

‘Protection’

All children have a right to grow up in a caring
and safe environment

*East Ayrshire Child Protection Committee/East Ayrshire
Community Safety Partnership*

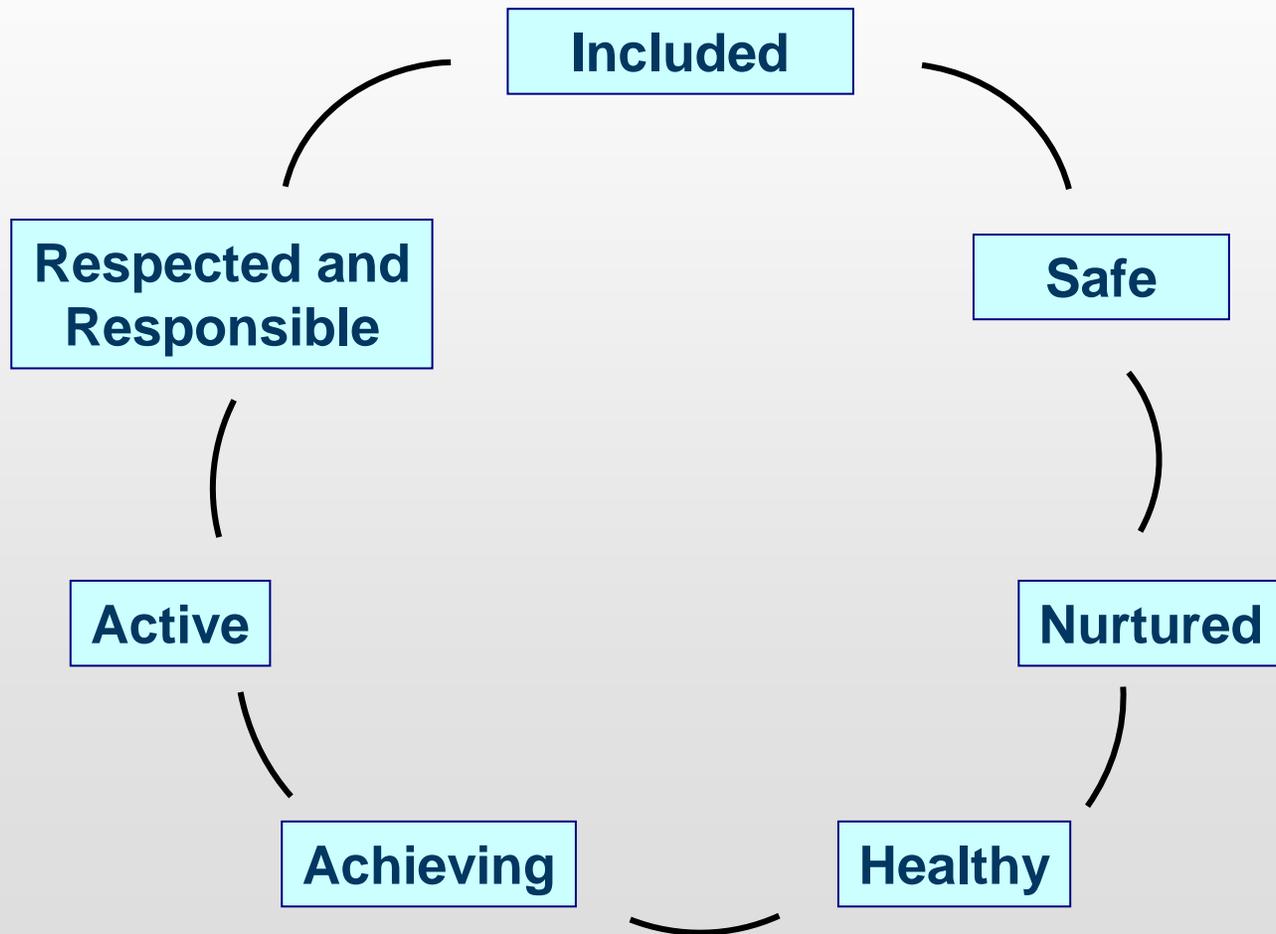
Parental drug misuse and its impact on
children’s protection

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STRADA (Scottish Training on Drugs and Alcohol)
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VISION FOR CHILDREN

GETTING IT RIGHT FOR EVERY CHILD





Landscape with the 'fall of Icarus'

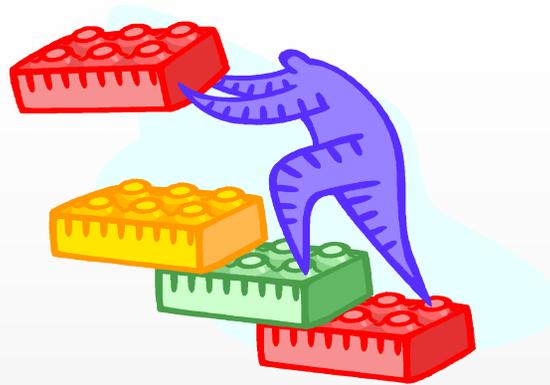
(Peter Breughel)



“About suffering they were never wrong, the Old Masters; how well they understood its human position; how it takes place while someone else is eating or opening a window or just walking dully along;

“How everything turns away quite leisurely from the disaster”

(W.H.Auden – “Musee des Beaux Arts”)



Background of policy and practice



Messages and voices



Policy implementation/Practice realities

- Definition – parental drug and alcohol misuse:
 - When the use of drugs and/or alcohol is having a harmful effect on a person’s life, and those around them
 - May become the person’s central pre-occupation to the exclusion of significant personal relationships
 - Highly likely to be of a dependent nature – significant impairment of health and social functioning

Estimated:

- 250,000 – 350,000 dependent children living with parental drug misuse (*ACMD 2003*)
- Up to 1.3 million (one in eleven) – UK wide living with parental alcohol misuse (*Alcohol Harm Reduction Strategy for England 2004*)

Scotland:

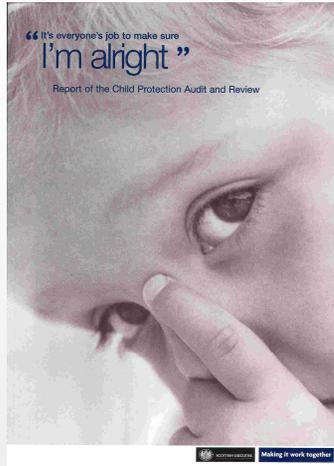
- Between 4% - 6% of all children under 16 living with parental drug misuse (*ACMD 2003*)

- Under reporting in agencies
- Parents not presenting for treatment – no figures
- Maternity units – parental disclosure
- Child protection registers/fostered/adopted

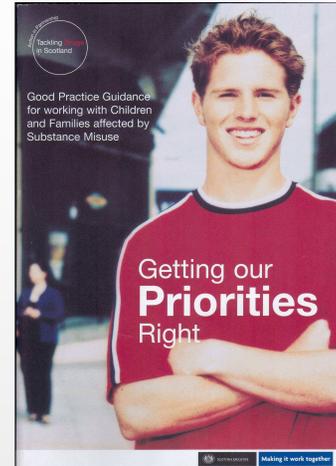
Conclusion of the Letters of Assurance – 2007

Very difficult to truly estimate the size of the problem

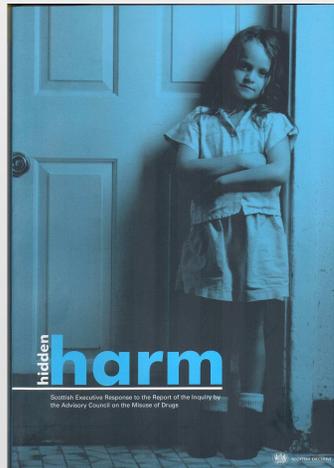
Policy Background



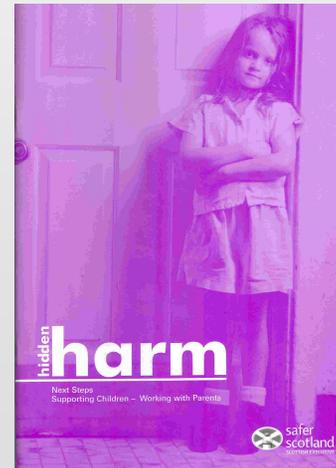
Background to policy context – child welfare and protection:
Its everybody's Job to make sure I'm alright



Background to policy context – drug and alcohol misuse:
Getting Our Priorities Right 2003



Background to policy Context – drug and alcohol:
Hidden Harm – Ministerial Response 2004



Background to policy context – Drug and alcohol misuse:
Hidden Harm – Next Steps 2006

- Discrimination and stigma
- Etiology – risk factors facilitating addictive behaviours and effect on parenting
- Parents ‘not being there’
- Under-identified and unacknowledged
- Incipient concerns and potential for acute traumatic experiences
- Long term ‘hidden harm’

“your life is like a brick wall. You build it as you get older”

STARS (Children's Society)

National Initiative Children and Young People's

Forum

“It’s no’ bad people that become addicts and it’s no’ bad people that don’t care about their kids. It’s just people that an addiction has got a grip of and that is more powerful than anything, even the love that a parent has would have for their children. It just overrules even that”.

(Parent)

*Children growing up in drug dependent households –
Barnard & Barlow (2002)*

- Children of substance misusers are at risk from emotional and physical neglect, and of developing serious emotional and social problems themselves later in life

(Cuijpers et al 1999)

Impact of Parental Problem Drug Use on Children

- Impaired parenting capacity- (*Kandel 1990*)
- Emotional distance- (*Barnard & Barlow 2003*)
- Risk of abuse and neglect- (*Forrester 2000*)
- Lack of parental attachment- (*Cleaver et al 1999*)
- Disruption of household routines- (*Tunnard 2002*)

- Lack of attention to medical needs- (*Shulman et al 2000*)
- Parent by negative commands- (*Hien & Honneyman 2000*)
- Unpredictability of parental response- (*Barnard 2006*)
- Parents' lives characterised by chronic adversity, troubled family history; co-morbidity (*Beckwith et al 1999*)

Effects of parental problem drug use on children:

- repeated separation
- role reversal
- social isolation
- disrupted schooling
- early exposure to - socialisation into illegal drug use and criminal activity

(Barlow 2001 Master's Degree Thesis)

“Reaching the children is very difficult. The children who say the least are of most concern”

(For Scotland's Children 2001)

(Taken from 'Children Growing up in Drug Dependent Households – Barnard & Barlow 2000-2002 Funded – Chief Scientist's Office, Scotland)

“...when I went to school I thought “right I’ll no’ get shouted at, I’ll no’ get hit and I’ll no get the rest of it and I’ll no see them taking drugs” and I thought at school at the same time, kinda thing, “what’s gonnae happen the day when I’m no’ in the house? What’s gonnae happen? What’s ma mum and dad gonnae do the day kinda thing”?

(Susan, 14 years)

“...I was kidding on to ma Ma that I wasnae well...She jus’ said ‘Oh jus’ stay’ she’d be in bed sleeping, sometimes we’d jus’ sleep in...She went to bed sometimes during the day...She would know we weren’t at school (and she didn’t say anything about it)...(the school) would phone ma Ma and send letters and things like that...I’d jus’ say we’d sleep in”.

(Richard, 10 years)

Disturbed Households

“IF she’s rattling...she’ll go out and she’ll buy something...I’m always in the house watching Liam (brother aged 3),...like she’ll say she’s just going to the shops but then she comes back 2 hours later and goes straight to the toilet...and she’ll be like out of her face in 15, 20 minutes”.

(Leonie, 13 years)

Exposure to Parental Drug Use

“I walked in on them once when I was a wee boy and I saw them (mum, aunt and uncle) takin’ stuff. Aye and other people that were in the house taking it...like on tinfoil...tooting. That’s the first time I caught them and they jus’ started doing it in front of me, didnae hide it then”.

(Dan 15 years)

“These guys who used to buy stuff off ma uncle, they all burst in and were holding knives up to our throats and that, asking for the drugs and the money and they were sayin’ they would cut our throats if they didnae give them it...They were holding the knife right up to my uncle’s neck as well, they were just screwy”.

(Dan, 15 years)

Role Reversal

“I’d be left with Ian (4 years) and I had to take care of him but she (mother) didnae really know. She’d come round for a wee while and wake up and all that but then she’d go and take more stuff and she’d be sort of out of it and she couldnae even bloomin’ boil a kettle or something to make milk or something...and like ma pals, they’d come up for me and I jus’ wouldnae go out to play cos’ I was scared for ma wee brother...what would happen like if she dropped her fag or something cos’ she’s nearly set the house alight with her fag I don’t know how many times”.

(Leonie, 13 years)

Stigma

“When she was taking drugs I did used to block it out, I used to get slagged at school...’cause I didnae have any good clothes and ...I was (called) a black-neck [laughs] ‘Cause yer neck wasn’t washed... They used to say like ma Ma was a junkie and all that to me as well”.

(Orla, 19 years)

Fear

“I just used to have this fear that she was gonnae die. There would be a rocking chair at the kitchen and I remember times when I could hear the rocking chair rocking and that’s when she’d be sat down injecting and she’d sit on the rocking chair”.

(Ruth, 17 years)

‘Being there’

“I was looking about for them ‘cos they said they’d come but they never...I thought they must no’ care about me then...things like racing, yer school sports and they said they would come but they never...when I think about it now, it was like heartbreaking...it wasnae very nice”.

(Susan, 14 years)

(Renfrewshire 'Getting Our Priorities Right' Training – Reference Group)

“you’re in your own wee world ...you don’t careyou don’t think about the effect on your kids”.

(Diane 41, mum of 4 children)

“You don’t realise its happening...my wee boy started missing school on Thursdays and Fridays – cause I had no money – I would have to sleep during the day sleep the day away ...I didnae realise until a year later that this was happening”.

(Claire)

“You’re telling them to sit in another room....
You think they don’t know but they do know –
and we think we are hiding them away. They re
havin’ a wee look anyway.
You don’t think about it at the time”.

(Diane)

‘I’d went to see them when they were in care. I’d went to give ma wee girl a milky bar and my wee boy, who was 6 says
‘You’re not smoking that stuff again are you’
(because of the foil round the chocolate)
that’s when I realised he knew’.

(Claire)

“I went for help when I heard ma mum wishing I was dead... she’d know where I was and she wouldn’t have to worry”.

(Diane)

“ Yes. You want people to hurry up and do things – kids can’t. And you can’t be bothered sitting down talking to them like you’re suppose to. You want to go out, you don’t want to be sat in the house so you’d leave them with anybody. I never left them on their own, I really didn’t but I left them with people who weren’t suitable really”.

(Klee et al 2002)

(Barnard & Barlow 2002)

- Balance between support and surveillance
- Responses from different agency perspectives/coordinated response?
- Thresholds of vulnerability
- Primacy of relationships with service users



- Protective factors

- Resilience



- Ownership by both ‘systems’
- Collaborative working
- Understanding of common thresholds of vulnerability
- Professional tensions
- Client loyalty
- Parental behaviour – anxiety about punitive responses

(Kroll & Taylor 2002)

- Substance misuse: beliefs and feelings
- Influence of the rule of optimism, cultural relativism and ‘natural love’
- Inter-agency dynamics
- Child centred practice in family assessment
- Action after assessment

(Kroll & Taylor 2002)

Interventions

- Child centred – services for children in their own right
- Parents – positive involvement with children
- Building of protective and resilience factors
- Addressing other family needs
- Effective treatment for the parent
- Monitoring parental ability and its impact on children
- Facilitating comprehensive packages of care

- Looking the problem in the eye
- Time frames – parent and child
- Primacy of relationships
- Substance misuse and pregnancy – a not to be missed opportunity

Turning towards the situation and thereby preventing the disaster

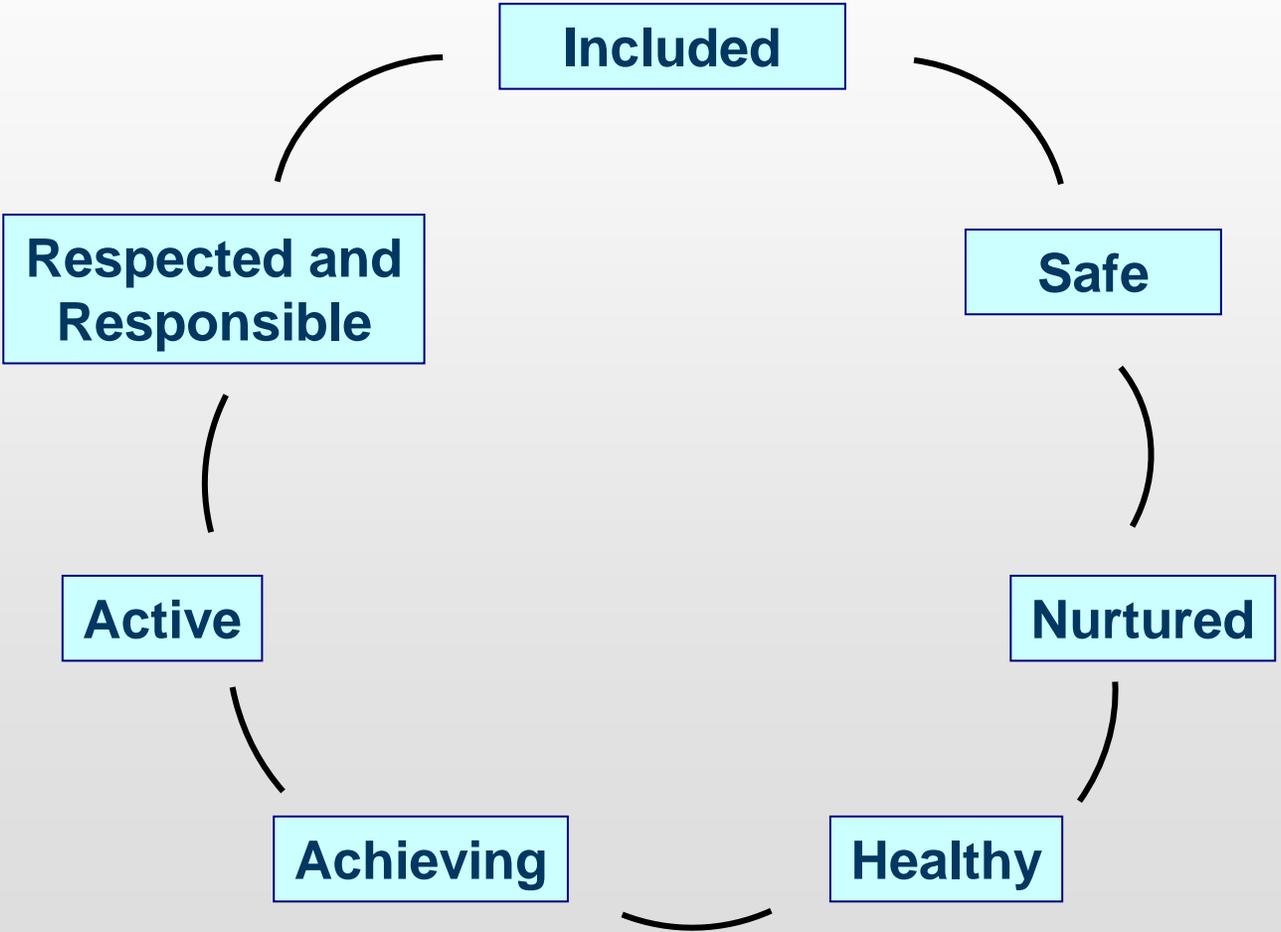
- Working together/protocol development
- Ethical fraught decision making
- Multi-disciplinary training
- Support and supervision of staff
- Resource intensive interventions
- Partnership with parents
- Child at the centre of practice

- Overwhelming guilt
- Non-judgemental about person, but firm and precise about limits re: behaviour and impact on child care
- Positive re-enforcement
- ‘in for the long haul’
- Framework of high quality care by inter-agency working

‘It’s everyone’s job to make sure I’m all right’

VISION FOR CHILDREN

GETTING IT RIGHT FOR EVERY CHILD



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