

CHILDREN AFFECTED BY SUBSTANCE MISUSE IN THE FAMILY:

**An assessment of the nature and
prevalence in the Borders**

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Contents:

Acknowledgements and contact details	3
Summary of key findings	4
Summary of recommendations	5
1. Introduction	6
2. Other key documents influencing policy	7
3. Methodology	7
4. Extent of the problem	8
5. Early indication of prevalence	9
6. Assessment findings	
i) Caseloads	11
ii) Assessment procedures	12
iii) Co-operation and collaboration	14
iv) Training	15
7. Impact of parental substance misuse on children	16
8. What is being done in the Borders and what needs to happen?	17
9. Summary and conclusions	19
10. Recommendations for local action	21
References	22
 <i>Appendices</i>	
<i>Appendix 1 Agencies participating in the needs assessment</i>	23
<i>Appendix 2 Covering letter sent out to participating agencies</i>	24
<i>Appendix 3 Questionnaire for Specialist Drugs/Alcohol Service Workers and Child Care workers</i>	26
<i>Appendix 4 Breakdown of responses to staff questionnaire</i>	32

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Summary of key findings:

- In the Borders there are an estimated 1,306 children and young people affected by substance misuse within the family. Of these, 859 have been identified on caseloads of agencies working with children and families (98 pre-school and 761 school age).
- This is likely to be an underestimate given that this is not currently on the agenda for most services working with these client groups in terms of routine assessment, staff training and protocols for referral on or management.
- 32 of these children are on the Child Protection Register.
- The Young Carers project, after only 6 months, has already identified 26 children and young people who have been living with the effects of parental substance misuse for several years without support, or indeed anyone else even knowing about the problem.
- Between 10% -50% of clients accessing local drug and alcohol services are parents of dependent children, but the Big River Project is the only one assessing the specific needs of these children.
- There are clear gaps in the delivery of local services that must be addressed to comply with national guidelines.
- Although most respondents (children & families and drug/alcohol workers) have done training in their own speciality few have undergone specific training focusing on children affected by substance misuse within the family, tending to use 'own professional judgment' as a basis for decisions

“My mum used to drug me so I wouldn’t wake up while she went out at night, but I would wake up and be scared on my own.”

“When I came home from school mum would be lying cold on the kitchen floor. I used to be scared to come home in case one day she would be dead.”

“I couldn’t talk to anyone about my mum. I was scared she would be taken away.”

“If this project had been around when I was at home maybe I would still be there.”

“My mum’s been drinking for 13 years – she’s not going to change now.”

Quotes from local children and young people in contact with the Young Carers Project (2003).

Summary of recommendations:

The aim of these recommendations is to increase the effectiveness and collaborative working of agencies, thereby enabling the early recognition and support for children and families affected by substance misuse.

- The Borders DAAT, local Child Protection Committee and Children's Services Planning Group need to raise their awareness of the importance of this issue and strengthen existing working group arrangements to agree joint working protocols. There also needs to be agreement as to who will take lead responsibility. Child Protection Committees have been suggested as the most appropriate body.
- The inter-agency working group currently leading on collaborative working on this issue must complete the common assessment tool and protocol for joint working (remit back to Child Protection committee for ratification). The aim of this work is to increase early recognition, referral and response for children and families in need of extra support or deemed to be 'at risk'
- All drug/alcohol services working with adults to confirm Child Protection guidelines are in place and staff trained and familiar with these guidelines. Implementation should be monitored by the DAAT.
- Support implementation of joint protocols and procedures with inter-agency training specifically bringing the issues of drug/alcohol problems amongst parents together with childcare issues. It may be necessary to plan more relevant modules with STRADA regional trainer and identify other options for those requiring more in-depth training.
- DAAT Commissioning Team / Childrens Services Planning Group to streamline existing arrangements for the planning and commissioning of services to support children and families affected by substance misuse, building in clear monitoring and evaluation arrangements.
- Agencies should continue to monitor the extent of the problem via the Child Protection Register, referral assessments and completion of SMR24 forms (anonymised data collection forms for new referrals to drug services which are completed and sent to Information & Statistics Division) and included in service annual reports. This would allow a more accurate and ongoing assessment of trends and support service planning.
- Support Young Carer's Project to secure further funding to continue work.
- The DAAT, working with all relevant agencies, should continue to raise awareness of the issue locally to help cultivate and support responses within local communities that link in with other initiatives e.g. Health and Social Care Joint Executive Healthy Living Centres, New Community Schools, Family Centres.

1. Introduction

The Borders Drug & Alcohol Action Team (DAAT) has, over recent years, become increasingly aware of concerns around the impact of parental drug and alcohol misuse on children and young people. Such concerns have been raised in various forums and separately reported by a variety of local agencies.

More recently the Scottish Executive (Social Work Services Inspectorate) has disseminated *Getting Our Priorities Right* (2002) detailing policy and practice guidelines for working with children and families affected by substance misuse. An accompanying letter outlines expectations of a range of agencies in respect of referral, information sharing and service provision for families where parents or carers have drug or alcohol problems.

In particular, these Scottish Executive expectations include:

All agencies and professional staff working with individuals who misuse substances have a responsibility to protect the welfare of any children cared for by their service users.

Getting Our Priorities Right (2002) states that Drug & Alcohol Action Teams, local Child Protection Committees and Children's Services Planning Groups should work together to ensure an agreed framework of common policies and protocols based on its guidance for work with families in which parents have problem substance use. The introduction notes that 'not all families affected by problem substance use will experience difficulties, however, parental use may have significant and damaging consequences for children'. It calls for all agencies in touch with families to be alert to children's needs and welfare, whether the children are regarded as clients of the agency or not.

The report also states that children in need are likely to include young people who provide care or support for parents who misuse drugs or alcohol, often termed 'young carers'.

Section 93 (4) of the Children (Scotland) Act 1995, defines a child in need as:

Being in need of care and attention because

- ❑ S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development unless they are provided for him/her, under or by virtue of this Part, services by a local authority;
or
- ❑ His/her health or development is likely to be significantly impaired, or further impaired, unless such services are so provided.

- As cited in '*Getting Our Priorities Right*' (2002)

An earlier study (Barlow 2000), carried out on behalf of the Lanarkshire DAT, surveyed the needs of families affected by substance misuse. Apart from this work there has been no specific assessment of the problem by other Drug/Alcohol Action Teams in Scotland, although many are now monitoring the extent of the problem in their areas.

Assessing this problem has been a very complex process, and due to the varying levels of awareness and activity between agencies, has been impossible to determine exact numbers of children and families affected in this way. However, this Borders assessment has attempted to identify the nature and estimate the extent of the problem locally, examine how agencies are currently responding to the issue, and identify what initiatives may need to be put in place to support an improvement in services for children and families.

Recommendations in this assessment will also support implementation of Scottish Executive directives at a local level by the Drug & Alcohol Action Team (DAAT), Child Protection Committee, and Children's Services Planning Group.

2. Other key documents influencing policy

The National Child Protection Audit and Review Report *It's Everyone's Job to Make sure I'm Alright* (2002) highlights potentially dangerous gaps between services for those with drug/alcohol problems, and child protection and family support services.

Tackling Drugs in Scotland - Action in Partnership (1999) regards Drug Action Teams as key in the delivery of national and local action plans. This includes the assessment of drug related problems within their own communities, a partnership approach in the identification of solutions, and the joint planning and commissioning of services which are evaluated to identify best practice.

The *Plan for Action on Alcohol Problems* (2002) acknowledges that alcohol use is socially acceptable in this country, with misuse tending to be tolerated and therefore harder to assess. Children living in these circumstances are therefore more hidden and their needs harder to recognise.

3. Methodology

The assessment was carried out between November 2002 and February 2003, and took the form of a qualitative and quantitative questionnaire. The questionnaire had been previously piloted and participating agencies agreed via a series of group discussions and individual interviews conducted by the author.

Agencies were selected on the basis of having direct contact with either adults with drug/alcohol problems, or carrying caseloads for work with children and families and who felt equipped to answer the questions posed in the assessment. For the purposes of

this assessment agencies have been grouped into drug/alcohol addictions services, and children and families services (for example Children & Families Social Workers, Health Visitors (see Appendix 1 for participating agencies and a breakdown of responses).

A covering letter was sent with the questionnaire to encourage and support a response (Appendix 2).

As this assessment did not seek to ascertain any patient identifiable information ethical clearance was not necessary. Quotes from children and young people via the Young Carer's Project were provided with their permission, maintaining confidentiality, and included in this report maintaining anonymity.

An initially poor response necessitated an extension of the closing date for replies from the end of December to the end February 2003. A total of 33 completed questionnaires were returned. A number of agencies requested the questionnaire be disseminated in electronic format and it is therefore not possible to determine the number completed as a percentage of those sent out. (An original copy of the questionnaire used is attached as Appendix 3.)

Unfortunately there were no replies from the Child Protection Unit, Midwives, or children and families workers specifically based in Berwickshire, therefore the data collected may not be representative of this area. There was also no response from Women's Aid although data was collated via a health visitor who covers that area.

The draft report has been discussed with Child Protection Unit staff who have voiced their concern over the estimated prevalence of the problem and feel this report reinforces the need to work together to address these issues, even where the focus is on the parent rather than the child.

4. Extent of the problem

Since October 2002 the Borders Young Carer's Project has been able to offer support to children and young people affected by parental substance misuse, and has already received 26 referrals in the first 6 months (between 5-15 years). 9 of these referrals have been drug related, 17 involving alcohol. Support offered includes: one-to-one appointments; fun time out in young carers groups; information and advice; and the chance to talk to others in similar situations. This has increased insight into the nature of the problem and the impact on families in the Borders.

Quotes from young carers in the Borders:

"My mum used to drug me so I wouldn't wake up while she went out at night, but I would wake up and be scared on my own."

"When I came home from school mum would be lying cold on the kitchen floor. I used to be scared to come home in case one day she would be dead."

“I couldn’t talk to anyone about my mum. I was scared she would be taken away.”

“If this project had been around when I was at home maybe I would still be there.”

“My mum’s been drinking for 13 years – she’s not going to change now.”

These children have shared their experiences with the Young Carer’s Project worker, describing the impact on them of living with a parent who misuses drugs or alcohol. Some of the young people quoted are now ‘looked after’ but had suffered for years in these circumstances with no one to confide in. This would suggest that support should be offered much earlier when a child is recognised as being in need of help, rather than waiting until they are ‘at risk’ and therefore necessitating such a radical intervention.

The Project worker feels it is crucial to adopt an open and honest approach about the parent’s substance misuse, the aim being to create a relaxed discussion where they are able to share their worries. Nearly all parents in contact with the project have voiced feelings of guilt and concern about the impact their behaviour has on their children, and are grateful for the support on offer. Most parents are already seeking help for their drug/alcohol problems, which can be a very difficult and stressful time for them.

Offering support to the family as a whole helps to bring issues out into the open, and encourages parents to discuss their problems. Help may then be offered to address these problems, hopefully preventing a crisis situation developing. It is felt that regular contact with families who are still together is crucial if they are to stay that way.

5. Early indications of prevalence

Prior to this needs assessment data was gathered providing a snapshot for local agencies (April 2002) indicating potential prevalence of the problem:

Social Workers identified approximately 117 children as living within households where parental drug use was an issue. Scottish Borders Council Child Protection Register for the same period showed 18 out of 38 children (48%) were noted as having drug/alcohol misuse as a background issue. Of these children, 67% were aged 5 years or under.

Big River Project assessed one third of service users (i.e. 31 individuals) as needing parenting support, with a potential benefit to their 44 dependent children (average 1.4 children for each client). Of these 31 people, only 8 were currently in contact with SBC children and families teams.

A survey of local GPs by Scottish Health Feedback (1997) estimated a prevalence of 2,200 people with alcohol problems and 600 problem drug users, the latter complementing a later estimate of problem drug use in the Borders (Hay et al 2001).

GP and Big River Project data can be used to estimate an overall prevalence of children and young people living with parental substance misuse in the Borders:

Total GP estimate for patients with drug/alcohol problems = 2,800

Assume one third of these (933) each have 1.4 dependent children, (ratio for Big River clients) = 1,306 children who may be affected in this way.

National data supporting an early indication of the size of the problem:

Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland (Hay et al 2001) suggested a total of 585 drug users in the Borders. This consisted of 106 known users (i.e. in contact with treatment services) and 479 'hidden' users (known to police or social work but not in touch with treatment services). This estimation does not include those with alcohol problems, and is known to under-report those in treatment.

New information from ISD (2003) on the level of alcohol problems in the Borders suggests 1000 people consulted their GPs regarding alcohol problems and there were 19 alcohol related deaths during 2001/2. There were also 615 discharges from the BGH for alcohol related conditions (an increase of 25% from 1997/8).

Problem substance misuse is normally associated with dependency and is defined here as resulting in harmful effects on a person's life, in terms of health or social functioning. In the case of alcohol this does not necessarily relate to dependency, as regular excessive drinking (binge drinking) may still lead to significant harm for an individual, their family or the wider community.

Most people seeking treatment for drug or alcohol problems via the specialist services are likely to be at the most acute end of the scale and experiencing significant difficulties in their ability to function. However, this is not a stage reached overnight and indications are that there are many more people out in the community who drink or misuse drugs to harmful levels without seeking treatment, and whose behaviour is likely to have a negative impact on those around them.

6. Assessment findings from questionnaire (breakdown of responses in Appendix 4)

i) Caseloads

Drug and alcohol specialist services

Within drug and alcohol services the percentage of clients who are parents ranges from 10% (for services working with younger clients) up to 75% for some individual staff working with adults. This indicates specialist services are working with a significant number of clients with acute drug or alcohol problems who are responsible for the care of children and young people.

Only one specialist service was able to identify the number of children of clients accessing their service (30), so it is not possible to estimate the total number of children and young people of these clients. None of the services surveyed was able to say if children of their clients were on the Child Protection Register.

The majority of specialist services spend less than 25% of their time working with clients on child related issues, and regard this area of work as being peripheral to or outwith their remit. Two of the services commented, “it would only be their responsibility to report abuse/care issues to the appropriate people”. This would presumably be where there were child protection concerns.

This suggests specialist services are not asking clients about their family situations even though they may have identified them as parents of dependent children (as part of the normal assessment process when completing SMR24 forms*). It also reinforces the assertion within *Getting Our Priorities Right* that their prime focus is the adult’s drug/alcohol problem, and issues relating to their children only come to the fore if they reach a critical stage.

*SMR24 forms are completed by services for new clients referred with drug problems and the anonymised data is sent to Information & Statistics Division (ISD) to monitor trends.

Children and Families services. *This includes Social Work (Children & Families), Health Visitors, Child Health, Child & Family Psychiatry, Children’s 1st, Gala Youth Project and Young Carer’s Project). There was no response from midwives.*

Most children and families services either did not, or were not able to identify the numbers of clients who may be drug/alcohol using parents. They were however able to estimate the proportion of children of drug/alcohol using parents on their caseloads, which ranged from 4% for Child Health up to 28% for Social Work staff. The amount of time spent on dealing with childcare issues ranged from 25-75% for staff within the same service, and between services.

This would appear to reflect the range of their services provided from routine health care

through to support for families experiencing difficulties.

These services generally regard parenting and childcare issues as central to their role, although Health Visitors and Social Workers were the only services that identified how many children in this category were on the Child Protection Register (a total of 26). One Health Visitor had 8 children on her caseload who were on the Register, but identified another 35 children who she regarded as 'vulnerable' because of parental substance misuse.

ii) Assessment procedures

Drug and alcohol specialist services

Only 1 of the specialist drug/alcohol services (the Big River Project) reported that they always carry out any specific assessment of the children of drug/alcohol using parents, the basis for this being a combination of procedures, guidelines and professional judgement. Two other specialist services stated they occasionally carried out such an assessment, but this was based on professional judgement. Other such services say they never, or rarely assess these needs despite a number of their clients being known to be parents of dependent children (up to 50% of clients for one service). This clearly illustrates a wide variability of practices between agencies.

Only three of the six services had sent staff to participate in any relevant training e.g. STRADA module on children affected by parental substance misuse) that would support this judgement. In particular the service with the most clients who are parents has done no relevant training and never assesses this area.

One response commented that they 'refer on' clients to other services where they have unmet need, although it remains unclear how they would pick up on these specific needs if they don't include them in an assessment.

Scottish Executive guidelines (February 2003) require drug/alcohol agencies working with adults to:

- ensure staff understand the impact of parental or carer drug/alcohol misuse on children, and are able to identify the children who may be at risk of harm (whether from abuse or neglect) as a result of parental drug/alcohol misuse or from their associates
- adopt policies that ensure child protection issues are considered as an integral part of each assessment undertaken by the agency

This would suggest there are clear gaps in the delivery of local services which must be addressed to comply with national guidelines.

Children and Families services

42% of Health Visitors and 55% of Social Workers surveyed claimed to always carry out a specific assessment of the needs of children of drug using parents. Approximately 40% of both groups claimed they only occasionally carried out such an assessment. This assessment tended to be based on 'own professional judgment' but was supported by child protection procedures and discussions within their own team e.g. with line manager.

“There are a significant number of children in every school who have parents with drug/alcohol problems, many of whom are not necessarily accessing any help or treatment.”

(Child Health)

“People aren't picking up on alcohol problems so readily.”

(Drug & Alcohol service worker)

Most important aspects of care and management for the parent

Both specialist drug/alcohol workers and child care workers identified risk assessment of the safety and welfare of their children as the most important aspect of the care and management of their clients (parents). Parenting advice/support was ranked next highest by both groups. This would suggest these aspects should therefore be an integral part of the assessment process.

Most important aspects of care and management for the children

Here again risk assessment and relationships between parents and children rank highest by both groups. However the perspectives then vary with childcare workers placing high importance on 'talking about/understanding the parent's drug/alcohol misuse'.

Specialist drug and alcohol services thought that this was of equal importance to respite/time out with friends, and support with school/homework etc.

Support offered

Children and Families services

Staff feel they are able to offer a range of services to children and their families including assessment (half say they always assess); information and advice; practical support; counselling and respite, although these staff go on to identify a number of training needs to support them in this work.

Drug and alcohol specialist services

Four of the six services say they offer assessment as a service for parents, despite only 1 having previously stated that they always assess the specific needs of client's children, and only half having received any relevant training.

This would seem to suggest that assessments offered by staff focus on their normal areas of activity (parental drug/alcohol issues) rather than the combination of the adults and the child's needs as recommended in *Getting Our Priorities Right*.

Both groups rank information and advice as the service most often provided for children and families.

“We are aware of the difficulty some parents have in focused work, depending on where they are in their drug/alcohol use. At other times parents have difficulty in accepting the impact this can have on themselves (parenting capacity) and others (particularly their children). We are also aware that parents who are most effectively supported manage to work together and overcome barriers enabling them to openly share information.”
(Ettrick Family Resource Center)

“Parents can occasionally be difficult to engage with initially. Also counselling parents in relation to their own needs as well as the children’s takes up quite a lot on my working day.”
(Health Visitor)

The Scottish Executive letter accompanying *Getting Our Priorities Right* (February 2003) outlines a requirement for drug/alcohol agencies working with adults to make sure that staff are aware of and can help parents access services designed to support parents in caring for their children.

iii) Co-operation and collaboration

Liaison within and between agencies

When dealing with these issues specialist drug/alcohol staff and childcare workers feel liaison within and between agencies is relatively easily achieved. Most are likely to go to their own line manager or the Child Protection Unit for help or advice, however 32% of respondents also identified the Reiver Project as a source of support. The Reiver Project is a relatively young service designed to support under 16s experiencing problems through their own drug or alcohol use. Several people also identified the Young Carers Project as a liaison point which at that time had only been running for a few months.

Barriers to joint working

68% of specialist drug/alcohol services and childcare workers identified the lack of a common assessment tool and joint protocols as the main barriers to joint working. Lack of time and professional differences were also identified to a lesser degree.

“Difficulties arise re conflict of interests when working with other agencies e.g. social workers advocate for children but drug agencies want to keep relationships with parents as long-term clients, and can be reluctant to share information/concerns affecting children.”
(Social Worker)

The Scottish Executive letter accompanying *Getting Our Priorities Right* (February 2003) requires drug/alcohol agencies working with adults to establish procedures to ensure that local children's services are informed of:

- a. any concerns that a child cared for by their service users may be at risk of harm or neglect;
- b. the potential need of children cared for by their service users for additional family support

iv) Training

Drug and alcohol specialist services

Only half of the drug/alcohol services had sent staff for specific training on this topic (e.g. STRADA – Children & Families Affected by Problem Drug & Alcohol Misuse). Although they felt it had been useful, all those responding to the questionnaire said they would benefit from training on risk assessment, with some also asking to address 'parenting capacity' and 'helping parents to speak with their children' also identified as being important.

There seems to be little recognition amongst these services of their role in assessing or responding to parental/childcare issues, and therefore a limited acknowledgement that they should be trained and supported to respond to their needs.

The prevalence rate of parents on their respective caseloads would suggest that all specialist agencies working with this client group should undertake some appropriate training to help raise awareness of the potential impact on clients children, assess the needs and potential risks, and liaise with children and families services where appropriate.

Children and Families services

Only a small number of Health Visitors and Social Workers responding had done specific training e.g. STRADA module on children affected by parental substance misuse, although nearly all had done some form of training 'in house'. There were several requests for further training covering a broad range of topics, with nearly all asking for training on parenting capacity and risk assessment; and nearly half wanting to look at helping parents to speak with their children; child protection and child development/psychology.

These findings would suggest there are a number of staff already working with these client groups (children and parents) but who feel they need more training to help them provide this service. These staff illustrate a good level of self-awareness and acknowledgement of their limitations.

For those staff that have completed child protection training the emphasis will be on identifying and responding to children 'at risk'. The benefit of staff having more specific training on child care and drug/alcohol issues is that they may recognise and respond to a child who may be in need of help and support at an earlier stage thereby preventing them

becoming 'at risk'.

“This work is yet to be something I have dealt with directly. All answers relate to my everyday work put into a context of such misuse. I have not had training in this field and would hope this would be available. A common factor is a lack of time, and a lack of common assessment tools is something that hinders the work I generally do, as well as in interagency work as reference points are very hard to set.”

(Social Worker)

The request for a wide range of training “reflects the difficult area around how drug misuse may impact on the judgment/parenting capacity”.

(Health Visitor)

7. Impact of parental substance misuse on their children

Both alcohol and drug misuse is known to greatly increase the risk of family problems. Many of these risk factors may also be apparent where parents do not use drugs. A parent's substance use alone does not necessarily predict risk. Children with additional needs, e.g. physical or learning difficulties or health problems may be especially vulnerable. Examples of associated risks identified in 'Getting Our Priorities Right' (2002) include:

- Maltreatment, emotional or physical neglect or abuse
- Harmful effects on unborn babies or neonates
- Chaotic lifestyles disrupting routines, relationships, attendance at school and housing, often resulting in isolation
- Family conflict and inappropriate parental behaviour
- Exposure to and involvement in drug-related activities and associated crimes
- Conflicting pressures, especially in economically deprived, lone parent households

Particularly stressful elements for the children are:

- ☐ Keeping secrets
- ☐ Stigma of having a parent who misuses drugs or alcohol
- ☐ Social isolation
- ☐ Caring for parents when they are intoxicated

The Young Carers worker has identified a similar picture in her work with children and young people in the Borders, including:

- ☐ Fear
- ☐ Inconsistent care
- ☐ Verbal, physical and emotional abuse
- ☐ Neglect e.g. lack of food in the house

- ❑ Children being made to steal food
- ❑ Undesirable people frequenting the house
- ❑ Missing school
- ❑ Caring for the parent
- ❑ Caring for younger children in the house

“I had to act as a decoy while my sister stole food”

(Quote from a young person in contact with the Young Carer’s Project)

Research (McKeganey et al 2001) Barnard (2001) has identified a disparity between the recollections of events by parents and their children, with parents believing that they have delivered basic cares whilst children have a very different recollection. These children have been identified as being more likely to experience:

- Poor mental health
- Behavioural problems
- Social isolation and stigma
- Substances misuse themselves when older
- Reduced emotional and actual availability of parent
- Inconsistent and lukewarm care, ineffective supervision, overly punitive discipline

8. What is already being done in the Borders and what needs to happen?

The Scottish Executive (February 2003) has stated clearly that all service providers have a responsibility to act to make sure that a child whose safety or well-being may be at risk is protected from harm. Although service user confidentiality should generally be protected, if there is any identified risk to a child then informing social work services should take precedence over agency requirements to maintain confidentiality.

Childrens services are required to have in place procedures to ensure an appropriate response to referrals from substance misuse agencies. Information on the range of early intervention and family support services offered locally should be made available to substance misuse agencies to promote confidence in the referral system. This work informs local services and is timely in relation to Scottish Executive guidance.

- i) *Getting Our Priorities Right* (2002) recommends DATs, Child Protection Committees and Childrens Services Planning Groups should agree a protocol for joint working between drug and alcohol services working with parents, and children and families services.

In the Borders an inter-agency working group has already agreed a protocol for the assessment and management of pregnant drug/alcohol users. This has now been ratified by the Child Protection Committee and disseminated to services for inclusion in the Child Protection Guidelines.

The next focus of this group is the assessment and management of drug/alcohol using parents, although it may be helpful to clarify the membership, role, remit and specific task of this group and ensure it is a formal part of relevant action plans.

- ii) It is also recommended nationally that joint working should be underpinned by a programme of inter-agency training e.g. STRADA to encourage a mutual understanding and awareness of roles and in support of collaborative working.

Locally, a programme of STRADA training is already in place with regular liaison between the DAAT and the Regional Trainer to identify need and plan accordingly. This is free for health and social services staff, plus voluntary organisations. However, there are only 20 training days/year available for the area and this covers a range of topics (not just those relevant to this subject).

It may be necessary therefore to explore the feasibility of increasing the number of training days available from STRADA or negotiating additional training delivered 'in-house' following the same format. It would also be helpful to draw together details of other relevant training programmes that may meet the needs of professionals working in this field.

- iii) Joint commissioning of services is advocated by the Scottish Executive, using relevant funding streams, for example: Changing Children's Services Funds; Lloyds/TSB; drug rehabilitation money; New Opportunities funds 'Better Off'; Surestart; SIP.

A recent development locally has been the formation of a DAAT Commissioning Subgroup. However, it will be necessary to ensure this links in with existing structures for the planning and commissioning of children's services.

- iv) Early identification and support has been identified as being crucial at both a national level (McKeganey et al 2001) Barnard (2001) and locally by the Young Carer's Project. The Young Carer's worker has already acted by visiting GPs, addictions services and schools to raise awareness and promote referral, even if the parents may not yet be at a stage where they are ready to seek treatment for themselves.

The Project is able to support children and young people living in these circumstances, but it only has funding for 1 year (from Scotland Against Drugs). Given the early success, concerns identified by the project and the magnitude of the problem across the Borders it would seem crucial to identify future funding to support

the continuation of this work.

- v) A joint bid from the Big River Project/Child Protection Unit has been submitted to Lloyds/TSB to recruit 2 parent support workers (match funded in year 1 with CCSF money £30,000). Other potential funding will need to be identified to secure longer-term plans. These workers would be able to take referrals from other agencies to support drug using parents and their children.

9. Summary and conclusions

This report has examined the practices of specialist addictions services, and those working with children and families generally. Although the two groups of services appear to work well when responding to child protection issues (supported by training and protocols), there seems to be a lack of awareness of the problem before things deteriorate to that level.

Typically adults will have been drinking alcohol or using drugs to harmful levels for several years before seeking treatment, all the while impacting on those around them. By the time the children's needs have been recognised some of them have been suffering for several years.

Estimates show that in the Borders there are a significant number of adults experiencing problems with their drug or alcohol use, many of which are parents of dependent children. It is known that many of these adults are not in touch with the specialist drug/alcohol services, but even if they are there is no guarantee that their problems from a parent's perspective will have been assessed, recognised, or additional supports put in place to meet their needs.

Likewise, children and families services may have recognised that parents are experiencing drug or alcohol problems, but not specifically assess the impact this may have on the children and their home environment and increase supports in response.

There is evidence of good will and enthusiasm for this topic locally at a grass-roots level, and some progress has already been made. The development of joint protocols for dealing with pregnant drug/alcohol users has been agreed, but this has yet to be implemented beyond those represented on the working group. The agreeing of protocols for the assessment and referral of drug/alcohol using parents has yet to be completed. These protocols will need to be supported at a senior level to ensure implementation, and must be supported by the joint training of agency staff. Although a programme of such training has been made available not all relevant agencies have sent staff to participate.

McKeganey spoke on this topic at the recent conference 'Scotland's children growing up with substance misuse'. He suggests it should always be assumed that substance-misusing parents would have difficulty with parenting skills and that services should routinely assess and support them accordingly (for immediate and extended family). His personal view is that it is not always in the child's best interests to remain with the family,

advocating a time limit in which they commit to their child and change their behaviour, or the child is accommodated. Generally, intervention offered at an early stage and focusing on both the parent's drug/alcohol problem and the child's needs maximizes the chances of improving the home environment.

McKeganey also argues that Child Protection agencies need to take the lead in implementing measures to improve the situation suggesting joint working has too many pitfalls, and that adult drug/alcohol services were not equipped to deal with childcare issues. Whilst this would avoid these families 'falling between two stools' it would be important to prioritise the preventative work being suggested here to avoid the emphasis remaining on 'at risk' children.

10. Recommendations for local action

These recommendations arise from the areas highlighted for action after assessment of local practice, and take cognisance of national research and local experience. They also support implementation of Scottish Executive directives disseminated with the *'Getting Our Priorities Right'* document (2002). In particular, these include:

All agencies and professional staff working with individuals who misuse substances have a responsibility to protect the welfare of any children cared for by their service users.

- The Borders DAAT, local Child Protection Committee and Children's Services Planning Group need to agree to prioritise this issue and strengthen existing working group arrangements to agree joint working protocols. There also needs to be agreement as to who will take lead responsibility (possibly the local Child Protection Committee).
- The inter-agency working group must complete the common assessment tool and protocol for joint working (remit back to Child Protection committee for ratification) the aim being to increase early recognition, referral and response for children and families in need of extra support or deemed to be 'at risk'
- All drug/alcohol services working with adults to confirm Child Protection guidelines are in place and staff trained and familiar with these guidelines.
- Support implementation of joint protocols and procedures with inter-agency training specifically bringing together the issues of parents with drug/alcohol problems with childcare issues. It will be necessary to plan more relevant modules with STRADA regional trainer and identify other options for those requiring more in-depth training.
- DAAT Commissioning Team / Childrens Services Planning Group to streamline existing arrangements for the planning and commissioning of services to support children and families affected by substance misuse, building in clear monitoring and evaluation arrangements.
- Agencies should continue to monitor the extent of the problem via the Child Protection Register and referral assessments.
- Support Young Carer's Project to secure further funding to continue work.
- The DAAT, Child Protection Committee and Children's Services Planning Group working with all relevant agencies, should continue to raise awareness of the issue locally to help cultivate and support responses within local communities that link in with other initiatives e.g. Healthy Living Centres, New Community Schools, Family Centres and Surestart projects.

References:

Barlow J (2000) *Survey of the Needs of Families Affected by Substance Misuse*. Report for Lanarkshire Drug Action Team

Barnard M (2001) *Intervening with drug dependent parents and their children: what is the problem and what is being done to help?* Centre for Drug Misuse Research University of Glasgow

Children (Scotland) Act 1995 London HMSO

Hay G, McKeganey N Hutchinson S (2001) *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland*

Information & Statistics Division Scotland (2003) *Drug Misuse Statistics Scotland 2002*

McKeganey N Barnard M McIntosh J (2001) *Paying the Price for their Parents Addiction: Meeting the Needs of the Children of Drug Using Parents* Centre for Drug Misuse Research University of Glasgow

Scottish Executive (2002) *Getting Our Priorities Right: Good Practice Guidance for working with Children and Families affected by Substance Misuse*

Scottish Health Feedback (1997) *Assessing the needs of drug and alcohol users in the Borders*.

Scottish Executive (2002) *Plan for Action on Alcohol Problems*

Scottish Executive Social Work Services Inspectorate (2003) *Working with children and families affected by substance misuse*. Letter accompanying the Getting Our Priorities Right document

Scottish Executive (2002) *It's Everyone's Job to Make Sure I'm Alright* The National Child Protection Audit and Review Report

Scottish Office (1999) *Tackling Drugs in Scotland - Action in Partnership*.

Appendix 1

Agencies participating in the needs assessment (including the total number of respondents from each) – 33 respondents

Data was analysed using a mixture of manual and technical statistical techniques. The parametric data has been analysed using the Wilcoxon ranking method. The questionnaire would lend itself to analysis by the ANOVA statistical package but at this time this is not available to us.

Drug and alcohol specialist workers:

BCAT	1
BCA	1
Reiver Project	1
Penumbra	1
Big River	1
Castle Craig	1

Children and families workers:

Social Workers

(Children & Families)

Peebles	3
Hawick	7
Selkirk	3
Criminal Justice	1

Health Visitors

Peebleshire	2
Jedburgh	2
Galashiels	2
Hawick	1

Child Health	2
Andrew Lang Unit	1
Ettrick Family Resource Centre (Children 1st)	1
Gala Youth Project	1
Young Carers	1

Appendix 2

Covering letter sent out to participating agencies

Dear colleague

Needs assessment – children affected by substance misuse within the family

I am writing to you on behalf of the Borders Drug and Alcohol Action Team (DAAT) to let you know about a needs assessment we wish to conduct locally. You may already be aware of the increasing concerns amongst agencies about the impact of substance misuse on the family. The DAAT has identified some worrying indicators of local prevalence based on the Child Protection Register and data from local drug and alcohol services, but has agreed that it is important to clarify this picture further. This will complement key objectives within Scottish and local strategies for tackling drug and alcohol misuse. Drug Action Teams and local Child Protection Committees, together with children's services planning groups, are required to agree a framework of common policies and protocols for working with families in which parents have substance misuse problems.

For the purposes of this assessment 'problem use' is defined as regular, excessive use of drugs or alcohol (this does not necessarily have to mean someone is physically dependent on a substance). This covers the whole spectrum of harm (actual or potential) to physical or mental health, work, relationships or social function e.g. as a parent.

This assessment has the active support of the Borders DAAT, which includes senior representation from health, social work, education and the police. On behalf of the DAAT I would like to invite you to contribute to a local needs assessment aimed at identifying the nature and extent of the problem locally. The assessment will focus on the following areas of work:

- Case load
- Client assessments
- Inter-agency working
- Training

The assessment consists of a brief, and hopefully not too onerous, questionnaire directed at relevant agencies for completion. Once completed this data will be included in a report to the DAAT and will inform both the DAAT Strategy for 2003/6 and the Children's Services Plan. The report findings will also offer assistance to agencies in the planning of services, development of guidelines, identification of training needs, and provide evidence for future funding bids.

We would be most grateful for your co-operation in disseminating this questionnaire for completion, which may be printed out and photocopied, for collection and return in the stamped addressed envelope provided. Alternatively, you may prefer to contact us to request the questionnaire in electronic format for easier completion. If you feel you are not the appropriate person to contact and would like to nominate someone else would you kindly make your suggestion by contacting our secretary Susan Black on 01896 825566 or on e-mail susan.black@borders.scot.nhs.uk. Could you please return completed forms to Susan by Monday 16th December.

With thanks for your assistance.

Yours sincerely

Julie Murray
DAAT Co-ordinator

Appendix 3

QUESTIONNAIRE

For specialist Drugs/Alcohol Service Workers and Child Care workers

Name:

Organisation/Department/Locality:

Job Title and Remit:

Please tick boxes and describe where appropriate.

CASE LOAD

1. What is the total number of clients/people for which you have responsibility? ☒ 0
2. How many of your current caseload are problem drug/alcohol users who are parents? (Complete number or tick) Number. ☒ 0 N/A ☒ 0
3. If working with families, how many children of problem drug/alcohol users do you work with Pre-school ☒ School age (Number each box)
4. What do you estimate is the proportion of your time, spent with clients on childcare issues? (Tick one)
☐ less than 25% ☐ 25-50% ☐ 50-75% ☐ over 75%
5. How central is work on parenting/childcare to your specific remit? (Tick one)
☐ Central ☐ Peripheral ☐ Outwith remit
(if "Central or Peripheral", go to question 7)
6. If outwith your remit, do you see parenting and childcare as a responsibility you feel should be included in it? ☐ Yes ☐ No
(Please give reasons for your answer):

7. How many children of your drug/alcohol-using clients are currently on the child protection register?
(Complete number or tick) Number ☐ Don't Know

NEEDS ASSESSMENT

8. What would you identify as the most important aspects in the care and management of your clients who are problem drug-users and parents?
(Rank in order of importance 1-low to 5-high)

- ☐ Parenting advice/support
- ☐ Assistance with childcare
- ☐ To talk to their children about their drug use
- ☐ Risk assessment regarding the safety and/or welfare of their children
- ☐ Other (please specify -----)

9. What would you identify as the most important aspects in the care and management of children of drug/alcohol using parents?
(Rank in order of importance 1-low to 5-high)

- Talking about/understanding their parent's drug/alcohol misuse
- Respite/time out with friends
- School/homework
- Self-care/home-care issues (childcare)
- Risk assessment regarding the safety and/or welfare of the child(ren) within the family
- Relationship issues between parents/children
- Other (please specify)-----

10. Do you carry out any assessment of the specific needs of children of drug-using parents? (Tick one)

☐ Always Occasionally ☐ Never (please go to Q12) ☐

11. On what basis would you assess this need and/or risk (Tick any that apply):

- ☐ Agency Guidelines
- ☐ Agreed Formal Protocols between agencies
- ☐ Child protection procedures
- ☐ Your own professional judgement
- ☐ Other (please specify) -----

12. What type of support and advice are you able to offer? To whom?
(Tick any that apply)

- | | |
|--|--|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Child |
| <input type="checkbox"/> Information and Advice | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Practical Support | <input type="checkbox"/> Family |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Other Professionals/Staff |
| <input type="checkbox"/> Respite | |
| <input type="checkbox"/> Other (please comment)----- | |

CO-OPERATION AND COLLABORATION

13. With whom do you liaise within your own agency and in other agencies in order to provide the support and advice that is needed in this work? (Give title/role)

Own agency:.....

In other agencies:.....

14. How easily is this working effected?

Own agency: ☐ Very easily ☐ Easily ☐ Not easily

Other agencies: ☐ Very easily ☐ Easily ☐ Not easily

15. What, if any, barriers exist to effective intra and inter-agency co-operation in providing appropriate advice and support to parents? (tick any that apply)

Lack of any guidelines or protocols regarding this area of work

☐ Within your agency ☐ between agencies

☐ Lack of common assessment tools

☐ Professional differences of attitude and values

☐ Lack of time

☐ Other (please specify)-----

TRAINING

16. What training have you undertaken on issues for drug-using parents and their children? (Give title/description and duration of course or session)

If none skip to question 19

17. Was this training delivered?

(Tick one or more as appropriate)

☐ In house

☐ By a drugs training agency e.g. STRADA

☐ By a child care training agency

☐ Other (please describe)-----

18. How useful has this training been to your current practice? (tick one)

☐ Very useful ☐ Useful ☐ Not useful

19. If work with drug-using parents and their children **is** currently part of your remit, would you welcome training on any of the following (tick any):

- ☐ Parenting capacity
- ☐ Risk Assessment
- ☐ Child Development /Psychology
- ☐ Helping parents to speak to children
- ☐ Child Protection
- ☐ Separation/Attachment Issues
- ☐ Other (please specify)-----

20. If work with drug-using parents and their children **is not** currently part of your remit **but may become so**, would you welcome training on any of the following (tick any):

- ☐ Parenting capacity
- ☐ Risk assessment
- ☐ Child development/psychology
- ☐ Helping parents to speak to children
- ☐ Child protection
- ☐ Separation & attachment issues
- ☐ Other (please specify)-----

21. Would you like to comment on any aspect of working with problem drug users who are parents, and their children? (Use separate sheet if necessary).

Finally, thank you very much for taking the time and trouble to complete this questionnaire. All feedback will be treated with the strictest confidence. Please could you return your reply in the stamped addressed envelope provided before Monday 16th December.

Julie Murray/Elaine Hogarth

Questionnaire reproduced and revised for use in the Borders with the kind permission of Joy Barlow, Strategic Programme Manager, STRADA (partnership between the University of Glasgow's Centre for Drug Misuse Research and Drugscope to provide drug and alcohol training across Scotland).

Appendix 4

Breakdown of responses to staff questionnaire regarding caseloads

i) **Drug & Alcohol specialist services** (6 respondents)

Numbers of parents of dependent children (percentage of overall caseload in brackets):

Big River Project	32 (31%)
BCAT	41 (50%)
Penumbra	1 (10%)
Total	74

Other services did not answer this question:

Castle Craig

BCA

Reiver (under 16s service)

Numbers of children identified of drug/alcohol using parents:

Big River	18 pre-school	12 school age
BCA	13 pre school	33 school age
Penumbra	1 pre-school	
Total	32 pre-school	45 school age

Other services did not answer this question:

Castle Craig

BCAT

Reiver – N/A

ii) **Children & Families services**

Numbers of parents of dependent children on caseloads (percentage of overall caseload of families given in brackets):

Social Work (14 respondents)	46 (31%)
Health visitors (7 respondents)	68 (caseloads given as number of children)
Total identified	114

Numbers of children living with parents are drug/alcohol users (percentage of overall caseload in brackets)?

Health Visitors	123 (7.5%)
Child Health	675 (4%)
Social Work	41 (28%)
Children 1 st	6 (9%)
Young Carers	14 (9%)
Total identified	859

Numbers and age ranges of children and young people identified

Pre-school	98
School age	761
<u>Total identified</u>	<u>859</u>

iii) Proportion of time spent on childcare issues?

- Drug & alcohol services 83% said < 25%
- Health Visitors spent greatly varying amounts of time from <25% to >75%
- Social Workers over three quarters said they spent more than 50% of their time

iv) Parenting/childcare regarded as part of service remit?

- Drug & alcohol services wide variation between services as to how central a part in their remit
- Health Visitors 100% central
- Social Workers 100% central

v) Should it be in remit?

Most people ignored this box but those who commented said things like – “*it would be our responsibility to report abuse/care issues to appropriate sources and help clients to deal with problems*”.

vi) Numbers on Child Protection register?

- Drug & alcohol services – none of the services were able to answer this question
- Health Visitors 15
- Social Workers 11 (this is 25% of total they reported knowing lived with drug/alcohol using parents)
- Child Health – did not answer