



A Matter of Substance?

Alcohol or Drugs:
Does it make a difference to the child?

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This is the report of the second Aberlour/ SAADAT Think Tank on the impact of parental drug and alcohol use. The Think Tank was drawn together by Aberlour from commissioners, managers, practitioners and researchers working in health, education, social work, criminal justice and drugs and alcohol services across Scotland. The Think Tank was held in October and November 2006

This report will be widely disseminated.
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Foreword

We were delighted that our first Think Tank report on children living with parental substance use was so well received. Demand for copies of the report 'Have We Got Our Priorities Right?', and for places at two seminars to discuss implications of the report's findings, confirmed that the Think Tank has made a helpful and positive contribution to a very complex area for policy makers, commissioners of services and practitioners across a range of agencies.

What was particularly valuable about the Think Tank was the two day process which allowed time for full discussion, analysis and reflection. By using this process we were able to reach a fully supported set of key messages and conclusions. Through the partnership between Aberlour and SAADAT we felt that this process could be applied with equal value to the other issues identified by the first Think Tank.

One of the reasons we chose to examine the question of whether there are significant differences between problem parental drug and alcohol use was because estimates suggest that there are at least twice as many children affected by parental alcohol use than there are by parental drug use. Despite this alarming statistic there has been little attention to date paid to the impact on children. We hope that this report provides a thoughtful and stimulating start to a much needed debate.

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Introduction

Aberlour initiated the idea of a Think Tank to promote open and constructive dialogue on appropriate responses to children affected by parental alcohol and drug use. This was a response to the growing concerns about the impact on children of living with a problem alcohol or drug user. Aberlour has many years of first hand experience working with both the children and their parents. We believe that the knowledge and experience from our services, and from other agencies, has a valuable contribution to make to influencing policy and practice in a complex and sensitive area. The Think Tank is a way of bringing that knowledge and experience together.

The first Think Tank was held in January and February 2006. It examined the characteristics of parental drug and alcohol use and the impact on children; and addressed the difficult question of when, and under what circumstances, children should be removed from home when there is problem parental substance use. The Think Tank identified a number of key principles and indicators to help guide that decision. The subsequent report "Have We Got Our Priorities Right?" has been widely disseminated and well received at both national and local level and by a wide range of organisations.

Since the first Think Tank, the Scottish Executive has published Hidden Harm: Next Steps in May 2006. It sets out a range of actions to improve the way that children affected by parental substance use receive support from services. Among the proposals are plans for more effective identification of children at risk, multi-agency assessment of drug users with children to assess their capability as parents and proposed legislation for information sharing for child

protection purposes. There is also consideration of parenting contracts. The Getting It Right For Every Child Implementation Plan published in June 2006 sets out commitments to develop practice tools, training materials and guidance to support changes in children's services designed to ensure that every child gets help when they need it. Other developments include a "prototype" IT solution to facilitate information sharing and a pilot of the Integrated Assessment Framework in Highland.

Aberlour welcomes the Executive's commitment to improve the services available to children but believes that the Think Tank process can continue to make a valuable contribution. We have had considerable support from a number of agencies who also believe that the Think Tank process, including the follow-on seminars, offers the opportunity for people from a range of sectors to debate important issues that affect vulnerable children.

The Think Tank

One issue arising in the first Think Tank which prompted calls for further debate was the question of the differences between problem parental alcohol and drug use and their impact on children. While they had taken the view that the differences were mainly in the details of use and not in the impact on the child, the Think Tank recognised that there was a need for a fuller debate to improve our knowledge and understanding. Aberlour has, therefore, joined with the Scottish Association of Alcohol and Drug Action Teams to hold a second Think Tank in October and November 2006 to address the question **Alcohol or Drugs: Does it make a difference for the child?**

Participants

As before, we decided to limit the numbers in order to promote constructive debate. We had 35 participants from a cross-section of agencies: health, social work, education, drugs and alcohol services and researchers. They included commissioners, managers and practitioners from both statutory and voluntary sectors.

The Process

We again followed the 2 day format. On Day 1 there was detailed discussion in small groups and plenary sessions about the characteristics of problem parental alcohol and drug use and what, if any, were the significant differences that had an impact on children. There was also debate about the response of policy makers and services. On Day 2 the Think Tank reflected on the key issues that had come out of Day 1 and reached final conclusions.

The report is entirely drawn from the Think Tank's discussions and represents the knowledge and views of experienced managers, practitioners and researchers. It does not include evidence from research or the content of policy and guidance documents. We believe that it offers a unique contribution to the development of policy and practice on an issue of national significance.

Next Steps

We will present this report to the Scottish Executive and to social care and health agencies. We will also disseminate widely. We plan to hold follow-on seminars to encourage further discussion of the key messages for the report.

With SAADAT, we are considering ways to take forward the Think Tank process in 2007. We hope to organise a Think Tank of service users so that their views and experiences can be fed into the ongoing debate about appropriate responses to children and families affected by problem parental alcohol or drug use. We are also planning to hold a Think Tank to debate the role of schools in identifying and supporting children which emerged as an issue in both Think Tanks.

THANK YOU

Aberlour wishes to thank all those who participated in the Think Tank and particularly those who facilitated the discussions. We also wish to thank John Milne for giving his time to chair the Think Tank.

1 Similarities and Differences

Since the publication of the UK Hidden Harm report in 2003, there has been a much greater political and public awareness of the needs of children of problem drug users. Successive policy and guidance documents from the Scottish Executive, most recently Hidden Harm Next Steps (May 2006) and the Getting It Right For Every Child Implementation Plan (June 2006), are creating a stronger framework for services to identify and help those children

While, in Scotland, the Hidden Harm policy agenda has been widened to include children of problem alcohol users, there has been increasing concern from a number of agencies that, as yet, insufficient attention is being given to identifying and supporting this group of children although estimates suggest that there are between 80 - 100,000 children affected by problem parental alcohol use.

The first Think Tank considered the effects of the characteristics of problem parental alcohol and drug use on the parent, on the child, on attitudes of society and on attitudes of services. As part of that consideration, they looked at whether there were differences between problem parental alcohol and drug use which had a different impact on the child's physical, emotional and social development. Their preliminary conclusion was that differences lay mainly in the detail of use rather than in the impact on the child. However, the Think Tank suggested that there would be value in a more detailed exploration. This was strongly supported by the wide range of agencies that attended the follow-on Think Tank seminars. They felt that there was a major gap in understanding about the nature of problem parental alcohol use and its impact on children. The purpose of the second Think Tank,

therefore, was to develop a more robust understanding as a contribution towards more targeted policy making and improved service delivery.

Similarities and Differences in characteristics

The second Think Tank explored the characteristics of problem parental and alcohol and drug use and identified a number of similarities and some significant differences which could have an impact on the child. But it also produced some important insights into aspects of problem parental alcohol and drug use where shared characteristics manifest themselves in different ways or to different degrees.

The list of similarities and differences in Table 1 below is a summary of a lengthy debate. It represents a starting point for understanding of a set of complex issues. Some are clear-cut. Others are less so.

Similarities	Differences
<ul style="list-style-type: none"> • (leading to) problem behaviour and dependence • stigma • poor health (mental and physical) • absence - physical and emotional neglect of children • reduced parenting capacity • unpredictable behaviour • inconsistent parenting • self- centredness • association with criminal activity • unsafe environment (people and places) • relationship and family breakdown • children's emotions • "learned" behaviour for children <p>When the problem is at its worst, it is accompanied by a chaotic lifestyle.</p>	<ul style="list-style-type: none"> • legality • perceptions (of others) • attitudes of society – social/cultural acceptance • attitudes/approach of services • cost and accessibility • types of crime – drugs/theft, alcohol/ violence • alcohol link to domestic violence • more varied socio-economic status • alcohol a greater cost e.g. NHS • coverage by the media • visibility of children less with alcohol

A. Similar characteristics and their impact

The Think Tank identified the following as shared characteristics with many similarities but also noted where there were variations depending on the substance

- **Problem behaviour and dependence:** Both problem alcohol and drug use can lead to dependence but it is important to recognise that problem behaviour can occur as a result of problem use which falls short of dependence. For example, regular heavy drinking or binge drinking, or some types and levels of occasional drug use, can result in harm to the individual or to others, including children.
- **Stigma:** Stigma attaches to both substances and affects the attitude of the community to the parent and to the children. The family can become marginalised and that has a direct impact on the children's lives. Often they don't have a normal childhood because the parent's

desire for secrecy makes them reluctant to take children to groups or activities in case their own behaviour or some reaction from the child indicates a problem. Stigma is also a barrier both for parent and children in making their problems known and accessing services, particularly if they want to access universal services such as housing and employment services. It increases isolation, secrecy and shame. It can affect children's willingness to talk about their parent's problems even to services which are working with them. Children can suffer materially (inadequate clothing, lack of food, poor hygiene, poor housing), emotionally (little or no parental display of affection, poor attachment) and socially (poor social skills due to lack of interaction). The Think Tank's view was that, while children are affected by stigma attached to problem use of both substances, the higher public and media profile, and "demonisation" of problem drug use, makes the impact greater.

- **Reduced parenting capacity:** Both problem alcohol and drug use does reduce parenting capacity. The Think Tank recognised, however, that this may happen in different ways, and in differing degrees. For some parents, problem alcohol or drug use can be a contributory factor in poor parenting but not necessarily the whole cause. Other factors e.g. their own history of parenting, living in poverty, poor housing or poor health, can also contribute to reduced parenting capacity. For others, the problem substance use may be the key factor in reducing their parenting capacity. If the parent has access to other support mechanisms, such as help from extended family or services, that may mitigate the effects on the child but, ultimately, it has to be acknowledged that there will be some impact from parental problem alcohol or drug use.
- **Physical and emotional absence:** The reasons for absence by the parent may be slightly different but the impact on the child is similar. The parent's behaviour towards children is characterised by 'absence' because of intoxication. Problem drug users may often be physically absent because they are out on the streets looking for drugs but this can also apply to problem drinkers who may spend hours at the pub. This absence leads to physical and emotional neglect. .
- **Unpredictable behaviour and inconsistent parenting:** Unpredictable behaviour is closely linked to inconsistent parenting and this applies to both problem alcohol and drug use. It is also important to remember that increasingly more people are mixing alcohol and drugs and this may have further implications for their behaviour, including their parenting behaviour.
- **Self-centredness:** The parent is focused on obtaining the substance and their behaviour is driven by the need of the substance. Parents often want to care for their children and may make promises to them but they are more likely to attend to their own needs first.
- **Unsafe environment (people and places):** Both problem parental alcohol and drug use can create environments that are unsuitable or unsafe for children. Both activities may take place in groups i.e. 'drinking dens' or communal drug taking e.g. 'shooting galleries'. For both substances, related criminal activity may expose children to a network of unsuitable adults and potential harm.
- **Relationship and family breakdown:** While they agreed this was a similarity, the Think Tank observed that there may be different degrees of support within the wider family depending whether the substance is alcohol or drugs. The extended family may be more sympathetic and offer support for longer if the problem is alcohol use. In some families there has been a pattern of problem drinking through generations so that there is no one to look after children if the parent is incapable. Where drug use is the problem, there has been more of a tradition of grandparents taking on the care (kinship care). However, this may change as more generations of families are affected by problem drug use.
- **Housing:** Inadequate and unstable housing is a feature of both problem alcohol and drug use but perhaps more associated with drug use because of its association with poverty and deprivation. The higher cost of drugs has an immediate and very significant impact on the money available to the family for rent and homelessness is often a feature of family life. There are, however, many problem alcohol users who also experience difficulties with the upkeep of accommodation because of the

money they spend on alcohol. Poor housing conditions have an impact on children's health and well being, particularly when there are no cooking facilities or limited capacity to keep the house warm. Housing services may take different attitudes, or the regulations may be different, when it comes to renting out accommodation when the substance involved alcohol or drugs.

- **Children's Emotions:** Children experience a mix of emotions including fear, shame and guilt. They have a life of secrecy and isolation and often suffer low self esteem. Once children realise that other people view their parent as 'bad', inadequate or criminal – 'your Dad's a junkie' or 'Your Mum's an alkie' - they tend to avoid social contact with other children or adults. When children become aware of the illegality of drug use, they are even more unlikely to disclose their situation to friends or to health, education or social work staff. Some children may feel able to talk to peers about parental drinking but for many children, and perhaps more so in 'respectable' families, the desire for secrecy will be great. Sometimes they will feel anger and disappointment at the parent's failure to overcome their problem e.g. Mum lying in bed after drinking. Children who are carers can become more aggressive due to lack of attention. The child's view of 'officialdom' may be negative and fearful because of what their parents have taught them. This can affect their ability to trust adults in any service.
- **"Learned" behaviour for children:** The Think Tank agreed that this was a complex point. For some children, regular exposure to parental drinking or drug use may influence them towards using substances themselves, although they may choose to use the "other" substance i.e. alcohol instead of drugs as a reaction. The Think Tank also expressed a more general

concern about the likelihood of children starting to drink at a young age because of social drinking in the home, coupled with a more relaxed attitude by parents towards their drinking: "it's better than drugs". On the other hand, other factors, such as support from extended family or external agencies or, indeed their own resilience, may help to push children away from alcohol or drug use. While the Think Tank wished to raise the potential for "learned" behaviour as a characteristic of both problem parental and alcohol drug use, they also recognised that children will react differently to the model of behaviour that they see in their parents.

- **Criminal behaviour:** Although alcohol is a legal substance, both problem alcohol and drug use can lead to parental involvement with crime. Children are exposed to criminal activity as the 'norm' which might affect them in later life. The type of crime is likely to be different. For drugs, crime is associated with the need for money to acquire drugs e.g. theft. For alcohol, crime is associated with violence in the home or elsewhere triggered by excessive drinking. Criminal activity may expose children to unsuitable adults and create an unsafe environment. People may come to the house to sell drugs to the parents. Police may come to the house e.g. raids which can have a traumatic effect. There is also the likelihood that one or other parent will be sent to prison. The number of women who go to jail for drugs offences is well known and, as they are likely to be the main carers, this has a major impact on the child. The Think Tank also felt, however, that the relationship between problem alcohol or drug use and criminal behaviour needed more exploration because other factors may also have an impact on the parent's involvement with criminal activity.

Overall, the Think Tank agreed that, despite some differences in behaviour associated with the characteristics described above, there were many strong similarities between problem parental alcohol and drug use. In their view, problem use of both substances will have a similar harmful impact on children's physical, emotional and social development and well-being.

B. Differences and their impact

The Think Tank then explored in detail potentially significant differences between the characteristics of problem parental alcohol and drug use which could have an impact on the child. In their view, those differences are complex and inter-related but they result in a perception in the wider community that

Drug use is "bad"/unacceptable

Alcohol use is "good"/acceptable

This perception is based on the illegality of drug use, its association with criminal behaviour /drug dealing and the wider cultural acceptance of alcohol use. The key areas raised in the Think Tank's debate were:

Legality

The most significant difference between the two substances is their legal status. It is one of the key factors influencing the attitude of society towards drug use as 'bad'. The illegality of drug use, and the behaviour associated with it, creates fear, isolation and secrecy, and consequent low self esteem and lack of confidence, for both parent and child. The illegality of problem drug use prompts immediate concern and investigation by services, often leading to some level of

intervention. This, in turn, increases fear, shame and secrecy for both parent and child.

Illicit drug use is a crime in itself and, because drugs are expensive and not openly accessible, many drug users will be involved in acquisitive crime or low-level dealing to get the money to buy drugs. For women, prostitution can be a route to getting money to buy drugs. This exposes them to a number of risks which may impact on their children.

The legality of alcohol makes it cheaper and it can be openly purchased. Problem alcohol users are unlikely to come to the attention of services through the act of obtaining it, unless they are under age. They may be able to work and drinking can be woven in to the pattern of their day e.g. having a couple of drinks after work. The daily life of a problem alcohol user may, in many cases, not seem very different from that of family, friends and community.

Attitudes of society

Society sees anyone who uses illicit drugs as 'bad' because they have chosen to use an illegal substance. The link with criminal behaviour to fund the drug habit reinforces that perception. While problem alcohol use is not 'good', our cultural perspective is that alcohol is widely used and enjoyed socially. Alcohol may also be seen as a way to relieve stress but it is not acceptable to 'de-stress' with opiates. This difference in perception affects the way that both the community and services view the family. Stigma is one of the results.

The wider community may also make a distinction between alcohol as a health problem i.e. an illness, which deserves sympathy and understanding, and illicit drug use as a crime and a choice made by the individual. Generally there is little or no sympathy for problem drug users. There may be some variation in attitudes depending on the extent to which the problem alcohol or drug use is known, how serious it is and how it impacts on the person's ability to function in a normal way. The attitude of the community towards a parent and family could also depend on the local environment and culture.

The greater cultural acceptance of alcohol together with its legality means that, by and large, people are understanding, even about excessive drinking. As a result, problems are often not recognised until they are serious and affecting the parent's ability to cope with everyday life and care for their children. It is also less likely that anyone, friend, family or service provider will identify the effect of problem alcohol use on parenting capacity and question what is happening to the children. Consequently, and despite the legality of drinking, children of problem alcohol users are often less visible within the community than children of problem drug users.

Approach of Services

The differences in the attitude of society towards alcohol and drugs affect the way Social Work and other services view the parents. Concerns for the children of problem drug users are immediate. With alcohol, there tends to be more empathy for the parent arising from personal knowledge/experience of alcohol and the context of social acceptance. This can be positive because professionals may feel more comfortable talking about drinking with the parent. Conversely, it can reduce the level of concern. As a result, the

problem drinking may have been ongoing for a considerable time before services realise that there is a problem or consider the impact on the child. This is compounded by a lack of clarity among professionals about the point at which drinking becomes a significant problem. The cultural acceptability of alcohol makes it difficult to assess when the line has been crossed between social drinking and problem drinking. Services may also not appreciate that, although the cost of alcohol is not high, purchasing high quantities can have an impact on low- income families.

A more tolerant attitude towards alcohol use may mean that services apply different thresholds for intervention. The threshold for intervening when a parent has a drug problem is lower (linked to illegality). When the problem is alcohol, services may underestimate its seriousness or make assumptions about the ability of the alcohol-using parent to manage the situation. They may not take account of the children's circumstances until a later stage.

Where there are significant child protection concerns about a family, the approach of services is likely to be the same. However, the Think Tank felt that, even in this case, drugs would be looked at as a priority. They further noted that a difference in approach may be more marked within universal services because they do not have specialist knowledge and are likely to be more influenced by the cultural acceptance of drinking as a normal activity. For example, pregnant women who use drugs are given priority by services but this does not happen for alcohol.

Socio-economic status

The Think Tank agreed that problem alcohol use is more prevalent than problem drug use in more affluent families. Problem drug use is most often (although not exclusively) associated with poverty and deprivation. Problem alcohol use will often be associated with those factors but it also affects a wider socio-economic group. The parent may have a job and the family's life may seem "normal" to the outside world. The child's physical well being and material attributes may be in line with those of peers with no signs of neglect or harm to raise alarm with school staff or in the wider community. Services are unlikely to be in contact with the family or the local community in the same way as can happen with problem drug use. The problem, therefore, is not likely to be identified through observation or local information.

Families may also be able to conceal alcohol use from other family members and friends. Where there is sufficient money, they can also pay for other forms of support such as additional childcare or counselling so the problem remains concealed. The child may suffer emotionally, and be living in a conspiracy of silence but may not directly experience stigma.

Alcohol link to domestic and sexual abuse

There was strong agreement about the correlation between problem alcohol use and violence, including domestic violence. Alcohol acts as a 'disinhibitor'. The Think Tank also noted that a problem drinker can be a perpetrator or a victim because of the way that violence can erupt when people have been drinking. An example of recent

research was quoted showing that 95% of domestic violence reported in some areas is related to alcohol use. The Think Tank also recognised, however, that in some areas domestic abuse associated with drug use is rising.

In the case of sexual abuse, The Think Tank felt that the intention would be present without alcohol but that it might be used to fuel the act. It was not a casual factor. There are often consequences for the victim in that the trauma of violence or sexual abuse can lead to alcohol or drug use in the future. However, the Think Tank agreed that this was an area that required further exploration.

The Think Tank suggested that more research was needed into the relationship between alcohol and domestic violence, and alcohol and sexual abuse. They also suggested that more research is needed on the association between drugs and domestic violence.

Alcohol is a greater cost to society

The Think Tank considered that there was some evidence to show higher costs associated with problem alcohol use. The cost of alcohol related illness and injury is far greater to the NHS than for drugs. Numerically, alcohol use is a bigger problem but it could be argued that problem drug use can have a disproportionate effect on a community. More information is required about the relative costs of problem alcohol and drug use to public services. However, it also has to be borne in mind that the more tolerant attitude of society towards alcohol can lead to a disproportionate impact on the child. That also has cost implications.

Coverage by the media

It was agreed that, in recent years, coverage of drugs by the media has been far greater than for alcohol. The Think Tank acknowledged that there is now a higher profile being given to aspects of problem alcohol use but, as yet, there has not been any significant coverage about the impact of problem parental alcohol use on children.

The Think Tank concluded that there was a significant difference between problem parental alcohol and drug use. The significant difference is in the approach of services to parents and children, arising from the difference in the attitudes of society to problem alcohol and drug use, which does have a significant impact on the way that children's needs are identified and addressed.

2. Challenging common perceptions

In their discussion on the similarities and differences, the Think Tank recognised the part played by perceptions in shaping the attitudes of society and the potential consequences for the service response to parents and children affected by problem alcohol or drug use.

The most powerful perception is that drug use is “bad” but that alcohol is “good”. While the description of alcohol as “good” would clearly not apply to serious, problem drinking that has adverse effects on the individual and his/her family, it reflects the common perception of most drinking behaviour as, at least, acceptable and understandable.

This identification of the part played by perceptions led the Think Tank to examine some common statements or perceptions about problem alcohol and drug users that had emerged in the course of their discussions. The four most common perceptions were linked to:

- Capacity to provide a stable home
- Parents and partners
- Gender
- Timescale of problem use and dependence

Capacity to provide a stable home

The common perception would probably be that problem alcohol users were more likely to be able to provide a stable home life for children because they can maintain “normal” daily routines, at least for a period of years. This is linked to the perception that the progression to alcohol dependence is slower to develop; and that daily routines are not driven by the need to obtain alcohol. The Think Tank view was that this perception was open to challenge. The capacity for parenting and providing a stable home will depend on where people are on the spectrum of problem use. A drug user who is stable may be better equipped than a problem drinker whose behaviour is erratic or whose health has been affected. If a parent is using either substance chaotically, there would be a similar impact on the child.

Other factors might also affect the parent's capacity to provide a stable home. Some parents will have poor health, housing and financial problems while more affluent parents can buy in support services such as housekeeping and child care. Emotionally, some parents may be unable to provide consistent affection and emotional support.

The Think Tank took the view that, although there will be aspects of the lives of both problem alcohol and drug users which are not ‘normal’ as they would be perceived by others, they may be able to maintain routines and behaviours that enable them to sustain family life. The almost inevitable link between drugs and criminal activity is also a feature that has to be taken into account. However, any assessment of the ability of a parent to undertake the requirements of day-to-day living and provide a stable home must take into account where they are on the spectrum of problem use, whether it is alcohol or drugs.

Parents and partners

The Think Tank considered the perception that problem drug users, particularly women, may have several partners over time but that, when the problem is alcohol, there is more likely to be a longer term, stable relationship in which one parent is better able to support the children. The Think Tank acknowledges that, when there are several partners in the life of a parent who is a problem alcohol or drug user, it will often be destabilising for the children. However, they felt that it was important to challenge this perception which could be based on unfounded assumptions about behaviour and on an arbitrary judgement about the number of partners that are appropriate. It also does not take into account that the partner of a problem drinker could be affected by aggression or violence, or the strain of concealment. He/she may then be unable to support the child.

Neither problem alcohol nor drug users are a homogeneous group. It is also important to consider the circumstances of the individual families. The behaviour of both parents needs to be considered. Both the mother and father may have a number of partners over a number of years in a child's life and both circumstances have to be taken into account. Services need to know who is, or has been, part of the children's life. The Think Tank concluded that more research is needed into the patterns of relationships formed by parents who are problem alcohol or drug users and the impact on the child.

Gender

The Think Tank clearly identified gender as an issue. In their view, women who are mothers experience more stigma if they have problem alcohol or drug use (although it is greater for drug use) than men because society has a clear perception, and high expectations, of how they will carry out their maternal role. One of the consequences is that the majority of services tend to give more (or all) attention to the mother, ignoring in most cases the father's parental role or potential to be the child carer. The Think Tank were also concerned that fathers are largely excluded from services that work with female alcohol users. A contributory factor may be that services find it more difficult to approach male users within a household, particularly where alcohol is the problem, because they can be more intimidating. This may be part of the reason that they focus on women when they are looking at the needs of children.

The Think Tank agreed that there is a pressing need to engage with fathers. They felt that, currently, families, agencies and society as a whole all perceive women as chief carer and, therefore, the "guilty party" when things go wrong. The Think Tank suggested that there should be a debate about why it is more acceptable for men to drink heavily even when they have children.

The Think Tank concluded that the perception of women who have problems with alcohol or drug use as bad mothers can have a significant impact on their treatment by society and by the services with whom they have contact. A negative attitude to the mother may have a negative impact on the child. Policy makers, commissioners and service providers need to consider what can or should be done to change that for the benefit of the child.

Timescale of problem use and dependence

The common belief is that progression into serious and problematic alcohol use is slower than the development of dependence on drugs; and that people present to services when they are older. The Think Tank took the view that this may be a problem of identification.. This is partly because of the prevalence of social drinking which can obscure the amount that an individual is drinking; and, partly because some alcohol users may have a pattern of regular sustained drinking while others may “binge “drink which they can plan, including arranging childcare. The development of dependence may go through several stages e.g. episodic, problematic, hazardous and chronic. Some people may go through all those stages; others may keep their drinking at the level of periodic drinking. It is important, however, to recognise that children can experience harm through parental alcohol use that falls short of dependence.

The Think Tank view was that, while it may have been true in the past that people presenting to services for alcohol problems were older, that pattern is now shifting. The age that young people start drinking heavily is now getting younger and they may come to services with serious health problems in their late teens or early twenties. By that time they could also be parents of young children. When people come forward to services at an older age, their children are also likely to be older and to have experienced harm over a number of years. For drug users, problem drug use seems to happen at a younger age and they often become known to services in their 20s. There is also some evidence now that people are using both alcohol and drugs problematically which will compound the effects.

In the view of the Think Tank, policy makers, commissioners, managers and providers should be aware of, and prepared to challenge, these perceptions when designing and delivering services.



3. Alcohol or Drugs: does it make a difference to the child?

The focus of the Think Tank's debate was the question: **Alcohol or Drugs: Does it make a difference for the child?** From their examination of the characteristics of problem alcohol and drug use, the Think Tank differentiated between

- (a) the impact on the child's health and well being
- (b) the impact on the way in which the child's needs are addressed.

The Think Tank believes that this differentiation represents an important development in understanding which should help to promote more effective policy making and improved practice in addressing the needs of children of problem alcohol users.

(a) The impact on the child's health and well being

The Think Tank agreed that problem parental alcohol and drug use share many characteristics which, despite some variations in associated behaviour, have a similar impact on the child's physical, emotional and social development and well-being. The children are likely to experience physical and emotional neglect, low self-esteem, shame, fear and guilt, isolation and secrecy. Any or all of these factors can have a detrimental effect on the children's life and future prospects.

(b) The impact on the way the child's needs are addressed

The Think Tank identified what, in their view, was a significant difference for the child arising from the different attitudes of society towards alcohol and drugs. There is an acceptance and tolerance of alcohol use, even to some extent problem alcohol use, that is quite different from the negative response to problem drug use. The Think Tank concluded that this difference in attitude has a major influence on the approach to the commissioning, design and delivery of services to both parent and child. This difference in approach has a major impact on the way that the child's needs are addressed.

The key points from the Think Tank's discussions about the factors that contributed to this significant difference were:

- Alcohol is an accepted and acceptable part of our culture. Drinking has a positive image. This attitude from society creates a tolerant attitude towards heavy drinking and perhaps a reluctance to recognise and accept when an individual has developed a problem. The attitude towards problem drug users is, in contrast, intolerant and non-accepting.
- This tolerant view of alcohol affects the way that services approach the parent and the child. It may mean that services do not identify the problem until it is well-established; that they do not consider the impact on the child early enough; and that they operate higher thresholds for intervention because they do not perceive it to be as serious a problem as drugs. Other factors that influence the service response include the wider socio-economic groups affected by problem drinking and the lack of agreed criteria for the identification of harm to children.

- Services may be less alert to problem drinking within a family because alcohol is a legal, socially acceptable substance. For individual staff, their own experience of alcohol may give them a “comfort” zone or perhaps a false sense of security about the ability of a parent to “manage” their drinking and its effects on their family. There is likely to be an assumption that, despite their drinking problems, parents can provide a stable home life for children. The opposite assumption is more often made for problem drug users. There is also a tendency for services to focus too much on which substance is being used and overlook the impact on the child.
 - A key influence on the approach to the commissioning, design and delivery of services is the lower level of attention given to the impact of problem alcohol use on children either at national or local level. The Think Tank felt that drug services are given priority for funding and other resources over alcohol services because of the prevailing attitudes towards drugs and alcohol. While policy and practice has moved on in drug services, alcohol services do not normally, as part of their remit, consider the impact of parent’s drinking on the children.
 - Staff may not have the confidence or skills to ask questions. Staff in alcohol services may also place too much reliance on a reduction in the parent’s drinking improving their parenting capacity and/or improving the children’s health and well-being. This is not necessarily the case. A range of services may have contact with a family but staff may have no guidelines or criteria for identifying and assessing the extent of problem drinking and the harm that children might be experiencing.
 - Parents who have drug problems are aware that services are more likely to intervene and fear that their children will be removed. There may be increased concealment on the part of both parent and child to avoid coming to attention of services. Parents who have a serious alcohol problem may have a greater expectation that they will be given the opportunity to manage their own problems and services are more likely to accept that as a solution because they do not associate the same degree of harm with alcohol (as for drugs).
- The consensus of the Think Tank was that, while children in all families can be left in risky/ dangerous situations, children tend to be left longer without identification or support where there is problem drinking because of
- ◆ the difficulty of identifying when drinking becomes a problem
 - ◆ the (perceived) difficulty of assessing when problem drinking is causing harm
 - ◆ not thinking about the children even when the adult has been identified as having a problem
 - ◆ belief (among services) that the problem can be managed at home (this could result in missed opportunities for preventative services to reduce the harm to the child
 - ◆ the perception that the lifestyle is “normal” (especially when it occurs in more affluent, ‘normal’ families and neighbourhoods.)

The Key Message

In response to the question **'Alcohol or drugs; what difference does it make for the child?'** the Think Tank reached a consensus. They have framed it as a Key Message:

Although there are some distinct differences, there are many similarities in characteristics which mean that parental alcohol and drug use have a similar impact on children's physical, emotional, and social development and well-being.

What does make a difference for the child is the more tolerant approach of society to alcohol arising from its cultural and legal acceptability. This influences policy making, planning and the approach of services. That approach has a direct impact on the child as it leads to delays in identification of problem parental alcohol use, delays in assessing the effect on the child and delays in intervention.

The Think Tank wished to emphasise, however, that while their key message highlights the role of services, it should not be taken that all the responsibility lies with individual services or staff. The role of services is pivotal because they are the main contact with parents and children. Their approach at day-to-day, practical level will determine how well the needs of children and their parents are identified and met. But they work within a wider policy, strategic and operational structure and within a social and cultural context that frames the commissioning, planning and delivering of services. If the needs of children are to be met, action will be required at all these levels.



4. Implications for Policy and Practice

The Think Tank's purpose in examining the similarities and differences between problem parental alcohol and drug use was two-fold:

- To reach a better understanding of the similarities and differences, and to identify any significant differences which have an impact on the child; and
- To consider implications for future policy and practice

The Think Tank reached consensus on a number of conclusions. The most important conclusion was that **a child who lives with a parent who is a problem alcohol user will experience harm**. This applies both to periodic and chronic problem use. In the Think Tank's view, this fundamental understanding, if embraced by politicians, policy makers, commissioners and service planners and providers could, and should, produce a major shift in the approach to children and families where parental problem alcohol use is affecting their lives.

The second key conclusion was that **the difference in the attitude of society towards problem alcohol and drug use is significant and has a significant impact on children** because it influences the attitude and approach of service commissioners and providers. In the light of that conclusion, the Think Tank agreed that action to change policy and practice should be underpinned by action to change the attitude of society which views alcohol use, including some level of problem use, as culturally and socially acceptable. This is a major challenge.

The third key conclusion was that there is a gender issue. **The perception of women's maternal role leads to a higher degree of stigma attaching to women. It affects the**

approach of services to them and has a significant impact on their children. In the view of the Think Tank, this is compounded by a lack of engagement with fathers who are often given less attention by services but who could, in some cases, play a greater role in caring for children. The Think Tank agreed that action is needed to change negative attitudes to women.

The fourth key conclusion is that **children should have access to more services in their own right, both for support and for "fun" activities**. Such services should be equipped to respond to the needs of children as individuals because the impact of problem parental alcohol or drug use will be different for different children.

The Think Tank also identified a number of areas for action to improve the commissioning, design and delivery of services for children affected by problem parental alcohol use. It is important to state that many of the recommendations for action will be valid for children affected by parental problem drug use. However, in the light of their findings that children of problem alcohol users experience delays in identification, assessment and intervention, the Think Tank wishes to give specific attention to their service needs.

Key issues for policy and practice

The Think Tank identified issues for policy makers, service commissioners and providers to take into account.

- ✓ The need to treat children as individuals because the impact is different for different children and to look at both the risk and protective factors
- ✓ The importance of looking at people's strengths rather than focusing on their deficits. Family Group Conferencing and similar models draw on the strengths of the wider family to help support the child.
- ✓ The difficulties faced by clients when they have to return to their communities (after rehabilitation or a spell in prison). When they return to their own community they are exposed to drug dealers and to their peers who may still be using.
- ✓ The need to put support in place for adults who are helping children by building a trusting relationship.
- ✓ The need to get service users' views of the service (but being aware of the service user's inclination to 'keep you happy').
- ✓ The importance of valuing staff in drug and alcohol services who are often undervalued because their service users are undervalued.
- ✓ The value of intervening at birth or earlier to try and prevent cumulative damage.
- ✓ The increasing prevalence of people having both problem alcohol and drug use
- ✓ The timescales that matter for the child's physical and emotional development may not match the parent's recovery timescale.
- ✓ The value of having children's workers linked to adult services in order to provide 'fun' and support for the children.

- ✓ The importance of designing services to address the needs of adults, the needs of adults as parents and the needs of children.
- ✓ The need for a better balance between the resources allocated to problem alcohol and drug use, not a shift from one to the other.
- ✓ The desirability of allocating clear responsibility in service provision for responsibility for the family

Recommendations for Action

1. A Public Campaign

The Think Tank believes that a better understanding by the public of the impact of problem parental alcohol use could bring about a change in cultural attitudes that would benefit children. They noted that, over time, cultural change has been effected in relation to smoking and that may provide a useful model. The Think Tank, therefore, proposes that there should be a public campaign **to raise awareness about the harm that can result for children from living with parental problem alcohol or drug use with a view to eliciting support for greater investment for children and families affected by parental alcohol use.**

Awareness raising should aim to achieve the best outcomes for children, not to create a focus on the nature of problem alcohol use. There is a need to tackle 'tabloid', superficial understanding of problem alcohol and drug use which is not helpful in supporting children. But there is a risk that raising awareness about the potential harm to children could attract the attention of the media and that could have a detrimental effect by significantly increasing the stigma.

The Think Tank highlighted the need to improve understanding about parenting; what reduced capacity means and how other factors can influence parenting capacity apart from problem alcohol and drug use. A public health approach covering both problem parental alcohol and drug use and parenting could be the right vehicle for addressing the needs of children. It could reduce the risk of too great a public focus on the nature of the problem use, whether it is alcohol or drugs. The Think Tank also felt strongly that awareness raising should not create a split between problem parental alcohol and drug use so that one is seen as more harmful than the other. It may even be that, if the seriousness of problem drinking for children is better understood, it may reduce stigma attached to drug use. This may then make it easier for families to access services and to find support within the wider community.

Public campaigns need to involve the whole population. The Think Tank did, however, highlight the need to strike the balance between a universal approach and getting the message across to key groups. A general message about the risks to children arising from problem alcohol or drug use given, for example, to pregnant women ante-natally, could be a useful, non-stigmatising way to raise awareness. The Think Tank also offered a strong view that a public campaign should be carefully designed and managed to avoid further stigmatisation of vulnerable families and should not create an opportunity for this sensitive and complex issue to become a "bandwagon"

Campaigns also need to be backed up by solid evidence to reduce 'mixed messages'. One of the challenges is to address the issues that underlie problem parental alcohol and drug use. A

particular challenge is to address the cultural values which make problem alcohol use more accepted than problem drug use. Ideally, there should be a robust and open debate at a level that can have a major influence on decision makers.

2. Policy development

The Think Tank agreed that it is time **for a policy focus on the needs of children affected by problem parental alcohol use**. Policy development offers a major opportunity to change attitudes without adopting "a big stick" approach. The Hidden Harm developments have increased our knowledge about the impact of parental problem drug use on children and, as a result, their visibility has increased. The Think Tank also noted, however, that changes in policy have to be accompanied by implementation plans. While policy innovation and implementation can be key drivers for bringing about improvement in the lives of children, they can take a long time to bring about the desired outcomes. The Think Tank sees a public campaign as a positive way of supporting and reinforcing policy changes provided that they are joined-up and give consistent messages.

The Think Tank expressed concerns about the current policy split at national level between alcohol and drugs. Problem alcohol use is addressed within a health context. Problem drug use is addressed within the criminal justice context. The external perception is that there is a difference in approach by central Government. This split, and the difference in resources, also gives a message to the public about how the two substances are regarded and reinforces the view that problem alcohol use is an illness but problem drug use is a crime.

Considerations

In putting forward these 2 recommendations, the Think Tank identified some considerations to take into account

- To bring about a change in attitudes towards problem parental alcohol use would mean challenging values held by society about alcohol. We need to consider what could change those values. It has to happen at different levels. Campaigns can be a starting point but problem alcohol and drug use are sensitive issues and should be handled carefully if we are not to increase stigma.
- This is not all the responsibility of Government. The media can exert a great influence. While there is now more coverage of problem alcohol use in the media, it still does not match the widespread, negative publicity that attaches to problem drug use.
- A public campaign is a long-term strategy. Other kinds of action would be needed in the shorter term.
- Finally, the Think Tank offered the suggestion that, in order to reduce harm to children and within the population more widely, there should be a drive to **make drunkenness unacceptable**.

3. A more proactive and structured service response

The Think Tank considered what could be done to develop a more pro-active and structured service response to problem parental alcohol use to address the delays in identification of problem drinking, delays in assessing the needs of children and delays in intervention. They proposed the following areas for action:

(a) Identification

The delays in identifying children affected by

problem parental alcohol use are compounded by a lack of clear criteria for identifying both when a parent's drinking has become a problem, and when and how it is affecting children. One of the difficulties for services is that children can be less visible when alcohol is involved (because of the acceptability of alcohol use). **There is a need to support services to develop clear criteria for identifying the impact of problem drinking on children.** We need a clearer understanding of the range of factors that can impact on the child e.g. length and degree of problem alcohol use, socio-economic factors, age of child. This is an issue that has to be recognised at policy level and requires a practice response.

Professionals should be more proactive in asking questions about alcohol when they are in contact with a family. It is also essential that they consider in an integrated way all the factors that may be affecting the parent and the children. If possible they should visit the home to make an assessment and produce evidence about children in vulnerable situations. There should be a clear lead within, and across services, about how information should be used. There must be a consistent approach

(b) Assessment

The Think Tank agreed that the core of a structured approach is good quality assessment that starts with the child and works outwards. **There should be a full and ongoing assessment of the child's needs, based on their needs and not on whether the problem is alcohol or drug use. The assessment should be shared by all services in contact with the family because it is everyone's responsibility to take account of the child's needs.**

The Think Tank observed that assessments of children are mainly undertaken when welfare issues trigger concerns. But other non-welfare services could, and should, be alert to the need for assessment of children: for example, any service gathering basic information about a family should automatically do an impact assessment on the child and look at the environment which they are living. Staff in alcohol services should aim to build on the trusting relationships that they have with their client as a way to identify and assess the needs of children. The Think Tank agreed that there is a need to improve assessment practice so that workers in both universal and specialist services are better equipped to identify where there is problem parental alcohol use and assess the nature and extent of the problem as it impacts on children. They also recognised the significant developments being made by the Executive under the Getting It Right for Every Child agenda to put in place an Integrated Assessment Framework for all children. They fully endorsed the need for a robust single assessment and welcomed recent progress.

(c) Information sharing

Information sharing is both a policy and a practice issue. Despite a number of policy and guidance documents over recent years it still presents a problem for services. A key issue is the number of records that can be held on any one individual or any one family. The example of a case where 19 records were held on one individual was quoted. There are examples of good practice. Under the Lothian guidelines for child protection, drug workers who have concerns about parenting have to collate all the information from other services before reaching a judgement about intervention. The Think Tank expressed the view that social services are good at sharing information but that

other services, for example, Housing, can hold a lot of valuable information which is not currently accessed as a matter of routine. In some cases, services may not follow up potentially valuable information because they do not realise that it could help children. **There needs to be more awareness-raising of the needs of children among the universal services who are in contact with families.** There is also no consistent collection of information by alcohol services on the children of problem alcohol users. In contrast, there are recent improvements whereby drug services routinely collect information on children who live with adults who are problem drug users.

There is a general consensus that information sharing is crucial, particularly for the protection of children, so the question is how we move from theory to practice. There was a suggestion that the Scottish Executive should specify one core set of data to be used across Scotland which could have local additions. The Think Tank welcomed the Scottish Executive action to develop practical solutions to information sharing through the implementation of Getting It Right For Every Child.

The Think Tank identified the key issue of information analysis. It seems to be commonplace that even when the **information is collected and made available to all services, it is not analysed and, therefore, problems are not identified. Information sharing is therefore, not serving its purpose. The Think Tank believes that this is an urgent area for action.**

(d) Role of adult alcohol services

The Think Tank highlighted the vital role that adult services can play in reducing the harm to children of parental problem alcohol users. In recent years, following Hidden Harm, drug services have become more alert to the need to identify children but this practice has not so far developed in any significant way among services who work with problem alcohol users. Through their relationship with their clients they are well placed to ask about children living in the home. This is an important step in identifying children and provides the starting point for referral and assessment of the child's needs. Perhaps even more importantly, they will have first hand knowledge about the nature of the problem alcohol use and about any changes in their client's behaviour that could have an impact on their children. This information can be passed on to the services who are working with the children.

The Think Tank recommended that adult services should, as a priority, expand their remit to include the needs of children.

The Think Tank acknowledged that adult services may not have the skills and knowledge to identify and address the needs of children. Service commissioners and managers need to ensure that basic messages about the potential for harm to children are understood and accepted by adult services. The key message should be that the focus needs to be on the child rather than on the detail of use, or the differences between alcohol and drugs. Councils for Alcohol could also play a part in effecting this shift in priorities by actively promoting this role of adult services.

(e) A co-ordinated approach

The Think Tank observed that there may be limited communication between services who may be in contact with the family for different reasons. It is vital that services talk to each other

and learn about each other's services. There are sometimes instances when teams within the same service e.g. Social Work teams, are not aware of all their contact with a family. The Think Tank suggested that the closure of an adult case should not be done without consultation with children and families services and/or consideration of what was happening with the children. If this was a requirement, it would make other services more aware of the needs of children and help to ensure that the potential for harm was identified.

Services also need to be willing to listen to concerns about children raised by other agencies or organisations. Schools, for example, may raise concerns but, even when these concerns are referred, they are not necessarily flagged up by social work services. The Think Tank also noted, however, that a greater awareness of children's needs across a range of services will lead to greater demand for social workers. This will be an issue for service commissioners and managers.

The Think Tank believes that there must be a **co-ordinated approach between services, including both specialist and universal services, if we are to identify and help these children.**

A co-ordinated approach should enable and support

- communication between services
- willingness to refer to other services that are better equipped to help
- agreement on the criteria for identifying problem parental alcohol use
- a robust joint assessment
- agreement on thresholds for intervention
- regular multi disciplinary training and development to help staff understand the nature of effects of problem alcohol and drug use.

In addition, a co-ordinated approach would be more effective in addressing the wider issues that affect vulnerable families.. The Think Tank concluded that all services have an important part to play in reducing the stigma attached to both problem alcohol and drug use.

(f) Integrate alcohol and drug services

The Think Tank suggested that there was **a strong case for the co-location or integration of alcohol and drug services because of the similar characteristics and impact on children.**

Such a move could reduce the stigma attached to problem drug use. It could also help to address cultural and professional barriers.. Integrated services would also be well placed to address the needs of the increasing number of people who use both alcohol and drugs. The experience of the Glasgow Community Addiction Teams which combine health and social work have shown positive results. There was a further suggestion that alcohol and drug services could be part of a multi-agency approach: for example, they could be integrated into child/family services to promote easier access and availability.

The Think Tank were concerned that alcohol might be given lower priority within an integrated service. While there might have to be a slightly different approach to working with problem alcohol and drug users, there should be an equal balance.

The 'marketing' of an integrated service will be important. Some problem drug users may be more willing to approach an integrated service because it would not be so obvious to the community that they had a drug problem. There is evidence, however, that some problem alcohol users do not want to mix with 'junkies'. The opposite might also be true. Integrated services would have to find a

way to address that perception in presenting their service and making it more accessible.

(g) Early Intervention

Currently, most of the available resources are used for crisis intervention when the problems are severe and have already had a significant impact on the children. The Think Tank view is that **earlier intervention could prevent some of the harm experienced by children.** Where possible it should start at pregnancy or birth. They were concerned, however, that lower threshold services, such as early intervention services, are not high on the policy agenda. Allocating more resources to that kind of service would require a shift in policy backed up by guidance.

The Think Tank view was **that more services, such as early intervention services, should be based in the community in a non-stigmatised setting.**

They should be designed to match the needs of children and young people, and should offer a family friendly environment/child friendly environment with ease of access including out of hours and weekends. If early intervention services were based in the community, they would be able to link clients into other support systems within the community. This could help to reduce stigma as people within the community become aware of the circumstances of children and families affected by problematic drinking or drug use.

The effectiveness of early intervention services would depend on staff in a range of services having the skills and competences to undertake assessment. This is particularly important for alcohol given the difficulty of identifying when the drinking has reached problem levels and whether and how the drinking is affecting children.

(h) Role of Schools

The Think Tank strongly supported a more proactive role for schools in identifying and supporting children as set out in Hidden Harm Next Steps. Schools offer an environment which can promote social inclusion and support children's emotional well-being. They have the opportunity to look at bullying, mental health and behaviour issues. Joint Resource Teams in schools can provide low level support. In the view of the Think Tank, this type of support should be more widespread.

Children affected by problem parental alcohol and drug use are often marked out as "different" at school because of signs of neglect, lack of concentration and poor behaviour. Teachers can have a vital role in providing support if they are aware of the lifestyle and circumstances of children who otherwise appear tired or troublesome e.g. children who do not hand in their homework. However, teachers cannot take sole responsibility. Within the school, other staff can share the task of identifying and supporting children. It would be necessary, however, to be wary of separating children out and thereby increasing stigma.

There would also need to be good links and effective working relationships with other key agencies so that due attention is paid to information from schools about children and additional support provided if necessary. The Think Tank suggested that there is a case for promoting multi-agency intervention starting at primary school level

(i) Services for children

The Think Tank expressed a strong view that children need to have access to support services

in their own right, including direct access to universal services which can be difficult for children to approach. But the Think Tank also recognised the need for children to have access to 'fun' activities. To date, there has been little recognition of this as a policy and practice issue but there is some evidence that access to 'fun' and normal childhood activities helps children to cope better with their family's circumstances and to build their resilience. There are good models in the work of Young Carers Groups and Youth Cafes which offer a place for children and young people to mix with others in the same situation, to have fun and build relationships with trusted adults. However, there is a limited range of such services available and where there have been pilots e.g. of Youth Cafes they have not all resulted in longer term provision. The Think Tank concluded that **Ministers, policy makers and service commissioners need to be aware of, and take fully into account, the need of children for services, including "fun" activities.**

The Think Tank also highlighted the importance of engaging with children themselves. **Services should spend time talking to children about their lives to establish how, and to what extent, parental problem alcohol or drug use is affecting their lives. They should ask what type of service they think would be beneficial for them, and give them a say in the delivery of the service.** Services should try to find out what positive factors they could build on to increase children's resilience to help them to cope better with their family circumstances. However, there was also some caution about relying too heavily on the children's resilience, even when services are trying to support them, because it may obscure distress. Above all, it is important to

be aware that each child will react differently and the impact of the circumstances on them will be different.

There are also service issues which arise when children themselves have started drinking which now happens at a lower age. It is important to be aware that for these children drinking may be a symptom of deeper problems. It could be useful to talk to older service users to find out what would have helped them.

The Think Tank made proposals for improving the access of children to services.

- **Combining a family approach** with offering **direct services to children and young people** in their own right. The Aberlour residential and outreach services are an example of working with both parent and child together and working with the child separately. Other agencies also work with children and families. However, there is a big gap in provision for children over 12.
- **A staged (tiered) services model to improve access to services** based on the approach to children's services planning. The aim would be to make universal services accessible to all and then offer targeted interventions and referrals to specialised services if required. The tiers could be: universal services open to all; semi-targeted services for children assessed as having some needs; and highly targeted services for children with complex needs. Using this model may help to shift the threshold of intervention to match the needs of the child. There is, however, a possible risk that gaps in the tiered services approach may mean that children who are vulnerable miss out. There are children, for example, who may not come to

the attention of any service because of a low level of outreach services in their area, because they do not attend children's activities, because they have been excluded from services or because they have not been the subject of an assessment and care planning process by social care services. To make this staged approach work would require a proactive children's service approach designed to pick up children who are not yet showing extreme signs of being affected by problem parental alcohol or drug use.

(j) Funding

The Think Tank agreed that there needs to be more flexible, long term sustainable funding available for services to help and support children. Too much funding is short term and tied to Government cycles of funding. This is not sufficiently responsive to the problems of children. Nor does it meet the needs of those children and families for whom support is going to be long term. The commitment to longer term funding has to be set against the high cost of putting in services when the problem has become severe and is not amenable to community based approaches or interventions.

The Think Tank also expressed concern that funding is currently based on the numbers of clients going through services. They believe that, while numerical data is important, more support should be given to services to improve the quality of the interventions and the outcomes for clients. There is also a need for better evaluation to produce clear messages about what works. Young people should be part of an evaluation process that is young person friendly and focused on identifying appropriate outcomes for them. Clarity about the outcomes expected from a service is important for better targeting and for the quality of the service.

(k) Commissioning

Commissioners have a key role in ensuring that there are high-quality, well designed services in their area available and accessible to children and families affected by both parental problem alcohol and drug use. They need to consider the impact of parental problem alcohol use, not only the impact of parental drug use, on children. An assessment of need might indicate structural change or raise questions about the efficacy of specialist teams. Commissioners should also take into account that good joint working, which is crucial to providing effective services for children affected by problem alcohol and drug use, is not possible if the individual agencies are not working well. Funding and contracting mechanisms can a useful tool to effect changes in the patterns of services.

The Think Tank view is that, in order to increase the profile of problem alcohol use in an area, commissioners need to ensure that there are:

- ✓ Shared objectives
- ✓ Policy resources
- ✓ Effective partnerships
- ✓ Integrated teams
- ✓ Service User focus

4. Research

The Think Tank identified a number of aspects of problem parental alcohol and drug use where more research is needed to provide an evidence base for policy development and improved practice:

Research to help develop appropriate outcomes for parents and children. This means finding ways to 'quantify' softer outcomes e.g. increased self image/self-esteem, and how they can have a positive effect on the child. Outcomes for the parent that have a positive impact on the child include sustained tenancy, lack of offending, access to training and employment. We need longitudinal studies to demonstrate improvement over a period of time.

- The impact of problem parental alcohol use on children. This should include exploration of the impact of different levels of problem drinking e.g. what is the impact of regular heavy drinking (short of dependency) and binge drinking.
- The relationship between problem alcohol or drug use and criminal behaviour because other factors may also have an impact on the parent's involvement with criminal activity.
- The relationship between alcohol and domestic violence, and alcohol and sexual abuse. In particular, more research is needed on the association between drugs and domestic violence.
- The relative costs of problem alcohol and drug use to public services..
- The pattern of relationships formed by problem alcohol and drug users and how that affects children.

Conclusion

In recent years there has been a growing concern that we need to pay more attention to the needs of children affected by problem parental alcohol use to match the level of activity that has, rightly, been devoted to children affected by problem parental drug use.

A better understanding about the differences between problem parental alcohol and drug use and how they might impact on children is central to future action. We believe that the exploration of this question by the second Think Tank offers a thoughtful and thought provoking response.

The key message from the Think Tank is that our tolerant and accepting attitude as a society towards alcohol is a key influence on what is happening to children. It shapes the approach of policy makers and of those who are responsible for commissioning, managing and delivering services. This is a challenging and difficult message. If we accept it, it would mean that we need to promote a change of culture among the public, among politicians, among policy makers and among services. We need to promote and support a real understanding of the impact of problem parental alcohol use. Above all, we need equal weight to be given to the needs of children affected by problem parental alcohol use. It will be crucial to look at what is happening now, and beyond 2007. The patterns of use and their impact is changing and it will be important not to build policy and practice changes on the basis of previous understandings that may no longer hold good. The conclusions and recommendations of the Think Tank debate offer a starting point for further consideration and future action.

Participants List

John Milne (Chair), Aberlour Governor

Days 1 and 2

Jane Bayliss	Specialist Public Health Nurse, NHS Addictions Service, Fife
Gillian Buchanan	Child Protection Lead Officer, Glasgow Child Protection Committee
Tricia Boyle	Education, Dundee City Council
Bryan Evans	Assistant Regional Director, Aberlour
Mandy Ferguson	Addiction Nurse Manager, Dykebar Hospital
Myra Frankland	Lead Officer Child Protection, East Renfrewshire Child Protection Committee
Mary Glasgow	Service Manager, Quarriers
Jennifer Jamieson	Funding and Communications Manager, Alcohol Focus Scotland
Rita Keyte	ADAT Co-ordinator, Fife ADAT
Christine Laverty	Community Addiction Manager, South East CAT
Valerie Lawrence	Service Manager, Children 1st
Dave Liddell	Director, Scottish Drugs Forum
Murdo Mathers	Child Services Manager, Hopscotch, Barnardos
Jo Murray	Alcohol Development Officer, Greater Glasgow and Clyde NHS Board
Barbara O'Donnell	National Alcohol Liaison Officer, SAADAT
Dawn Smith	Drug and Alcohol Worker, Edinburgh Young Carers Project
Bruce Thomson	Assistant Regional Director, Aberlour Outreach Glasgow
Ann Wardlaw	Assistant Services Manager, Inverclyde Council, (on behalf of ADSW Substance Misuse Group)
Nel Whiting	Learning and Development Worker, Scottish Women's Aid
Sarah Wilson	ESRC Post – Doctoral Fellow, CRFR University of Edinburgh
Tom Wood	Chair of SAADAT
Deborah Smith	Head of Alcohol & Drugs Misuse, Scottish Executive Health Department (Observer)

Day 1

Susan Allan	Family Worker, Aberlour
Kenny Ward	Lead Family Worker, Aberlour
Richard Simpson	Consultant in Addictions, West Lothian Drug Care Partnership
Fiona Mathers	Manager, Alcohol Advisory & Counselling
Tony Keogh	Head of Social Work, East Dunbartonshire Council

Facilitators

Kelly Bayes	Head of Policy and Communication, Aberlour
Addie Stevenson	Director of Children and Family Services, Aberlour
Ria Din	Secondee, Hidden Harm, Scottish Executive
Marie Hayes	Regional Director, Aberlour
Mandi Donaldson	Child Protection Co-ordinator, Aberlour
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Scribes

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Liz McMahon	Aberlour



Aberlour works with and for children, young people and families who need additional support to promote their development and wellbeing.

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A key aim of the Scottish Association of Alcohol and Drug Action Teams is to engage with other national forums and professional associations to ensure the benefits of partnership and integrated working are maximised.