long as is needed.”

Whilst the reasons that families may need support will vary widely, including families affected by substance use, the support they receive should always adhere to the fundamental principles set out in **Annex C**. This delivers on the national vision that Scotland will be the best place in the world to grow up, where the wellbeing of families flourishes, and children and young people grow up loved, safe and respected so they realise their full potential.

1.6 This document gives more detail and focus on families affected by substance use. The aim is supporting drug and alcohol services to develop sustainable and effective pathways to access positive and consistent support for families which gives a sense of hope and recovery in how we deliver these services, stimulates the establishment of shared principles across statutory and third sector providers, implements national quality standards and indicators and leads to upskilling/training for the wider workforce in family inclusive practice and whole family approaches. The principles outlined specifically in this framework (**Annex B, Figure 1**) complement the Principles for Holistic Whole Family Support and provide specificity and necessary context to families affected by substance use.

1.7 This paper was developed in partnership by a multi-agency group. The membership of this group is set out in **Annex E** which also details the organisations and the family members who shared their experiences for development of this framework.

2. A Whole Family Approach and Family Inclusive Services in Scotland



I would not have dealt with what was happening if you had not supported me and could have been really ill, I now feel can change the situation with ongoing help.”

(Adult affected by another’s substance use)

This section describes the commitments and vision from Scotland’s alcohol and drug strategy *Rights, Respect and Recovery* and makes connections to:

- Adverse childhood experiences (ACEs) and trauma.
- Getting Our Priorities Right (GOPR), Scotland’s guidance for services working with children, young people and families affected by substance use.
- Quality Principles: Standard Expectations of Care of Care and Support in Drug and Alcohol Services: Quality Principle 8 – Services should be family inclusive as part of their practice.
- Positive outcomes for children through a strengths-based approach and joined up to their families through the GIRFEC approach and national practice model.
- Strategic cross-sector work to improve holistic family support across Scotland.
- Statutory requirements to work in partnership to plan, deliver, review, and report on the extent to which outcomes have been improved for children, young people and families through delivery of services and support to improve wellbeing through each area’s Children’s Services Plan (Pt 3 Children and Young People (Scotland) 2014 Act)².

2.1 One of Scotland’s Public Health Priorities is to reduce the use of and harm from alcohol and drugs, with a particular focus on reducing alcohol and drug related deaths³. RRR published in November 2018 sets out Ministers’ commitments to reduce alcohol and drug harms with a detailed vision:

“Scotland is a country where ‘we live long, health and active lives regardless of where we come from’ and where individual, families and communities:

- *have the right to health and life free from the harms of alcohol and drugs*
- *are treated with dignity and respect*
- *are fully supported within communities to find their own type of recovery”*

² <https://www.gov.scot/publications/children-young-people-scotland-act-2014-statutory-guidance-part-3-childrens-services-planning-second-edition-2020/>

³ Public Health Scotland (2020) *A Scotland Where Everybody Thrives: Strategic Plan 2020-23*

2. A Whole Family Approach and Family Inclusive Services in Scotland

continued

2.2 Within RRR there is a specific focus on the needs of children, young people and their families who are affected by alcohol and drug use. RRR highlights that parental/family alcohol and drug use is a commonly recognised adverse childhood experience (ACE), which (without support) can have potential long-term impacts on children’s wellbeing into adulthood. RRR emphasises that understanding and addressing this impact is crucial to safeguarding children’s current and future wellbeing. In Scotland our approach to improving outcomes for children, young people and families is based on Getting It Right For Every Child (GIRFEC) with a statutory definition of wellbeing in part 18 of the [Children and Young People \(Scotland\) Act 2014](#) of:

- Safe,
- Healthy,
- Active,
- Nurtured,
- Active,
- Responsible,
- Respected,
- Included.

2.3 RRR calls for the development of a whole family approach, underpinned by family inclusive practice, across alcohol and drug services, children’s services, criminal justice and other settings where individuals and families affected by substance use seek help or are protected. RRR sets out to define the intent of developing whole family approach/family inclusive practice in Scotland by linking the needs of

individuals experiencing difficulties with alcohol and drug use with those who may be directly or indirectly affected:

“Alcohol and drug use by a loved one can also cause trauma and distress for their children and families, often leading to relationship breakdown and increased caring responsibilities for the child(ren). The impact of parental alcohol and drug use is far-reaching, it can increase the risk of abuse and neglect and negatively influence wellbeing throughout life – from antenatal development through to adulthood each family is unique and their experience and journeys are all different, however, they all require support, compassion and understanding. Effective, high-quality treatment and a family-inclusive approach for people affected by drug and/or alcohol use is vital and can have significant benefits for those around them.”

2.4 This approach is reinforced by [Getting Our Priorities Right](#) (GOPR) Scotland’s guidance for services working with children, young people and families affected by substance use. This document recommends that *“All child and adult services should focus on a ‘whole family’ approach when assessing need and aiming to achieve overall recovery. This should ensure measures are in place to support ongoing recovery”*.⁴ GOPR sets this within the context of the GIRFEC national practice model and professionals in the Team Around the Child and Family working together to coordinate support through a Child’s Plan.

⁴ Scottish Government (2013) [‘Getting our Priorities Right’](#)

2. A Whole Family Approach and Family Inclusive Services in Scotland

continued

2.5 In 2014, Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services for Alcohol and Drugs Services⁵ were published by the Scottish Government⁵. Quality Principle 8 reflects the need for services, as part of their wider commitment to recovery, to take a family inclusive approach and sets out the conditions and expectations of services. These include involving family members, with agreement, to participate in individual recovery as well as recognising “... *the needs of members of your family and those you live with and, if needed, seek support for them.*”

2.6 The relationship and effective working arrangements between adult alcohol and drug services and children and families services are critical to the delivery of a whole family approach, at both a frontline practice and strategic planning level. Despite the existence of long-standing local protocols and procedures, at a system level, the RRR Strategy, among other authoritative sources,⁶ recognises that “there remains scope for improvement” in relation to effective, consistent information sharing and joint working between adult and children’s services in supporting families and protecting children.

5 Scottish Government/COSLA (2014) [The Quality Principles: Standard Expectations of Care and Support in Alcohol and Drug Services](#)

6 Care Inspectorate (2015) [Inspecting and Improving care and social work in Scotland: Findings from the Care Inspectorate 2011-14.](#)

“

I would not have dealt with what was happening if you had not supported me and could have been really ill, I now feel can change the situation with ongoing help.”

Adult affected by another’s substance use

2.7 Most families have the resilience, strengths and capabilities they need for recovery and these should be nurtured and supported to ensure both children and adults can thrive and prosper. Many, perhaps the majority of families are not receiving support from formal services. However services and agencies should share a common understanding that people often develop substance use problems in an attempt to cope with past or current trauma in their lives, including the impact of adverse childhood experiences (ACEs). It is therefore crucial that responses to substance use include trauma-specific interventions where appropriate, but also ensure that every aspect of service design and delivery is trauma-informed and trauma-responsive. The Scottish Government has committed to developing trauma-informed workforce and services across Scotland and funds the National Trauma Training Programme led by NHS Education for Scotland (NES)⁷, which provides freely available, evidence-based training and resources.

7 NHS Education Scotland (2021) [NES Trauma-Informed – Home \(transformingpsychologicaltrauma.scot\)](#)

2. A Whole Family Approach and Family Inclusive Services in Scotland

continued

2.8 The CORRA Foundation’s review of relationship-based practice developments⁸ found that “*whole family work was more often perceived and described as involving multiple practitioners with different family members...*” and that “*most charities reported working collaboratively with different services, while few reported working collaboratively with multiple family members*”, suggesting there is still some way to go in Scotland in developing cohesive, co-ordinated approach to supporting the whole family in their experience of substance use.

2.9 Rights, Respect and Recovery acknowledges this limited and inconsistent progress. It prioritises the need for Scotland to:

- More effectively support the positive contribution family members can make to a person’s recovery journey.
- Recognise the importance, and at times complexity of family relationships in supporting or undermining positive change.
- Helping family members who also need support to build their own resilience and recover themselves.

2.10 Public Health Scotland and the Drug Deaths Task Force published the Medication-Assisted Treatment (MAT) Standards for Scotland – Access, Choice, Support in May 2021.⁹ Key components of these standards are:

- People can get a prescription or other treatment support they request on the day they present to any part of the service. People have the right to involve others, such as a family member or nominated person to support them in their journey through care. Staff will help people to do this if they choose this form of support.
- People are informed of independent advocacy services that are available and feel able to use them to discuss the issues that matter to them.
- People are aware that treatment is not conditional on abstinence from substances or uptake of other interventions.
- People who have stopped accessing MAT or who have undergone detox are supported to easily come back into services for the care they need.
- If people miss appointments, services do not discharge them and actively get in touch to find out what people need to continue in treatment.
- People are made aware that abstinence is offered as a choice along with other treatment options.
- People will be given information and advice on recovery opportunities within their community.

⁸ CORRA Foundation (2020) [Connections are Key: Unlocking the Heart of Relationship-based Practice](#)

⁹ The MAT Standards (2021) <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/documents/>

2. A Whole Family Approach and Family Inclusive Services in Scotland

continued

- People can expect support from community pharmacists, dentists and GPs as part of their care plan, including being able to ask to move their drug treatment to their GP when appropriate.
- People are clear about what choices are available to them throughout their journey through services and are aware of their right to make their own decisions about their care plan.
- People feel listened to and involved in all decisions. They understand the different medication options available, including appropriate dose options.
- People feel able to talk about and review the choices they have made with their worker at any time. They have support if they choose from advocacy or a family member or nominated person and are encouraged to do so.
- People feel able to provide feedback, including complaints, to the service on the way they have been treated, through formal or informal channels.
- People can expect a service that is welcoming and treats them with dignity and respect, working with them to improve their health and wellbeing.
- People can get treatment and care for as long as they want to.
- People can expect that different organisations will work together to meet their needs and that information about them will be shared and stored appropriately.
- People feel involved in the design, delivery and evaluation of MAT service.



2.11 In addition to this, the MAT standards set out what the standards mean for families or “nominated persons”.

- The service will ensure people are aware of their right to have someone, such as a family member or nominated person, to support them while they are in MAT, and staff will actively assist and support people who choose this option.
- Family members or nominated persons are welcomed at visits and treated with dignity and respect. Their own experiences and points of view are acknowledged and valued when people request that they attend.
- Family members or nominated persons feel involved in choices about care plans and are encouraged to support the person in following their treatment plan.

2. A Whole Family Approach and Family Inclusive Services in Scotland

continued

- Family members or nominated persons are confident that if they contact a service with immediate concerns for the safety of their loved ones, of themselves, or of those around them, including children, they will receive appropriate and timely support.
- There are clear pathways that enable family members or nominated persons to use independent advocacy to raise concerns if, for example, they feel they have not been fully informed in decisions about the person's care.
- Family members or nominated persons have a named worker as a main point of contact with services and are confident that services are working together and sharing information appropriately.
- Family members or nominated persons feel involved in the design, delivery and evaluation of MAT services.
- Family members or nominated persons feel able to provide feedback, including complaints, to the service on care planning and treatment, through informal or formal channels.

The MAT standards are an important component in an integrated Whole Family Approach and Family Inclusive Practice.

3. Context for developing Whole Family Approach and Family Inclusive Practice – GIRFEC and The Promise



For each family member it is important to see the whole person, their psychological – emotional, physical, social and intellectual development, as well as the context of their relationships, family systems, wider ecology and the power differentials within these.’¹⁰

(CIRCLE 2019)

This section describes:

- The Independent Care Review, the Promise, which has a specific focus on families affected by substance use.
- Getting It Right For Every Child (GIRFEC) – policies, principles and national practice model.
- National Guidance for Child Protection in Scotland 2021
- United Nations Convention on the Rights of the Child (UNCRC).

3.1 The Scottish Government’s ambition is to make Scotland the best place to grow up. Through **GIRFEC** everyone in Scotland can work together to help children grow up loved, safe and respected so that they realise their full potential. GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. This helps children to grow up safe, healthy, achieving, nurtured, active, respected, responsible and included so that they can become confident individuals, effective

contributors, successful learners and responsible citizens. GIRFEC was developed based on evidence, is internationally recognised, locally embedded and positively embraced by practitioners across children’s services, changing culture, systems and practice for the benefit of children, young people and their families.

3.2 GIRFEC is founded on an integrated, relationship-based, co-ordinated approach that emphasises if extra support is required then it is much more effective when drawing on and working with the strengths of individuals, parents, family and wider community, working alongside support professionals in an open, respectful and collaborative way. As a strengths-based approach, GIRFEC seeks to realise children’s rights on a day to day basis and is therefore underpinned by key principles. The following refreshed GIRFEC values and principles are currently in draft form subject to consultation. The Scottish Government’s **GIRFEC webpage on values and principles**, will be updated following agreement post consultation.

¹⁰ Circle/MELDAP (2019) [Conversations for Change: Family Rights and Inclusion for families affected by substance use in East Lothian](#)

3. Context for developing Whole Family Approach and Family Inclusive Practice – GIRFEC and The Promise

continued

- **Placing the child, young person and family at the centre**, and promoting choice, with full participation of children, young people and families in decision-making;
- **Working in partnership with families to enable a rights-respecting, strengths-based, inclusive approach;**
- **Understanding wellbeing as holistic and interconnected**, with a child or young person’s developmental experiences understood within the wider context and influences of family, community and society;

“

Kids have really connected with their worker and feel it’s a safe space to talk about their feelings, worries and concerns. They always look forward to their time with her.”

Parent who receives support and her children

- **Valuing diversity and ensuring non-discrimination;**
- **Equitably tackling multiple and intersecting forms of inequality;**
- **An early offer of support**, shifting resources and support towards providing and improving outcomes for children, young people and families; and,
- **Joint working in a culture of co-operation and communication** between practitioners and services, both locally and nationally across Scotland.

3.3 RRR recognises that over the past decade progress has been made in Scotland on supporting families. This includes promoting good practice in services, introducing and embedding information-sharing protocols¹¹, use of the GIRFEC national practice model, and developing robust children’s plan and child protection measures to ensure that all services working with children and families are equipped to meet their needs. It is important to ensure this improvement continues.

3.4 The GIRFEC national practice model is based on an approach which understands families have resilience, strengths and capabilities that need to be maximised to ensure both children and adults can thrive and prosper. GIRFEC provides a shared framework to provide initial advice and support, to consider and assess wellbeing holistically, and to plan and co-ordinate support across services.

3.5 The GIRFEC approach places significant emphasis on universal services such as education and health, working alongside families in a way that respects and builds on family assets and individual worth, and involves targeted, higher threshold services where a child, parent or family has specific needs. A Child’s Plan coordinates support provided by those working with a child and family as “The Team Around The Child” and should involve relevant adult service practitioners providing to support to parents/carers.

¹¹ GOPR underpins many of these local protocols, procedures and practice

3. Context for developing Whole Family Approach and Family Inclusive Practice – GIRFEC and The Promise

continued

- 3.6** Children’s Services Planning arrangements should consider how GIRFEC is being locally implemented, and this will often include development of local practice guidance and protocols which supports the aims of ensuring support is experienced by families affected by substance use in as joined-up a manner as possible, including, critically across continued improvement and joint approach between adult and children’s services.
- 3.7** [National Guidance for Child Protection in Scotland \(2021\)](#) describes the responsibilities and expectations of everyone who works with, or comes into contact with children and young people, families and carers in Scotland. It sets out how agencies should work together with children and young people, families, carers and communities to protect children and young people from abuse, neglect and exploitation and replaces the 2014 National Child Protection Guidance.
- 3.8** The guidance is part of a wider child protection improvement programme and provides an opportunity to reinforce that the protection of children and support for their wellbeing starts from the earliest stages of community-based family support and should be incorporated into broader, community planning frameworks. It informs the development of local multi-agency child protection procedures, processes and training and will support the care and protection of children across Scotland, including those children harmed by alcohol and drug use.
- 3.9** Parental alcohol and drug use overlaps and intersects with domestic abuse, neglect, emotional abuse and parental mental ill health, as a dominant reason for child protection registration and the need for children to be Looked After¹². There is a strong link between problem drug and alcohol use, deprivation, and trauma. In this context compassion, understanding and workforce resilience are essential within effective child protection.
- 3.10** In February 2020 Scotland concluded a root-and-branch review of services, support and lived experience of infants, children and young people growing up in the country’s care system. The final report of the Independent Care Review, ‘The Promise’¹³, is a powerful call for change and transformation in the way that Scotland looks after its children, particularly those with the need for significant support and protection.
- 3.11** The Promise has a specific focus on the rapid expansion of family-based support in Scotland, recognises that these supports are not consistently available across Scotland and that through their increased future expansion they must be able to support families early with a focus on prevention – but be as enduring and long-standing in their approach as necessary:
- ‘Where children are safe in their families and feel loved they must stay – and families must be given support together, to nurture that love and overcome the difficulties which get in the way... Scotland already has a clear*

¹² [Children’s Social Work Statistics 2019-20](#)

¹³ [Independent Care Review \(2019\) The Promise](#)

3. Context for developing Whole Family Approach and Family Inclusive Practice – GIRFEC and The Promise

continued

commitment to early intervention and prevention. That commitment is best realised through proper, holistic support for families. There must be a significant upscale in universal family support services.’ (p.46)

3.12 The clear driving principles within the Promise relate to significant and wholesale change in the way that services work with children, their parents and their families, with a focus of valuing families, promoting supports, trusting relationships and a constant focus on trying to find ways of keeping families together wherever possible. This needs to be achieved by providing levels of support and active resonant help that are currently exceptional in Scotland at present, rather than the norm.

“Scotland must have a collective acceptance that there will be some families who will require long-term support that goes beyond what is current normative practice. Scotland must ensure holistic family support and individualised planning with the principles of ‘one family one plan’ wraparound support for all families in and on the ‘edges’ of care....

...The explicit aims of intensive family support must be to:

- *keep families together and avoid children going into care.*
- *interrupt and address intergenerational cycles of trauma.*
- *sustain meaningful and loving relationships.” (p.52)*

3.13 The Promise sets out some very specific challenges for families affected by substance use issues, which includes, the need to recognise relapse as a common part of the recovery process and the requirement for services to move beyond a narrow risk-based approach to supporting children and their families, to one actively based on addressing the challenges they face in order to promote recovery within families. The Promise calls for alcohol and drug services supporting parents and statutory children’s services to ‘compassionately collaborate’ for the best interests of children and their families, recognising the frequent and longstanding tensions that can and do emerge in supporting families affected by substance use, recognising both the needs and safety of children alongside those of parents and other adult relations.¹⁴

“The Care Review has heard that children living with parents with problematic substance use have complex, conflicting feelings about their parents’ difficulties. With more flexibility in how services are provided including a flexible, whole family approach to support and management of problematic substance use, there is the potential for families to stay safely together.... Services supporting parental substance use and statutory children’s services need to compassionately collaborate with each other to ensure supports are in place that holistically assesses children within their families and support them to stay with families whenever this is safe to do so.” (p.54)

¹⁴ Clever, H. Unell, I.& Aldgate, J (2011) [Child Abuse: Parental mental illness, learning disability, substance misuse and domestic violence. HMSO](#)

3. Context for developing Whole Family Approach and Family Inclusive Practice – GIRFEC and The Promise

continued



3.14 The Promise has identified ten key principles that must underpin intensive family-based support services. These are:

Ten Principles of Intensive Family Support ¹⁵

- *Community-based*
- *Responsive and timely*
- *Work with family assets*
- *Empowerment and agency*
- *Flexible*
- *Holistic and relational*
- *Therapeutic*
- *Non stigmatising*
- *Patient and persistent*
- *Underpinned by children's rights*

¹⁵ Independent Care Review (2020) 'The Promise' (chapter 3 – p.57-58)

3.15 The adoption within RRR of a whole family approach and family inclusive practice resonates and aligns well with the commitments articulated in The Promise. All services with a concern for children, young people and their families including alcohol and drug services are core to this – the need and desire to work together in developing and redesigning services to better support families to nurture and protect children, and to support those who are affected by substance use in a respectful, trauma-informed, rights-based environment, pooling our resources together in doing so is key to meeting the aspirations of *Rights, Respect and Recovery* both at a national and local level.

“

Thank you for making me feel that it is ok to have these thoughts and am able to talk about how I feel.”

Young person

3.16 The wellbeing needs of children, young people and families are considered through local joint strategic needs assessments which inform the development and delivery of the Children's Services Plan for each area of Scotland. Collaborative leadership through Children's Services Planning partnerships therefore remains central to the delivery of RRR through a cohesive and joined up approach at the strategic, operational and frontline practice level.

3. Context for developing Whole Family Approach and Family Inclusive Practice – GIRFEC and The Promise

continued

United Nations Convention on the Rights of the Child (UNCRC)

3.17 In 2021/22 Scotland will likely be the first part of the UK to fully incorporate the United Nations Convention on the Rights of the Child (UNCRC)¹⁶. The UNCRC will enshrine the rights of children into Scottish law. Key to UNCRC articles is the rights of all children to:

- **Article 3** (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.
- **Article 5** (parental guidance and a child's evolving capacities) Governments must respect the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up.
- **Article 6** (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.
- **Article 9** (separation from parents) Children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child).
- **Article 18** (parental responsibilities and state assistance) Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

- **Article 33** (drug abuse) Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.
- **Article 39** (recovery from trauma and reintegration) Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

3.18 An extensive array of help and support for children, their parents, family and wider community is recognised as key and necessary to ensuring that children's rights are given practical, meaningful and full effect¹⁷. The importance of safeguarding and promoting the right to family life, to enjoy relationships with parents, brothers and sisters and wider family members and providing the right help for families affected by substance use at the right time is key to successful delivery of a whole family approach/ family inclusive practice.

¹⁶ United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill 2021

¹⁷ Barret, D & Veerman P.E. (2012) A commentary on UNCRC: Article 33, Protection from Narcotic Drugs & Psychotropic Substances. Martinus Nijhoff

4. What do we mean by Whole Family Approach?

“

People with drug problems, however isolated, will have networks of families and friends who will feel the impact of the drug problems, whether they have become estranged or continue to provide vital support.”¹⁸

(UK Drug Policy Commission 2009)

This section describes:

- A range of whole family approach definitions, including the RRR definition
- Impact on the whole family, who may require individualised support
- Service silos

It also recognises:

- The fear and stigma families can feel in asking for help
- Particular needs for women
- The need for a trauma-informed and skilled workforce
- The need for inclusive, rights-respecting services

In Rights, Respect and Recovery we mean family to include – anyone that is affected by a loved one’s alcohol and drug use (they don’t have to be related).

And:

We mean a whole family approach to include co-ordinated, holistic services aimed at children, young people, their parents/carers and their wider family, all of whom are likely to have been affected by substance use as well as a range of other difficulties, working with families – as individuals and as a collective, planning alongside families in the same way – mindful of individual needs, the strengths and fragility of relationships, the need to intervene to protect where necessary – but all underpinned by a clear belief in the possibility of change in order for difficulties to be overcome and recovery attained.

¹⁸ UK Drug Policy Commission(2009) [Supporting the Supporters: families of drug misusers](#)

4. What do we mean by Whole Family Approach?

continued

4.1 Whilst there are a range of definitions available in relation to whole family approach, most share some consistent and common themes relating to issues such as working together to common goals with families and achieving long term, sustainable change such as that offered by the US whole family approach network:

“Although families are made up of individuals, each member’s challenges and successes are interdependent. The Whole Family Approach is a family-led strategy which provides adults and children with the tools to set, plan for, and achieve their goals together. When the whole family works together to support each other’s goals, long-term change, stability and well-being become a reality. The Whole Family Approach is preventive rather than crisis-driven.”¹⁹

4.2 Closer to home; the Carers Trust, Scotland describes the Whole Family Approach in the following way:

“Adopting a whole family approach involves practitioners supporting young carers in the context of their families. Identifying ... needs and considering the impact of caring responsibilities on the whole family, and what personalised support is required ensures that inappropriate caring does not take place. This holistic approach ensures that appropriate support is provided and promotes open dialogue within families about the caring relationship.”

4.3 Whilst others such as the Family Strengthening Network emphasise the need for improved integration of services to more adequately address the needs of and support for both adults and children within the context of family:

“The Whole Family Approach breaks down silos in existing social services. It puts equal priority on the needs of adults and children and enables seamless collaboration among multiple organizations to support a family’s plans. It is prevention rather than crisis-driven.”²⁰

“

My worker helped my Mum but he also played fun games and had bike rides and walks in the park with me. Without his friendly ear who knows where I’d be.”

Boy, aged 11, Clued Up Project, 2021

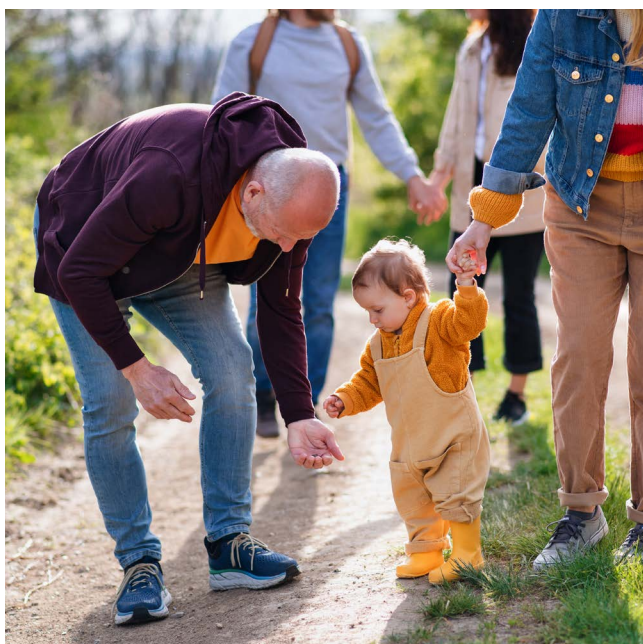
4.4 Poverty, inequality, fear of stigma and ability to exercise their rights to access holistic co-ordinated services can all be challenges particularly faced by families affected by substance use, particularly those with experience of trauma which can be multi-layered and complex.

19 www.wholefamilyapproach.org (2021)

20 www.familystrengtheningnetwork.org

4. What do we mean by Whole Family Approach?

continued



4.5 Whole Family Approaches, whilst common in relation to addressing concerns such as substance use, mental health and familial poverty, also have a strong base in working across and within families in relation to domestic abuse. This example from Safe Lives focusses on interconnectivity of family members and the risk of fragmentation of our approach to and missed opportunities in supporting both individuals and families, adults and children, no matter the specific issues, risks or challenges being faced by some or all:-

*“Just like children’s safeguarding, domestic abuse is everyone’s problem, and every agency has a role to play in supporting the whole family. Frequently, however, the response to parents is so separated from the response to their children, that we’re not joining up and looking at the impact of domestic abuse on the whole family.”*²¹

²¹ www.safelives.org.uk (2021)

4.6 The Social Care Institute for Excellence (SCIE) in 2010 further defined the importance of a whole family approach in the context of parental mental health

“SCIE ...recommends that good services for families affected by parental mental ill health should:

- *enable joined-up support at every point of entry – a ‘no wrong door’ approach*
- *look at the whole family and coordinate care*
- *intervene early to avoid crisis*
- *provide support that is tailored to need*
- *build on family strengths and promote resilience.*

*This means incorporating a whole-family approach at each stage of the care pathway. This may require changing organisational structures and processes, as well as the practice of managers and practitioners.”*²²

4.7 The Covid-19 Children and Families Collective Leadership Group, whose membership includes The Promise, have the following definition of family support in their vision and blueprint, as developed by the Family Support Delivery Group:

- It can encompass a broad continuum of preventative and early intervention approaches to help families to meet their individual needs to improve their wellbeing including advice, support, and specialist help.

²² <https://www.scie.org.uk/publications/ataglance/ataglance32.asp> (2010) Think child, think parent, think family: a briefing for senior managers

4. What do we mean by Whole Family Approach?

continued

“

Whole family work should not ‘just be’ about who lives in the home, it can include other relatives, friends, community etc.”

Clued Up Project, 2021

- It is broadly understood to refer to support provided by a range of organisations (agencies, professionals, the third sector, trusted partners) to families to build their capacity and resource.
 - It is offered across a wide spectrum of family situations ranging from very early universal intervention (e.g. pre-birth) to intensive/acute requirements, which still play a preventative role.
 - At the least intensive end of the spectrum support includes information, advice and practical support (universal interventions, emotional support, financial support and in kind support such as Baby Box).
 - At the more intensive end of the spectrum this means support for families (including adult to adult) that may sit alongside statutory interventions, to enable them live together positively, obviating negative experiences for the child and providing support for families when they are not able to be together.
- Interventions can be offered to a broad range of families including families seeking to have children and families with children are not currently living, which may be of short duration or which may be envisaged for the years until a young person reaches 18, or (where they are care-experienced) 25. It can also be used to describe support for families where a child or children have been removed and where ongoing, relationship-based, holistic support is vital to address the trauma of that separation.
 - Family support is a mechanism or an enabler which, where effective, will support us in achieving our intended outcome of improved child and family wellbeing.

4.8 Families with parenting responsibilities who are affected by substance use are vulnerable to significant stigma and exclusion. Parenting expectations of mothers can be higher than those expectations placed on fathers. A father’s substance use is often not linked with their parenting role. Services will wish to be mindful of this to ensure their services are sufficiently confident, inclusive and trauma-informed.

4. What do we mean by Whole Family Approach?

continued

- 4.9** The difficulties that many parents experience in asking for help, for fear of children being removed from their care, needs to be overcome in the design, delivery and leadership of our services. Similar issues may exist for children and young people in order to ensure they feel confident and safe enough to ask for help, this can include their own issues with substance use or other issues where they may need help on a preventative basis. These are key themes within *National Guidance for Child Protection in Scotland*.²³ It serves no-one when the needs of parents, children and the wider family are hidden from view, for preventative opportunities to be lost, only to emerge later as acute concerns. This is reflected within the statutory aims of Children's Services Plans, to ensure "any action taken to meet needs is taken at the earliest opportunity and where appropriate, prevents needs arising."
- 4.10** Having a trauma-informed workforce and services is one of the ways that we can intervene early to mitigate the impact of trauma and reduce the need for crisis interventions. Being trauma-informed means creating environments that aim to increase feelings of safety and trust, and decrease feelings of threat, stress and harm. This can support people to engage with services and to support their healing and recovery through positive relationships and connections.
- 4.11** Services and support for these families need to be open, welcoming, inclusive, rights-based and driven by a set of values and a belief that with the right kind of support, guidance and advocacy, families can overcome their difficulties. Good quality, resonant, sensitively delivered, help at the right time and over a sustained period for families is one of the key ways we can help children thrive and develop. This is the cornerstone of a whole family approach, linked to genuinely family inclusive practice in Scotland. This builds on the relationship-based support at the core of the GIRFEC practice model and the collaborative team around the child.

²³ [National Guidance for Child Protection in Scotland \(2021\)](#)

5. What do we mean by Family Inclusive Practice?



Families are on the frontline of addiction every day with their loved ones. It's important that they are armed with as much knowledge and the coping tools they need to fight the battle for both themselves and those suffering with addiction. Nobody should be alone in this fight, and we are stronger together.”

(Family Member from My Support Day)

This section provides:

- Families are assets and key partners
- What we mean by Family Inclusive Practice
- Key Principles of Family Inclusive Practice
- Family Peer Support

5.1 *Rights, Respect and Recovery* acknowledges that families are assets and are key partners. The strategy promotes families having the right to support, in their own right as well as the right to be involved in their loved one's treatment and support, as appropriate. Families come in many shapes and sizes, they can play a vital role in recovery and reduce the risk of drug and alcohol related deaths, even where relationships are fragile or damaged.

5.2 Family inclusive practice holds families at the heart of service design, implementation, evaluation and workforce development, as well as family inclusive systems change and improvement. This should take into account the perspectives of different

family members, capturing diversity including race, gender, sexuality and lead to the development of a variety of pathways to access positive/consistent support for all families in a safe and responsive way.

5.3 Family Inclusive Practice supports active delivery of some of the following key principles:-

- Family is the first and main source of support for most family members.
- Families are regarded as holding many and varied strengths and assets, each with their own set of skills, resources and circumstances.
- Families often have strong loyalties to one another. They can perceive asking for, or accessing support or asking for help as risky or disloyal. When families feel able to ask for help, they can find the support they need is not available, or not suitable or not helpful.
- On average it takes 8 years for the family to reach support (Ask the Family). Faster more preventative help and support is key to family inclusive practice.

5. What do we mean by Family Inclusive Practice?

continued

- All family members are “rights bearers”; they have a right to family support and to refuse services if they don’t benefit from them, a right to survival and healthy development, a right to be involved in decisions that affect them; they also hold a right to social security, which includes suitable living conditions. Children, in particular hold the right for their best interests to be promoted and their rights under UNCRC upheld. All services must be rights-aware and rights respecting.
- Positive involvement of fathers helps increase the totality of family support and improve family wellbeing.
- Families live in communities and services need to understand those settings, the economic and social context that families live in, with a clear commitment to help families overcome multiple disadvantages isolation and exclusion – actively helping families to break these cycles.

“

Families should be included and involved in decisions about service delivery and the outputs we offer”. “Commissioning of services is often not family inclusive due to criteria and thresholds.”

(Staff member, Making it work for Families, Fife)

5.4 Change in family dynamics and circumstances will invariably create times where families require additional support and stability. The whole family approach workforce needs to have the right levels of awareness and be able to adapt and respond to these circumstances. This will often involve the workforce staying with the family throughout times of crisis and going the extra mile. Building trusting, respectful, bounded relationships along with motivation to sustain change is essential. Recent Scottish based research^{24 25} recognises the importance of this relationship-based practice, with consistent, reliable, flexible, accessible, and long-term support. This also links to the ten principles from The Promise which underpin intensive family based support services in paragraph 3.15.

5.5 Family Inclusive Practice is more likely to exist and develop where services have a culture and ethos of openness and transparency, demonstrably respecting individuals and understanding and respect their lived experience. Similarly an understanding of the issues faced by families – individually and collectively and that families are key to so many aspects of progress – with a commitment to helping family members grow through awareness and accumulation of knowledge, skills and resilience.

24 Scott (2019) ‘What works for children and young people in family support’ Action for Children.

25 SFAD et al (2021) What Do We Already Know? Our Whole Family Evidence Bank. Scottish Government

5. What do we mean by Family Inclusive Practice?

continued

“

Family recovery should be visible. Shame needs to be removed and support put in place.”

(Family Member from All In The Family)

5.6 Family inclusive practice can help reduce alcohol and drug related deaths and save lives²⁶. Up-skilling family members through peer support as first responders will bridge a gap within the community between both family members and services. Families have asked for this through services such as The Beacons²⁷, both locally and nationally. This has helped scope and shape All in the Family service within the service to create and develop the Family First responder network.

“

This support will save life and First Responders can offer this support and begin to provide a route map to begin to repair family life and provide effective support to both their loved one and to those affected because of their love for an addict.”

(Family member from My Support Day)



5.7 Consistency and stability in everyday family life often means families affected by substance use are in contact with universal services to meet their fundamental needs such as:

- housing.
- opportunities for employment and training/education.
- benefits and debts.
- accessing affordable childcare.
- families spending time together.
- ability to visit a family member in prison.

5.8 Strong, enduring, collaborative working is needed for whole family service responses and should be core to our partnership work, across universal and targeted services, directing them to effectively work together to meet a wide range of structural, community, familial and individual needs. The ongoing review and delivery of quality principles in support of RRR are aimed at reinforcing this²⁸.

²⁶ Scottish Drug Forum (2021) Stop the Deaths

²⁷ The Beacons

²⁸ The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services – gov.scot (www.gov.scot)



When whole families are treated, outcomes for each individual member improve while simultaneously the communication, coordination, and ability of adult members to support one another and the children increase.”

(Substance Abuse and Mental Health Services Administration 2007)

This section highlights:

- Findings from the 2019 CELCIS (Centre for Excellence for Childrens Care and protection) review of the implementation Part 12: Children at risk of becoming looked after, as set out in the Children and Young People (Scotland) Act 2014.
- *Challenges from the Frontline Revisited, paper from Barnardo’s Scotland and the NSPCC.*
- Financial sustainability the need for investment in early and effective intervention – following and delivering on the principles of Christie and ‘The Money’.
- The funding being made available from Scottish Government to support this work.

6.1 CELCIS in their review of the implementation of Part 12 of Scotland’s most recent major children and young people’s legislation²⁹ found that, despite enabling legislation and specific duties being in place there continued to be gaps and weaknesses in our support for children, young people and families,

including those “at the edges of care”. These gaps included:

- Lack of consistency in working with families using a strengths-based approach, despite evidence that suggests such an approach can lead to children and young people being loved, cared for and happy with the right support in place.
- That in isolation, legislation does not lead to culture change in our services.
- Poverty, parental drug and alcohol use, parental mental health, domestic abuse and parental learning disability are key factors that may contribute to children being taken into care in Scotland and therefore the underlying needs of parents and wider family members must be addressed more comprehensively.
- Innovative family-based interventions (such as Family group decision making (FGDM)) services, whilst flourishing in a small number of areas in Scotland, were not embedded into local systems in the majority of areas.

²⁹ CELCIS (2019) Supporting Families ‘A review of the implementation of Part 12: Children at risk of becoming looked after, as set out in the Children and Young People (Scotland) Act 2014’

6. Current situation in Scotland – availability of Whole Family Approaches

continued

- There was a lack of clarity in support for parenting as a relevant service within families, with many initiatives episodic and short term in nature and not providing the sustained level of help to families required.
- Children's Service Plans needed to be further utilised strategically to develop services to support families where children may be at risk of becoming looked after.
- Access to information about support services for families is limited despite the legislative duty to publish information about relevant services.
- **Resources** The challenges to supporting families most frequently cited by respondents were "inadequate funding", "working with high levels of risk", high case-loads, lack of early-intervention services, and professionals not trusting families or feeling that "they know best".



6.2 The report made a number of recommendations including:

- **Culture change** *There was a strong value base shared from professionals about having "hope" and "belief in families that change was possible."*
- **Relationships and skillsets** *There was a very high value placed on spending time with families and letting them "tell their stories".... **feeling listened to, being part of the solution, understanding what needs to change, and having the right help.** Local knowledge of communities and often different families was considered to be important.*

“

Support is needed at the very point you are clean because that's when all the stuff you've been trying to block out comes through."

(Father, Action for Children)

6.3 In *Challenges from the Frontline Revisited*³⁰, Barnardo's Scotland and the NSPCC reviewed 14 intensive family support services over a 6-year period. The services had a core commonality in their "whole family approach" and the fact they offered a range of types of support to both parents, carers and children and young people experiencing multiple adversities, found that "intensive family support services can play an important role in mitigating child poverty by reaching out and accessing wider social and economic resources for families."

³⁰ Galloway, S (2020) [Challenges from the Frontline: Supporting Families with Multiple Adversities in Scotland during a time of Austerity](#). Barnardo's, Scotland. NSPCC

6. Current situation in Scotland – availability of Whole Family Approaches

continued

6.4 The research also found that:

“...intensive family support services help children and parents with complex adversities in their lives but who are below the threshold for statutory intervention”

6.5 and in doing so:

“...these interventions can break the well-established association between childhood experience of multiple adversity and the increased likelihood of negative outcomes continuing throughout their life course.”

“

Without Circle, things would be a lot worse, my mental health would be a lot worse and I think I would be smoking more cannabis and drinking more, I would be more stressed out and less focused on my own self-care which is helping me a lot. They listened to me, made me feel important. I don't have children living with me at the moment but things are moving forward and I am having more contact with them. I am also thinking about my future more.”

(Father, Circle East Lothian)

6.6 Over and above the ability of these services to intervene with families the services also provide the critical

“...extras’...for their families through spotting opportunities to reach out and work with other third sector and statutory services. These included, for example, providing summer holiday programmes and other experiences, health immunisation of teenagers and accessing adult education for parents.”

6.7 The intervening 6-year period between studies had found that a number of services had closed due to funding constraints and changes in the procurement arrangements at local level. Some services still existed through spot purchasing arrangements and availability of new streams of resourcing through Attainment funds administered directly by individual Head teachers. This gave rise to even more disparity and differentials in access than had been evident in the earlier study. In remarking on the issue of the importance of sustainability to access and quality, the author notes:

“Families...benefit from services which have more staff and a more settled workforce that feels secure in its work and valued... Investment is needed to ensure consistency of availability of a whole range of types of support for families, while also being redesigned to provide greater accessibility... the current provision of intensive family support is insufficient to meet the scale of need in communities.”

6. Current situation in Scotland – availability of Whole Family Approaches

continued

- 6.8** It is imperative we invest and support children and families affected by substance use in a comprehensive and sustainable way. We do this through a comprehensive and integrated approach in Scotland. Whole Family Approaches based on family inclusive practice are key to helping some of the most vulnerable families in our communities in Scotland. The aspiration of *Rights, Respect and Recovery*, the commitments of the Promise and the principles of GIRFEC provide the direction and the opportunity to address the need for expansion of these types of services across the country.
- 6.9** Developing and implementing a whole family approach and family inclusive practice is highly consistent with the preventative principles and underlying ethos of The Christie Report³¹ on the future delivery of Public Services. Similarly “The Money”³² element of the Independent Care Review, acknowledges the requirement for families to receive the *bespoke help* each individual in the family needs, at the earliest possible stage – from local authority or third sector providers or a blended support package of both.
- 6.10** The Scottish Government have provided £3.5 million (per annum) direct investment to ADPs to support implementation of this Framework, and each area’s Children’s Services Plan must be developed to take into account the best use of locally available resource across its partners. This is in addition to the £3 million allocated to the Children and Families Fund which is being administered through the Corra Foundation. This fund aims to support direct work with children and families affected by drugs and alcohol. Applications for this are based on partnership approaches which demonstrate how they will take a Whole Family Approach which is relational and rights-based when delivering front-line services which support children and families.
- 6.11** Further information on this fund and other related funds from the additional Scottish Government investment is available here: <https://www.corra.scot/grants/drugs-services-funds/>

³¹ Christie (2011) Commission on the future delivery of public services. Scottish Government

³² Independent Care Review (2020) The-Money



Given that domestic abuse often intersects with substance use, professionals must be adequately trained in the complex interaction of these issues in order to avoid the tendency to prioritise addressing a perpetrator’s substance use over their coercive control and abusive behaviours.”

(Safe and Together Institute 2010)

This section expands on section 4 and includes:

- Barriers which can be experienced by women in particular
- The need for ongoing support for those involved in the child protection system and/or who have lost children to care
- Intersectionality of Domestic Abuse, Alcohol and drug use and Mental Wellbeing
- Exploitative and abusive familial relationships
- The safe and together model
- A continuum of support from easy access community based support for women, to residential rehab for women and children
- Whole family support workforce development on trauma, loss and grief to ensure effective support to women who are in most need and may be at most risk

7.1 Women in particular with needs relating to alcohol and drug use can face barriers that impede them from entering into treatment and recovery programmes. Such barriers include the lack of childcare, fear of stigma, lack of family or financial support, living in abusive, exploitative relationships and experience of multiple and complex needs. These barriers can intersect in complex ways. For example, abusive partners may interfere with treatment and recovery and the role of fathers who use substances may be less visible compared with mothers.

7.2 Family demands prevent many women who use substances from seeking or completing treatment. Women may not have adequate resources to care for children or other family members for whom they are responsible. They may fear that if they admit to having an alcohol and drug problem, their children will be removed from their care.

7. Whole Family approaches, increasing access, tackling abuse and reducing stigma

continued



7.3 Women entering substance use treatment and recovery can often have survived child sexual abuse or other forms of interpersonal violence such as domestic abuse, sexual harassment and exploitation. The clear links and intersectionality between substance use, domestic abuse and mental ill-health as well as the ability of perpetrators to influence services to focus on perceived deficits of women as mothers, which can work in a siloed or fragmented way, is an area of challenge in delivering effective and safe whole family approaches and working to family inclusive practice. Domestic abuse, as a form of trauma, has unique aspects to it. Often practice around trauma can focus on past experiences, but domestic abuse perpetrators may have a continued presence in the lives of their adult and child survivors.

7.4 To ensure effective whole family approaches, we all need to acknowledge that some family members may also be harming their partner and children. This creates a specific set of challenges when working with the family. Many Local Authority areas in Scotland have adopted The Safe & Together Model designed to help practitioners and systems become domestic abuse informed. A detailed description of this model and approach is described in the supporting document from the Safe and Together Institute: Intersections - Where Domestic Violence, Substance Abuse and Mental Health Meet and focusses on the need for workforce training, knowledge and skills in identifying coercive, controlling and, exploitative behaviour from perpetrators of abuse and described the need to manage risks as well as benefits of a whole family approach.

“

My Support Day to me is a safe place that you can vent your feelings without being judged. It's amazing the difference I feel in the matter of weeks.”

(Family member, My Support Day)

7. Whole Family approaches, increasing access, tackling abuse and reducing stigma

continued

- 7.5** Women's access to substance use services can be hindered by violence and stigma. Women can face greater stigma based on alcohol and drug use than men, and women fear disclosing drug use because of the risk of stigma and social sanctions³³. This can have direct consequences on the ability and willingness of women to access services.
- 7.6** Inclusive trauma-informed services which have a focus on family, support with childcare, relationships and practical supports to overcome issues such as poverty, poor housing and promote educational and employment opportunities, such as those very often designed into whole family approaches, may make the possibility of reduced stigmatisation and improved for access for women in particular. This needs to include a broad repertoire and alliance of services from community based, easy access services for women – all the way through to intensive residential support for women, including those who have a parenting responsibility and wish to have continuity of care for children whilst receiving support. Trauma-informed substance use services for men should also consider their role as a parent and, where relevant, their use of coercive control.
- 7.7** Women who have been involved in child protection and/or legal procedures and who have lost the care of their children have particular vulnerabilities, risks and needs that require sensitive, trauma-informed support. There are widely shared concerns³⁴ that these women, alongside other family member's needs, can be ignored or overlooked as the focus shifts to the alternative care of children. These women can be at high risk of self-harm, suicide, overdose and significant emotional impact associated with their experience. Whole Family Approaches, specialist services and mainstream statutory providers need to make sure that particular care is taken to ensure these women's needs are designed into their service responses and comprehensive help and support given to overcome the trauma and loss that they often experience which may leave them at increased risk.

³³ Copeland J. (1997) A qualitative study of barriers to formal treatment among women who self-managed change in addictive behaviours. *Journal of Substance Abuse Treatment*

³⁴ Tickle, L (2015) *Are we failing parents whose children have been taken into care?* *The Guardian*.



A third of professionals would like more training on whole family approaches/family inclusive practice.”

(Circle – Conversations for Change)

This section highlights:

- The need for whole family approach skills across the workforce, evidence from Ask the Family on the most important key workforce requirements and qualities.

8.1 To deliver the required step change in how alcohol and drug services can contribute to and develop WFA/FIP we need a skilled, confident, trauma-informed workforce, who see constructive and meaningful support for individuals in their recovery journey, as well as being able to contribute to supporting the whole of the family as part of their core professional role. This needs a motivated and energised workforce. Staff wellbeing, reduced staff burn-out, tackling stress and vicarious trauma are key to getting the best out of the workforce. It means creating space for quality supervision, coaching, peer support and reflective practice. [Part 3 statutory guidance on Children’s Services Planning](#) highlights the importance of partners considering local workforce development as key to ensuring early intervention, with availability of a trauma-informed workforce which is *“able to respond to the needs of children, young people and families in a safe, effective, person-centred and trauma-informed way, as soon as there are signs of difficulty.”*

8.2 For many years substance use professionals across all sectors (NHS/ Local Authority/Third Sector) have trained their workforces to largely focus on the individual recipient of treatment, care and recovery support. Getting Our Priorities Right, the National Child Protection Guidance and associated protocols have improved the extent to which substance use professionals identify and have regard for dependent children’s care and welfare. The recently developed Medication-Assisted Treatment (MAT) standards for Scotland offer further opportunities to develop rights-based, trauma-informed and inclusive treatment, care and support services linked to whole workforce training and development activity and a shift toward shared decision making, co-production and responsiveness to changing needs.³⁵

8.3 The Scottish Government’s ambition is for a trauma-informed and trauma responsive workforce and services across Scotland, capable of recognising where children, young people and adults are affected by trauma and adversity, and able to respond in ways that prevent further harm, supports recovery and improves life chances.

³⁵ Scottish Drugs Death Task Force (2021) Medication-Assisted Treatment Standards for Scotland: Access, Choice, Support. www.drugdeathstaskforce.scot

8 The workforce we need for delivering WFA and Family Inclusive Practice

continued

This ambition is supported by a [National Trauma Training Programme](#), led by NHS Education for Scotland and is based on the [Transforming Psychological Trauma: Knowledge and Skills Framework](#). This framework is designed to increase understanding of trauma and its impact, across all sectors of the Scottish workforce³⁶.

“

Sometime qualities of workers are more important than skills, we can teach and train however can't teach/train someone to have compassions and care". "We should have apprenticeship opportunities in WFA services."

(Making it work for Families, member of staff)

8.4 *A specific substance use workforce development plan is being developed by the Scottish Government, which amongst other things will improve the readiness of the workforce to change practice and culture, develop knowledge and skills to confidently implement the transformational changes required by Keeping the Promise and UNCRC implementation.*

8.5 There has been much less of a focus on workforce learning and understanding on the needs of wider families, or the need for us to see each individual service user as someone who has wider caring and familial responsibilities, who relies on others for support and help within the family and to who others may rely upon. This is the essence of WFA – a workforce who can engage with individuals in their day-to-day practice – but who also routinely and confidently can locate individuals in a much wider context as parent, carer, cared for.

"We know that family members and their vulnerabilities interconnect; people do not operate in silos, but this is not reflected in the way we work... Often, we support one person, one concern at a time... Practitioners are working in a silo and in doing so there is a duplication of effort, strained resources, practitioners giving disjointed or contradictory messages to families, and uncoordinated interventions" (Safer Lives, 2021)

8.6 The Ask the Family programme in [Annex A](#) has identified the key elements that they see as important for a 'whole family workforce'. These emphasise, amongst others, the need for:-

- holistic approaches and engendering an ethos of mutual respect and understanding.
- an inclusive ethos at service and individual practitioner level.
- an understanding of and commitment to children and human rights-based practice.

³⁶ [Domestic Abuse and Trauma-Informed Practice Companion Document](#)

8 The workforce we need for delivering WFA and Family Inclusive Practice

continued

- strong commitment to the value of families.
- a commitment to developing relationship-based practice and skills.
- transparency and openness.
- active and participative helping of families.
- understanding of relationships and power dynamics in families.
- commitment to learning from lived experience.
- Roles and responsibilities and understanding of partner agencies is essential for working together and complementing each other (e.g. solution-focused, relationship-based, asset-based).
- A commitment to learn and train together in improving our knowledge, skills, confidence and competence and working to a common, positive, rights-based ethos in our whole family approach.

8.7 As part of this framework the WFA/FIP national group considered some other key structural issues that need to be addressed as part of our approach to workforce development for delivery of WFA/FIP. These include:

- An ability and commitment to collaborate with other services and with families.
- A culture where services and staff are able to understand the spectrum of relationships (supportive, nurturing, strength and asset-based), the misuse of power and trust, need to understand trauma, healing individuals and families and are confident and competent to address and respond to these harmful behaviours.
- Protected and optimised caseload management to support relationship-based practice.
- Peer support and high-quality supervision is essential, enhancing skills, knowledge and innovative practice.



8.8 There is an increased understanding in the development of policy and practice both locally and nationally to involve people with lived experience. This has been beneficial in terms of encouraging services to be more person centred and developing strategies that include issues that affect people.

8.9 RRR is clear that children, young people, parents and other family members must be involved in the planning, development and design of services at a local, regional and national level, as is embedded within statutory requirements for Children's Services Planning.

8 The workforce we need for delivering WFA and Family Inclusive Practice

continued

“

Do not think I would be here without the support I have received, have managed to change things and feeling more positive about the future.”

(Person with alcohol and drug issues)

8.10 Developing Family Inclusive Practice around the Whole Family Approach, will ensure local policies, procedures and services will better meet the needs of families in accessing support, receiving the support that meets their needs and sticking with the services.

8.11 Circle, a service co-located in both adult recovery and children and families’ services. and based in East Lothian, undertook a “plan, do, study, act”³⁷ cycle over the course of one year to gain an understanding of families’ experiences of three service systems and professionals’ views on family inclusive practice.

8.12 The findings from the professionals who participated demonstrated the following:

- **Recovery services and family support services need to work closely to develop referral routes and protocols.** A third of respondents informed the review that between 50% and 100% of their client group were not in contact with recovery services, suggesting referral routes and protocols could be better developed for these agencies
- **More awareness/training and understanding of family inclusive practice.** Just under a third (29%) felt that they had a good understanding of family inclusive practice, while 18% felt they did not and almost all (94%) indicated that they would benefit from having more information. Many also cited the need for training (41%), participation tools (35%) and practice tools (29%).
- **Appetite for joint working to improve family inclusive practice.** Almost half (47%) of the services felt that family inclusive practice was ‘a lot’ of a priority in their service, 29% felt it was “a little” priority, while 65% of all services felt there was ‘room for improvement’.

³⁷ Circle – Conversations for Change Family Rights and Inclusion work [Family Rights and Inclusion – Circle Scotland](#)

9. The need for partnership and collaboration at local level to increase access to WFA/FIP

“

Children and families who seek support for a range of needs often find they have to navigate a very complex system, may fall through gaps where there are no services to meet their needs or be on a waiting list for a long time, only to be told that they are waiting in the wrong queue, or have been knocking at the wrong door all along.”

(Social Care Institute for Excellence)

This section highlights:

- Essential partnership collaboration at a local level.
 - The Partnership Delivery Framework to effectively implement this Framework.
 - Essential relationships required between the statutory/third sector/voluntary partners.
 - Range of national priorities that local implementation of this Framework will contribute to.
 - Range of current and emerging policy and evidence in Scotland this Framework supports.
- Children’s Services Planning Partnerships (including Corporate Parenting Boards and Child Protection Committees)
 - Community Planning Partnerships
 - Community Safety Partnerships
 - Community Justice Partnerships
 - Violence Against Women Partnerships
 - Adult Public Protection Committees
 - Local Authorities (Education, Housing, CLD and Social Work)
 - NHS Boards
 - Police Scotland
 - Scottish Fire & Rescue Service
 - Scottish Court Service and Scottish Prison Service
 - Integrated Joint Boards/ Health and Social Care Partnerships (HSCPs)
 - Third Sector Services and local Third Sector Interfaces
 - Children’s Hearings Improvement partners

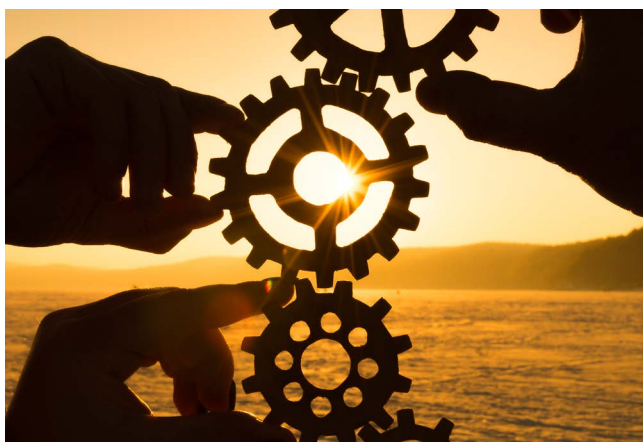
9.1 This Framework is primarily for organisations and partnerships which have a role in planning, developing and delivering services for children, young people and families (including adult family members). These services work together through ADPs and Children’s Service Planning Partnerships to provide continuity of support for families (children, young people and adults) affected by harms from alcohol and drugs. These are likely to include:

9. The need for partnership and collaboration at local level to increase access to WFA/FIP

continued

9.2 Families are unique and their experiences will be an asset and strength to local areas in developing/ delivering appropriate whole family support. Families are a key element of developing the right services to meet the right needs in a way that will maximise impact and outcome. Their involvement from the outset is central and needs to be secured and continually strengthened.

9.3 The Partnership Delivery Framework³⁸ published in July 2019 was approved by COSLA leaders and Scottish Ministers. It sets out the partnership arrangements needed to reduce the use of and harm from alcohol and drugs. This framework aims to ensure that all bodies involved are clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit and achievement of agreed, shared outcomes. In July 2021 Ministers and COSLA agreed recommendations to support implementation of this Framework.



³⁸ The Partnership Delivery Framework [Alcohol and Drug Partnerships: delivery framework – gov.scot](https://www.gov.scot/publications/partnership-delivery-framework-2019/pages/1-introduction.aspx)

9.4 The range of local Community Planning Partners and their workforce will be required to work together with individuals and families, respecting, valuing and harnessing their lived experience to design and deliver the right high-quality local services that make a real difference to the lives of people who are affected by alcohol and drug related harms.

“

my mum is better off £205 a week because of the partnership working, so I think that's really important. Its changed my life quite a lot and gave me freedom to do a lot more.”

Clued Up Project, supported by Making it work for Families.

9.5 Children's Services Planning partnerships working alongside ADP's are instrumental in local delivery of the aspirations set out in RRR, ensuring that collaborative approaches to local planning, development and delivery of services across statutory and Third Sector partners is contributing to improved outcomes for children, young people and families through each area's Children's Services Plan.

9.6 Through development of holistic whole family approach/family inclusive practice framework's combined with partnership planning and delivery at a local level this should positively contribute to achieving a range of national priorities which includes:

- The wellbeing and attainment of Scotland's children

9. The need for partnership and collaboration at local level to increase access to WFA/FIP

continued

- The prevention of neglect and harm to children
- Promotion and support of safe, stable and loving families
- Tackling gender-based violence and domestic abuse
- Promotion of individual recovery from problematic alcohol and drug use
- A reduction in alcohol and drug related deaths
- Promotion of adult and child mental wellbeing
- A trauma-informed workforce and services across Scotland
- Keeping the Promise
- Tackling Child Poverty
- National Trauma Training Programme
- Findings from joint inspection of Children's Services (Care Inspectorate)
- The Best Start: five year plan for Maternity and Neonatal Services³⁹

9.8 Whole Family Approaches cannot sustainably be developed without strong partnerships, effective leadership, common vision and highly collaborative and co-operative approaches across public agencies and funders. There is considerable evidence, past and present to support the case for expansion at local level of services of this type – specifically for families affected by substance use, encountering mental health concerns and who have experienced domestic abuse.

9.7 Our work on WFA/FIP is consistent with the principles of a range of current and emerging policy and evidence in Scotland including:

- *Rights, Respect and Recovery Strategy* (RRR)
- Getting It Right For Every Child (GIRFEC)
- The Promise
- Child Protection Improvement Programme (CPIP)
- Equally Safe and Safe and Together
- The National Performance Framework
- The United Nations Convention on the Rights of the Child (UNCRC)
- Getting Our Priorities Right (GOPR)
- National Guidance for Child Protection in Scotland (2021)
- Preventing and mitigating Adverse Childhood Experiences (ACEs)

9.9 Alcohol and Drug Partnerships are well placed to work together across adult and children's services planning and commissioning arrangements at the local level in order to support a joined-up approach to this work, to review existing expenditure on existing services, consider opportunities for reviewing current provision, working collaboratively and transparently with current providers, co-producing service redesign with families with lived experience, and evidencing impact. Crucially this will also involve joining up and co-ordinating funding streams and approaches to service development that can achieve this expansion in access, reach, breadth, quality and sustainability of whole family approaches in their areas.

³⁹ [The best start: five-year plan for maternity and neonatal care](#)

“

I finally got a new drugs worker and there was another drugs worker who came to see me in the house every week. She was amazing and really down-to-earth, and I was able to open up and talk to her. She spoke to me on a human level and was just herself. Her support helped me to get my son back.”

(Laura Deasley, Mother)

This section focuses on development of:

- Sustained and sustainable partnerships who jointly redesign and commission, whole family approaches with a common set of outcomes, recognising and playing to the range of strengths across partnerships which includes family inclusive practice
- A financial framework to ensure approaches are resourced appropriately
- The Independent Review of Adult Social Care in Scotland and the Scottish Government and COSLA's joint statement of intent



10.1 Strong strategic and operational links between Alcohol and Drug Services, Children and Families Services, adult social care, the wider links to Public Protection and Community are key to ensuring that we can develop and deliver a range of whole family approaches in supporting children, young people, parents/carers and wider families where substance use and other challenges and needs exist.

10.2 Likewise a strong sustainable set of partnership arrangements need to be in place at local and national level with third and voluntary sector organisations who have skills, expertise and a proven track record in the delivery of whole family approaches. This, linked to deeper well embedded family inclusive practice across all our alcohol and drug services is essential if we are to deliver the aspirations of *Rights, Respect and Recovery*, the Promise and GIRFEC.

10. Future developments and approach to commissioning, redesign & partnership

continued

- 10.3** RRR recognises the importance of this approach to supporting individual recovery, but also to ensuring the needs of a wide range of family members, critically including children and young people, are best met when we take this broader, more holistic and inclusive approach. It also means that public resources, service capacity, expertise and skills can be better directed, co-ordinated and delivered. This, as we have described elsewhere in this document, will lead to better, more sustainable outcomes. Whole Family Approaches are central to:
- Recognising and delivery of savings downstream by working early, effectively and sustainably with families.⁴⁰
 - Maximum efficiency in the use of public money by co-ordinating the efforts and skills of agencies and individual workers.
- 10.4** And in order for this to happen local areas will wish to ensure:-
- Adequate resources are available to back up delivery of the sustainable long term financial framework to meet the aspirations of this work;
 - Joint commissioning approaches are put into place *“children’s services planning should be seen as a driver towards the development of local commissioning processes which are based on robust information about needs, costs and quality, and ongoing engagement with service users and the wider community.”*
- Funding sources from local Alcohol and Drug Partnerships and other partners to the Children’s Services Planning Partnership are aligned around common and jointly agreed objectives in meeting local needs and ambition, with these objectives articulated in the Children’s Services Plan and aligned planning frameworks such as (but not limited to) ADP Delivery Plans, Community Justice Plans, and plans relating to adult social care, ensuring these meet local needs identified through joint strategic needs assessments.
 - A common set of core outcomes are developed and agreed by all partner agencies, taking account of nationally agreed outcomes set out in national guidance and aligned outcomes frameworks. (This will be supported at a national level through identification of agreed national outcomes across ADPs and Children’s Services.)
 - We all play to the strengths of local and national third/voluntary sector partners, creating trust, a positive set of relationships, a strong ethos and alignment between services.
 - We work, learn and train together in developing rights-based, trauma-informed family inclusive practices and whole family approaches.
 - We find ways to change how our current commissioning cycles and competitive tendering approach works for us to develop sustainable services with deep roots in our communities.

⁴⁰ Scott, J (2019) ‘What Works for Children and Young People in Family Support’ Action for Children, Scotland

10. Future developments and approach to commissioning, redesign & partnership

continued



10.7 The Scottish Government and COSLA have issued a joint statement of intent⁴² outlining how they will work together to deliver the key foundation pillars set out in the Independent Review of Adult Social Care in Scotland (IRASC).

10.8 The joint statement of intent includes a commitment to develop a minimum standards framework for terms and conditions. This will lead to the establishment of core requirements for ethical commissioning which will ensure that going forward, fair work requirements and principles are met and delivered consistently.

10.5 The Independent Review of Adult Social Care in Scotland concluded at the end of January 2021 and its report, was published on 3 February 2021⁴¹.

10.6 The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human rights-based approach.

⁴¹ Independent Review of Adult Social Care in Scotland (IRASC) <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

⁴² The Scottish Government and COSLA have issued a joint statement of intent [Adult social care – independent review: joint statement of intent – gov.scot \(www.gov.scot\)](https://www.gov.scot)



Family members want to be treated as fellow human beings, with sensitive use of language and with an acknowledgement that they are the ‘expert’ on their unique set of challenges.”

This section focuses on what Alcohol and Drug Partnerships (ADPs) and other local partners should do to Implement a Whole Family Approach and Family Inclusive Practice including:

- Auditing existing provision in terms of quantity, quality and reach
- Working collaboratively to strengthen and expand service provision in their area
- Ensure that the expertise, views and needs of families are included from the outset

11.1 Alcohol and Drug Partnerships are pivotal key strategic catalysts for change, insofar as they can bring service leaders together, collectively assess the evidence and need for change and provide sources of investment in service design and improvement and encourage pooling of resources for shared priorities. However, it is the role of organisations within the ADP to work together in partnership to establish a common purpose and commitment to contribute to creating the conditions for change and improvement in expanding access to whole family approaches that we seek to achieve here. In doing so ADPs should work closely with the local Children’s Services Planning Partnership to agree a local approach which:

- Establishes a baseline understanding of current provision of family support services through mapping, audit and critical assessment of what is currently available in the local area to support children, young people and adult family members affected by alcohol and drug use. This includes family members affected by their own alcohol and drug use and those harmed by others’ use. This work should include:
 - Quantity, quality and reach should all be assessed. This exercise should take account of support delivered by paid workers, volunteers and peers, including mutual aid/ fellowships.
 - This audit should complement and contribute to the local joint strategic needs assessment undertaken as part of duties under Pt 3 of the Children and Young People (Scotland) Act in relation to developing and reviewing Children’s Services Plans.
 - Establishing proposals for filling gaps in provision and improving quality of available services and corresponding outcomes for families and children and young people.

11. What we need Alcohol and Drug Partnerships to do

continued

In response to these findings ADPs and Children's Services Planning Partnership should work across local partners, together with family members with lived experience to:

- Ensure there is a range of evidence-based family support options available locally which understands trauma and its impact, and the role of relationships in recovery to support children, young people and adults. This is likely to require additional investment to ensure each member of the whole family is supported in their own right, and all relationships are recognised.
- Adapt and change local guidance, procedures and practice to align with this Framework, and then subsequently implement those adaptations and changes along with family members who have lived experience.
- Ensure that all family support provisions are evidence-based, person-centred, strengths-based, and recognises families as a key asset to nurture and protect children and promote and support recovery.
- Ensure families have access to services which are able to support them in their own right and not as solely a mechanism to improve treatment and recovery outcomes (even though this may be an important outcome).
- Actively promote all family support options across a range of local services, platforms and networks, to ensure everyone knows what is available and how it can be accessed. This should be non-stigmatising and emphasise the confidentiality of support.
- Ensure the whole workforce across alcohol and drug services, children's services and adult services are effectively trained in family inclusive practice and whole family approaches. Such work should compliment and tie in with training planned within the children's services, adult services and public protection frameworks. Delivery should be multi agency in its approach, with joint planning, training and events, which builds on and compliments that which is required by individual employers/ single agencies.
- Improve joint work when considering the needs of families who are affected by both domestic abuse and alcohol and drug use, there are significant advantages in ADPs and Violence Against Women Partnerships (VAWPs) co-ordinating their activities and collaborating effectively towards common goals.

11. What we need Alcohol and Drug Partnerships to do

continued

- Ensure that the inter-relationship between Domestic Violence, Alcohol and drug use, and Mental Health is recognised and can contribute to poor outcomes for children. These three factors can be further exacerbated by poverty. This highlights the need for clear strategic and operational partnership working.
- Develop trauma-informed leadership approaches and upskilling our workforces in trauma-informed and trauma-responsive practice using the resources provided through the [National Trauma Training Programme](#).
- Keep the Promise and support the delivery of the commitments within this to compassionately collaborate, to move towards broad, engaging and relational approaches in supporting families, and to embrace whole family approaches together with Children's Services Planning Partnerships.



11.2 In line with Commitment C3 in *Rights, Respect and Recovery* (2018), family members should be involved in the planning, development and delivery of these actions.

Ask the Family!⁴³ – Family Perspectives on Whole Family Support and Family Inclusive Practice

As part of the delivery of RRR in Scotland a working group was established to examine and consider how best to develop WFA/ FIP in Scotland for families affected by substance use, delivered locally through existing partnership arrangements. This group met across 2019 to early 2021, including extensive inputs from existing providers of family-based support. The group had established a number of headline priorities that it consider key to driving change and expanding access to services. The group felt it imperative that a dialogue was established with family members, including children, young people and adults who had been affected by substance use in order to first test our own thinking and secondly to be able to adapt the approach taken in order to reflect the powerful voices of those with direct experience.

In December 2020 a group of agencies, working together and led by Scottish Families Affected by Alcohol and Drugs (SFAD) were asked to embark on a series of engagement activities to understand the views and experiences of a wide range of family members, including children, young people and adults, with a particular focus on what a “Whole Family Approach” meant, looked like and felt like from their perspective. The engagement activity also sought to ‘road test’ the draft principles that had been developed across 2020 by the national group seeking to define Whole Family Approach and family inclusive practice for much wider delivery across Scotland.

⁴³ Scottish Families with Action for Children, All in the Family and Circle (2021) Ask the Family! Family Perspectives on Whole Family Support and Family Inclusive Practice <https://www.sfad.org.uk/ask-the-family>

The engagement work had the following main components:

- Ask the Family Survey – involving 135 family members (adults, children and young people) who were affected, in some way by substance use
- A conversation café involving 8 family members, who have been affected by substance use
- A set of 13 further individual and group engagement activities where children, young people and adult family members shared their views and experiences about family support and whole family approaches. This was presented as a virtual exhibition including poetry, letter-writing, visual art, film and animation, written materials and audio clips.

The programme of work focussed on the following areas:

- What makes good (and bad) family support?
- What do families value about support/what is important to them?
- What words would families use to describe good family support (and their workers)?
- What difference has support made to families and their lives?
- How would families describe a good family support worker?
- What impact (if any) have their peers had as part of family support (i.e. other group members/ service users)?

Annex A

continued

The outcomes of the survey, conversation café, individual and group engagement activities have been used to develop an extended list of principles which should guide this next phase of development of whole family approaches to support services as well as the family inclusive practice which must underpin these services. The paragraphs below summarise this extensive and powerful piece of work, which can be found in its entirety here: <https://www.sfad.org.uk/ask-the-family>. There were a range of examples of family support across the country with a generally inconsistent approach across Scotland to supporting families and a “postcode lottery” of services, depending on where you live:

- A lack of awareness of rights to support for families and carers.
- Variations in access and availability of support services for children, young people and adult family members across Scotland.
- The length of time family members have to wait to access help or support – with family members being affected by substance harm for an average of 16 years, but not reaching family support for the first time for an average of 8 years. Only 1 in 8 reached family support in the first year they were affected.
- The extent to which individuals within and across families are affected by another family member’s substance use – with survey respondents reporting on average 11 other people being affected by an individual’s substance use, including other family members but also significant numbers of friends, work colleagues and neighbours.
- A great desire for improvements in relationship-based services, based on trust, dignity and respect of families who are being affected by substance use.
- For services to have longevity and no time limits – and not just be limited to episodic and crisis-driven periods of support.
- The experience of the vast majority of family members of being excluded from the treatment, care and recovery services of their loved ones.
- The need to embed the agreed principles of whole family approach into all services – not just those that were substance use specific.

The principles of Whole Family Approaches across Scotland – what families think about what needs to be done

The Ask the Family work has powerfully shaped the approach and content of the values that should drive the development and expansion of family support services. Their voices urge public services to work together and commission services at local level that can meet the needs of families and a common set of outcomes, making the best use of local resources as well as new investment.

The Ask the Family work gives us crucial insights into what families are looking for from their support workers, including showing their human side, honestly challenging them, and being “invested in helping” (see figure 1). The need for our workforce development approach to invest in, grow and sustain this skilled and confident group of staff across the country is one of the most important drivers that requires our attention – as is the need to recognise lived experience as a key qualification to complement other skills and abilities.

Family support services need to offer safe spaces where people can connect with each other and share peer to peer support. Family inclusive practice across all services needs to find ways of addressing the negative experiences of families in relation to their inclusion in their loved one’s care and treatment. As one participant reminded us:-

“As a person in recovery from addiction, I can see the benefits of having a strong family support network around you to get support. This is only possible when the families of addicts are also supported to recover.”

One significant aspiration picked up throughout Ask the Family was the need to address the issue of visibility and speed of response of family support, given the often huge delays in both seeking and receiving help for families affected by substance use. The need to have grounded, relationship-based and asset-based services which modelled inclusion, hope, respect and a non-judgemental approach was a constant area of focus.

Annex B

continued

Figure 1



National Framework Principles for Holistic Whole Family Support from COVID-19 Children and Families Collective Leadership Group

- **Non-stigmatising:** Support should be promoted and provided free from stigma and judgement. Services should be as normalised as accessing universal services.
- **Whole Family:** Support should be rooted in GIRFEC and wrapped around about the whole family. This requires relevant join up with adult services and whole system, place based, preventative addressing inequalities.
- **Needs based:** Support should be tailored to fit around each individual family, not be driven by rigid services or structures. It should cover the spectrum of support from universal services, more tailored support for wellbeing and intensive support (to prevent or in response to statutory interventions). Creative approaches to support should be encouraged.
- **Assets and community based:** Support should be empowering, building on existing strengths within the family and wider community. Families should be able to “reach in” not be “referred to”. Support must be explicitly connected to locations that work for local families and the community, such as schools, health centres, village halls and sports centres.
- **Timely and Sustainable:** Flexible, responsive and proportionate support should be available to families as soon as they need it, and for as long as it is required, adapting to changing needs.
- **Promoted:** Families should have easy, well understood routes of access to support. They should feel empowered to do so, and have choice about the support they access to ensure it meets their needs.
- **Take account of families’ voice:** At a strategic and individual level, children and families should be meaningfully involved in the design, delivery, evaluation and continuous improvement of services. Support should be based on trusted relationships between families and professionals working together with mutual respect to ensure targeted and developmental support.
- **Collaborative and Seamless:** Support should be multi-agency and joined-up across services, so families don’t experience multiple “referrals” or inconsistent support.
- **Skilled and supported workforce:** Support should be informed by an understanding of attachment, trauma, inequality and poverty. Staff should be supported to take on additional responsibilities, and trusted to be innovative in responding to the needs of families.
- **Underpinned by Children’s Rights:** Children’s rights should be the funnel through which every decision and support service is viewed.

What we can learn from Whole Family Approaches elsewhere

Local authorities in England have developed a family-focused approach to assessment because of historical perceived gaps in existing individualised approaches to assessing need, developing supports and interventions. Individual support and service impact were found to be undermined where individual issues were not successfully addressed because of problems in the wider family⁴⁴. “Whole family assessments” have been developed by a range of services, working together to provide the opportunity to provide an overview of family strengths, risks, relationships and needs.

For some local partnerships it also meant “that everyone working with the adult and their family must think about the impact of the care needs of each member of the family, including any children.”⁴⁵

This approach reflects a view that existing approaches did not always assess the needs of the whole family (generally being focused on the individual) and crucially, did not always examine in detail the complex interrelationships between family members.

“...an understanding of the complexity and interrelated nature of the issues faced by families can be developed... it ensures the right services are involved, that they have an accurate picture of the family’s needs and that the same questions are not asked more than once...it also provides a coherent and holistic response to families’ needs.” (p.8)

44 Kendall, S Rodger, J and Palmer, H (2010) The use of whole family assessment to identify the needs of families with multiple problems, UKG Department of Education

45 Manchester City Council (2014) Whole Family or Household approach

The development of this model has also led to the concept of a “Team Around The Family” approach, similar to that which underpins the GIRFEC approach in Scotland, albeit with the central focus on the child.

“In the most effective areas, the TAF is a multidisciplinary approach, drawing in support from a range of professionals (from the project team/service and beyond). TAF meetings bring together all relevant staff and agencies currently working with the family, as well as seeking to identify those additional practitioners/services who might need to work with the family.”

The Children’s Commissioner for Wales has recently described the need for public service co-ordination and delivery of integrated responses for children, experiencing a range of need and vulnerabilities as the ‘No Wrong Door’⁴⁶ approach, describing it as:-

“Children and families who seek support for a range of needs often find they have to navigate a very complex system, may fall through gaps where there are no services to meet their needs or be on a waiting list for a long time, only to be told that they are waiting in the wrong queue, or have been knocking at the wrong door all along. The Commissioner and her team believe that services should wrap around families, rather than them having to fit what is out there and that help should be provided as early as possible to prevent more serious problems developing.”

46 Childrens Commissioner for Wales (2020) ‘No Wrong Door: Bringing services together to meet children’s needs’ [Home – Children’s Commissioner for Wales \(childcomwales.org.uk\)](https://www.childcomwales.org.uk)

Annex D

continued

The Social Care Institute for Excellence (SCIE)⁴⁷ in describing its work on supporting families affected by parental mental health, describe good family support approaches in the following way:

- *enable joined-up support at every point of entry – a “no wrong door” approach*
- *look at the whole family and coordinate care*
- *intervene early to avoid crisis*
- *provide support that is tailored to need*
- *build on family strengths and promote resilience.*

“This means incorporating a whole-family approach at each stage of the care pathway. This may require changing organisational structures and processes, as well as the practice of managers and practitioners.”

SCIE’s recommendations for how service delivery can be systematically improved included areas which focus on sustained transformation in order to include the whole family highlighting strategic, multi- agency approaches, deeper collaboration between providers, the importance of cultural change and challenging practice that is not focusing on the whole family, embedding WFA’s whole-family into performance and quality systems including professional supervision, supporting formal joint training and informal opportunities for professional learning and listening regularly and closely to children, young people and their families about their needs and experiences.

⁴⁷ www.scie.org.uk (2010) Think child, think parent, think family: a briefing for senior managers

Whole Family Approach/Family Inclusive Practice Working Group Members

Name	Organisation
Neil Hunter (Chair)	Scottish Children's Reporter Administration
Rowan Anderson	Corra Foundation
Michael Batty	Borders Child Protection Committee
Sean Byrne	Care Inspectorate
Veronica Campanile	Violence Against Women East Lothian
Rod Finan	Professional Social Work Adviser, Scottish Government
Kate Gabb	Shetland Child Protection Committee
Angela Gentile	Circle
Sophie Gwyther	Violence Against Women Dundee City Council
Paul Johnson	Moray ADP
Angie MacDonald	Action for Children
Amanda McAllister	Aberlour
Dave Liddell	Scottish Drugs Forum
Melanie McPherson	All in the Family
Anna Mitchell	Safe & Together Institute
Justina Murray	Scottish Families Affected by Alcohol and Drugs
Aileen Nicol	CELCIS, University of Strathclyde
Fiona Nicolson	Quarriers
John Owens	Argyll & Bute ADP
Anne Salter	Clackmannanshire and Stirling Child Protection Committee
Deborah Stewart	Highland ADP
Diane Thomson	Alcohol Focus Scotland
John Urquhart	COSLA

Annex E

continued

Organisations who have shared their services and lived experience with the working group

Aberlour

Action for Children

Circle

Fife Intensive Rehabilitation and Substance Misuse Team (FIRST)

Gingerbread, Fife

Making it work for Families (Clued Up)

Quarriers, Arrows Service Moray

Safe and Together Institute

Scottish Families Affected by Alcohol and Drugs

- Barret, D & Veerman P.E. (2012)
A commentary on UNCRC: Article 33, Protection from Narcotic Drugs & Psychotropic Substances. Martinus Nijhoff
- Care Inspectorate (2015)
Inspecting and Improving care and social work in Scotland: Findings from the Care Inspectorate 2011-14
- CELCIS (2019)
Supporting Families 'A review of the implementation of Part 12: Children at risk of becoming looked after, as set out in the Children and Young People (Scotland) Act 2014'
- Children's Commissioner for Wales (2020)
'No Wrong Door: Bringing services together to meet children's needs'
- Circle/MELDAP (2019)
Conversations for Change: Family Rights and Inclusion for families affected by substance use in East Lothian
- Clever, H. Unell, I. & Aldgate, J (2011)
Child Abuse: Parental mental illness, learning disability, substance misuse and domestic violence. HMSO
- Copeland J. (1997)
A qualitative study of barriers to formal treatment among women who self-managed change in addictive behaviours. *Journal of Substance Abuse Treatment*
- CORRA Foundation (2020)
Connections are Key: Unlocking the Heart of Relationship-based Practice
- Family Strengthening Network (2021)
Whole Family Approach
- Galloway, S (2020)
Challenges from the Frontline: Supporting Families with Multiple Adversities in Scotland during a time of Austerity.
- Barnardo's, Scotland & NSPCC Scotland
- Independent Care Review (2019) **The Promise**
- Kendall, S Rodger, J and Palmer, H (2010)
The use of whole family assessment to identify the needs of families with multiple problems, UK Government Department of Education
- Manchester City Council (2014)
Whole Family or Household Approach
- NHS Education Scotland (2021)
NES Trauma-Informed
- Safe Lives (2019)
A Whole Family, Whole Picture Approach
- Scott, J (2019) 'What Works for Children and Young People in Family Support'
Action for Children, Scotland. Please email businesssupportscotland@actionforchildren.org.uk for a copy.
- Scottish Drugs Death Task Force (2021)
Medication-Assisted Treatment Standards for Scotland: Access, Choice, Support
- Scottish Families Affected by Alcohol and Drugs (SFAD) with Action for Children,
- All in the Family and Circle (2021)
Ask the Family! Family Perspectives on Whole Family Support and Family Inclusive Practice
- Scottish Government (2013)
'Getting our Priorities Right'

References

continued

Scottish Government (2018)
[‘Rights, Respect and Recovery’](#)

Scottish Government (2021)
[United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Bill 2021](#)

Scottish Government and the Improvement Service (2020)
[Strengthening Partnership Working Between Violence Against Women Partnerships \(VAWPs\) and Alcohol and Drug Partnerships \(ADPs\) 2020 Partnership Event Learning Report](#)

Scottish Government/COSLA (2014)
[The Quality Principles: Standard Expectations of Care and Support in Alcohol and Drug Services](#)

Scottish Government/COSLA (2019)
[Partnership Delivery Framework](#)

Social Care Institute for Excellence (2010)
[Think child, think parent, think family: a briefing for senior managers](#)

Tickle, L (2015)
[Are we failing parents whose children have been taken into care? The Guardian](#)

UK Drug Policy Commission (2009)
[Supporting the Supporters: families of drug misusers](#)

Whole Family Approach (2021)
[Why Use a Whole Family Approach?](#)

ACEs	Adverse Childhood Experience(s)
ADPs	Alcohol and Drug Partnership(s)
CELCIS	Centre for excellence for Children’s Care and Protection
COSLA	Convention of Scottish Local Authorities
CSP	Children’s Services Partnership
FGDM	Family Group Decision Making
FIP	Family Inclusive Practice
GIRFEC	Getting It Right For Every Child
GOPR	Getting Our Priorities Right
GP	General Practitioner
ICR	Independent Care Review
MAT	Medication-Assisted Treatment
MELDAP	Midlothian and East Lothian Drug and Alcohol Partnership
NES	NHS Education for Scotland
NSPCC	National Society for the Prevention of Cruelty to Children
RRR	Rights, Respect and Recovery – Scotland’s alcohol and Drug Strategy
SCIE	Social Care Institute for Excellence
SFAD	Scottish Families Affected by Alcohol and Drugs
STIM	Safe & Together Intersections Meeting
TAF	Team Around the Family
UNCRC	United Nations Convention on the Rights of the Child
VAWG	Violence Against Women and Girls
VAWP	Violence Against Women Partnerships
WFA	Whole Family Approach
WFA/FIP	Whole Family Approach/Family Inclusive Practice



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2021

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80201-503-4 (web only)

Published by The Scottish Government, December 2021

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS914206 (12/21)

W W W . G O V . S C O T