



## Checklist No 5: Further Considerations for Children's Services<sup>5</sup>

### Who can use this Checklist and when can it be used?

All practitioners and managers in Children's Services can use this Checklist to reflect further on any worries or concerns they may have. This is a self-reflective Checklist which should be completed with the parent/carer.

Name of Child or Young Person					Age		Date of Birth	
No	Question	Yes	No	Not Sure	Notes			
1	Are you seeking support for your substance use at the moment? If so, what support/treatment are you receiving?							
2	Are your children aware of any support you are receiving?							
3	Have you any other children who are not living with you at the moment?							
4	Are you on any prescribed medication?							
5	Is there anyone living in your home who is being supported by alcohol/drug treatment services?							
6	Are there any other adults visiting your home who may be using illegal substances?							

<sup>5</sup> Source: Developed from *Getting our Priorities Right: Updated Good Practice Guidance For All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and/or Drug Use* (Scottish Government: April 2013).

## What is the information telling me?

Using this Checklist, analyse the information gathered and ask yourself the key question, **“what is this information telling me?”**.

Consider the information gathered and identify the key risk factors for the child or young person or the parent/carer and their wider world. The Checklist will highlight the specific areas of concern/need/risk (your evidence) and should give you an overview of what you consider to be the key issues.

Now form a view as to the level of concern/need/risk for the child or young person or the parent/carer, taking account of the interaction between the child or young person or the parent/carer and their wider world.

What is the information telling you about the level of concern/need/risk?

**What is the information telling me about the level of concern/need/risk?** (Consider frequency, duration, severity, single or accumulative in nature - significance of factors in reaching a conclusion about the level of concern/need/risk).

**What am I going to do next?**

<b>Date Completed</b>		<b>Completed By</b>		<b>Line Manager</b>	
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