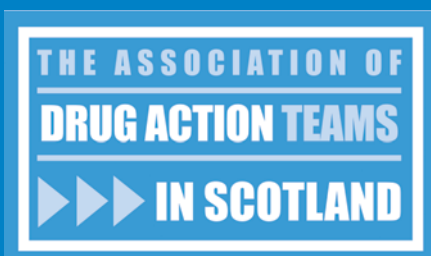




Have We Got Our Priorities Right?

Children living with parental substance use

Patricia Russell, Aberlour



This is the report of a 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 January and February 2006.

This report will be widely disseminated.
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Foreword

The Think Tank on children living with parental substance use has been an exciting and challenging venture for Aberlour. As a charitable organisation working with children and families, we have built up considerable knowledge of the ways in which children are affected when their parents are problematic drug and alcohol users. But we are very much aware that other organisations also have extensive experience of working with children living in these circumstances. It was our firm conviction that this wealth of knowledge and experience could, and should, make a valuable contribution to the current policy and practice debate in this sensitive and difficult area. We believe that we can do this through the Think Tank report.

Even as we were preparing for the first Think Tank event in January, the whole issue of children affected by parental substance use was the subject of renewed public concern because of particular cases that had come to light. There is a strong sense now that something more must be done to help children whose lives and future prospects are being blighted by a problem over which they have no control. The Think Tank has come out with a very powerful re-affirmation of the principle that children's needs must come first. This is not a new principle but the Think Tank report offers some new insights and makes clear statements about what needs to be done if we are to put that principle into practice.

I was delighted by the level of support that we had from managers and practitioners from a whole range of agencies and services across Scotland. I am particularly grateful to the Drug Action Team Association who have worked in partnership with us. But this report will not be the end of the process. We want to build on this first event. While the Think Tank discussion covered a lot of ground there are many aspects that need further exploration. We will work with the newly formed Scottish Association of Alcohol and Drug Action Teams to do that. Above all, we will be seeking opportunities to influence politicians, policy makers and service providers to ensure that children and young people are provided with the best possible care, protection and support.

Romy Langeland

Chief Executive, Aberlour

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Introduction

Aberlour has been a provider of services for children and families affected by parental drug and alcohol use for nearly 20 years. We believe that this has given us a unique insight into the experiences of children living in these circumstances. Through our residential rehabilitation services in Glasgow (2) and Edinburgh (1) and outreach services in Glasgow, Edinburgh and Dundee, we have built up a considerable body of knowledge and experience about the needs of children and appropriate responses. Other agencies, both in the statutory and voluntary sector, have also developed responses to meet the complex needs of children living with parental substance use.

Current estimates suggest that there are nearly 60,000 children affected by parental drug use and over 100,000 by parental alcohol use. It is likely that these are under-estimates. Politicians, policy-makers and service providers are increasingly concerned. The UK Hidden Harm report 2003, the Getting our Priorities Right guide in Scotland (2001 and 2003) and the Scottish Executive response to Hidden Harm (2004) have been key drivers to improve responses at national and local level. New initiatives such as the Education (Additional Support for Learning) (Scotland) Act 2004, the Getting it Right for Every Child review and the development of an Integrated Assessment Framework will all contribute to more effective services. The Scottish Executive's forthcoming Hidden Harm Action Plan and the establishment of the Hidden Harm Implementation Group will also stimulate further action.

We, in Aberlour, welcome the national agenda. We believe, however, that there is a pool of knowledge and expertise among organisations

and individuals working with children affected by parental substance use that should be harnessed and brought into current debates about policy and practice. To do this, we brought together a Think Tank.

The Think Tank

The aim of the Think Tank was to promote open and constructive dialogue on **appropriate responses to children and families whose lives are affected by drug and alcohol use.**

The scope of this issue is wide and, to give a focus to the discussions, we asked the Think Tank to address a complex and difficult question that has caused wide concern in recent years.

“What are the circumstances that should require the removal of children from home?”

The objective was to draw on the views and experiences of the participants and attempt to reach some consensus about the key principles that should underpin this decision and the implications for policy and practice. Aberlour would then present the key findings and conclusions to the Executive and other key agencies at national and local level.

Participants

In order to have a constructive dialogue, we limited the numbers. We invited key people from a wide spectrum of interests although it was not possible to include all the organisations working in this area. Following a very positive response, we had 45 participants. They were a cross-section from health, social work, education, criminal justice, drug and alcohol services and researchers. They included commissioners, managers, practitioners and researchers from both statutory and voluntary sectors.

The Drug Action Team Association worked in partnership with us as part of its action to examine current issues of policy and practice and identify areas of strategy, policy and legislation that could require changes in the next 5-10 years. We also had support from Barnardo's. The Scottish Executive indicated that it would be interested in the outcome of the Think Tank's dialogue as an independent exercise.

The Think Tank's Discussions

The Think Tank was a two day exercise. On Day 1 there was a full day of debate and discussion in small groups and plenary sessions. The discussions were structured around age groups of children to try and identify to what extent the impact of parental substance use differed depending on the age of the child; and how that should influence the approach by services. On Day 2, the Think Tank discussed the key issues from the first day and agreed on the key outcomes.

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 be aiming to create further opportunities for dialogue through seminars where the findings and conclusions of the Think Tank can be debated. We will also discuss with the new

Scottish Association of Alcohol and Drug Action Teams how we could work with them to use the Think Tank model to further develop some of the key themes emerging from this report and other key issues affecting children.

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 Honorary Sheriff Alan Finlayson for his able chairmanship.

1 What Is The Effect Of Parental Substance Use?

The experience of children living with, and affected by, parental substance use has become widely known as “Hidden Harm”, following the report of the UK Advisory Council on Misuse of Drugs in 2003. The phrase “hidden harm” encapsulates the 2 key features of that experience: the children are often not known to services; and they suffer harm in a number of ways through physical and emotional neglect, exposure to harm and poor parenting.

The Think Tank explored the factors that contribute to the “hidden harm”. These discussions covered a number of issues. While most of these issues have been addressed in policy and guidance documents in recent years, we believe that the Think Tank has offered some new insights into the problems of the children and the factors that should influence policy and practice. The 3 main areas of discussion were:

- A. the characteristics of substance use and the extent to which they affect the capacity of the parent to care for the child
- B. the impact on the child
- C. key considerations for services

A. Characteristics of substance use

The purpose of the Think Tank was to consider how far the characteristics of substance use affect the ability of the parent to look after and nurture the child. In the view of the Think Tank, a better understanding by services of the relationship between substance use and parenting is essential if they are to offer appropriate responses.

There were several strands to the Think Tank’s consideration:

- the effect on the parent (physical, mental, social)
- the effect on the parent’s behaviour (towards the child, towards services)
- the effect on the circumstances in which the parent and child live
- the attitudes of the community
- the attitudes of services

A specific consideration was the extent to which the characteristics of substance use were shared with other problems that affect families, such as parental mental health problems or domestic abuse; and the extent to which the impact on the child was similar.

One of the main difficulties in assessing the harm to children of living with parental substance use is that, in the majority of cases, substance use is associated with a range of other factors: such as, poverty and deprivation, poor physical and mental health, poor housing, debt, offending and unemployment. Any or all of these factors are likely to have an impact on the parent and on the child. The relationship between these factors and substance use is complex and the substance use should not be addressed in isolation. A number of agencies may need to provide services and support for the family.

Although it does not affect every family to the same degree, substance use can lead to a chaotic lifestyle which impacts on children in a number of ways: lack of stability in the household, lack of basic necessities (food, heat, safe environment), domestic violence and association with drug/criminal culture.

Secrecy and isolation are characteristics of substance use. There are many reasons for that, including the stigma attached to substance use and, in particular, to drug use: fears of parents that they will have difficulties in accessing services such as housing and benefits; and fears of children that they will be taken away. This leads to concealment by both parent and child. The result is that the substance use is often hidden and, therefore, the children are hidden and harder to reach.

The Think Tank agreed that some aspects of these key characteristics are shared with other problems that affect families such as parental mental health or domestic abuse: for example, a chaotic lifestyle, neglect, concealment and inconsistent parenting. The impact on the child may be similar and, therefore, the Think Tank view was that, ultimately, what matters most is the impact on the child, not the cause. They also noted that mental health problems and domestic abuse may co-exist with substance use. These are considerations for agencies when planning and delivering services.

Distinctive characteristics of substance use

The Think Tank identified a number of characteristics that they felt were particular to substance use and which had an impact directly or indirectly on the child:

- Substance use is distinctive in the way that it affects the parents' behaviour. The addiction may mean that parents are often absent both physically (because they are out looking for drugs) and emotionally (because they are intoxicated). In other words, they are not available to the child.
- Substance use is often, but not always, associated with poor or inadequate parenting. This can show itself in a number of ways. There may be physical neglect in that children are not kept clean, warm, or fed; emotional neglect through the parent displaying little or no affection or nurture; and lack of care for the child's safety. The parents' behaviour is often characterised by unpredictability e.g. too much/not enough discipline, mood swings, being very affectionate or very distant. This leads to inconsistent parenting which can be confusing and damaging to the child.
- The addictive nature of substance use and its effect on the parent's behaviour also presents particular challenges to services, especially those services which do not have much knowledge of drugs or experience of dealing with substance users. The parents may be manipulative, untruthful about the level of their substance use and inconsistent in their engagement with services (not keeping appointments, disappearing for periods of time).
- The child may be living in an unsafe environment because of the substance use: for example, through the people that come to the house, being left alone for long periods either because the parent is intoxicated or out, or being taken out late at night to seek drugs (or alcohol). The criminal culture often associated with drug dealing affects the child (parents may be involved in crimes to fund their habit e.g. theft, drug dealing). Domestic abuse may be a factor in both circumstances although it is more often associated with alcohol misuse.

- The stigma attached to substance use affects the attitudes of society and the local community towards the parent and, by association, the child. The stigma attached to drug use is greater, and may have a greater impact on the child. There may also be a more negative attitude towards drug use from services.

Drugs and alcohol

The Think Tank discussed the differences between the characteristics of drugs and alcohol.

- The illegality of drugs is a distinctive characteristic of drug use. The way in which drugs, and the money to buy drugs, are obtained can have a profound effect on the lifestyle and behaviour of the parent. The parent and, therefore, the family is often living in a culture characterised by acceptance of substance use as the norm, some level of criminality, and participation in the “unofficial labour market”. The illegality also heightens and compounds the secrecy and sense of isolation.
- The legal nature of alcohol use may mean, however, that it is less visible to services than drug use because the purchase and consumption of alcohol do not (by and large) attract attention. The legality of alcohol may also lead to a more inconsistent approach by services. Alcohol use often receives less attention than drugs although the problems can be just as serious. It can be more difficult to assess the impact of parental alcohol use on children.

There was also a view that, where alcohol is the problem, there may be more likelihood of a

steady influence from one parent. However, this requires further exploration.

The overall view was that the differences between drugs and alcohol lie mainly in the detail of their use, not in their impact. Services also need to be aware that, increasingly, many people use both substances. Since, however, there was limited time for this discussion, the Think Tank felt that further exploration of the differences and similarities between drugs and alcohol would be worthwhile.

B. The impact of parental substance use

Living with a parent(s) whose life and living conditions are adversely affected or chaotic through substance misuse may impact on children in a number of ways. This impact, and its far-reaching consequences, presents services with a number of challenges. Since the effects of parental substance use will vary between age groups, the Think Tank examined the impact on 3 age groups: 0-4 years; 5-11 years; and 12-16 years.

B1. Children aged 0-4 years

This age range spans a critical stage in a child's life. Physically, the child is vulnerable and totally dependant on others pre-natally and for a significant period in the early years.

The primary needs of the child are food, warmth, cleanliness, protection for their health e.g. through presentation for vaccinations, and safety from harm to ensure physical growth and development. When children experience neglect of their physical needs e.g. through poor nutrition and poor housing, it can lead to failure to thrive and delayed development. The young child also has a need for stimulation and attachment in order to develop emotionally.

The Think Tank highlighted the following issues

- The identification of babies at risk because of parental substance use can be difficult. Women are often afraid to present for ante-natal care in case their baby is taken away although this may vary between areas depending on the service involved and how it is viewed by women. In some hospitals, women are asked for a social history which includes questions about smoking, alcohol and drug use. This is now recommended for all hospitals. Where a woman is identified as a substance user, it is important to explore her history and background as they will have an effect on the management of the pregnancy, and post-natal care and support. Maternity services are now seeing older women having babies. They tend to be in poorer health which has consequences for the baby.
- Parents who are substance users are very likely to require support to provide the level of physical care and the nurture that babies and small children need. The parents may themselves have suffered from poor parenting or abuse and have little understanding of the basic care needs and the emotional needs of a child.
- As the child becomes older, emotional well being and the development of social skills, take on increasing importance. The nature of the attachment between child and parent is crucial. Any intervention that disrupts that early attachment bond may have long lasting effects for the child but that may have to be balanced against the need for urgent action when other factors are judged to be causing serious harm to the child. Attachment is also a key factor that may help the child to develop resilience.

Services need to consider how they assess the nature and level of attachment. If attachment is low or non-existent, then that in itself is a cause for concern and an indication of potential risk.

- Parents who use drugs are less likely to take advantage of services such as play schemes, trips and parenting groups than other vulnerable families. This may be because of stigma. There is then a further impact on the child who will have less opportunity for social experiences of the kind other children enjoy.

B2. Children aged 5-11 years

Children in this age range still require physical care but their emotional needs and the development of social skills take on greater importance. They need routine and consistency in their lives. They also need to have bonds of attachment. As they become older and attend school, they are expected to interact with a wide range of people. Their level of intellectual development will also affect their ability to learn.

The cumulative effect of living with parental substance use is likely to become more marked. Once at school, children realise how different their lives are from other children and this often creates feelings of isolation. As they begin to understand their parent's risky behaviour, fears about discovery, or being taken away or a parent dying, may become more acute. They may even feel guilt. They are also likely to be more affected by exposure to the culture of substance use and, where drugs are involved, to a criminal culture. Over time, they may come to see substance use as the norm and start to engage in risky behaviour e.g. drug or alcohol use and offending.

The Think Tank highlighted the following issues:

- From the age of 5, children spend a lot of time at school. For younger children, school can provide a stable and nurturing environment that may compensate to some extent for what is lacking at home. It can also give opportunities for social interaction and intellectual stimulation. However, their ability to benefit fully from the school environment may be adversely affected by their home circumstances and possibly by developmental delay. If they cannot easily respond to the school environment, either as a pupil or class member, it can have a big impact on their self-esteem.
- Children whose home life lacks routine and positive discipline as well as cleanliness, adequate clothing, adequate food and "normal" activities may be marked out as different. They may also have problems with attendance, lateness, concentration and a lack of basic social skills. These children often come to see themselves as different and may disengage from school. They may hide things from teachers and classmates. They often do not take friends home. All of this is likely to emphasise the difference they feel and make school a negative experience. If, however, teachers know about the home circumstances, they and other school staff may be able to do something to redress the balance of the child's life.
- A negative attitude on the part of parent(s) towards school because of their own experiences can be a major barrier to the child's attendance and behaviour. Lack of parental concern about achievement will also be a strong negative influence.
- At this age, children are better able to talk about how they feel about their lives. However, it can be difficult for them to articulate confused feelings. They may also not be equipped to respond directly to questions like "Do you want to stay at home?" which asks them to assess their own levels of safety, care and nurturing. Children may be able to say that they would like things to change but not fully understand the options or the consequences. The outcomes may not be what children want or expect if changes are made.
- Some children may choose not to talk about their situation. They may wish to find other diversions and to take part in 'normal' activities. They would rather do this than dwell on the negative things in their lives. In some cases, observing children's behaviour may be as telling as having a conversation with them (and may contradict what they say). Children of this age often want to be loyal to their parents and to their siblings.
- Many children of substance using parents become carers for them and/or for siblings from a young age. This is a huge responsibility which affects the child emotionally and inhibits their ability to experience a 'normal' childhood by participating in activities outside the home. It can also affect their behaviour at school e.g. through lateness, tiredness and lack of time for homework.

- Some children develop coping strategies which promote resilience. Resilience can protect them from the worst consequences of living with parental substance use. However, there is a risk that apparently resilient children are left to cope because they seem less vulnerable. Services should be aware of the damage suffered by the child and the potential impact on their future. Without effective intervention at this stage or even earlier, the child may be on a path towards exclusion from school and care away from home. A positive step might be to help the child develop resilient behaviour and to offer support mechanisms or alternative activities. Children benefit from the opportunity to have fun.
- Particular issues occur when parent(s) are removed from the family home because they have gone into prison. When a mother is in prison, she has no contact with the school attended by the children although it is a child's right to have the involvement of a parent in their education and a parent's right to be involved. There is potentially a lot more to be done to preserve the relationships of women with their children while they are in prison, for example, through the use of a befriending scheme.

B3. Children aged 12-16 years

The key question for this age group is whether there are major differences for them both in their own circumstances and in the way in which they are treated by services compared to younger children.

Children at this age are becoming young adults. For those who have lived with parental substance use for a number of years, the cumulative effect will be more marked and is likely to have a greater impact on the young person's behaviour and view of life. They may have stopped hoping that their parent's behaviour will change and feel a range of emotions towards them: anger, resentment, despair, fear for their health and perhaps still fear that they will be taken away. They may have an inappropriate relationship with their parents.

It is also likely that the child and the family will have labels attached to them by the community because of years of substance misuse. Other people's views may be apparent to the young person such as, "You'll end up just like your Dad". All of these factors are likely to contribute to low self esteem and low motivation of the young person. They may see their life opportunities as restricted and it can be harder for agencies to reach out to them.

The Think Tank highlighted the following issues

- At this age, children and young people may accept drugs and alcohol use as normal because of their own experience and because they may also now be more exposed to a youth culture which accepts that family drug and alcohol use is normal. They may be engaging in a higher level of risk taking behaviours: drugs, alcohol and offending.
- Lack of affection and low emotional well being throughout their lives can lead young people to seek new relationships. For girls this can lead to unsafe attachments and risky sexual behaviour. This can lead, in turn, to early pregnancy and the risk of continuing poor parenting associated with substance misuse.

- The difference for the young person will be that increasingly s/he is not seen as a child or a victim deserving of sympathy and support, but rather as a person in their own right whose behaviour is open to criticism by the community and to interventions from services. If the young person is engaging in "bad" or antisocial behaviour such as offending, drug or alcohol use, s/he is more likely to get attention. In a perverse way, this may seem more attractive than keeping a low profile and trying to cope with problems in the household. At this age too, there may be no assessment of the impact of parental substance use on the young person.
- For young people who have taken on the role of carer and are living in a role reversal, the loss of childhood may be having a significant impact on them. They will also start to see other young people making progress through education and beginning to talk about future prospects such as jobs or further education. They may feel that these opportunities are closed to them, partly because of their domestic situation, and partly because they may have missed out on many of the earlier opportunities available to them.
- The transition from primary to secondary school is likely to be more difficult for young people living with parental substance misuse. They may feel that they cannot speak to teachers about their domestic problems and may be falling behind in their school work. Their behaviour may deteriorate and lead them into disciplinary measures, truanting and the risk of exclusion. For some, however, school may be a refuge with opportunities to find supportive adults and participate in 'normal' activities.
- The problem of transition from child to young person to adult is very acute. They are expected to take more responsibility for their actions but, because they have lacked good role models, they may not be equipped to do that. They will also become more aware of what is not 'normal' about their existence and their anger and resentment may grow. Some young people are also old beyond their years and find it difficult to take guidance or instruction from adults. In addition, they are deprived of fun and normal activities. Their life can be one of responsibility but not of rights. Sometimes they are passed between child and adult services. Their behaviour may lead to exclusion from services.
- Children and young people at this age need trusted adults. While social workers and staff in other services can provide that relationship, in practice, turnover of staff can disrupt the process of building trust and young people who have a number of social workers on their case may become disillusioned and unco-operative.
- Parents may feel a lot of guilt because they have not been able to meet their child's needs and this may have implications for their relationship. Interventions which deal with the family and the children together may be productive. Such interventions should be used alongside, not instead of, interventions designed to help the child as an individual.
- Some children and young people develop strategies which make them more resilient and able to cope. They may need support to develop those strategies further to meet the next stage in their lives. Some strategies that work well when younger e.g. being out of the house, staying at friends, can lead to potential risk situations e.g. being streetwise can lead to involvement in drugs and alcohol. However, there are young people who will have the resilience and coping skills to avoid these risks.

C. Key considerations for services

The Think Tank fully acknowledged the complexities that have to be addressed by services when dealing with children and families affected by parental substance use. Parental substance use

- is not a **single issue** (because other factors are usually present)
- is a **social issue** (because it affects the attitudes of the community to the family)
- is a **public health issue** (because it is related to health inequalities); but above all
- is a **child issue**.

In developing policies and planning services to provide appropriate responses to the needs of children, agencies and service providers should address all of these issues.

From the discussions on the characteristics of substance use and its impact, the Think Tank identified 2 important questions:

(a) Whether substance use and parenting are incompatible?

(b) Whether substance use is significantly different from other problems that adversely affect children and families; and if so, does that require a different approach from services?

(a) Are substance use and parenting incompatible?

The Think Tank's view is that there is no single or simple answer to that question. There is little doubt that substance use can, and does, affect the parent's capacity and ability to look after and nurture the child. The type and level of substance use, and its effect on the individual's

behaviour and lifestyle, will influence the extent of the impact on parenting. Other circumstances will also have an impact e.g. poverty, physical or mental health problems, poor family and social relationships, unemployment and offending. Parents may have a history of their own poor parenting or abuse and lack parenting skills. Addressing the substance use alone may not improve parenting. Indeed, it may reveal other problems.

The Think Tank concluded that substance use does not necessarily mean that an individual cannot be a parent, but that there is an absolute requirement for good assessment and good ongoing and consistent support designed to meet the needs of the child and family.

(b) A different service approach to substance use?

The response to this question has a direct influence on the development of future policy and the design and delivery of services. The Think Tank discussed the question in the light of their considerations of the characteristics of substance use: secrecy and isolation; selfishness of parents; chaotic lifestyle, neglect; inconsistent parenting; and, for drugs, the illegality.

The unanimous conclusion of the Think Tank was that substance use does have distinctive characteristics but that the impact on the child will be similar to the impact of other parental problems such as mental health or domestic abuse. Services should, therefore, follow the same principles and core elements of practice as for other problems.

This approach allows for specific additional components, for example:

- ✓ the inclusion of staff with specialist drug or alcohol expertise in the identification, assessment, planning and delivery of services to the child and family
- ✓ the capacity and flexibility to address the distinctive problems created by parental substance use e.g. the difficulties of dealing with substance using parent(s) who are often difficult and challenging because of the effect of the substance use on their behaviour.

We believe that this conclusion of the Think Tank is an important contribution to the current national debate about how to respond to the problems of children affected by substance use and how to prevent future harm.



"Don't get me wrang, my ma's got a drug habit we did nae get all the clothes that we wanted and all the things what we wanted but we got what we needed. We got fed every day, breakfast, supper, everything. We got all that."

(Young person)

"I've been her mother figure for a couple of years 'cos I'd always make her dinner and she'd come to me and say: "Can I stay out 'til 10 o'clock" or " Will you sign my punishment exercise?"

"But I thought, this is life, get on with it!"

"I just knew to keep it quiet."

"See at school, see if your pals know that your Ma's on drugs you get called a junkie, that's what happened to me at school, but I used to no let it bother me."

(Children over 12 and young people)

(What would you change with a magic wand?)

"My friends would come and play and I could go out and play"

"To go to the beach for a picnic with my sister"

"My Mum talking me and watching me play the computer"

(Children aged 6)

2 When Should A Child Be Removed From Home?

The Think Tank's exploration of the characteristics of substance use and its impact on children was the context for their consideration of the question:

What are the circumstances that should require the removal of children from home?

This is a challenging and difficult question but it is the question that lies at the heart of the current debate about how to reduce the harm experienced by children living with, and affected by, parental substance use.

The terms of the question may imply that there are only 2 solutions: to remove children or let them stay at home. In practice, there may be a range of options e.g. respite, weekend fostering, shared care. However, the feasibility of these options will depend on the extent of the problem and the stage at which it is identified. The Think Tank clearly identified the impact of the cumulative effect of children living for years with the effects of parental substance use. More action is needed to identify and assess children at an earlier stage with the aim of protecting them from increased future harm.

The Think Tank discussed in detail the circumstances that could indicate removal from the home and the circumstances that could indicate letting the child stay at home. The discussion focussed on the different age groups: 0-4, 5-11 and 12-16. The Think Tank concluded, however, that the same circumstances applied to all children, although services would have to assess whether there was a greater or lesser degree of impact. For services, there is a fundamental issue: how to assess the nature and level of the risk on the one hand and the benefits of remaining with parents on the other hand.

The Think Tank identified a number of factors that services should take into account when making decisions about the removal of children (or not). These include

- **The type and level of substance use:**

The Think Tank recognised that there will be a spectrum ranging from parents who are stable e.g. on methadone, to those who are chaotic, polydrug users. Drug use is always a factor because it is illegal and associated with criminality. For alcohol, there are difficulties because its purchase and consumption is legal. Services need to be able to judge when alcohol use is excessive and having an impact on the children.

- **The history of the parent's engagement with services:**

Many parents will have had some engagement with services for drug or alcohol treatment, and for other types of support. Where they have shown motivation and commitment, even if it has not been consistent, it offers some hope that they could, in the future, sustain contact with services and make progress. Sustained engagement with services while working towards realistic goals (a) for treatment and (b) for the care of children is a key factor indicating that the child could stay at home. Conversely, when their history shows little or no motivation or serious engagement, particularly if there has been an increase in their substance use and a worsening of the family situation, there may be little prospect of future change.

- **The parent's understanding of the impact on the children:** When parents consistently demonstrate no insight or understanding of the effects of substance use on their own behaviour or the impact on their children, it is a key factor in assessing the likelihood of purposeful engagement.
- **The safety of the child's environment:** There may be a network of unsuitable friends and family around the house who pose a risk to the child. Children may be exposed to criminal activities or even be drawn into them as they get older. There are also risks of physical or sexual abuse.
- **The feelings of the child:** Children may exhibit distress at their living circumstances. Services need to be alert to signs that a child is upset and distressed by his/her circumstances. Services need to find ways to listen to, and communicate with, the child directly and not through a proxy. This will require skills and sensitivity as the child may not be able to express this in words or their expressed wishes may not reflect their deeper feelings. Children may say that they want to stay with their parent through feelings of loyalty but may actually be ambivalent. Equally, they may ask to be removed (as sometimes happens with older children) but it may be a plea for help.
- **The availability and quality of other care options:** This is often a factor in decisions about removing children. However, allowing children to stay at home because other options are considered to be of poor quality may be a "get-out" clause. Conversely, the availability of a good option might inhibit a robust assessment of need and risk and/or

the development of constructive measures to address the problems of children and family.

Taking into account these and other, related factors, and the wider context, the Think Tank proposes a set of Principles and Key Indicators to guide decisions about the removal of children from their home or letting them stay at home.

Principles to guide decisions

- 1 The child should be the central focus for all the services working with the family. The child's needs should have precedence and his/her views should be taken into account.
- 2 Children have a right to be protected from harm
- 3 Children have a right to a childhood
- 4 Decisions should be based on the impact of the circumstances on the child, measured against timescales that are appropriate for the child, not for the adults.
- 5 Assessment, service planning and decision-making should be multi-agency, integrated and child centred.

Key Indicators for removal of children

- (a) The nature and level of parental substance use is serious and increasing, and the parents(s) do not acknowledge the substance use or demonstrate any understanding of its impact on the child.
- (b) The parent(s) are not engaging, or showing any willingness to engage, with services either for treatment or support with other aspects of their lives, including parenting; or despite engagement, there is no evidence of necessary change.

- (c) There is evidence that the child is exposed to harm or actual abuse: physical neglect (failure to thrive, neglect of basic needs), emotional neglect (little or no affection, no attachment) or sexual abuse.
- (d) A history of incidents which show an unchanged and unchanging pattern of behaviour and damage to the child, even when support has been in place.
- (e) An unsafe home environment where the child is exposed to an unsafe network of family and friends around the house; where there is a criminal culture associated with drugs, inappropriate behaviour and inconsistent care givers.
- (f) The child's behaviour clearly indicates distress or s/he expresses a wish to be removed.

Secondary indicators for removal of children

The following indicators could also be considered as part of the assessment and as triggers for further investigation by services. Some could be symptoms of a number of problems not related to substance use and would require further exploration.

- (a) The parenting capacity or skills of the parent(s) seems to be reduced or lacking.
Difficulties with parenting may not be related to parental substance use.
- (b) There is a lack of supervision of the child by the parent or a responsible family member, and/or lack of supervision and monitoring by agencies.
The nature of the supervision appropriate to the age of the child would have to be considered. For a young child, health and safety may be more important. For an older child, it may be exposure to risky activities or unsuitable adults.

- (c) The child is a carer for parents and/or siblings.

A child taking on a caring role may not, of itself, be an indicator of removal. Agencies would have to consider the age of the child and the nature and level of the responsibility s/he is undertaking. For young children, it is likely to be more of a concern. For an older child, it may be a question of their capacity and the impact on their attendance and performance at school and ability to participate in other activities as a way to give balance to their lives.

The consequences of removal may be even more serious in its impact in the child. The child will feel responsible as chief carer and there may be emotional damage if that child feels that they have failed in their responsibility. There are also consequences for the family.

- (d) The child starts to engage in risk taking behaviour e.g. drugs, alcohol, offending.
Agencies would have to explore and assess whether, and to what extent, this kind of behaviour is directly linked to parental substance use. There may be other factors, such as peer group and "teen behaviour", and parents may not be able to protect the child from those influences, irrespective of substance use.
- (e) When the parents are involving the child in criminal behaviour.
This would require careful investigation. Involving the child in drug dealing would be directly linked to substance use but other crimes, such as shoplifting may or may not be linked.

There are other aspects of a child's behaviour which may raise concern such as lack of self worth and self esteem and problems at school e.g. attendance, discipline, risk of exclusion and failure to attain. But, again, the link between that behaviour and parental substances use would have to be examined carefully to establish to what extent they are the result of parental substance use or other factors.

Key indicators for a child staying at home

- a) The child is safe and his/her physical, intellectual and emotional development is progressing satisfactorily
- b) The parent(s) show understanding of the impact of substance use on their own behaviour and on the child.
- c) The parent(s) are engaging consistently and purposefully with all relevant agencies (adult services, children's services and drug or alcohol services), working towards agreed and realistic goals and showing evidence of progress within a timescale that meets the needs of the child.
- d) Agencies working with the child and family have regular opportunities to observe and monitor the child.
- e) There is a safe and stable home environment where basic routines are consistently observed and children's welfare safeguarded.
- f) The parent(s) are using appropriate support networks and other forms of care for at least part of the time e.g. extended family, nursery or family centres; and for the older child, access to other, external activities and support.

Secondary indicators for a child staying at home

These indicators could contribute to the assessment and the overall picture of the child and family.

- a) There is evidence of a positive relationship between child and parent(s).
- b) The child shows resilience and has developed appropriate coping strategies.

Some caution may have to be exercised because resilient behaviour can obscure high levels of stress in the child.

- c) When the child has expressed a wish to stay at home.

This is difficult. The Think Tank said that we must listen to children but that there will be circumstances when professional judgement will take a decision contrary to the expressed wish of the child.

Age related considerations

The Think Tank felt that the indicators would be applicable to most children but that the impact on the child would vary to some extent. There were some specific issues relating to age which the Think Tank wished to highlight:

- The physical vulnerability of babies and young children
- The risks to the child's emotional development of breaking the attachment between parent and child (although there are also risks to the child from poor attachment)
- The removal of a child when s/he is the carer for the parent and/or sibling
- The cumulative effect of living with parental substance use over a period of years

The use of the principles and indicators

The Think Tank noted that the principles were not new. Indeed, the familiarity of the principles raised the question of whether these well-known principles are currently being acted on robustly enough, and consistently enough, by agencies who are planning and delivering services to children and families. If not, there is an issue for both those agencies and the Scottish Executive to address.

Having said that, the Think Tank wishes to draw attention to the fourth principle. It requires that decisions about the nature and scale of interventions should be made according to timescales that meet the needs of the child. This may be problematic for substance use services and their clients as recovery may be slow and sometimes erratic. However, if the needs of the child are to come first, hard decisions may be required. This applies particularly to young children for whom physical care is a basic need. But it is also important for older children for whom the cumulative effect can be a major barrier to their future prospects.

The Think Tank recognises that the proposed indicators will require further development and discussion about their use. They offered the following points:

- One of the key issues is the weight that should be given to each of the indicators. When applying the principles and indicators to an individual child, services should consider them in the light of a full, multi-agency assessment of the child's needs and family circumstances, and specifically the extent to which the child's needs are currently being met. The assessment should put the child's needs at the centre and take account of their views. The assessment should determine the weight to be attached to each key indicator and whether it could stand alone. In most cases, it would be a combination of indicators that would lead to the final decision.
- There was recurring discussion about the relevance of other available care options to decisions about removal of a child. There were mixed views about how appropriate it was to make a judgement based on the nature and quality of the other options. In principle, it should not be a key indicator but in practice may have a big influence on the decision. This is the dilemma of needs led versus resource led planning of care. If children are to be at the centre of the care planning process, it would indicate that that availability of other options was a secondary consideration. This is a difficult issue that requires further discussion.
- The age of the child should be a key factor in assessing the weight and importance of each indicator. For a young child, evidence of physical neglect will be of high importance. For an older child, a history of poor engagement with services and lack of evidence of change in the past will be significant in assessing whether any change on the part of the parents is likely. Other key factors will include the wider context of the family's circumstances and, importantly, the views of the child.

- There was concern that the indicators should not be used as a checklist. Indicators are a tool
 - to help services with identification and assessment of need
 - to aid the exercise of professional judgement about the nature and type of interventions up to and including the removal of the child.
- Whatever decision is made following the assessment, there should be a plan which sets out clearly the actions, the responsible person, the timescales and the monitoring and review arrangements. When the decision is to allow the child to stay at home, the indicators should be used to structure a programme of multi-agency support for the child and family.

The Think Tank has developed this proposed set of Principles and Key Indicators to underpin and guide decisions about removing children from homes where there is parental substance use. If the Principles and Indicators were to be further developed and made available for services, they should be accompanied by clear guidance on their use.

3 What Are The Implications For Policy And Practice?

The Think Tank clearly expressed their view that the problem of children living with, and affected by, substance use in Scotland is serious and has far-reaching implications, not just for the children but for the wider community. The consensus from the Think Tank is that it is an issue that deserves immediate and sustained attention by politicians and policy makers as well as managers and practitioners in services.

The Think Tank placed the needs of the children at the forefront of their discussions but also acknowledged the increasing demand on financial resources and on staff. The lack of capacity of staff to deal with the growing number of referrals was a recurring theme. These constraints have exacerbated the problem of delayed intervention. Often, the interventions are coming when the children are older and the options are more limited. By that stage the children themselves may be engaged in problem behaviour and at risk of exclusion from school and referral to residential care or secure accommodation.

The Think Tank believes that there is now an urgent need to extend existing provision and develop new ways of working. In their discussions about future areas for action, the Think Tank suggested a number of important issues that those developing policies and delivering services should bear in mind.

- ✓ It will be important not to categorise the families and particularly the children by treating them differently because of substance use issues.
- ✓ The parenting issues are the same when the parent is a substance user as when a parent has other problems.
- ✓ Children of substance using parents need, and ask for, the same things as other vulnerable

children. They should have access to universal services which should be sensitive to their needs.

- ✓ Support for children should be consistent and continuous. It should not rely on local initiatives alone. There should be a national approach.
- ✓ Agencies need to address the hidden nature of substance use and the stigma attached to it.
- ✓ There are particular problems that arise for services in rural areas. Stigma is even greater in these areas because communities are small and services more visible.
- ✓ More exploration is needed of the similarities and difference between drugs and alcohol and their impact on children and families.

The Think Tank identified the following key areas for action for policy makers and service providers.

1. Putting the child's needs first

All recent policy and guidance documents state that the needs of the child are paramount. In practice, a number of services may be working with parent(s) to tackle substance use and other problems. They may be focussed on the parent(s) as the recipient of services with little or no time spent on the child as an individual who has rights of his/her own. **The focus should be on identifying the risks to the children, assessing their needs and establishing whether the risks can be managed and the needs met in an appropriate and acceptable way at home.**

2. A multi-agency, holistic approach

Families affected by substance use are most likely to have a range of problems requiring intervention and support by a range of agencies. In many areas, however, services appear to have very little contact with each other. This can be detrimental to the health and well being of the children, particularly when adult and children's services do not work closely together. These services need to join up more effectively and have a shared purpose and understanding which puts the welfare of the children and their future well being at the centre. This should include the adult services taking on a role in assessing whether their clients have problems with parenting and looking at their parenting capacity and skills.

Substance use services and Children and Family services should share information and collaborate on integrated assessment and the planning and delivery of services. Where substance use services are working with the parent, they should consider how to pass on information about the drug or alcohol use of their clients and how that may be affecting their behaviour at home e.g. if they are "topping up". The Glasgow Community Addiction Teams, for example, are now working more closely with the Children and Families Social Work Teams.

Substance use workers are often able to build a trusting relationship with their clients. Although it is a sensitive and difficult issue to bring up with the parent, and there is a risk of alienating them, these workers are better placed than most professionals to talk to parents about their children and the importance of sharing information with other services to protect them. If there are good working relationships between the services, there will be more scope to find practical solutions.

There is likely to be a better result for the child when there is a stable core group of services offering a network of support for the family. However, where a number of agencies are involved with the family and share responsibility for interventions and outcomes, one person or service ought to have a lead role.

3. Early identification

Early identification of children affected by parental substance use is vital. This includes identification by adult services working with the parents for their substance using problems. Helping the parents to access, and sustain, treatment will reduce the harm to the child but identification and assessment of the child's individual needs is equally as important.

Identification at the pre-natal stage is the optimum because services can then gain a good understanding of the family situation and of the substance use. The Think Tank advocated that drug and alcohol services should actively encourage women to present themselves for ante-natal care.

When children are older, nursery staff, teachers and other education staff could play a much bigger role in identifying and reporting children who may be affected by substance use. There should be **clear and well understood protocols to help them to pass on information to other relevant agencies that, in turn, need to be receptive to information from teachers.**

4. Early intervention

Currently, intervention by services often occurs when the children are older. The later the intervention occurs, the greater the impact on the child and the higher the cost. The Think Tank reflected on the possible reasons for delayed intervention: an over-optimistic approach on the part of social workers and staff in other services; or lack of resources coupled with a raising of thresholds so that intervention only occurs when problems are severe and action must be taken. While services should work together to address the problems facing the family as a whole, they need to be prepared to recognise when the situation has become damaging to the child and intervene before the harm becomes acute.

Intervention should come at all points and at all stages. For young children, there is likely to be a major role for health professionals and Children and Families social workers. Good ante-natal care for the mother is the first step. This needs mutual understanding of roles and good communication between treatment services and maternity services. This helps to put support in place at a crucial stage in the child's development although it needs to be followed up with appropriate support as the child grows. This is also the time when there may be an opportunity to discuss, and advise on, contraception.

Once the baby is born, services should monitor whether the baby is thriving and meeting developmental milestones. The Health Visitor is the key professional in the early months of a child's life but should have support from other services e.g. to make sure that women attend appointments. Addiction services may also be involved with the parent(s). All services need to work closely together to ensure that the child's essential care

needs are met and that support for the parent(s) does not take precedence over the child's needs.

For older children, it is still crucial that services are working together and putting the child's needs first. Health professionals may be less involved as children need fewer developmental checks but they still need to be monitored. Teachers increasingly have information about their pupils which is potentially an invaluable source for identifying risk and need as noted above, but also for developing better provision for the children.

It is crucial that interventions are not treated as single episodes. For children living with parental substance use, **there needs to be continuity of care over the longer term delivered in accordance with a clear plan with agreed goals, timescales and outcomes.**

5. Assessment

The Think Tank agreed that it is important **to assess and address the needs of the child independently from the needs of parent and family.** Good quality assessment is needed to enable services to make a judgement about

- the needs of the child: physical, emotional, and social
- the risks for the child and what steps can be taken to address them
- what level of parenting is appropriate or acceptable
- the parent's capacity to care for and nurture the child
- the parent's level of insight into the impact of their behaviour on the child.
- what level of support is available for the **child**, not only the parent.

The assessment of the parent's capacity to look after and nurture the child should be undertaken in relation to the individual child. The way in which the parental substance use affects children may vary e.g. according to age, and this need to be clearly identified before deciding on the level of support required.

Schools should be part of the assessment and service planning system. For adolescents, the same principles of child-centred assessment and planning should apply. There needs to be age appropriate needs assessment which looks at the history of the child and family not just the presenting problem.

Substance use is often discovered in the course of assessment for a different problem. Staff in all services need to be aware of the possibility that there may be parental substance use.

Listening to the child is a very important part of the approach. If assessment shows the child is at risk or has clear needs, there should be early intervention. Drug and alcohol use should be treated as a key indicator for early intervention.

The Think Tank welcomes the plans for the new Integrated Assessment Framework.

6. Listening to the children

The voice of the child needs to be heard. Even at quite a young age, children can express their feelings about their lives. However, those feelings are likely to be confused between strong feelings of loyalty to parent(s) and distress at their home lives. Even when they are capable of expressing their own wishes, children may feel unable to say what they really want. **The challenge for services is to find ways of communicating with children which are appropriate to their age and recognise them as individuals in their**

own right. There is a further challenge for staff if, and when, their professional judgement goes counter to the expressed wish of the child (either to stay at home or to be removed).

7. The engagement with parents

The motivation and commitment of parents to address their substance use problems and the other circumstances that affect their ability to look after their children is crucial to improving children's lives. The characteristics of substance use e.g. the effect on attitudes and behaviour, and the often erratic nature of the recovery process, present a real challenge to services when trying to engage with the parents. Even where the parents are engaged and making progress, it may be too slow to match the needs of the child. **The need for intervention, and the type of intervention, should be dictated by timing and timescales appropriate to the child, rather than the adult.** The Think Tank believes that services need to be clearer in their expectations, and more challenging and honest, when engaging with parents.

This approach could include a contract, discussed and agreed by parents and services, that sets out goals and timescales. The contract should be a tool, not an end in itself. It should be applied with sensitivity to the needs of the parents who may be genuinely committed to reducing their substance use and caring for their children. But the needs of the child should always be the prime concern. The desired outcome would be sustained and purposeful engagement on the part of the parents leading to measurable progress.

8. Develop more accessible and available services for children and parents

One of the “harms” experienced by children affected by parental substance use is that they miss out on normal childhood activities, such as play schemes, parenting groups, swimming or libraries. As they grow older, the urge for concealment or caring responsibilities often prevent children themselves avoid from joining in groups or activities. Children lack fun in their lives. They appreciate and benefit from opportunities to get out of the house and into another environment.

Activities such as Young Carer’s Groups provide a source of fun, respite and the opportunity to build relationships with other trusted adults.

In addition they can help the child to develop resilience and, therefore, to cope with their daily life.

Services need to be available and accessible for both parents and children. The parent’s commitment and engagement will be dependent, in part at least, on being able to access treatment services and other services. The services must also be of **appropriate level and quality** to meet their needs.

Children should be able to access universal services on their own account, not necessarily through the parent. This may apply particularly to children old enough to refer themselves.

9. The role of the school as a safe environment and place of support

Schools have a unique opportunity to offer a stable, nurturing and supportive environment. As noted above, teachers and support staff have a wider role and are well placed to identify and report the signs of a child who may be affected by parental substance use. They should also be part of

the assessment. **Schools guidance staff and other support workers could enhance their role in relation to children affected by parental substance use.** They could become more actively involved with the children; work in collaboration with the other agencies who are working with the child and the parent(s); and seek to engage the parents to support the child’s attendance and participation in school. Above all, teachers and other school staff should have the time to listen and talk to children in line with the Children’s Charter.

10. The need for clear, well understood thresholds

There needs to be a better understanding and agreement about thresholds for interventions e.g. for removing children or letting them stay. There seem to be significant variations in the level of thresholds across teams, services and geographical areas. The Think Tank view is that the threshold for interventions in the case of a child affected by parental substance use should be the same as for other vulnerable children. However, where parental substance use is present, the threshold may be reached more quickly. As noted above, decisions about whether a child has reached the threshold for an intervention, including removal, should be based on the impact on the child and timescales which are appropriate and relevant to the age of the child. Services need to have clearly defined and understood thresholds. **Ultimately, however, the decisions will rest on professional judgement, based on good assessment of risk and need, including the history of the family and its engagement with services. Services need to develop protocols, on a multi-agency basis, supported by multi-agency training. Good communication and collaboration is needed across all levels on organisations.**

11. Training

Staff in universal services need more training to increase their knowledge of the nature and characteristics of substance misuse; and how it affects patterns of behaviour and lifestyle in ways which are likely to impact on children. They also need more training to improve their assessment skills and their capacity to handle issues related to substance use when they come to attention.

Professionals in all services need training on

- ✓ how to be more assertive and confident in dealing with parents and with other agencies
- ✓ how to present a case in court
- ✓ how to give information in the most relevant way to other agencies.

All agencies need to ensure that staff have full knowledge and understanding of the rights of children and their duties and responsibilities towards children.

12. Develop a range of care options for children

While for some children, the only option may be to remove them from their homes and their parents(s), there is often scope for other, more flexible options that offer respite from the home circumstances. The value of these options is likely to be greater if the intervention is made at an earlier stage (as described above).

The chance to spend time in another environment, with other people, may help the child feel less isolated. It can also allow them to be treated as an individual. Services such as nurseries, family centres or weekend fostering allow time away from home with

other adults and children. The opportunity for “normal” activities provided by after school clubs or sports clubs can help to redress the balance in the child’s life. When the activities offer the opportunity to meet other children and young people in the same situation this can provide reassurance that they are not alone. Peer support at school or through other organisations could be a valuable tool.

13. Develop parenting initiatives

There has been an increase in projects and services aimed at helping women improve their parenting skills. This can make a big difference to the children’s lives as mothers become better able to look after their children at a practical level e.g. cooking, play and bedtime routines, and to show them affection. There are a number of examples including

- The Aberlour National Parenting Project works with mothers who need help with parenting through a structured programme both in the Aberlour residential rehabilitation services for women and children aged up to 12 and the Outreach projects. Children’s Workers work with the children on their own in addition to work done by the family workers in order to help them to articulate the issues that matter to them.
- Family Support Unit (FSU) have family support outreach workers who work with children and families and offer support that meets the specific needs of each individual child and family.

Some local authorities have adopted parenting initiatives. The Think Tank believes that more such initiatives would benefit children and their parents. Some audits of parenting work have been carried out and suggest that there is some lack of communication between Education and Social Work. Where there are Parenting projects they are not always known across agencies in the area. Currently some local authorities are mapping services and identifying gaps in services and opportunities for development.

The view of the Think Tank was that, notwithstanding good work by projects, **universally accessible services should be providing more services for vulnerable children.** Other services, such as those above, could be expanded but would not be able to meet the needs of all children.

The community should also take some ownership. Sustained community support for children living with parental substance use could offer other forms of care and protective factors. A community development approach is being used by Aberlour Outreach in Stobswell in Dundee to engage with children, families and services based in the community. It is supported by a community Advisory Group. A Neighbourhood Management approach, looking at the protective factors, could also offer support for children and families.

The Think Tank also noted that there are very limited services for women with children. The Aberlour residential services require abstinence. For many women that will not be suitable and there is scope to develop services that work with women who are stable on a maintenance regime.

The Think Tank acknowledges that there is good work going on in parts of Scotland to develop these and other approaches and services but a serious and sustained effort will be needed to improve the lives of children and families affected by substance use.



"Cos you would feel embarrassed that your teachers would know and giving you sympathy and a' that...I would nae like it."

(About friends) "They don't say anything about addicts when I'm there 'cos they know my Mum's an addict and it might upset me."

"Before it would have been embarrassing, my Mum wouldn't have had enough money to get all the things that I would need to have a sleepover so I wouldn't have had it ...my Mum is better now, I'm going to have a really good birthday."

(Children 11-16)

"I was a normal mother, okay I was on a methadone programme but I was a normal mother, my child came first at every turn."

"More intense home support...There should be more practical and emotional support."

"I always loved them....but how can you give them your love, it's false love when you are stoned. When you have the hit you're 'Oh my wee darling', play with them for 5, 10, minutes then it's you're fed up, that's truthful."

(Mothers)

They don't tell lies here. It's fun. It's a happiness place. You can cry if you want to...they give away hugs."

"It's a chance to meet new people and make new friends, you can talk to people who have a similar background. It makes you feel less alienated knowing they're going through the stuff like you - it's all free."

"The group is a chance for you to be listened to and gives you the support you need."

(Members of Young Carer's Groups)

Conclusion

The Think Tank believes that action needs to be taken now to improve the range and capacity of the services designed to meet the needs of children living with, and affected by, substance use. The UK Foresight scenario is that the use of Class A drugs will triple in the next 20 years. Without targeted policies and a speedier and more appropriate response from services, the lives of more children will be blighted.

The Think Tank described the problem of children affected by substance use as a public health issue because it is most often associated with areas of deprivation where there are significant health inequalities. Substance use itself has a major impact on the health of the community. It is also an economic issue because so many of the children will under-achieve at school and will have significant problems finding employment.

There is also increasing concern about substance use and associated patterns of behaviour now being passed down through generations with potentially worsening consequences for children. When parents have experienced poor parenting themselves, they have no role models or good behaviours to emulate. There are now also concerns about whether grandparents will be able to care for grandchildren as some of these grandparents will themselves be substance users or have been substance users in the past.

The areas for action identified by the Think Tank require a major commitment from politicians, the Scottish Executive, local authorities, NHS Boards, and a range of services in the statutory and voluntary sector. The Think Tank recognises that policy development and service improvement take time but current developments such as the Integrated Assessment Framework and the Getting it Right for Every Child review are important steps. The recommendations of the 21st Century Social Work Review focus on building community capacity and this could bring a new and valuable dimension to tackling the problems of children affected by parental substance use.

The Think Tank's findings are drawn from a breadth of knowledge and experience across a range of sectors and we believe that they merit serious consideration. However, we also recognise that there is a need for further, detailed discussion and debate. From the Think Tank's deliberations, a number of important principles have emerged which, we believe, should underpin that debate and future decisions about policy and practice. There are set out overleaf.

Principles for policy and practice

- What matters is the impact on the child.
- Each child must be treated as an individual.
- Children have a right to be protected from harm
- All the services dealing with the family should put the child's needs first.
- There should be a multi agency, holistic approach to assessment and planning which will identify all the problems and circumstances affecting the children and family.
- Both adult and children's services need to be fully involved from an early stage and they must work closely together.
- Communicate directly with children in ways that are appropriate to them and listen to what they have to say.
- Decisions should be made on the basis of the impact of the circumstances on the child, measured against time scales that are crucial for the child, not for the adults.
- Intervene earlier and invest time and resources for longer periods.
- Services should be available and accessible, and of appropriate level and quality, to meet the assessed needs of child and parents.
- Make services directly accessible to children. Engage with the child him/herself, not with the adult as a proxy.
- Be clear honest and challenging to the parents and seek evidence of change
- Adult and children's services should share a common purpose and understanding and work together to provide services which are:
 - integrated
 - continuous
 - consistent

Participants

Honorary Sheriff Alan Finlayson (Chair)

Days 1 and 2

Marina Barnard	Centre for Drugs Misuse Research, Glasgow
Alwyn Bell	Detective Sergeant, Lothian & Borders Police
Sandy Corlett	Service Manager, Children1st
Lynne Curren	Senior Community Mental Health Nurse, Edinburgh
Professor Brigid Daniel	Education & Social Work Faculty, Dundee University
Brenda Doyle	Head of Children & Families, South Lanarkshire Council
Lyn Hair	The Sunflower Garden Project, Crossreach
Dr. Mary Hepburn	Princess Royal Maternity
Patricia Illsley	Community Schools Co-ordinator, Perth and Kinross
Christine Laverty	Community Addiction Manager, Glasgow Addiction Services
Margaret Lawson	Drug Liaison Midwife, Forth Park Hospital
Lorna McArthur	Practice Development Nurse, Glasgow Addiction Services
Mona McCulloch	Quality Improvement Officer, South Ayrshire Council
Kathleen Marshall	Scotland's Commissioner for Children & Young People
Barbara O'Donnell	National Alcohol Liaison Officer
Sheriff Rita Rae QC	Sheriff Court of Glasgow
Catriona Rioch	National Parenting Project, Aberlour
Patricia Russell	Policy Manager, Aberlour
Jean Sinclair	Senior Social Worker, Moray Drug & Alcohol Services
Grant Sugden	Family Service Unit Scotland
Carol Thompson	Practice Reporter, Scottish Children's Reporter Administration
Sandy Torrance	Dundee Outreach, Aberlour

Day 1

Tam Baillie	Barnardo's
Joy Barlow	STRADA
Sue Brookes	Governor, Cornton Vale
Sandy Cameron	Chair of Drug Action Team Association
Valerie Corbett	Assistant Regional Director, Aberlour Child Care Trust
Val Cox	Scottish Executive
Margo Irvine	Edinburgh Outreach, Aberlour
Val Lawrie	Scheme Manager DTTO, Edinburgh
Dave Liddell	Director, Scottish Drugs Forum
Angela Morgan	Director, Families Outside
Gill Ottley	Deputy Chief Inspector, Social Work Inspection Agency

Day 2

Julie Ross	Freagarrach, Barnardo's
Rob Warren	Edinburgh Young Careers Project

Facilitators

Kelly Bayes	Head of Policy & Communications, Aberlour
Helen Chambers	Lloyds TSB Foundation Partnership Drugs Initiative
Vered Hopkins	Tayside Drugs & alcohol Action Team
Romy Langeland	Chief Executive, Aberlour
Mike McCarron	National Officer, DAT Association
Isabel McNab	Scottish Executive

Scribes

Sarah-Louise Davies	Aberlour
Liz McMahon	Aberlour
Moira Oliphant	Barnardo's



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 Drug Action Team Association in Scotland is to engage with other national forums and professional associations to ensure the benefits of partnership and integrated working are maximised.