



Working with Parents

Introduction

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Contact details

To send something for inclusion in this newsletter please email Carol Marsh at

carolm@drugscope.org.uk

In this issue we continue to focus on the interests and work of those offering parenting education and support for drug and alcohol using parents, but we have also included items about universal drug awareness and drug education for parents.

Just to give you a taste of this edition of 'Working with Parents':

This issue has an article by a new kind of health visitor who is also a substance misuse specialist. Annie Darby describes her role and gives an example of how her team has helped support one family living in a rural area. We also have an article which appeared previously in DrugScope's in-house magazine DrugLink with accounts of drug using parents and the barriers they face when

trying to be a good enough parent, while coping with addiction.

We have updates on some of the projects featured in our first issue and news of a new project from Addaction which begins in September.

An innovation for this edition is the inclusion of an article with a research focus. The Social Care Institute for Excellence (SCARE) has updated a briefing paper reviewing the evidence about substance misuse and how this affects parenting capacity. We hope to include more evidence-based articles in the future to help you to keep up to date with developments.

Please pass this newsletter on to colleagues who might wish to hear from us and encourage them to sign up to the 'Working with Parents' network. Thanks to all those who have contributed items to this edition. Remember this is your network so please keep sending news and articles so that we can let others know what is happening. To send something for inclusion in the next newsletter, please email Carol Marsh at carolm@drugscope.org.uk

In the meantime we are seeking financial support to continue the newsletter and arrange face to face meetings to share good practice and information.

From everyone at: DrugScope, Adfam & Parenting Education & Support Forum



NEWS AND VIEWS

Specialist Health Visitor – Substance Misuse

There are now several specialist health visitors' posts for substance misuse around the country. These roles are increasingly seen as a major contribution towards addressing the needs, not only of drug users, but also of those affected by another's drug use especially children and families.

The posts do vary but the one held by Annie Darby in North East Lincolnshire Primary Care Trust has these key roles.

To: -

- Identify and reduce health inequalities among the drug using population and their families
- Address the needs of non-drug users who are affected by familial substance misuse - children, parents, grandparents, siblings and partners
- Assess how parental substance misuse affects the well being and safety of children, and support parents and children to reduce the negative effects of substance misuse in the family
- Identify and assist marginalised individuals and groups affected by substance misuse, and empower them to engage with mainstream services
- Initiate and influence strategy and service developments for drug users and their families
- Respond to the training needs of agencies and professionals involved with drug users and their families
- Contribute both locally and nationally to policies and developments relating to the impact of substance misuse on the individual, the family and the community.

Annie has now developed a small team who aim to support families affected by substance misuse, which consists of: -

- Specialist health visitor (Annie)– Funded by the DAT
- A Community Outreach Nurse – Funded by the DAT/DIP
- A Child & Family Support Worker – Funded by Sure Start
- A General Support Worker - Funded by the PCT

Through a holistic approach, this small team tries to support families in their own homes, and help them to integrate into mainstream services.

Annie and her team will be presenting at this years Association of Nurses in Substance Abuse. ANSA Conference in Chester on September 22nd.

Annie can be contacted on 01472 302733
Annie.darby@nelpect.nhs.uk

If you have examples of practice you would like included in the newsletter contact carolm@drugscop e.org.uk



Case Study

Debbie is the mother of two children, one five and the other seven.

Generally, her parenting was good, with plenty of emotional warmth and good stimulation.

However, Debbie did have problems getting her children up and ready for school. This was predominantly because Debbie found it hard to get up, mainly because of her Methadone. There was also a concern that she used Heroin occasionally on top of her Methadone in the evenings. The children were also tired at times, and it was felt they had a poor bedtime routine.

As a result, the kids were often late for school and sometimes appeared to be dressed inappropriately. The school and the Educational Welfare officer had got involved.

Because of these concerns a referral was made to Social Services, who contacted the specialist health visitor for Substance Misuse, Annie Darby.

When Annie visited Debbie, Debbie said she found the mornings difficult and it was apparent that she did not know how to organise herself and the children concerning school routines etc.

Debbie also said that she did not have a bedtime routine for the children and this had become a vicious circle, as she would then use Heroin on top of her Methadone to deal with the stress of the children refusing to go to bed.

She realised that the children were sometimes dressed inappropriately but this was because she was flustered and rushing in the mornings, and grabbed whatever she could find.

The problems were further compounded because Debbie had been in the care system herself.

What Annie did to support Debbie:

- Discuss the quantity and time Debbie took her Methadone, and arranged for a more convenient "Pick Up" time. Her Methadone was also increased to try to avoid her needing Heroin at night.
- Advised her to do a "Dummy run" to school to see how long it took, and then advised her to add 10 minutes.
- Instigated a sleep programme for Debbie to undertake with the children
- Advised Debbie to buy three cheap alarm clocks: One by the bed to wake her, the next at the other side of the room to get her out of bed, and the third in the kitchen. When that one went off, it was time to leave for school.

- The support worker (Mandy) did a couple of evening visits and worked with Debbie in getting an evening routine sorted out, where the clothes for the next morning, pack ups, breakfast preparation etc were done the night before a school day. The support worker also supported Debbie with the children's bedtime routines.
- Mandy also did a couple of early morning visits and helped Debbie with her morning routine

None of this was "rocket science" but within two weeks school attendance increased from 53% to 87%. Social Services had very brief involvement, and soon withdrew from the case.

This case study demonstrates that intense, yet relatively, short packages of care can make a difference to families, and can be extremely beneficial in the long term.

Providing this type of care, which can complement adult treatment programmes, can have a beneficial effect on some children and families. Some families will not respond and that can be helpful as it demonstrates that these families may need to be managed in a different way.

As a result of these approaches Annie has seen a significant reduction in the number of children on her caseload. Many children who were on the Child Protection Register (CPR) but are now being managed as 'children in need'.

Annie feels the credit for these changes lies with the team and the imaginative approaches to working with substance using families which they have introduced.

Annie can be contacted on 01472 302733

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Class A parents - Diane Taylor

This article appeared in the July edition of Druglink magazine.

Around a quarter of a million children in the UK are affected by their parents' drug use. But are drug using parents bad parents? Diane Taylor on a new piece of research that highlights how the right kind of support can enable drug-using parents to raise happy and secure children

Experimenting with drugs is seen by many people as a teenage rite of passage, something to try out before growing up, moving on to a steady job, a mortgage and a couple of kids.

But what about those who end up developing a habit which lingers in the post-teenage years and into adulthood? Becoming a parent does not always lead to a sudden vow of abstinence. Although many users who are considering becoming parents or are already parents would like to stop using class A drugs like heroin and crack, they may not succeed. Female drug users may not always plan their pregnancies, but nonetheless, when they discover they are pregnant many are keen to have their baby despite their drug use.

Sandra and her partner Paul are long-term heroin users and have a grown up son who does not use drugs. "As a drug-using parent you're always frightened of social services coming and taking away your child. I think you're always over-compensating and over-protecting your child. When our son was at school we would try and get our appointments at drug clinics in the morning so we would be finished in time to collect him from school. But the staff weren't always accommodating. They don't believe that your child can be that important to you if you're a drug user."

NEW RESEARCH

A new piece of research from Welsh social worker Rhian Cash looks at the needs of parents with a substance misuse problem in one borough in the Welsh valleys.

Cash conducted in-depth interviews with eight parents who were using a range of substances including alcohol, heroin and benzodiazepines, to investigate what their needs were in relation to treatment and support for their substance misuse problems.

The research revealed many and complex problems related to substance misuse. Often addiction was not taking place in isolation, but was a symptom of problems such as domestic violence, bereavement, mental health problems or low self-esteem. In some cases interviewees were self-medicating with drugs or alcohol as a way of coping with their lives.

Seven of the eight parents interviewed acknowledged that their substance use impacted on their ability to parent, causing

problems such as lack of money, accidents, arguments with their partner and problems sleeping. However there were also protective factors in the lives of their children such as the presence of a consistent and caring adult like a grandparent, regular attendance at school and nursery and sufficient income.

PROBLEM SOLVING

The research found that a range of interventions could be helpful to this group of parents. However two factors prevent this. The first is a lack of resources to provide appropriate services and the second is the reluctance of some drug-using parents to come forward and seek help because they fear being judged negatively by professionals, or worse, having their children taken away from them.

Both abstinence and harm reduction models should be on offer to parents, says Cash, as an approach that works for one parent might not work for another. She recommends that services for drug- and alcohol-using parents are discreet to protect their privacy.

The research identified school holidays as a time when parents find it more difficult to cope with the needs of their children. The provision of things like outings for children could be a treat for them and provide a welcome break for their parents. A fast tracking into treatment would also be helpful. Long waiting lists for detox and rehab can dishearten even the most motivated parents.

Giving parents ultimatums about becoming drug and alcohol-free can be very unhelpful and can set them up to fail. More effective, says Cash, is working in partnership with parents and offering them a flexible range of services."

Parents need support as well as children," says Cash.

"These parents are criticised all the time and told 'you have to do this and this'. It's very useful to have someone advocating for them as well as for their children. Often what's required is a long-term lifestyle change. It's not realistic to expect change in a couple of weeks or months. Just listening to what a parent has to say can be empowering for them and can build up their self-esteem."

She said it was also important to find replacement activities for parents who stop using alcohol or drugs. If their substance use is replaced by a black hole the chances of relapse become much greater. "We should be supporting parents to look after their own children. Removing them from the family should be the final option."

Not all professionals take the view that everything possible should be done to keep children and drug-using parents together. Neil McKeganey, Professor of Drug Misuse Research



at the University of Glasgow, argues in an article entitled 'Thinking The Unthinkable and Saying The Unsayable', that the effects of drug-using parents on children are so damaging that drug-using women should be given financial incentives to use long-term contraception so that they don't have children at all. His views have generated a storm of protest from others working in the drugs field and some have argued that his views represent a form of eugenics or social engineering.

ONE SIZE FITS ALL?

Some drug-using parents manage to hold things together and don't allow their drug use to escalate to levels where they can't care for their children. Their love and sense of responsibility towards their children is what keeps their drug use at a level where they can still continue to function as parents.

For Jodie, who had experienced an abusive childhood followed by abusive relationships with men, her children were the only things that kept her crack habit in check. When she walked out on her violent husband with their two young children he called social services and told them she was using crack.

"They investigated but could find no evidence that I was neglecting my children. They always looked immaculate. My kitchen cupboards were always full of food and I got on well with staff at the nursery they both attended," she says.

Then her husband looked after the children for a week, successfully applied for a residency order and took the children away permanently.

"He raided my house and took everything including all the things that were precious to me like the children's first teeth, first locks of hair and all their baby pictures. When I lost my children I gave up hope and gave myself up to drugs. My house was repossessed so I started sleeping in my car, then I lost that."

For Kate her 15-year-old son Ben played a large part in her successful battle to stop using heroin and crack. The two are very close and Kate has been open with her son about her drug use. While there is evidence that parental drug use can increase the chances of children using drugs, it can sometimes have the opposite effect.

Ben assures his mother that he has no plans to experiment with drugs. "Seeing the way you are with all those scars from injecting and stuff has definitely put me off drugs. I really don't want to end up like you," he told her.

If a parent is using drugs habitually it is generally not the best foundation for a child. But, as with any other issue which can impact on the ability to parent such as domestic violence, extreme poverty or mental health problems, there is a spectrum. The effect on a child of a parent who has a £20 a day heroin

habit which is completely concealed from their child and is secondary to the need to keep the child clean, fed and at school on time every day is very different from the effect on a child of a parent who has a £500 a day crack and heroin habit, who is perpetually absent, engaged in the cycle of scoring and working, often illegally, to fund that habit.

It is also important to put drug use amongst parents into context. Parents who do not use drugs are not automatically guaranteed entry into The Perfect Parents Club. Non-drug using parents may be physically and/or emotionally cruel to their children, or perpetually absent from the home for other reasons than scoring drugs. Every parent and every child is an individual and one size fits all stereotypes around drug use are unhelpful for both.

The government's 2003 report *Hidden Harm* estimated that between 250,000 and 350,000 children were affected by their parents' drug use - approximately two to three per cent of children under-16 in England and Wales. Various studies have shown that neglect is the most common type of abuse associated with parental substance misuse, along with being emotionally 'unavailable' for children. However there is also evidence that some drug using parents over-compensate by being extra-vigilant about the welfare of their children.

The majority of drug using parents want to do their best for their children. Some will not manage this. But with the right kind of tailored support many others will succeed in raising happy, secure children.

Diane Taylor is a freelance journalist



UPDATES

Parenting and Alcohol Project

The Parenting and Alcohol project is an Alcohol Concern project supported by the Parenting Fund and offers training for alcohol and parenting professionals who are working with problem drinking parents. We aim to strengthen and develop the capacity of alcohol treatment and parenting professionals to work with parents who have alcohol-related problems and improve the quality of life and opportunities of the children of problem drinkers. The project will also provide a resource base for professionals and a source of expertise to bring about policy reform in this area.

To date we have piloted the two training programmes for both alcohol treatment and parenting professions and during September and October 40 professionals will be trained to deliver this programme around the country. The training programme will take place between November 2005 and July 2006 and it is hoped that over 400 places will be available at minimal cost (£30.00)

There will be two consultation events (November 17th and 18th – venues to be announced) for professionals to discuss their needs and concerns when dealing with parents who misuse alcohol.

A briefing paper – Parenting, alcohol misuse and treatment service provision has been published
<http://www.alcoholconcern.org.uk/doc/966>

In June we launched a web forum for professionals to converse on a variety of topics (currently ranging from Hidden Harm issues to Child Protection). This forum can be found at
<http://forum.alcoholconcern.org.uk>

Further information of the project can be found on:
<http://www.alcoholconcern.org.uk/servlets/doc/926>

Contact: parenting@alcoholconcern.org.uk



Breaking the Cycle – supporting families

In September 2005, Addaction the drug and alcohol treatment charity will begin work in three pilot services in London (Tower Hamlets), Derby and West Cumbria, working to support families affected by drug misuse.

Breaking the Cycle has been funded by £1 million over four years by the Zurich Community Trust.

Addaction has invited a number of other agencies to work with them on a steering group that will guide the project. Vivienne Evans, CEO of Adfam who is also Chair of the Hidden Harm Working Group and sat on the original Working Party, has agreed to chair the steering group.

Sara Jones, Addaction's Director of Development and Improvement who is leading on the pilots for Addaction said: "Addaction wanted to contribute to Government policy development around Hidden Harm. Following the publication of the Advisory Council on Drug Misuse (ACMD) report Hidden Harm: Responding to the needs of children of problem drug users, in 2003, we sought funding for a project that would help us to develop an evidence-based framework for working with families where drug misuse is a problem, across three different demographic areas in England. Breaking the Cycle is the result."

Addaction recognises that there is a lot of valuable work going on in the field right across the UK, and is already linking up with other agencies and services to share information. The ACMD report recommended that a national body be set up to oversee the work. The ACMD itself has set up a Hidden Harm Working Group to share information and make progress in this area.

"We have made presentations to the ACMD Hidden Harm Working Group. A presentation to the DfES where representatives of the NTA and the Home Office Drug Strategy Directorate were present, took place in May. We have received suggestions and guidance from them," says Sara Jones.

"We believe that there is a need for co-ordinated work on the frontline which can link in with children's services and adult services within local authorities. We have already been in negotiations with local authority services and with Drug and Alcohol Action teams in the three areas where Breaking the Cycle will run to develop 'additionality'.

We are also liaising with the major children's charities such as Barnardo's about how we can work together in this area," adds Sara.



Breaking the Cycle will be evaluated from day one. Some targets for outcomes have been developed. At this initial stage, the targets have formed part of the accountability process for receiving the money from the Zurich Community Trust. This is the first time the Trust have invested such a large sum of money into a project, and they did so because they wanted to be involved with a project that had the potential to be transformational.

Addaction has a national data collection system throughout its 70 services, and will be collecting data to feed into Government National data collection systems on numbers of clients who have children. Within the pilot areas it will collect data to provide a deeper analysis to help build a picture of need and to inform good practice.

Rebecca Cheshire, Addaction Children and Young Persons Policy and Practice Manager for Addaction says: “ We will be training all Addaction workers throughout the organisation in child protection issues, as part of the initiative.”

Campaigning on Hidden Harm will also form part of the work to help keep interest alive and improve awareness of the issues among a wider public. Addaction is keen to involve all partners in this.

Rosie Brocklehurst, Director of Communications at Addaction says: “ Hidden Harm is a major area of work which, if we get it right, could help reduce harms caused to young people in the future. The treatment field has a role to play, although we are fully aware that the interests of children must be at the centre of policy, and that when it comes to harm, substance misuse is just one aspect of a child’s needs. But the drug and alcohol treatment field can contribute to Government knowledge and policy in this area. Another point to make is that the issue of Hidden Harm is our focus. Addaction is structuring this project to help bring relevant agencies together. The sum of our work together is more important than the individual parts that contribute to it. We want to be a catalyst for change and partnership working is key.

The Zurich Community Trust also want to ensure that volunteering opportunities with Addaction as a whole is structured within the plans. Emily Dunbar, Head of Fundraising at Addaction says: “this work will focus on fundraising and practical challenges. In this way, the 12,000 staff of Zurich will become more aware of the impact of drug and alcohol misuse on children and families.”

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Turning Point BASE 10 Parent Service What is BASE 10?

Turning Point BASE 10 is a young persons drug and alcohol service based in Leeds. It offers a variety of services to young people under 19, including:

- Education – working with vulnerable young people to increase their drugs awareness.
- UP – working with children affected by a family members drug or alcohol use.
- Treatment – working with young people who want to address their own drug use.
- Mentoring – follow on support by volunteers for young people who have attended BASE 10.

What service does BASE 10 offer parents?

BASE 10 works with parents who have a child affected by drugs or alcohol. This includes parents whose child uses drugs or alcohol or whose own drug or alcohol use has an effect on their child. This service became formalised in April this year after reviewing evidence that positive action by parents improves outcomes for children and families affected by substance use. Prior to this, BASE 10 had been successful at supporting parents informally and therefore bid for the Parenting Fund in order to fully establish this service.

How does BASE 10’s Parent Service work?

This service focuses on problem solving when working with parents. Parenting issues can be very similar whether a parent uses drugs or not and the service responds to each individual’s needs. Our approach is goal-orientated which enables parents to identify goals and develop their strategies to achieving them.

We offer one to one sessions as well as group work. Both the one to one and the group work is time bounded to roughly ten weeks, but we have a flexible approach and respond to each individual parent’s needs.

What will BASE 10 be doing in the future?

The latest group we are running for parents in the Leeds area begins at the beginning of September. This group is for parents who have a child aged 18 and under who uses drugs or alcohol. It follows the ‘ESCAPE’ program which supports parents to explore behaviour which is difficult to address, look at what causes difficulties and take a different approach to problem solving. We are currently taking referrals for this group so if any parents you work with are interested please contact us.

The next group focuses on parenting education for drug using parents and will be done in partnership with BASE 10’s UP Project. This will run to the Strengthening Families model, which has a strong evidence base from the United States, and has had many successes here in the UK. In these sessions,



parents and young people are in separate groups for half of the session then come together at the end to consolidate their learning. By taking a whole family approach, positive outcomes can be achieved for both the drug using parent and the child affected by parental drug use.

For more information about Base 10 and our work with parents please contact:

Helen Falkiner

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Fathers' Work

Adfam, in partnership with Fathers Direct, is continuing to develop resources to enable services to work with fathers more effectively. This work builds on the dual consensus that involving fathers in family support services is desirable, and recognition that many services are not engaging and helping fathers effectively at the moment

Currently in progress is a supplement to Fathers Direct excellent 'Working with Fathers' magazine. This booklet is being produced for anyone working with families affected by substance use and will include guidance for services to work, support, and involve fathers more effectively. It will include, amongst others, topics covering issues that might exist when working with drug using fathers and exploring how fathers can be more involved in their children's drug education and prevention.

It is important to share best practice and highlight work already happening in this area. If you can offer your own experience or have any case studies that could be included in future resources please email Rachel Nicholson – r.nicholson@adfam.org.uk or call 020 7202 9431.



RESEARCH UPDATE

The Social Care Institute for Excellence have recently updated their briefing paper about parenting capacity and substance misuse which can be found at <http://www.scie.org.uk/publications/briefings/briefing06/index.asp>

The key messages of the document are

Key Messages

- The misuse of drugs and/or alcohol may adversely affect the ability of parents to attend to the emotional, physical and developmental needs of their children in both the short and long term
- A number of policy and practice documents are available governing the provision of services to support parents who misuse substances
- Research has tended to focus principally on substance misusing mothers rather than fathers, and drugs rather than alcohol. Residential programmes which include the children have been demonstrated to be effective
- Studies often fail to evaluate the impact of substance misuse on parenting capacity relative to other aspects of disadvantage, such as poverty, unemployment or depression
- Parents are worried about losing their children, so confidentiality is considered to be a requirement for support services
- children often know more about their parents' misuse than parents realise, and feel the stigma and shame of this misuse, but also fear the possibility of being separated from their parents and taken into care



UNIVERSAL PARENTING

National Occupational Standards for Work with Parents - Update

Now that the National Occupational Standards (NOS) for work with parents and Family Learning have been approved, the final activities before launch are in progress. What are the National Occupational Standards for Work with Parents like?

The National Occupational Standards are designed to reflect the key aspects of Work with Parents and are broken down into Units of key activities. Each Unit is then further broken down into Elements and performance criteria outlining key tasks which make up the activity. These specify what a worker undertaking that role, needs to be able to do, and what they need to know and understand.

An example of one of the Units for Work with Parents is:

Unit Number WWP 314	Unit Title: Work with parents with complex needs and those who find services hard to reach
	Elements:
WWP 314.1	Design services that meet parents' needs
WWP 314.2	Enable parents to access services and support
WWP 314.3	Enable parents with complex needs to learn about parenting

What happens next?

A draft qualification structure for Work with Parents has been developed and the aim is to have a series of awards and qualification to support the NOS.

The launch of the Standards in England will be on the 7 October at the Parenting Education & Support Forum's annual conference. Details of this event and the launch dates for Northern Ireland, Wales and Scotland will be announced shortly on our website www.parenting-forum.org.uk

The dissemination of the NOS will involve all four countries and include promotion through:

- Email and postal notifications to relevant sectors
- Publicity events and seminars
- Postings on relevant websites

- Information and Guidance leaflets
- Production of CD Roms

You can find the full suite of National Occupational Standards for Work with Parents/Family Learning on the Lifelong Learning UK website at:

www.lifelonglearninguk.org
and the Parenting Education & Support Forum's website at www.parenting-forum.org.uk

Jean Jackson
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"Why Wait Til Its Too Late" is a course of four evenings held in local schools (usually secondary or middle) for parents of young people who have just or are about to transition to secondary school. It looks at the issues we know that parents are most concerned about (drugs and alcohol, bullying, sexual health, adolescence) but often feel less than confident in talking with their children about.

It is aimed to be preventative, but also realistic; helping parents to know where to turn to for help if things do get chaotic further down the line. "Why Wait..." also helps the schools engage more effectively with parents who are finding situations potentially difficult, it encourages the school to be a "hub" of support for parents bringing in all kinds of agencies who are equipped to help, such as school nurses, youth services, the LEA, Community Safety and the YOT. As a project it is also part of the "Investors In Health" Healthy Schools portfolio.

Over the last academic year we have held 18 courses working in over 20 schools/PRU's, averaging 20-25 parents per course. The aim is for the schools to continue to enable these parents to keep meeting up, for the purpose of support and information. Over 60% of the parents who complete the course say that they would be interested in a parents support group and 50% would be interested in an intensive parenting course.

We are starting to roll out the course across other local authorities, so if you would like to know more, ring James Sharp on 078887 51240.



The Parental Drug Awareness Service is based in Welwyn Garden City, though we are a county wide service and we are starting a support group to discuss issues, share worries and concerns, swap information and discuss how to deal with emotional conflict and problems that arise from a family member, partner or friend using /misusing Drugs, Alcohol or Solvents. This group will Commence on Monday 5th September 2005; 7.30pm to 9.30pm.

Contacts: Gill Alcock and Andrea Grahame on 01707 393934.

RESOURCES

Journeys: When parents use drugs

Children who live with substance-using parents may present as sad, unhappy and withdrawn. Their own self-esteem may well be affected as they feel they have no control over events within their own lives.

Adfam have produced a booklet specifically for children whose parents use drugs. The booklet is an excellent prompt for workers or carers talking to a child or young person whose parents use drugs. The booklet is divided into three sections, one for 5-11 year old, one for older children and a central section for the adult reading through the booklet with the child / young person. The book comes with a mini-book with information on emergency procedures and why it's important for children to think of their own needs. It is available by calling Adfam on 020 7928 8898, by emailing publications@adfam.org.uk or by visiting the Adfam website www.adfam.org.uk. The cost is £1 per booklet plus postage.



Druglink is a bi-monthly magazine for all those UK professionals interested in drugs and drug-related issues whether it's treatment, public health, education and prevention, criminal justice or international. Druglink includes the latest news, feature articles, interviews, factsheets, reviews and listings.

Please go to: <http://www.drugscope.org.uk/druglink/default.asp> where you will be able to subscribe to Druglink and download a whole sample copy.

DrugScope Information Service

Provides a range of resources to support you in your work such as reading lists on various drug topics. Our reading list *Drug Using Parents*, provides an overview of articles, books and other material on this topic and is freely available to download at <http://www.drugscope.org.uk/wip/7/pdfs/parents.pdf>

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INFORMING POLICY REDUCING RISK

WWW.DRUGSCOPE.ORG.UK



Working with Parents is an initiative of the Drug and Alcohol Education and Prevention Team (a joint project between DrugScope and Alcohol Concern), Adfam and the Parenting Education and Support Forum

Through this newsletter we intend to learn and share information and good practice. We know the field is looking for information as work with parents is developed, so please get in touch and let us know what you are doing.

If you do NOT want to receive future editions of *Working with Parents* or invitations to our meetings, email Carol Marsh carolm@drugscope.org.uk

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