

Parents Who Misuse Drugs and Alcohol

Effective Interventions in Social Work and Child Protection

Donald Forrester and Judith Harwin

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Cruelty to children must stop. FULL STOP.

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Effective Interventions in Social Work and
Child Protection

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Parents Who Misuse Drugs and Alcohol

THE NSPCC/WILEY SERIES in PROTECTING CHILDREN

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This NSPCC/Wiley series explores current issues relating to the prevention of child abuse and the protection of children. The series aims to publish titles that focus on professional practice and policy, and the practical application of research. The books are leading edge and innovative and reflect a multi-disciplinary and inter-agency approach to the prevention of child abuse and the protection of children.

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To Mum and Dad, Margaret and Duncan Forrester (D.F.)

To Brian, Tom and Sophie (J.H.)

About the Authors

Donald Forrester worked as a child and family social worker in Inner London from 1991 to 1999. During this time he worked with many families in which there was parental substance misuse, and the challenges and opportunities involved in such work have become a central interest since he became an academic. Professor Forrester has published widely in this area. Since 2008 he has been a consultant for the Welsh Assembly Government, helping to develop and implement a radical reform of services towards the use of more evidence-based interventions. Professor Forrester has obtained research grants from a range of national and international funders over the last six years. Most notably in 2008 he led the successful bid by the University of Bedfordshire for a £1.2 million grant to set up the Tilda Goldberg Centre at the University of Bedfordshire. He is currently Director of the Goldberg Centre, which is one of the largest centres for social work research in the United Kingdom with 14 staff focusing on substance misuse issues in social work and social care and developing evidence-based interventions.

Judith Harwin is Director of the Centre for Child and Youth research at Brunel University and professor of social work. She has a deep interest in child protection and the ways in which public policy, service organization, law and practice can promote or constrain opportunities for the most vulnerable children to grow up in stable caring homes and to achieve their potential.

Much of her research has been devoted to the problem of parental substance misuse and the search for effective interventions in social work and related professions. She has recently carried out an evaluation for the Nuffield Foundation of a unique government-funded initiative, a Family Drug and Alcohol Court within care proceedings, and completed an EU 17-country study of children affected by parental alcohol misuse. She has published widely on parental substance misuse and child protection in the UK and international contexts. She has held grants from the UK Government, the Nuffield Foundation, OECD, UNICEF, the EU and World Bank on policy and practice relating to child protection, early intervention, family support and public care.

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Part 1

Introduction

This is a book about children affected by a parent's drug or alcohol problem. It is written to help professionals to develop best practice, but we hope that the book will also be of interest to policy-makers and researchers with an interest in this area, and to non-professionals affected by misuse of drugs or alcohol by a parent.

Until recently the numbers of children living with parental substance misuse was not clear. Indeed, there was very little British research in this area until the late 1990s and no reliable estimates of the extent of the problem. Based on more recent evidence it seems likely that between 1 in 10 and 1 in 14 children are affected (Advisory Council on the Misuse of Drugs, 2003; Brisby *et al.*, 1997). Looked at another way, in the average classroom two or three children go home to a parent with a drink or drug problem. Recent estimates suggest that the numbers may be even higher. Manning *et al.* (2009) estimate even higher numbers of children living with parents who binge-drink. This highlights that parental substance misuse is not a small-scale problem that can be left to specialists (Department for Children Schools and Families, 2010); it is a common issue which every professional working with children or their families encounters on a regular basis. It affects every school and every youth club, every hospital and every community centre. Every social worker, health visitor, Children's Centre worker, police officer or other professional working with people comes into contact with families in which there is parental misuse of drugs or alcohol frequently – whether they are aware of it or not. There is also a host of non-professional adults affected by the drug or alcohol problems of parents. This includes non-misusing parents, aunts and uncles, neighbours and grandparents, who often become very involved either in supporting the family or caring for children who can no longer live with the parent with the drug or alcohol problem.

We have learnt far more in recent years about the impact that a mother's or father's drink or drug problem can have on children. Most of these studies have emphasized the serious harm that it can have on children's welfare.

Children are more likely to be neglected or emotionally, physically and even sexually abused when a parent has a substance misuse problem. They are also at increased risk of a host of negative outcomes, including coming into care, becoming homeless, low educational attainment, emotional difficulties, behavioural problems, involvement in crime and developing an addiction themselves. *Yet this is not always so. Many children survive and some thrive* despite the adversity they grew up with, and we now have a clearer picture of the factors that make this more likely and the interventions that help children to achieve it. Later in the book we discuss in detail these areas. However, we start by considering the approach we take to the book at a more general level.

The most important general point we would stress is that throughout we attempt to focus on the needs of *both* the child *and* the parent. From the inquiry into the death of Maria Colwell in 1974, through a series of inquiries into tragic deaths through the 1970s, 1980s and 1990s right up to the report into the death of Victoria Climbié in 2000, the danger of being ‘family-focused’ has been highlighted (Brent, 1985; Department of Health *et al.*, 1991; Greenwich, 1987; Laming, 2003; Secretary of State for Social Services, 1974). Supporting ‘families’ can lead to the voices of the less powerful individuals within the family, usually children or women experiencing violence, not being heard and to their abuse becoming invisible. From the 1990s onwards this has led many to argue that child welfare professionals, and particularly social workers, should be ‘child-centred’. Indeed, this is now the accepted approach within child and family social work.

We believe that for both pragmatic and ethical reasons this is not helpful. Pragmatically, achieving positive change for children generally involves working effectively with parents. This does not and should not mean collusion with parents at the expense of children’s needs, or a failure to raise and discuss difficult issues or focus on children’s needs. However, it does mean that effective work requires the worker to be aware of the needs of both the child and the adult, and that workers need to be sensitive to the parents’ views and needs even when their primary concern is for the child. Reflecting on the findings of research looking at how social workers talk to parents, Forrester *et al.* (2008a) have characterized this as being ‘child-focused plus’ and suggested that it is an approach most likely to engage parents and thus to achieve positive outcomes for children. We explore further these issues in Chapters 7 and 8.

Yet this is not just the approach that is most likely to work, it is also important for ethical reasons. Working with families in which parents misuse drugs or alcohol involves working with two sets of vulnerable people – the children *and* their parents. Individuals with drug or alcohol problems tend to have serious psychological and social problems, many have experienced abuse themselves and most are deeply unhappy people. In any caring profession, workers have a duty to recognize this and to work sensitively with such indi-

viduals. We have a 'duty of care' that extends beyond the legal definition of the term to include a more general professional responsibility in the way we work with vulnerable individuals. While it may be tempting to simplify one's role and focus on just the adult or only the child we believe that this is not only ineffective but that it is against the ethos of all the caring professions. We should be sensitive in working with vulnerable people, because that is the right thing to do. Indeed, we believe that the ability to focus on both parent and child is one of the hallmarks of good quality practice and policy-making.

One of the key implications of this belief is that we spend a considerable proportion of the book discussing parental issues, despite the fact that the book is about children. Thus, the nature of addiction and problem substance use, issues in assessment and methods for intervention all borrow heavily from the literature relating to adults. We see this as an example of being 'child-focused plus' in that we are learning all we can about how to work effectively with these vulnerable parents in order to help not only them but also their children in the most effective way possible. A particular contribution of this book is that we spend much of it considering theoretically and in practice how effective interventions with adults might be adapted to be used by child welfare professionals. With that in mind it seems appropriate to consider the structure and content of the book.

STRUCTURE AND CONTENT

This book reviews the literature on parental substance misuse and presents findings from our own work in this area. In particular it considers a study, funded by the Nuffield Foundation and undertaken by the authors, of 100 families allocated a social worker and follows up what happened to the children over the next two years. Our initial idea for the book was that we would review the existing evidence, present our findings and then draw out their contribution to understanding issues in such families. With the benefit of hindsight we recognize that this approach was naïve. Our research does not provide 'answers'. It describes what happened to the children in these families and identifies some indications of factors associated with 'good' or 'poor' outcomes for children. We present our findings in Chapters 3, 4 and 5. This may be useful for informing assessments and developing policy. However, for us the research posed more questions than answers. In particular the social workers we interviewed were struggling with profoundly difficult dilemmas that they did not know the answer to. The descriptive nature of the research meant that we developed a good idea of the challenges they were working with, but could not state with certainty the best way of dealing with them.

Some examples of issues that emerged repeatedly included:

- When does the worker decide that enough is enough – that the risks to the child are too great to continue in the current way?
- How should professionals talk with and engage parents? In particular, how can they understand and work with the denial and minimization that is so common in these cases? And how can they raise difficult issues around drugs and alcohol in ways that are most effective?
- How can workers assess the impact of the substance misuse on the child? And how can they assess the future pattern of substance misuse? Indeed, how can they move from assessing the current situation to looking at what might happen in the future?

Our research does not provide answers to these questions. Indeed, there may be no ‘answer’ to some of these dilemmas, and the best we may reasonably aim for is well-informed and wise decision-making. Yet providing professionals and non-professionals involved with such families with the information they need to understand and work effectively with these dilemmas seems crucial. That is in part why we wrote this book.

A further change that arose as we were writing was a realization that many of the challenges that we were describing were structural and therefore required policy-level responses. Thus the book attempts not only to outline the nature of best practice, but also to consider the policies required to nurture and support such practice.

In order to address these areas the book is set out in three parts. In Part 1, we provide an introduction to substance misuse and its impact on children. Specifically, in Chapter 1 we look at what ‘misuse’ and ‘addiction’ are, and at the factors that influence the nature of misuse or addiction. This chapter attempts to bring together the many different issues that affect the nature of addictive and problem behaviour into a coherent framework. With this in mind, we structure the discussion around Jim Orford’s theory of ‘excessive appetites’ (Orford, 2001). In Chapter 2, we consider at some length the nature of parental misuse, its impact on children and factors that increase or reduce the harm it may cause. We highlight in both chapters the complexities that researchers struggle with in these areas, for instance in defining terms or unpicking complex and interrelated patterns of causation, as we believe that these are issues that professionals are often struggling with in practice. One of the key issues arising from the literature is that we know very little about the extent or nature of parental substance misuse in the work of Children’s Services. For instance, while many studies identify a high proportion of families affected by substance misuse, very few follow up what happens to the children and the interrelationship between the substance misuse and other factors in shaping outcomes for children.

In Part 2 we address this gap through a description of a research study that we undertook. In Chapter 3, we review the limited evidence on the

extent and nature of parental substance misuse within child welfare work and then outline the issues in a sample of 100 families affected by parental substance misuse who were allocated a social worker in Children's Services. Chapter 4 presents the views of social workers on the families, with a focus on how they carried out their assessments. Chapter 5 describes what happened to the children two years after their referral to Children's Services, in particular, where they were living and how they were progressing developmentally. At the end of the chapter the key findings from the research, plus the questions and issues arising from them are set out. We are particularly keen to identify the difficulties and dilemmas that social workers and others had in working with these families. These inform the content and structure of Part 3.

With this in mind, Part 3 considers research and theories that might help inform professionals or non-professionals assessing families affected by parent/s who misuse drugs or alcohol. Chapter 6 draws on the literature to consider what is known about assessing the impact of parental substance misuse on children. It builds on the evidence reviewed in Chapter 2. A particular focus of this chapter is the issue of assessing risk of harm in the future. Chapter 7 looks at evidence about what is effective in working with parents who misuse. It presents evidence from recent research by one of the authors (Forrester *et al.*, 2008a) and provides practical suggestions for engaging and working with parents with drink or drug problems. Chapter 8 reviews the evidence about what works in treating problem drinkers or drug-takers. It addresses how research studies produce the positive impacts that they often do and the policy implications for normal services. In particular Motivational Interviewing is identified as a particularly promising approach for use in child welfare settings. Chapter 9 discusses Motivational Interviewing in some depth, including a critical discussion of the challenges and limitations involved in using it in child and family settings. Chapter 10 focuses on the limited number of services focused specifically on parental substance misuse where there are serious concerns about children's welfare.

The book concludes by reviewing the key findings of the preceding chapters. In doing so we consider the wider implications of the findings for practice and policy, and argue that parental substance misuse is essentially synonymous with good practice in the field of child welfare. This is not because parental substance misuse is such a common issue that it is difficult to imagine a competent practitioner not being able to work with it (though this is true). Rather, it is because the issues – of client resistance and child risk, of evidence-based practice and professional discretion, of communication around difficult issues and assessment in an uncertain world – apply to almost all the work that child and family social workers and related professionals undertake. As a result, learning lessons about what works with parents who misuse substances provides the opportunity to improve

practice and policy responses across the field of work with vulnerable children and their families. In light of this belief we hope that you find this book to be of help in working with parental substance misuse, but that the lessons from it also apply across the range of work that you may be involved with.