



Turning Point Scotland

**Information Paper**

**Children and Drugs  
Services**



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## 1 INTRODUCTION

- 1.1 Turning Point Scotland has been managing drug services in Scotland since 1994. The Glasgow Drug Crisis Centre opened in November of that year and we have gone on to develop drug services from Peterhead in Aberdeenshire to Stranraer in Dumfries and Galloway.
- 1.2 We offer a range of different services to people aged 16 and over whose lives are affected by drugs. We have no remit to work directly with children, but adults bring their children with them to appointments and to drop ins; children are in the home when Turning Point Scotland staff visit their parents; and parents are concerned about their parenting and the effect their drug use has on their children. All of this means that our services need to consider the needs of children in their work.
- 1.3 The Scottish Executive Paper, Getting Our Priorities Right provides policy and practice guidelines for organisations working with children and families affected by problem drug use in Scotland. It puts children at the forefront of drugs work and gives clear guiding principles for organisations.
- 1.4 This paper looks at some of the issues around children and drug use nationally and goes on to look at Turning Point Scotland's services to demonstrate the positive impact contact with services has on families affected by problem drug use.

## 2 BACKGROUND

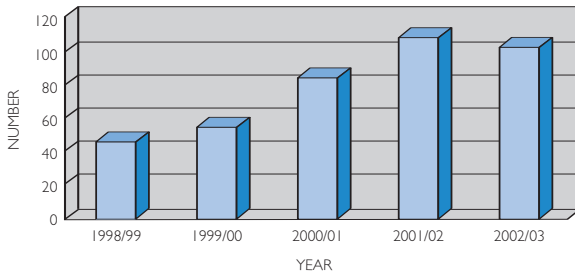
- 2.1 Research and the experience of people working both with children and with drug users, shows that problem drug use is associated with a range of potential risks to children. These include:
  - Restricted foetal growth caused by drug use in pregnancy
  - Disrupted education
  - Early exposure to criminal behaviour
  - A higher risk of emotional or physical neglect or abuse
  - Chaotic lifestyles which disrupt childhood routines and relationships and can lead to behavioural and emotional problems
  - Loss of employment or inability to sustain employment
  - Spending on drugs can lead to poverty, debt and deprivation
  - Unstable accommodation and homelessness as a result of anti-social behaviour orders, rent arrears, etc.
  - Older children taking inappropriately high levels of responsibility for the care of their younger siblings.
- 2.2 These, and other, well-understood risks mean that the needs and wishes of children affected by problem drug use must be considered carefully by all agencies working with children and with drug users.

### 3 THE SCALE OF THE ISSUE

#### The National Picture

3.1 Figures from the Scottish Drug Misuse Database give an indication of the extent to which drug misuse affects children nationally. The database offers a profile of drug misuse based on data about problem drug users attending a service for the first time. The figures show that, throughout Scotland, children are affected by drug use both as users and as the children of drug users.

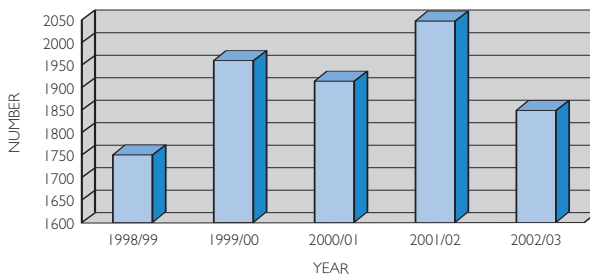
**Chart 1: People aged under 15 recorded as new service users: 1998/99-2002/3**



3.2 Chart 1 shows that drugs services in Scotland saw 102 new service users aged under 15 in 2002/03. This represents a 127 per cent increase since 1998/99 when the equivalent figure was just 45. There has, however, been a small reduction (5 per cent) between 2001/02 and 2002/03. Between 1989/99 and 2002/03, the total number of new service users (of all ages) also increased but by just 25 per cent.

3.3 In addition to children who use drugs themselves, many more are affected by the drug use of their parents. Chart 2 (below) shows that in every year since 1998/99 at least 1,750 new service users of drugs services in Scotland live with dependent children – around 20 per cent of total new contacts in each year; although this dropped to 18 per cent in 2002/03.

**Chart 2: Number of new service users living with dependent children, 1998/99-2002/3**



- 3.4 It is more difficult to estimate the total number of children affected by parental drug use. Hidden Harm, the report of an inquiry by the Advisory Council on the Misuse of Drugs into the needs of the children of problem drug users, used a number of research studies and statistical sources to come to an estimate of the actual number of children affected by the problem drug use of their parents.
- 3.5 It estimates that between 41,000 and 59,000 children in Scotland have a parent who is a problem drug user. Based on population estimates for 2000, this represents between four and six per cent of children in Scotland - a higher proportion than in England and Wales where the estimate is between two and three per cent.

### The Turning Point Scotland Picture

- 3.6 Table I below presents some figures from Turning Point Scotland's service user databases. They show that, while Turning Point Scotland provides services with a clear focus on adults, a large number of service users have children who may be affected by their drug use.
- 3.7 Table I also shows how common it is for the drug users not to live with their children. In many cases, this is because Turning Point Scotland's service user is the father and his children stay with their mother if the relationship breaks down.

**Table I: Children in Turning Point Scotland Services: 2003/04**

Service	No of Service Users	No of Service Users with Children	No of Children	No of Service Users who have their Children Living with them
218 TimeOut <sup>1</sup>	30	19	39	13
Big River <sup>2</sup>	234	–	–	–
CACTUS	171	–	–	–
Chrysalis	60	32	54	15
GDCC	7000	509* (from assessment)	–	46
Integrate	52	20	26	6
Links	183	–	–	–
Midpoint	18	15	22	5
Northern Horizons	160	14	20	6
SEA	110	52	96	–
Dumfries and Galloway	170	34	53	–

<sup>1</sup> Figures relate to a sample of 30 out of approximately 60 service users.

<sup>2</sup> Figures for the whole Big River service are unavailable. Figures for the parenting service are discussed later.



## **4 GETTING OUR PRIORITIES RIGHT**

4.1 The Scottish Executive Paper, Getting Our Priorities Right provides policy and practice guidelines for organisations working with children and families affected by problem drug use in Scotland. It puts children at the forefront of drugs work and gives clear guiding principles for organisations:

- The welfare of the child is of paramount importance
- Each child has the right to be treated as an individual
- Each child who can form a view on matters affecting him or her has the right to express those views if he or she wishes
- Each child has the right to protection from all forms of abuse, neglect or exploitation
- Parents should normally be responsible for the upbringing of children and should share that responsibility. So far as it is consistent with safeguarding and promoting the child's welfare, local authorities should promote the upbringing of children by their families.
- Any intervention by a public authority in the life of a child must be properly justified and supported by services from all relevant agencies working in collaboration.

4.2 The paper sets out a clear framework for assessing the risks to children in families affected by problem drug use and stresses that all agencies have a role to play in ensuring the safety of children. As well as providing guidance for agencies to use internally, it also provides practical guidelines on information sharing and confidentiality, and on effective inter-agency working.

## **5 TURNING POINT SCOTLAND'S POSITION**

5.1 Turning Point Scotland's service users' child protection policy sits very much within this framework. Our policy is very clear that we are not a childcare agency, our role is to share information with other agencies, where appropriate, and to provide support to parents in the context of a care plan.

5.2 At the heart of our child protection policy is the principle that "a child of a service user is entitled to help, support and protection where his or her parents are experiencing difficulties. This may require staff taking action to ensure the safety of the children".

5.3 The policy provides the framework to support and guide staff in working more effectively to support parents; identifying and monitoring children at risk; responding to situations when a child is at risk; and communicating with other workers and agencies.



- 5.4 In developing our child protection policy we were very aware that in the past drugs agencies have been accused of prioritising the needs of the service user over the child. In particular, there have been suggestions that drug agencies may protect the confidentiality of the service user; even where this could involve a potential risk to the child.
- 5.5 Our policy is therefore very clear that "the case for confidentiality is over-ruled where an assessment has indicated that harm may result, or has resulted, for a child. If a child is at risk of harm, this must also override concerns about the parents' wishes or welfare". These limits to confidentiality are made very clear to service users when they approach us.
- 5.6 Individual Turning Point Scotland services have their own internal policies, which focus on the specific issues relating to their services. They also work within inter-agency guidelines (with local authorities, the health service and other relevant agencies) for the areas in which they operate.

## 6 THE SERVICES

- 6.1 We provide 12 drugs services in Scotland. They operate in both urban and rural areas of the country and provide a range of services including:
- Needle exchanges
  - Counselling
  - Support to drug users in contact with the criminal justice system
  - Drop in services
  - Outreach services
  - Residential services
  - Supported housing
- 6.2 In all our services, staff are aware that a parent's drug use has an impact on his or her children. For this reason, service staff consider child related issues both at assessment and on an ongoing basis, as service users' circumstances and needs can change rapidly.
- 6.3 Each service develops the skills and working partnerships it needs to provide an appropriate response to service users with children. For example the Timeout 218 service in Glasgow is aimed at women who are involved in the criminal justice system because of their drug use. It has no *specific* focus on children or parenting but many of its service users are mothers. Issues around parenting are among the issues mothers will work on as they go through the three programmes offered by the service.



- 6.4 In Edinburgh, the Links Project provides a short stay 12-bed crisis unit in Edinburgh. The service cannot accommodate children so at the point of admission the care of a service user's children needs to be carefully considered. In most cases extended family are able to look after the children but sometimes foster care needs to be arranged. In either case, the project recognises the importance of keeping contact with children and areas are provided to allow family visits to take place.
- 6.5 A new partnership between Turning Point Scotland and Venture Trust will provide outward-bound courses. The courses will be aimed at service users of drugs services in general, but the first one will be specifically for mothers who use drugs.
- 6.6 Some Turning Point Scotland drugs services offer services, sometimes in partnership with other agencies, specifically aimed at children and families. These are discussed below.

### **Services Specifically for Children and Families**

- 6.7 Two of Turning Point Scotland Services carry out very specific work with families and children. These are South East Alternatives (working in partnership with Barnardo's) and Big River who have recently introduced a parenting service in the Borders. In addition to these major services, a number of Turning Point Scotland's other services have responded to demand and have made changes in their service profile to reflect the needs of parents and children.
- 6.8 It is important to recognise that Turning Point Scotland's work with parents often covers very basic family skills. Service users may never have developed (or have lost) basic life skills, such as cooking, cleaning or developing a routine which children feel secure with. Turning Point Scotland works with service users to build these skills to make them more effective parents. This in turn will minimise the impact of their drug use on the children.
- 6.9 *South East Alternatives*, based in the south east area of Glasgow, offers day support services for people who are stable on a methadone programme or newly drug free. An important and expanding part of its work is a partnership with Barnardo's that provides two Children and Family Workers based at South East Alternatives' premises and managed on a day-to-day basis by the South East Alternatives' service manager.
- 6.10 The aim of the Children and Families Workers is to improve the care of children by providing a support service to children, parents and other adults who are experiencing drug and alcohol dependency, mental health difficulties and a breakdown of their family relationships. This aim is achieved through a wide range of activities, some of which are discussed below.



- 6.11 A pivotal part of the work is the weekly family evening on Tuesdays. This provides a fun evening and a meal for children and their parents. Organised activities such as baking, card making, gardening, t-shirt design and games provide an opportunity for children to work with other children and for families to learn together and to begin to re-establish supportive family relationships.
- 6.12 The service provides a one-to-one counselling service to children and young people affected by drug use and workers regularly act as advocates, negotiating with social work and education. For example, workers have dealt with children with behavioural issues at school and have addressed this by going into schools to work both with staff and children.
- 6.13 Some children in touch with the service have recently started at secondary school. This can be a difficult time for any child but there may be particular issues for the children of drug users. The Children and Families Workers have regular one-to-one sessions with children to check that the transition to secondary school is going well. This can help to reassure the parents but they can also help the children to access other services, such as homework clubs.
- 6.14 The Children and Families Workers contribute to the general South East Alternatives Group Work Programme by providing a parenting programme, available to any parent, (or other adult with childcare responsibilities), who wants it. It covers issues such as boundaries, play and interaction. The programme has been extremely well received by service users who have taken part, despite some difficulties in achieving regular attendance.
- 6.15 A focus on parenting skills and issues also takes place in one-to-one sessions with parents, some of whom have children who are being looked after by the local authority or by foster parents. In these cases they may have missed contact with their children because of the chaotic lifestyles associated with their drug use. Through work with the Children and Families Workers they begin to understand the impact their drug use has had on their children.
- 6.16 The Social Work Department is a key partner for the Children and Families Workers. The service works with a number of children who are subject to a supervision requirement of the Children's Panel under section 70 of the Children (Scotland) Act 1995. The South East Alternatives service has taken on the role of supervising parental contact with children on a supervision requirement. A similar role has been taken on by the Big River project in the Borders.

## **Case Study: The X Family, South East Alternatives (SEA)**

Mrs X had a dependency on drugs. Her story shows how contact with the children and families project at SEA can have a positive influence across all aspects of family life.

Mrs X's first contact with the project was bringing her two children to a family night. Soon, Mrs X's children were having their own regular one-to-one work after school and Mrs X began to show an interest in family work. This meant getting Mr X involved in the process.

Workers noticed that there was a great deal of inconsistency in the way the parents handled different situations with their children. The family sessions allowed the parents to hear how the children felt about this. The workers helped the family to agree on basic, simple solutions and put them into practice. These included rules such as knocking before going into each other's bedrooms and bed times.

Mrs X found it difficult to discipline her children because she felt guilty about how her drug use had disrupted their family life. The workers at SEA did a great deal of work with her to build up her own confidence and self-esteem.

Mr and Mrs X's son also had some difficulties at school and neither Mr nor Mrs X felt confident about going to school meetings to discuss it. They asked the SEA Children and Families Workers for support. They helped them to learn how to deal with these situations in a way that they would feel more confident. Now Mr and Mrs X manage to go to these meetings unaccompanied and deal with them in an appropriate way.

Through the work of the children and families project at SEA, Mr and Mrs X are now more in control of their every day life. They also understand the importance of routine for their children.

- 6.17 In the year 2003/04 the Barnardo's project at South East Alternatives had contact with 41 children. Twenty-one of them were involved with Social Work and eight were on the child protection register. However, as Table 1 shows, staff at South East Alternatives see a much larger number of parents and children overall.
- 6.18 The *Big River Project* is a direct access service for people with drug misuse problems across the Scottish Borders. With a project base in Galashiels, the service works out of community and rented sites in Kelso, Hawick and Eyemouth. It operates a drop-in service and one-to-one counselling work as well as a needle exchange.

- 6.19 Big River has recently opened a new service aimed directly at parents. The Parenting Support Service is staffed by two Parenting Workers and they undertake innovative client-centred one-to-one and group work across the Borders.
- 6.20 The focus of the work is on encouraging positive parenting by helping parents to understand and develop new skills. The service faces the challenge of working with parents who are reluctant to address the link between their drug use and parenting. However, the wider service provided by Big River is crucial as a route into the parenting service as it is frequently through attending drop-ins or through involvement with a drugs worker that a parent's need or wish for parenting support becomes clear.
- 6.21 While the workers at the service are clear that parental drug use does not automatically mean poor parenting skills, there are some cases where there are real concerns about the safety of a child in a drug-using household. It is in these cases where the workers liaise very closely with the Social Work Department. The parenting workers gather more in depth issues on child related issues than drugs workers and are trained and experienced in the child protection system.

### **Case Studies: Big River**

V was pregnant and using heroin intravenously. The Social Work Department was considering placing her unborn child on the child protection register. The Parenting Worker and the Drug Worker supported V by reminding the midwives that under the new inter-agency guidelines, they should notify and fully involve V in the process of setting up a pre-birth conference. The Parenting Worker then supported V to ensure her lifestyle protected her unborn child.

Y's two young sons were on the at risk register. Through support from the Parenting Worker she was able to identify the impact of her heroin use on her children. This increased her motivation to address her drug use and meet her responsibilities as agreed in her care plan. Y was also suffering domestic abuse at the hands of her partner and the Parenting Worker supported her in discussing this with her social worker so she and her children could be safe.

- 6.22 As well as working with families where there are child protection concerns, the parenting service also engages with service users who want to improve their parenting skills. This work includes supporting parents to read bedtime stories to their children, put routines in place for contact visits, provide and plan food for the children, understand the child's stage of development and managing challenging behaviour.

- 6.23 The Parenting Workers also support families to use local facilities by taking them on outings to encourage them to interact with their children and try new experiences. Trips have included swimming, horse riding and using the local nursery and playground.
- 6.24 The box below shows details of the progress of the parenting service at Big River. It is clear from this early information that parental drug use is an issue for children of all ages. Big River's figures indicate a rapidly growing service and referrals continue to come in weekly from an increasingly wide range of agencies.

### **Big River Parenting Service: Monitoring information**

Number of service users attending	26
Number of children	32
Age 0-1	10
Age 2-5	6
Age 6-10	9
Age 11-15	6
Age 16+	1

October 2003 – September 2004

- 6.25 *Dumfries and Galloway Turning Point Scotland Drug Services* is a centre based drop-in, counselling and needle exchange service for people with drug problems. Dumfries and Galloway Turning Point Scotland Drug Services provides information, advice and practical and personal support to drug users, their friends and families.
- 6.26 The project already does some work that focuses specifically on children and family issues and is in the process of developing new services. Currently the project provides a monthly surgery with a psychiatrist for parents who misuse substances.
- 6.27 The project is jointly developing a new service for the parents of young children (under threes). Its partner in this work is the Cradle Project and the service will support drug users in caring for their children. It will become operational in 2005.
- 6.28 Dumfries and Galloway Turning Point Scotland Drug Services also work in partnership with the ChYPPs project (children and young people with substance misuse problems). This project works with young people up to the age of 18 while Turning Point Scotland will work with people aged 16 and over. The two projects work jointly to determine which is the most appropriate service to work with each young person aged 16 to 18.



6.29 At *Turning Point Leith*, the Family Health Project was started to provide some advice on healthy care to families affected by drug use. It began by providing alternative therapies and fresh fruit and sandwiches. The service is now run by the mothers themselves with Turning Point Scotland staff working only in an advisory role. A crèche is provided for the children of service users.

## **7 CONCLUSION**

7.1 The information presented in this paper shows that, despite its focus on adults, we cannot and do not ignore the children affected by their parents' drug use.

7.2 We recognise that in order to work effectively on issues concerning children and drug use, we need to work in partnership with other agencies. This partnership approach is in operation across Scotland with the development of inter-agency guidelines on child protection issues. It has also led to the development of specific services in partnership with other agencies such as those at South East Alternatives and in Dumfries and Galloway.

7.3 We have also worked hard to counter the criticism that drug agencies put the needs of the parent before those of the child. Our child protection policy puts the needs of the child first.

7.4 Our policy also spells out clearly the limits to confidentiality. Service users are made aware that the case for confidentiality will not prevent staff from taking action to protect a child. We put this policy into action every day.

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