



An exploration of the role of group work in supporting
young people affected by parental substance misuse

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Abstract

The Drugs and Young People Project (DYPP) is a small project working with children and young people affected by the substance misuse of their parents/carers. In 2007 DYPP developed a programme of group work in response to the particular needs of the young people with whom they were working. Individual work with these young people is well established, however group work is relatively rare and there is little research into its impact. Work with children affected by parental substance misuse has historically fallen between young people's safeguarding services and adult treatment services so is a particularly challenging field for integrated work.

This project analysed and evaluated the impact of a group work programme on young people affected by parental substance misuse and the role of integrated working in the delivery and development of this programme. A qualitative interview process, with four young people, their parents/carers and social workers, was employed. The foster carers and the parents of the children living at home were asked to take part, and all agreed. All were female. Parents of children in foster care were approached but none were successfully interviewed. The data which emerged was analysed and particular themes emerged.

It was found that group work had specific benefits and that well established integrated working was critical to maximizing these benefits. The theme which emerged most strongly was the value of being a part of a group with young people you know have had some similar experiences. There are three implications of this common experience for young people: it makes it safe to be social; they know you are not the only one; and coping strategies can be shared, thus building on resilience. We hope that our findings will enable us to target and improve provision of group work for young people affected by parental substance misuse both within and beyond the Drugs and Young People Project. To this end the Drugs and Young People Project are putting together a manual or workbook which brings together the learning from this project and from the previous group work cycles and will be used with young people over the coming months.

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[Ahdg]Introduction

[Bhdg]The settin:

The Drugs and Young People Project (DYPP) is a small project working with young people who misuse substances as well as children and young people affected by the substance misuse of their parents or carers. DYPP is jointly funded by Children and Young People Services and Safer Bristol (funded through the National Treatment Agency). Thus, while we are situated within statutory services, we are increasingly part of a 'virtual team' which includes practitioners from across the professions. This has highlighted many of the benefits, and the challenges, of integrated working. Work with children affected by parental substance misuse has historically fallen between young people's safeguarding services and adult treatment services so is a particularly challenging field for integrated work.

DYPP works only with young people with an allocated social worker as this evidences the complexity of their need. All of the young people with whom we work are 'Children in Need'; many are subject to a Child Protection Plan or in local authority care. The project workers are social work qualified.

DYPP has been working one to one with young people affected by parental substance misuse since 2005. In 2007 we developed a programme of group work in response to the particular difficulties experienced by these young people, as identified by them and those supporting them. This work was provided in addition to established one to one input.

Assessment of and by young people attending the first and second cycles of group work showed that there were many benefits, some unforeseen, and young people participated with enthusiasm and evaluated the sessions very positively. Young people seemed more able to talk about their experiences, shared coping skills and made friends. All of the young people who had been invited to attend groups maintained commitment and finished the programme.

[Bhdg] *The project*

This practitioner-led research project focuses on a third cycle of group work begun in November 2008. It provides an opportunity to analyse and evaluate the impact of group work. Because we work in collaboration with social workers, parents and foster carers, it is also an opportunity to examine the role of integrated working in the delivery and development of this group work programme.

The group work involves six focused sessions and a final event/outing. The aims of the group work are to:

- develop peer relationships and relationship skills
- reduce isolation
- build on existing coping strategies and safety plans and promote resilience
- promote self-esteem
- generate positive experiences
- improve understanding of substance misuse.

Throughout this report, substance misuse is defined as the misuse of illicit drugs and alcohol (Walker 2005). We take 'misuse' to mean that the: 'level of dependency or consumption of a substance is significant enough to impact on family life and potentially on the care of children' (Walker 2005: 206).

[Ahdg] Aims of the project

The aims of this project are to further our understanding of the impact group work can have on young people affected by parental substance misuse and the role of integrated working in the delivery and development of such a programme.

We use a qualitative interview process, and incorporate as many perspectives as practicable. We hope that our findings will enable us to target and improve provision of group work for young people affected by parental substance misuse both within and beyond the Drugs and Young People Project.

[ahdg]Context

[Bhdg]*Impact of parental substance misuse*

While this is not a piece of research into the impact of parental substance misuse, it is nevertheless important to set the scene by briefly outlining the possible consequences for children and young people. Before doing so, however, it is crucial to recognize that many parents use substances without harm to their children.

Neglect may feature strongly in households where the main focus of a parent is the need to obtain and use substances; children may be exposed to poverty and poor living conditions; children may be more likely to be emotionally or physically abused (Tunnard 2002). Sense of worth and stability can be affected by parents' emotional or physical unavailability, leading to feelings of loss. Parenting may be experienced as unreliable and inconsistent (Kroll and Taylor 2003). Children may feel worried about people finding out about their parents' drug use and feel isolated and pressured into secrecy. Socialization and education of children may suffer. Children may be exposed to criminal or other inappropriate adult behaviour (Tunnard 2002).

Links between parental substance misuse, domestic violence and mental health are documented by Cleaver et al. 1999, although it is important to add that this study does not explore the impact of other socio-economic variables.

A highly influential report coined the phrase 'Hidden Harm' and concluded parental substance misuse is associated with a range of poor outcomes for children and that: 'reducing harm should become a main objective of policy and practice' (Advisory Council for the Misuse of Drugs 2003: 1). *Hidden Harm Three Years On: Realities, Challenges and Opportunities* (2006) reviewed progress towards this end.

[Bhdg]*Policy and legislation*

As well as the above, the following legal and policy developments in the UK have affected integrated work concerning parental substance misuse:

The Children Act 1989 gave local authorities responsibility to provide support for children considered 'in need' (s.17) or at risk of 'significant harm' (s.47). In 1999, *Working Together* (Department of Health (DoH) 1999), an inter-agency guide to safeguarding children in the UK, was produced alongside the *Framework for the Assessment of Children in Need and Their Families* (DoH 2000). These set out common procedures for carrying out more holistic assessments of children in need (Kroll and Taylor 2003). All children attending our group have been assessed as either 'children in need' or 'at risk of significant harm' due, in part at least, to parental substance misuse. 'Tackling Drugs to Build a Better Britain' (1998) and 'The Updated Drug Strategy for England' (HM Government 2002) acknowledged the needs of children affected by parental substance misuse. The National Treatment Agency for Substance Misuse – Models of Care document states that drug and alcohol services should recognize and assess the needs of clients' children (NTA 2002).

More recently *Drugs: Protecting Families and Communities: Strategy and Action Plan* (HM Government 2008 CHECK), a ten-year plan for addressing substance misuse, increases the priority placed on addressing the needs of children and young people whose parents misuse substances. The Children Act 2004 and *Every Child Matters: Change for Children* (DfES 2004) focus on improving integrated working and better outcomes for children. *Every Child Matters* is linked with 'The updated National Drug Strategy for Young People' (DfES 2005) to ensure an integrated approach by

services aimed at preventing drug harm, again, referring to the need for services to work with the children of substance misusing parents.

Locally, *Guidance for working with drug and/or alcohol using parents* (BSCB 2008) stresses the need for a 'holistic' approach and notes that 50 per cent of children subject to a Child Protection Plan are living with parental drug or alcohol misuse.

[bhdg] *The research literature*

The majority of UK literature focuses upon the impact of parental substance misuse, however, descriptions of services for children are increasingly available. A small number of these include evaluated group work. Findings should be treated with caution because of small sample sizes limiting ability to be more widely representative.

'Hidden Harm' Three Years on' documents the lack of robust qualitative research involving the voices of children. However, because of the 'hidden' nature of substance misuse this is problematic (Kroll and Taylor 2008). Our study will address this by collecting qualitative data into the experience and effects of group work with input directly from young people.

Outcomes of Group work:

All literature points to the supportiveness of groups made up from children sharing similar experiences (Bancroft et al. 2004; Harbin and Murphy 2000; Templeton and Boon 2008):

'They reported the group as having been a safe and comfortable environment to share some of their experiences and build up relationships with other young people in a similar situation.' (Wheeler *in* Harbin and Murphy 2006: 34)

Wheeler found that young people felt guilty and to blame for parental substance misuse, especially when parents relapsed. Although it was run for families, not just children, Templeton and Boon (2008: 3) found the Clouds 'MPACT' group:

'Taught the kids you don't have to deal with your parent's problems, you just have to cope with them.'

An increased understanding of addiction enabled young people to accept that the substance misuse was not their fault (Harbin and Murphy 2000; Wheeler *in* Harbin and Murphy 2006: 29; Kearney et al. 2005):

'Group work can provide confirmation and affirmation that their experiences are not exceptional...and improve communication enabling children to talk about their experiences more easily.' (Wheeler *in* Harbin and Murphy 2006)

Templeton and Boon (2008: 5) document that group work allowed young people to:

'achieve more self awareness...were allowed to be themselves...gained a stronger self identity'.

Group dynamics appear vital to the success of group work, a welcoming and supportive atmosphere being essential. Attendees of the 'MPACT' group stated that a 'homely and relaxed' location for the group was a factor in enabling families to change (Templeton and Boon 2008: 40).

Confidentiality can be a cause for concern and anxiety for young people attending groups (Harbin and Murphy 2000). The ages of children attending groups can have an impact; where a group is made up of young people of different ages this can have a detrimental impact on behaviour and concentration levels within the group (Harbin and Murphy 2000).

Wheeler and Bancroft et al. (2004) identified a number of challenges to engaging young people, and stated that without flexibility of staff, transport and easy accessibility, attendance was less likely. In some cases integrated work with schools was needed to prepare children and parents. Indeed, after one group cycle finished, children were linked in with community groups. Many children failed to attend because of the absence of flexible transport options (Wheeler *in* Harbin and Murphy 2006). Statistical links between parental substance misuse and young people's involvement in criminal activity and substance use have been established (eg Tunnard 2003). It is suggested that one positive outcome of group participation may be reduced potential substance misuse (Wheeler *in* Harbin and Murphy 2006; Kearney et al. 2005). The literature acknowledges that it is difficult to prove causal links but suggests group work may work as a preventative measure.

Harbin and Murphy (2000) state that working with groups of these children is not always easy, and thorough assessments need to be carried out to ensure its suitability. They also acknowledge the difficulty of attracting children living at home (rather than in care) to such groups because of the concerns about confidentiality for these young people. The children attending our group have been fairly evenly split between children in care and children living at home. This is not representative of our service generally, which has a majority of children living at home.

[Ahdg]Methodology

A qualitative methodology was chosen because it would allow freedom to explore perspectives in greater depth and enable us to gain access to individual's views and opinions, enabling freedom of expression. It would also address the unmet need for qualitative research in the field described by Clarke (1999).

The research was made up from three sets of data, as well as practitioner observations:

interviews with parents/carers

interviews with social workers

interviews with young people.

These interviews were initially planned to take place prior to, and at the end of, group work. However, as the schedule for group work slipped, some of the end-point interviews were replaced with ones conducted during the programme (review interviews), and some have not yet been conducted.

The three distinct sources of information allowed for data triangulation, meaning that the research built in multiple perspectives giving us a more reliable picture of the needs for and impact of group work. For example, it was felt that social workers might be more willing than parents to give a critical opinion (Gillham 2005). Different sets of data also incorporated the theme of integrated working into the research.

Serious consideration was given to whether our research justified interviewing children and parents. *Every Child Matters* states that: 'real service improvement is only attainable through involving...young people and listening to their views' (In Alderson and Morrow 2004: 10). One young person, when thanked for participating replied, 'it's alright, I like doing the forms.'

Interviews were felt to be the most useful method of data collection: 'interviews yield rich insights into people's biographies, experiences, opinions, values, aspirations, attitudes and feelings' (May 2001: 120). A semi-structured interview format was chosen for parents/carers and social workers. Asking similar questions of each participant enabled more comparability, meaning greater reliability. However, open questions allow the use of probes to gain elaboration of the views of the participants in a way that a more structured interview would not. A more structured interview format was used for the young people as it was felt this would be easier and less daunting for them (Gillham 2005).

[Bhdg]Interview design and ethics

The Drugs and Young People Project has a consultation group made up from young people who have left the project. They now have a consultative role. In accordance with the integrated working element of the research and to reduce the risks of intrusion and embarrassment to the young people, the interview schedules were drawn up and piloted in collaboration with a young adult from this group whose parents were substance misusers.

While it was seen as preferable for interviews to be carried out by the researchers so as to ensure consistency, it was decided that in light of the vulnerability of young people and parents they would have opportunity to be interviewed by a worker already known to them. This worker was therefore

involved in planning the research and was confident in using the research tools. While this does mean that interviewees may have found it more difficult to be critical, it was felt to be the best way of reducing risk of distress and was therefore justified (Clarke 1999).

[Bhdg]Young people

Great attention was paid to the design of the interview questionnaires. The risks to the young people, of taking part in the research, were considered. These comprised possible distress, embarrassment and intrusion. Issues of confidentiality were important, especially as these were young people with whom there are often child protection concerns (Alderson and Morrow 2004). Their individual worker discussed the research in advance with the young people. The information flyer was read through with them and they were given opportunity to ask questions before being invited to participate. The interview itself started with a thorough discussion of the research and opportunity to ask questions or decline to be involved.

Scaling questions were incorporated for young people as this was felt to be less intrusive and uncomfortable and did not rely on the young people being able to articulate feelings (see the scale diagram).



0-----10

[Bhdg]Parents/carers

It was important that questions were non-threatening and not too probing or intrusive. We wanted to make parents feel at ease and know that we really valued their opinions. The questions were open to allow for freedom of expression and for respondents to say as much or as little as they liked.

Parents/carers were contacted by telephone and an information flyer and covering letter was given to them by a worker they knew. Interviews were set up at a time and place convenient to them. Interviews were started with a discussion about the research and what it involved. Opportunity was given for questions (Gillham 2005).

[Bhdg]Social workers

It was acknowledged that it might be difficult to get social workers to prioritize our research. Therefore interviews were designed that were direct and relatively quick to answer as it was felt this would encourage them. In practice, interviews schedules were mailed out to social workers who all completed and returned them. This was somewhat unfortunate because it limited our ability to explore answers with the social workers.

[Bhdg]*Interviewing*

The issue of whether to tape record the interviews was considered. Tape recording can inhibit people but also allows for greater accuracy (May 2001). Our time and the length of time it would take to transcribe the interviews were considered. As a result it was decided that detailed notes would be taken instead.

[Bhdg]*Informed consent*

Obtaining truly informed consent was critical.

Separate information sheets were drawn up for young people, parents/carers and social workers. This was done to inform participants of the purpose, process and likely outcomes of the research. We wanted to help them make informed decisions about the research and the implications of taking part (Alderson and Morrow 2004). Information flyers for children were designed in conjunction with the member of the consultation group.

Young people, parents and carers were asked to sign consent forms. In contrast an opt-out format was used with social workers because of difficulties in getting forms signed and returned (Alderson and Morrow 2004).

Confidentiality issues and the limits to this were discussed, ie if there was considered to be risk of serious harm to them or others information would be shared and would not remain anonymous. Participants were informed that information would otherwise remain anonymous.

[Bhdg]*Procedures*

Consent to carry out the research was obtained from our line manager and service manager. The situation with regard to governance in the organization is complex; however, in lieu of this the Children's Workforce Strategy Leader agreed the research using as a model the ACC research governance framework.

[Bhdg]*Sample selection*

Sample selection was relatively simple as only group participants could be considered.

Participation in the group did not necessitate participation in the research and consideration was given to the possibility that some group members would opt out of the research.

The research was discussed with the young people and parents/carers. The worker read through the information flyer with them and they were given the opportunity to ask questions. All the young people were assessed using 'Fraser Guidelines' (Fraser 1985) and were deemed Fraser competent, ie they were able to make their own decisions and understand the implications. All young people who joined the group opted into the research.

The foster carers and the parents of the children living at home were asked to take part and all agreed. All were female. Parents of children in foster care were approached but none were successfully interviewed.

[bhdg]*Data analysis*

Familiarization with data is a crucial component of data analysis (Spencer et al. 1983). Interviews were read through and compared soon after the event. The structure of the interviews allowed immediate comparability (May 2001).

We divided the interviews into their separate groups and highlighted common themes and noted differences. We were careful to employ 'a rigorous spirit of self-awareness and self-criticism, as well as an openness to new ideas' (Seale 1999 *in* May 2001; 139) to improve reliability in the study. We were aware that by analysing the data we would be interpreting it. We recorded our own observations following the groups and included this data.

[Bhdg]*Limitations*

The number of young people attending the group was, by design, small. This is because we were very specific about the age and needs of the children attending. In addition, one young person opted out of the group after one session. By the mid-point all young people in the group were living in foster care. All of this limits our ability to generalize the findings of the study.

Lack of time and resources had a major impact on the study and had most impact on the interviews. In particular it would have been preferable to interview social workers face to face.

This research was conducted by practitioners who were thus evaluating their own practice; this must be taken into account. However, the benefits, primary among them the ability to put the findings into practice, should also be recognized (Alderson and Morrow 2004).

At the time of writing our group programme is not complete; however we felt it was essential that the group was not dictated to by the time constraints of the research. This has meant that end-point interviews with social workers and parent/carers are not included in the findings. In future research we need to be very aware of timings and planning.

Nonetheless all the young people involved have actively participated in the research and their views are included in the findings. With the other contributors, this provides a breadth of experience and opinion which has enabled us to identify and develop some interesting themes.

[Ahdg]Findings

[bhdg]Group participants

Initially six young people were invited to attend the group. They were chosen because they were all of a similar age and had common needs. One boy declined because of fear of being bullied and as a result the second boy withdrew, as he would be the only male. All remaining participants were aged between 10 and 13 and all were female. Two young people were in foster care and two were living at home at the outset of the project, however one young person was subsequently placed in foster care.

A general profile of participants then would be female, living in foster care, with a long history of exposure to parental substance misuse dominated by opiate or alcohol use, a history of loss and disruption, and high levels of involvement with support services.

[Bhdg]Group participation

In general, participation has been good, however it has not been as consistent as on previous cycles of group work. Some of the reasons for this are explored below. One young person's parent relapsed and her life became chaotic. She remained committed to attending the group but the practicalities of this were at times insurmountable. One young person opted out after one session. Contrasting this programme with the previous two run by the project is interesting. Previously young people had been engaged with DYPP for a prolonged period, parents had generally known the worker and had developed a level of trust in them, and other professionals had seen the impact of the work. This programme has been run with a group of young people (and the team around them) with whom links have more recently been established and this seems to have impacted on engagement.

[Bhdg]Interview data

Analysis of interview data was conducted in the light of the original aims of the group. Certain themes emerged.

Young people were asked for their views and feelings about group work but also asked to score themselves on a number of factors that related to the aims of the group.

At initial interviews young people expressed anxiety about people knowing their family background, a desire for friendships and a concern about not making friends. None had been to similar groups before.

One young person's response summed up that of others: when asked what she had thought when she first heard about the group she said:

‘Quite good, because I’ve been through that and it’s quite good to talk about it.’

However, when asked about any fears she might have about the group she said:

‘I was scared because if I told, talk[ed] about it, because people might tell someone else.’

At the review interviews only two young people were present; they both spoke positively about the group and neither had any remaining worries about the group.

The young person who opted out after one session completed a questionnaire that asked what she had liked about the group; she said:

‘It was fun, I liked it because it was safe.’

It also asked what she didn’t like, to which she replied:

‘Nothing.’

Finally she was asked why she had stopped coming and replied:

‘I was shy.’

As scored questions related to the aims of the group, data is organized around those aims. However, some aims emerged as more significant themes.

[following headings text bold italic]*Develop peer relationships and relationship skills; reduce isolation*

At the initial interviews most young people felt they did not have enough friends. Scores ranged from 4 to 1 with an average of 2.5 (all scores are out of 10 with 10 as the positive end of the scale). When asked if they ever felt lonely or alone, half the group chose the point furthest from never indicating they were often lonely.

Social workers emphasized young people’s need to develop social skills and described the ‘restricted’ social circles of participants.

Parents and carers also described young people’s need for friendship and emphasized the role that the common background could play in making it safe for young people to engage with each other:

‘To make friends...Children without a background in common tend to pick on her and she doesn’t understand why. She gets called names like crack head and things...’

‘Knowing they are in the same boat as her, that she is not alone.’

Because the number of young people present for review interviews was reduced, they have been directly compared to corresponding previous interviews to try to ascertain any change.

At the review interviews the young people present marked themselves higher by an average of three points on the ‘do you have enough friends’ question. There were marked differences in their responses to ‘do you ever feel lonely or alone’; one young person showed a significantly improved response while the other indicated that she often felt lonely and explained:

‘I get picked on at school everyday...they say “ha ha ha, you’re in care”. I told them why, ‘coz my mum was drinking. It made it worse.’

Build on existing coping strategies and safety plans and promote resilience

The session with a specific focus on safety planning and first aid had not taken place at the time of writing, however ways of managing difficult feelings and of looking after yourself have been covered.

Young people described high levels of worry at initial interviews. Those participating in review interviews described an improvement of three to four points (their average moved from 1 to 4.5). During all interviews young people struggled to describe how they deal with feeling worried (their coping strategies). In the remaining session we plan to address this and support young people to identify and share their own strategies.

All social workers and many of the parent/carers identified, in some way, young people's need to develop coping strategies. These ranged from ways of managing anger and anxiety to developing the confidence to separate from parental needs.

Promote self-esteem

Young people's feelings about themselves were relatively high (over 5, but ranging from 1 to 10). This range may indicate a fault in our methodology, or that such a complex issue cannot be assessed in a simple way, or it may indicate unrecognized resilience in some young people.

One social worker specifically identified self-esteem work as being required:

'Self-esteem is not a standalone phenomenon and in retrospect it may have been a mistake to attempt to use a scoring question to assess it.'

Generate positive experiences

Positive experiences were not identified by young people, social workers or parent/carers, as something the groups should include. However, the young consultant stressed the need to keep things fun and 'not too much like school'. In addition, feedback from previous groups indicated that this was a valued part of the group experience. At initial interviews young people's scores for fun varied – some felt they had a lot, others less. At review interviews young people said groups were:

'Fun, great, exciting'

'I enjoy it'.

Improve understanding of substance misuse.

At initial interview one young person described knowing 'too much' about drugs, while another said she knew very little (the assessment of the team around her indicated this is unlikely). At review interview, scores indicated a significantly higher level of knowledge around substance use. This may be a result of increased confidence in the setting or of developing confidence in their knowledge.

[bhdg]Dominant themes

Shared experience was emphasized as important by carers/parents prior to the programme and also implicitly and explicitly as a factor in 'making it safe' for young people to participate (set in opposition to school experiences which included bullying and name calling). One social worker also highlighted the fact that having some common experiences will help young people to 'know that

they are not alone'. In highlighting the need for peer relationships the emphasis was on the struggle to build these relationships and the dilemma around whether to disclose family experiences or not. All interviewed groups in one way or another stressed this.

This theme accords with existing literature which describes commonality of experience/ having a background in common as being experienced as supportive by young group members (Templeton and Boon 2008).

There are three implications of this common experience:

it makes it safe to be social

you know you are not the only one

coping strategies shared, thus building on resilience.

All parent/carers stressed the importance of ongoing individual work and identified some things that would be better addressed in this context. Two indicated that their young person might be more open in a one to one context and one that she might struggle in a group. They seemed to be indicating that the group work fulfils a role distinct from one to one work.

[Ahdg]Implications for practice

[Bhdg]General

Group work offers the commonality of experience which has three major implications: it makes it safer to be social; it lets you know you are not alone; it enables coping strategies to be shared.

Group work with young people affected by their parents' substance use does not stand alone. It needs to be a part of a provision which involves one to one work, as these two methods of working meet different needs in this group of young people.

[bhdg]Integrated work

'Integrated working is when everyone supporting children and young people, works together effectively to put the child at the centre, meet their needs and improve their lives.' (CWDC 2008)

Comparisons of attendance between this cycle of group work and previous ones clearly highlight the importance for young people of support to attend groups, and suggest that this support is more likely to be available if integrated working relationships are mature and well established. The impact of this may be more profound on young people still living with substance misusing parents for whom trust may take longer to establish.

In general we had focused on the level of engagement with the young person when considering involvement in group work. In fact we needed to have taken a wider view incorporating those who support the young people and who could promote their participation. Integrated working is about relationships (between individuals and between organizations), and these need time to develop. An integrated approach was very productive in the planning of the group and the tailoring of it to the needs of the particular young people. However, a more established team working together with

the young person in an integrated fashion is needed as background for ongoing participation in groups for both emotional and practical reasons.

[ahdg]Conclusion

Undertaking and documenting this project has resulted in several valuable outcomes. It has highlighted the importance of integrated working when setting up group work sessions. It has also shown the need for these relationships to be well established to encouraging ongoing attendance. Most importantly, it has provided positive evidence of the very real benefits that carefully designed group work can provide for young people affected by the substance misuse of their parents. Evidence that contact with peers with whom one has common experience, in the right environment, can provide significant support. This raises the question of whether notions of integrated working can be broadened further to incorporate the support provided by young people to each other.

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We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

We advise and work in partnership with lots of different organisations and people who want the lives of all children and young people to be healthy, happy and fulfilling.

www.cwdcouncil.org.uk

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Contact us to receive this information in a different language or format, such as large print or audio tape.

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