

Consultation Response



Drug Treatment and Rehabilitation (Scotland) Bill: Consultation Document Consultation ends 17 August 2006

Introduction

Children in Scotland welcomes the opportunity to respond to the Drug Treatment and Rehabilitation (Scotland) Bill - a Member's Bill developed by Rosemary Byrne MSP in April, 2006. As an organisation working for children, young people and their families, we welcome the recognition of the negative impacts of parental drug misuse on children. We support the overall emphasis on treatment, rather than criminal punishment, as well as the inclusion of family support and childcare as key elements of a holistic plan to help substance abusing parents to become free of their addictions.

Children in Scotland's response to the consultation on *Getting Our Priorities Right*¹, the previous and on-going work of several of our member organisations, and a joint meeting of the Cross-Party Group on Children and Young People and the Cross-Party Group on Drug and Alcohol Misuse all have shaped the views expressed herein. We have chosen to comment only on those aspects of this Consultation Document that are relevant to children, young people and families.

Children in Scotland encourages a more child-centred approach in revising the sections of the Bill that specifically address drug users who have dependent children. Both *Hidden Harm*² and *Getting Our Priorities Right* make recommendations on helping children affected by parental drug misuse. This Bill could benefit from incorporating some of these recommendations.

Children in Scotland offers three general points for consideration as this Bill progresses:

- Alcohol is a powerful drug. Therefore, alcohol misuse should be fully included in the Bill's consideration of drug misuse.
- New legislation and policies need to get the balance right between child protection and family support. Just as it is wrong to allow any child to be subject to serious neglect, abuse or other harm at the hands of substance misusing parents, so too, it is wrong to presume that every parent with a substance problem is unfit to care for her/his children and must be separated from them. There is no substitute for case-

¹ *Getting Our Priorities Right: policy and practice guidelines for working with children and families affected by problem drug use* (Scottish Executive 2003)

² *Hidden Harm: responding to the needs of children of problem drug users*. Report of an Inquiry by the Advisory Council on the Misuse of Drugs (ACMD 2003)

by-case consideration of both the *best* interests and the *expressed* interests of the children of substance misusing parents.

*** Consistent with their age and maturity, children and young people should be heard and heeded in the deliberations** about what should be included in the care plan and in what arrangements should be made during the treatment of a parent or parents with a drug/alcohol addiction.

1.0 Care plan

Children in Scotland supports the proposal to provide an individual holistic care plan for drug users within seven days of requesting such assistance. In the case of drug users who have dependent children, this would allow for their individual needs to be met, as well as addressing their wider needs as parents. *Hidden Harm* pointed out that effective treatment of the parent can have major benefits for the child.³ Therefore, in cases where children are involved, it is important that action to treat the parent's drug addiction begins as soon as possible. However, we would emphasise that it is important to ensure that the services required by the care plan actually are available.

2.0 Options offered in care plan

Family

Children in Scotland welcomes the proposal to offer a range of service options within the care plan to drug users. However, we strongly believe that all services dealing with the family should put the child's needs first.⁴ From the child's perspective, family stability and togetherness often are as important as the criteria that some professionals may bring to the situation. If feasible and desired, families affected by drug misuse should be provided with the necessary support to stay together in a safe environment.

We would suggest that as well as child care options, the Bill should offer drug users with dependent children the option of in-home parenting support, advice and assistance. The care plan should consider support options available for all of the family and the care worker should coordinate a range of services to meet the needs of all the family members concerned.

The Bill also should recognise and explicitly include the importance of available and accessible maternity services for pregnant drug users. *Hidden Harm* pointed out that a satisfactory outcome of pregnancy is much more likely if the mother has received good antenatal care from an early stage.⁵

³ *Hidden Harm: Responding to the needs of children of problem drug users.*

⁴ *Have We Got Our Priorities Right? Children living with parental substance use* (Aberlour 2006)

⁵ *Hidden Harm: Responding to the needs of children of problem drug users.*

This is one area in which the drug/alcohol is clearest and most important. Drug use is often intrinsically tied to alcohol use.⁶ Thus, wherever possible, drug and alcohol policies should be joined up. This is particularly important during pregnancy when unborn children are particularly susceptible to their mother's substance misuse. For example, the World Health Organisation has estimated that Fetal Alcohol Spectrum Disorder and Fetal Alcohol Syndrome will on average affect 1 in 100 and 1 in 1000 children. In a nation with as serious and widespread an alcohol problem as Scotland, the rates may well be higher.

Linking alcohol and drug treatment services for pregnant women will drastically improve the life and health chances of their children. Children in Scotland believes that this level of joined-up policy will be better achieved if both alcohol and drugs were the responsibility of one Minister.

Children and young people

All of the services offered to the parent drug user must reflect the needs of their children. Care plans should ensure that children will regularly attend early years services or school. It should also ensure that additional services are in place to meet the children's education, health, emotional and/or respite needs. The recent Additional Support for Learning Act guarantees that every child with additional support needs has a right to whatever services or assistance are required to help them succeed in school. The problems caused by drug misusing parents fully qualify as "additional support for learning" needs.

Often, children and young people of drug misusing parents have to take on the responsibility of caring for their younger siblings and sometimes even their own parents. The Bill would be enhanced by a much stronger and more explicit recognition of these young carers' need for support. *Through all of this, children and young people should be consulted on the type of support they need and value.*

Extended family

Getting Our Priorities Right recommends that services address the needs of the whole family and that investment is put into family support services and help for extended family carers. Extended family members, such as grandparents, can play an important role in these difficult situations. The Bill should consider what support may be needed by grandparents and other extended family members who take on a caring role for the children. Such assistance may include financial assistance, respite care, legal advice and/or accurate information on drug misuse and treatment.

Non-resident parents also can play an important part in the care of their children during these difficult periods. Non-resident parents, if they have not had parental rights and responsibilities removed by the court, are the next closest kin to children. They should be contacted as a means of support and care for the child in the same way as grandparents.

⁶ *The Plan for Action on Alcohol Problems (2002)*

3.0 Home risk assessment

A home risk assessment would be a welcome accompaniment to childcare in the Bill's proposed care plan. Although there is no guarantee, it is hoped that this would prevent tragic cases such as those of Michael McGarrity and Derek Doran. Home risk assessment could help to identify potential dangers for children living with their drug misusing parents. Children in Scotland recommends that the assessment should focus on positively identifying or creating a better environment for children and their families.

4.0 Care worker

Children in Scotland fully supports the proposal that a single care worker should co-ordinate the proposed care plan. Research into the effects of parental substance misuse found that a strong personal relationship with a service worker was highly valued by young people.⁷ In the case of families affected by drug misuse, a care worker who can build trust with them and who is able to access services for them is invaluable. Accordingly, the care worker usually will be the most appropriate person to meet the needs of the family given their status as someone who is trusted by the family and with whom they already have a strong relationship. Ideally, the family including the children, would choose/approve the care worker.

However, the care worker must be someone with a firm of the needs of children, young people and families as well as those of drug misusers. Drug workers may need additional training on working with children. Conversely, children's services workers may need additional training on the needs of children and families affected by drug/alcohol misuse. *Ongoing, multi-disciplinary training is essential.*

5.0 Integrated services and service provision

Drugs and alcohol

Children in Scotland strongly supports the Bill's proposal that Ministers should ensure that existing service provision is integrated between disciplines such as health and social care and that equal service provision is provided throughout the country. Children in Scotland's recent *Manifesto*⁸ notes that drugs and alcohol policy are intrinsically linked and should become the responsibility of one Minister. This increases the likelihood that integrated policy development and joined-up implementation strategies actually will occur.

Joint Working

In the case of families affected by drug misuse, *Getting Our Priorities Right* states that good joint working is crucial and we believe that this should be emphasised in the Bill. We welcome the Scottish Executive's *Getting It Right for Every Child*⁹

⁷ *The Effect of Parental Substance Abuse on Young People* (Joseph Rowntree Foundation 2004)

⁸ *Better Lives for Scotland's Children and Young People* (Children in Scotland 2006)

⁹ *Getting it Right for Every child: Proposals for Action* (Scottish Executive 2005)

which proposes placing a duty on agencies to work together. The Executive should prioritise the full implementation of GIRFEC as central to ensuring that joined up working responsive to the needs of children becomes the norm.

Drugs and poverty

Research shows clear associations between levels of drug use and deprived areas. In Scotland between 1999 – 2002, there were 460 admissions to hospital for drug related conditions per 100,000 population each year in the 10% most deprived areas, compared with an average of 20 admissions per 100,000 in the 10% least deprived areas.¹⁰ It is essential that people living in deprived areas have *at least* the same access to services as people in more affluent areas. It is also essential that they are aware of what services are available to them.

Scotland's (and the UK's) laudable goal to end child poverty will be undermined by the reality of drug-misusing parents who are driven into a life of crime. The drug/alcohol *treatment* approach at the heart of the proposed Bill has the potential to be a powerful anti-poverty measure, as well as a boon to public health, public safety and child protection.

Children in Scotland is Scotland's national agency for organisations and professionals working with and for children, young people and their families. It exists to identify and promote the interests of children and their families and to ensure that policies, services and other provisions are of the highest possible quality and are able to meet the needs of a diverse society.

Children in Scotland represents over 400 members, including all major voluntary, statutory and private children's agencies, professional organisations, as well as many other smaller community groups and children's services. It is linked with similar agencies in other parts of the UK and the European Union.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Executive, local authorities and practitioners. It also services a number of groups such as: the Cross Party Parliamentary Group on Children and Young People; the National Children's Voluntary Forum; the National Early Years Forum and the Additional Support Needs Network. Children in Scotland also hosts Enquire, the national advice service for additional support for learning.

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¹⁰ Social Focus on Deprived Areas (Scottish Executive 2005)