



Community Planning Aberdeen

Progress Report	Project End Report for Stretch Outcome 12.1: <i>100% of vulnerable young people, who are at-risk of developing problem substance use, have access to evidence-based Prevention & Early Intervention (including Universal, Selective & Indicated Prevention support) by 2023.</i>
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Governance Group	CPA Board – 29 February 2024

Purpose of the Report
This report presents the results of the LOIP Improvement Project Aim 12.2 which sought for <i>100% of vulnerable young people, who are at-risk of developing problem substance use, have access to evidence-based Prevention & Early Intervention (including Universal, Selective & Indicated Prevention support) by 2023</i> and seeks approval to end the project in its current aim as the aim has been achieved.

Summary of Key Information
<p>1 BACKGROUND</p> <p>1.1 Since 2018 Scotland has been experience a National Emergency in relation to thousands of our fellow citizens losing their lives in drug related deaths. The majority of these deaths pertain to individuals who have experienced problem substance use over the course of many years. Young people also have lost their lives, and we known that many of adults who experience problem drug use first began using drugs in adolescence, before age 16 (Scottish Government, 2018). Scotland’s strategy for tackling problem drug use and its harms stresses the importance of developing evidence based approaches to prevention & early intervention and like international policies, frames this through the lenses of: <i>Universal prevention</i> for the entire population; while stressing the importance of <i>Selective prevention</i> for vulnerable groups and <i>Indicated prevention</i> for vulnerable individuals.</p> <p>1.2 We have also sought to consider how best to meet the needs of Care Experienced children who we known have experience multiple adversities, as evidence indicates increased risk for substance use and trauma related diagnosis in this population (Morris, et al, 2015; Dixon, 2008; Kendrick, 2008; McCrystal et al, 2017; Ford, et al, 2007). There is an ambition to have Scotland’s public workforce be trauma-informed, with those supporting individuals directly being <i>Trauma-Skilled</i> or <i>-Enhanced</i> (Scottish Government, 2017). This is critical for substance use prevention as evidence indicates significant relationships between early life adversity and the development of problem substance use in later life (Hughes, 2017; Leveson & Grady, 2016; Bellis 2015; Bellis 2014; Dube 2003; Felitti, 2003) including growing up around parental substance use (McGovern, et al., 2018).</p>

2 IMPROVEMENT PROJECT AIM

2.1 **100 % of vulnerable young people, who are at-risk of developing problem substance use, have access to evidence-based Prevention & Early Intervention (including Universal, Selective & Indicated Prevention support) by 2023**

2.1.1 This aim was chosen as the goals of prevention being about preventing substance use or delaying its onset represent an enduring goal which will span across time and is not targeting a specific/current trend. Therefore, rather than focusing on 'reducing' or changing a current trend, we wanted to look to ensure that different populations of vulnerable young people first and foremost have access to prevention-based supports as this should ensure into the future that, as populations change, there continues to be evidence based Prevention & Early Intervention supports available to young children & young people locally.

3 WHAT CHANGES DID WE MAKE?

3.1 The multi-agency project team following engagement with young people and stakeholders and reviewing available data and research identified the following changes to be tested. The changes were tested primarily in a Teir 2 service with, this project contributing to some of the ongoing agenda for trauma informing the Social Work workforce.

1. **Fit Like Hub Prevention Service**

In October 2020, following scoping work which identified some gaps in service provision to young people with emerging vulnerabilities, ADP and Children's services guided 3rd sector partners (Alcohol & Drugs Action & Aberdeen Foyer) to set up a service for delivering Prevention & Early intervention within newly established Wellbeing Hubs (Fit Like Hubs). This was to provide evidence based- prevention/early intervention where young people, not known to specialist and targeted services, began to require specialised supports. Since this time the service has continued to be delivered in the Fit Like Wellbeing hubs for Children & Young People. Access to this service comes through a referral route where Education raise a 'Request for Assistance'

2. **Trauma Training in Children's Social Work**

Recognising that Statutory services deliver kinds of support and work which can already be considered evidence based prevention, we sought to ensure Children's Social Work services are keeping up with advances in knowledge with regard to the trajectories of early life trauma and later problem substance use. This is critical, as individuals with experiences of trauma, may be less able to reap benefit from approaches to prevention taken with the wider population, so we felt it critical to ensure, that the workforce are increasingly cognizant of these realities, before testing about any specific approach to prevention. While we recognise that by virtue of being open to social work there will be experiences of adversity, we collected data around the levels of Adverse Childhood Experiences of a sample of Children & Young people open to our social work services (n=195).

The project also

- Conducted a self-assessment baseline of staff knowledge, revealing most staff feeling they were at least *Trauma-informed* or *Trauma Skilled*
- Completed a literature review on supporting implementation of these approaches to Social Work systems.

As a result, we recognised to achieve the aim, that Children's Social Workers would require to be at least trauma skilled to ensure that C&YP were having access to a workforce who could take account of their trauma-related needs, Therefore we:

1. Developed a pilot trauma program for the *Trauma-Enhanced* level (the aspirational goal for Children's Social Work in Scotland). 11 Social Work practitioners underwent this. Evaluation around this work is ongoing.

Supported Children's Social work to make the *Trauma Skilled* level training (via the NHS TURAS learning platform) as a core training for all frontline children's social work practitioners, as a means to support the ongoing journey toward trauma-informing the workforce, which will expand well beyond the scope and remit of this project.

3. Link between Assertive Outreach + Through & Aftercare service

In 2021 we secured funding from CORRA to undertake a years' worth of scoping within our Through & Aftercare services (The Youth Team) for establishing links with the Assertive Outreach project (for drug death prevention). This role was undertaken by a social worker within the Youth Team Here there was an explicit focus on vulnerable Care Experience young people transitioning to young adulthood where they were at risk of drug related harm/death. This work supported our services to have an regular link in Assertive Outreach meetings, and to offer responsive support when Care Experienced young adults. In addition to this the social worker undertaking the carried out a caseload analysis of for all of the young people open to the Youth Team, in order to be able to look at different aspects of vulnerability in particular for those affected by substance use.

4. Training Embedded onto ACC Learn & NQSW training calendar

As our primary focus within social work service was to first pave the way for trauma training as our prevention baseline. We have just recently made moves to now developing more formal substance use training materials, which are relatively at an earlier stage of development. However we have created an Introduction to Prevention & Early intervention modules, which outlines the core ideas of Universal-Selective-Indicated Prevention and what each of these involves. The training is largely intended to familiarise the workforce with these concepts in ways which makes it clear that Social Work practice is a specialist type of practice which is completely aligned with and indeed part of Prevention and Early Intervention for vulnerable groups and individuals.

We have also groups an Introduction to Substance Use workshop which has been embedded into the Newly Qualified Social Work Training Calendar. A workshop was carried out with this years cohort of Social workers exploring, substance use and effects, attitudes toward substance use and approaches to Harm Reduction.

5. Naloxone in CSW

Following the Child Protection Committee recognising the links between Overdose and Child Protection Concerns, it was agreed that Childrens Social Work services would come to stock and offer Naloxone to those at risk of overdose at the point of need. In order to achieve this we undertook a phase of training front line social work teams. So that practitioners themselves could carry Naloxone for use in emergencies but critically, so that they could be equipped to have brief conversations about overdose and naloxone with those at risk and be equipped to hand out Naloxone.

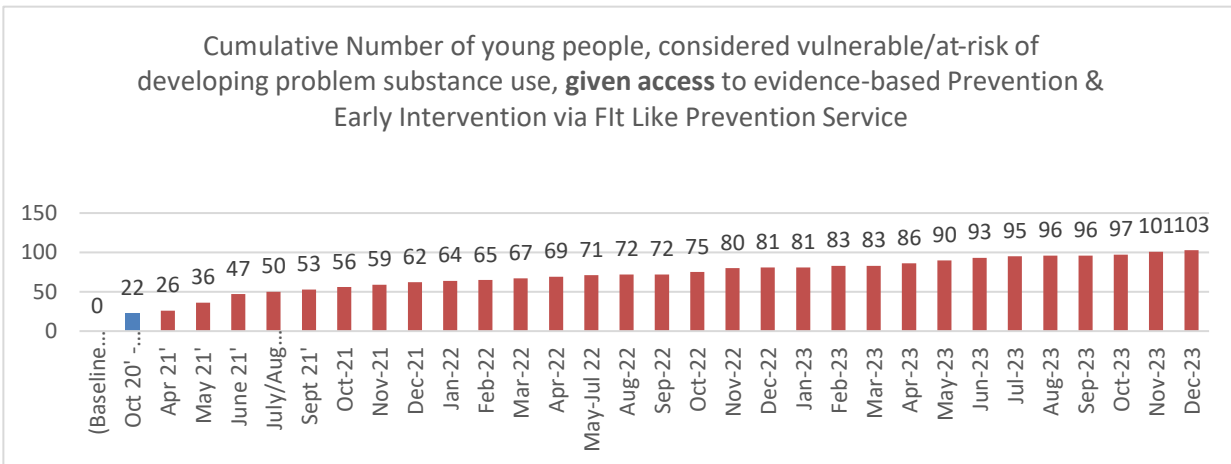
4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 The primary focus of the aim was on all children being identified through request for assistance at a Teir 2 level **having access** to evidence based prevention has been achieved, with 100% of requests having access as detailed below.

1. Fit Like Hub Prevention Service

- 4.2 Since the commencement of the service in October 2020 up to January 2024 a total of 103 young people have been given access to a service for Prevention & Early intervention via the Fit Like Hubs and 90 of these young people went on to receiving direct support

after consenting to offer of support. It is important to stress that as this Charter was in the first instance being about providing **access** and all 103 of these young people were recognised to have emerging vulnerabilities the creation of the service, provided access even for those who chose not to go forward and take up the support. The majority of these young people were identified via a ‘Request for Assistance by Education’ and due to the existence of this service and the broader Fit Like Hubs **100% of those recognised by Education as having emerging vulnerabilities to developing problem substance use have had access to Prevention via this route**. Given that access should be universally available this is a great outcome.



2 Trauma Training in Social Work

- 4.3 Having a service position adopted by the Children Service Management Team means that we are heading toward the entire Children’s Social Work Workforce having completed *Trauma-Skilled* training which will in turn mean eventually all Children and Young People receiving support from these services should will have access to practitioners who are Trauma-skilled and therefore can be more cognizant of the specific trauma-related needs which may prevent them from reaping the benefit of the prevention related supports they are offered.
- 4.4 Training for the Trauma-Skilled level via TURAS is well underway across our services. Inevitably there will be fluctuation in staffing with new members of staff requiring to be trained, however given that this is now a core training we hope to see this training completed a short space of time of the induction of new staff . At this stage we cannot report the levels of children who are receiving a trauma-informed service, as has been reflected, this is an ongoing transformational change agenda that Children’s Social Work is committed to. Nonetheless, this project has played an important part in wider service developments in this area. We can say however, at the 15th of January 2024, for each team across our services who we included in this test for change there were 1,759 children open to these teams-based on data for whole teams team who has undertaken and completed the training, we can say at this point in time **at least 71% (n=1,241) of the Children and Young people, in this test for change, have access to workers who have undergone this TURAS Trauma-Skilled Training¹**.
- 4.5 Additionally, some of our services, such as residential children’s homes undertake trauma-training in an approach known as Dyadic Developmental Practice, as a core training element in the practice. An update given at October 2023 showed 94% of the practitioners

¹ At least one team included, as being fully trained, have a staff member who has just started in the role and is therefore yet to undergo training, reflecting that this will always be on ongoing fluctuation

(n= 43/46) looking after our children and young people will be trained in these approaches. Given these Homes are staffed, with multiple practitioners working shifts at the same time, **100% of children and young people looked after in our children's homes have access to a workforce who undertake training in this trauma-informed approach.**

- 4.6 11 Social Work Practitioners completed a year long pilot in training aimed at the *Trauma Enhanced* level, the evaluation of this training is now underway, however based on a self-report survey... of 8 practitioners completed both a initial and midpoint survey, and all of these reflected increased self-reported knowledge and skills across both *Skilled* and *Enhanced* categories.

Additional pieces of work supporting the goals of Prevention across our children's services includes:

3 Link between Assertive Outreach + Through & Aftercare service

- 4.7 During the scoping phase there was a clear improvement in this area of on account that there was an active link between the through and aftercare service and the assertive outreach project. After the scoping work the social worker who was leading this work produced a comprehensive report to inform strategic and operational plans for meeting the needs of the population of Care Experienced young adults who are at risk of drug related harm.

Key findings from this work revealed around 16% of referrals coming through the Assertive Outreach project were for individuals considered Care Experienced.

Of 18 individuals receiving direct intensive supports, they experienced the following adversities during the period of the CORRA funded project:

- 10 spent time in prison.
- 4 had experience bereavement of parents (up 2 years prior to the project).
- 12 were on prescription medications with around half indicating they were not taking medications as prescribed.
- 6 received support from the Scottish Ambulance service.
- 13 felt unable to address their current substance use.
- Over one third were experience rent arrears (despite Care Experienced status meaning individuals should be exempt).
- 6 expressed distress due to financial concern.
- 8 felt unsafe in their homes.
- 10 spent time in prison.
- 12 experienced the police attending their addresses.
- 12 were out with education or employment.
- 7 experienced difficulties in making use of digital technologies.
- 16 were considered to be experiencing poverty.

- 4.8 As well as being supported directly by the Youth Team's Assertive Outreach Social Worker:

- 11 young people received supported from service like Turning Point Scotland, and Drug & Alcohol Services
- 7 of the young people consented to family members being included in their support plans.
- 7 were supported to purchase and access digital technologies.
- took part in a co-produced Assessment of their own substance use.

The Assertive outreach social work was also able to complete a caseload analysis of the cases open to the Youth and reveal that of 177 cases open to Alternative Family Care Service (Youth Team + Residential Children's Homes):

- 40 children/young people were experiencing problematic substance use.
- 30-50% of children in children homes were experiencing problems related to substance use
- 98 were affected by the substance use of a loved one

- 12 young people had experienced a overdose
- Only 4 young people had Naloxone
- Only 3 were receiving supports from substance use services

4.9 CORRA funding ended after one year, despite acknowledging its importance in a further bid. Nonetheless the Youth Team can support young adults to access the Assertive Outreach project as and when required. Additionally there has been increased presence of the Prevention & Early intervention lead in Children’s Services attending meetings with leaders in the Youth Team/Alternate Family Care Service, to explore workforce development to work toward embedding a legacy of knowledge and skills in this area.

4 Prevention & Substance Use Training embedded on ACC Learn & NQSW training calendar

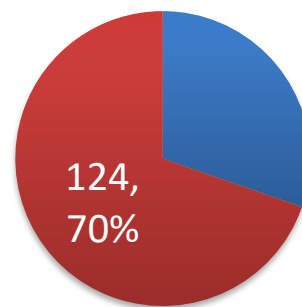
4.10 An eLearning Module has now gone live on the online Learning and Development system used by Social Work Service in Aberdeen – ACC Learn. This means that the entire Social Work workforce now have access. A recently proposed update to the Substance Use In Children’s Service Policy directs staff toward completing this. Where such a position is adopted it is expected a major uptake in the training would be undertaken. At the current time this is only newly been rolled out so there is yet to be a uptake on a widescale.

4.11 Having now established an Introduction to Substance Use workshop as part of our offer to Newly Qualified Social Work Staff as part of their training calendar we intend that overtime this ensures from the outset of Social Workers careers they are engaging with these topics. We plan to expand the workshops to the existing workforce over the course of 2024 – as well as now beginning bespoke training, given the up take for a trauma training baseline across our services, framing substance use from this perspective.

5 Naloxone in Children’s Services

4.12 70% of frontline social work practitioners are now trained in the distribution of Naloxone across our intake services, our three localities (Dee, Don & West) and our Edge of Care Services. In effect the spread of training across these services has become such that that each team across these areas now carries stocks of Naloxone so that should any child or their family open to our Services require Naloxone they can access this at the point of need via their social worker. **So, all families supported by our Social Work services, would have access to this evidence-based form of Drug Death prevention**, where it is sought, or where the social workers identify need. To support this we have trained designated persons to oversee stocks and to record distribution being made on a national database.

Child & Family Social Work Practitioners trained to distribute Naloxone



■ Practitioners trained to distribute Naloxone (n=124)

6 Developing a Network of Prevention Practitioners and an Assessment framework underpinned by Aetiological and Prevention science perspective

4.13 We have established a network of *Prevention Practitioners*, where we are working toward, this supporting services through brief check-in, to discuss current approaches, with

colleagues when it might feel ambiguous as to whether specialised supports are required. At the current stage this is not operational and requires further development. We have however successfully identified practitioners who have shown an interest in developing their own knowledge and skills with regard to substance use. We have provided training to these practitioners, and they have access to a Microsoft Teams site for the sharing of knowledge. Further to this there is support from a Clinical Practitioner and manager of an Alcohol & Drugs action to provide reflective support. The purpose of this approach is to attempt to embed a legacy of knowledge and skills within our social work system with regard to prevention & early intervention.

- 4.14 We developed a framework which seeks to support practitioners in their assessment and exploration of substance use through using a holistic 'aetiological' perspective. This takes account of macro and microlevel environmental factors as well as personal circumstances and characteristics for understanding the emergence of health harming behaviours. The framework we have developed is also underpinned by focusing on the needs of vulnerable groups and individuals which prevention science describes as Selective & indicated prevention. The resource avoids scientific/technical language and utilises analogy of growing a tree to reflect the positive conditions children need to grow and develop necessary social and emotional skills for navigating risk. This remains in an early test phase but the hope is through these ideas becoming accessible and embedded with the support of Prevention Practitioners- a systemically-informed approach to understanding substance use can become embedded in our systems. The result then being all children have access to this level of prevention by virtue of the workforce eventually utilising these concepts.

5 COMMUNITIES/PROTECTED GROUPS PARTICIPATION

Fit Like Hub Service Engagement

- 5.1 The prevention service in the Fit Link Hubs the Service within the Fit Like children & young people and their families in the design of the service they receive, through:
- Initial conversations seeking views of the family on their current situations are sought.
 - Goal setting plans are facilitated by workers but are led by young people and their families.
 - Regular wellbeing reviews with young people and families help to measure progress and ensure that support is still relevant and targeted towards specific needs.
 - Feedback is sought from young people and families to share their experiences of support they have received. This helps to inform accessibility, design and delivery.
 - Requests for more assistance (RFMA's) are implemented so young people and families can revisit or request further support.
 - Referrals come from a range of sources including self-referrals.
 - Consent is established at the point of referral and when options are discussed families can choose which services they want to engage with within the normal bounds of confidentiality and protections.

CORRA Funded Scoping work

- 5.2 During the CORRA funded project work the Assertive Outreach Social Worker devised a framework for assessment intended to be done in a co-productive fashion with young people themselves. 18 Assessments in total were completed and the young people who involved themselves provided insights into their experiences of substance use and issues related to this. This informed the ADP and other forms for thinking about the issues being experienced by vulnerable young people at-risk of substance-related harm.
- The majority (11) were living in children's homes with the rest being supported by the youth team
 - 13 of the young people were younger than 20 years old
 - 12 years old was the average age to initiate smoking

- 13.6 years old was the average age for initiating cannabis use
- 14 years old was the average age for initiating alcohol use
- Young people reported spending up to £90 a week on cannabis and £250 a month on alcohol
- 7 of 18 young people reflected experiencing debt due to drugs, resulting in the selling of their own possessions
- 8 persons were identified as currently involved with the criminal justice system.
- 4 Young people had experiences of 'unhealthy relationships' including domestically abusive relationships

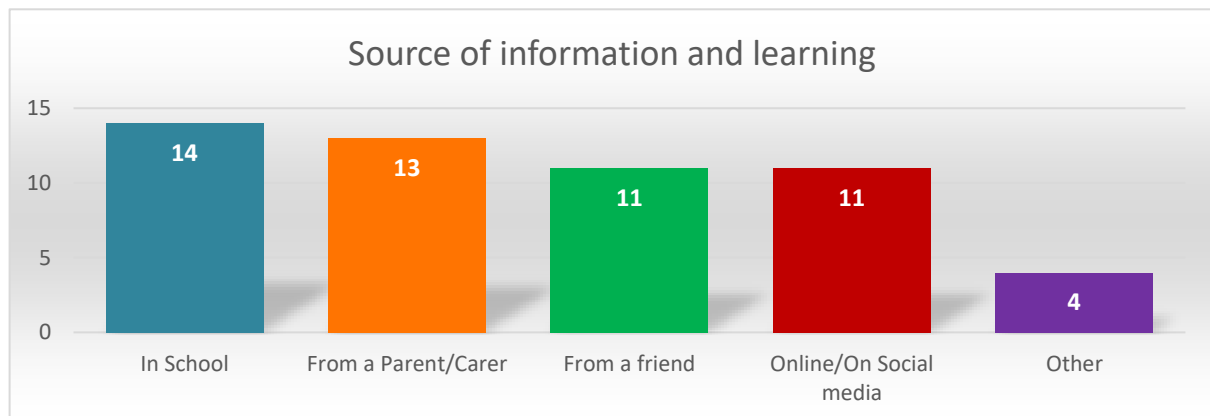
5.3 Motivations and drivers for use, were reflected as being, for: relaxing, reducing distress, supporting social functioning as a coping mechanism, avoidance of grief, boredom, a remedy for low mood, reducing violent behaviour and improving focus.

5.4 Young people reported experiences of intoxication, where aggression was reported by many. Other experiences involved: stress and anxiety, loss of consciousness, also increases in positive mood, calmness and relaxation.

5.5 The majority of young people used substance within their peer groups. 8 made explicit references to family substance use.

Young Persons Survey for Developing Prevention Resources

5.6 We shared surveys with young people (n=17) receive support form targeted and study services to learn directly from them their experience of receiving (or not receiving) Prevention-based supports as well as what they felt was useful and what they feel they needs. The following summarises what they told us:



5.7 Receiving information about alcohol a drugs mainly came from school and parents or carers with friend sand online also being a key way young people learn about drugs. Despite formal Education settings being the primary source of information, 71% of responses told us this information was not helpful and 53 % said information from parents and carers was not helpful.

One young person told us:

“Someone who knows what they are talking about needs to come in to school, that knows in detail about drugs. Teachers don’t seem to know much; they need education about drugs too. Something needs to change in school to educate us properly about all the ins and outs, stuff would change if someone in the know came in and was honest.”

- 5.8 More young people felt that information from friends (80%) and information online (73%) was helpful. Interesting when we then asked where young people would be most like to go for help seeking advice from friend was only suggested by 7 (with 7 also saying they'd seek advice from parents) here it was online alongside seeking advice from a support worker that drew the majority of responses (12). This supported our view of the need to upskill and equip workers with necessary skills and knowledge as a primary way to ensure young people had access to evidence based prevention & early intervention.
- 5.9 In terms of what they most wanted to know young people told us they wanted, to know accurate information about drugs; how to reduce harm; and, about how to access support. In terms of drug related risks specifically they wanted to understand: Polysubstance use; Potential impact to Health, Behaviours Relationships and opportunities; risks around criminalisation; Impacts on their opportunities.
- 5.10 As above in terms of what young people want this has gone on to inform the specific type of content being generated in our eLearning module and in the substance use workshop, to allow staff to make such knowledge available to young people

6 HOW WILL WE MONITOR AND SUSTAIN THESE IMPROVEMENTS?

- 6.1 With the ADP supporting Children's Services via the Lead for Prevention & Early Intervention, the improvements made here will continue to be monitored as an ongoing part of that work.

The lead for Prevention in Children's Services will continue to:

- be an active link between Children's Services, the ADP and our commissioned partners delivering the prevention service at the Teir 2 level
- Continue supporting the role out of Trauma-informed approaches to Care and Practice across Children's Services
- Chair a Prevention/Early Intervention Group whose next phases will be oversight of developing bespoke workshop based training for front line teams and other innovations as required.
- Additionally there will be continued guidance and oversight of the network of prevention practitioners.
- Monitor data in terms of referrals to FitLike and completion of trauma informed training.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 We will continue to work to ensure Social Work staff are moving toward developing trauma knowledge and skills, and from here we will begin to expand prevention work in Social Work, through supporting a Network of Prevention practitioners to ensure pathways to specialist supports are accessible where necessary and that we are continually developing knowledge and skills within our extant workforce.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been met with regard to Children and Young People with emerging vulnerabilities at a Tier 2 level of support and it is clear statutory services means are well on their way to seeing the existing workforce having undertaken Trauma-Skilled learning, but as above, this is but a small part of a such wider transformational agenda and shouldn't be taken as an end in itself; and
- ii) Note that key learning taken from our Prevention service indicates that much on account of many requests for assistance being when problems have already emerged, the average age of those receiving support is over 14 years old. In terms of understanding the need for prevention to begin earlier to have greater effects, note that the Alcohol and Drugs Partnership were developing an improvement aim as part of the refresh of the LOIP that focused on address this through reducing the average age at which children are highlighted as in need of support being at-risk of developing future problems.

Opportunities and Risks

We have opportunities to embed more systemically focused and trauma-informed understanding of Substance Use by capitalising on the Implementation of National Policy to practice in the form of The Promise, The National Trauma Training Programme and The Whole Family Approach.

Consultation

Alcohol and Drugs Partnership
Project Team

Background Papers

The following papers were used in the preparation of this report.

Local Reports

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Kellet, J. (2023). *Assertive Outreach for Care Experiences Young persons.*

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Government Policy

[Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches](#)
[Rights Respect & Recovery – Scottish Government \(2018\)](#)

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