Comic Relief Alcohol Hidden Harm

Working with children and parents affected by alcohol problems

Resource Guide for Professionals

March 2012
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Introduction

In 2009 Comic Relief began to fund for 3 years a small number of projects across England who were working to support children and young people living in families where there is problematic parental drinking. The aim was to fund these services to deliver support directly to children and families to reduce risks and help improve protective factors that increase resilience. In addition to this, it was essential that this work could be evaluated so as to increase our understanding around effective models of interventions. The services were free to meet the need of alcohol hidden harm in their local area in different ways and as a result some project have worked with whole families, some specifically with children & young people individually and in groups, others with parents individually and in groups, as well as work with professionals to increase awareness and foster collaborative working.

To accompany the final evaluation report it seemed helpful to ask the five funded projects to share some specific examples of their work with children and families. This was to include effective tools, techniques and skill-based practical approaches that had been tried, tested and recommended by practitioners working in the projects. Each service was asked to contribute practical examples of their work with enough detail so that other practitioners could try these ideas for themselves. In this way others could benefit from their experience and the impact of the Alcohol Hidden Harm Project can become more widespread.

This resource guide is the result of these contributions, and is an impressive selection of the thoughtful, high quality and creative work done by compassionate and committed practitioners dedicated to improving the lives of children and young people living with parental problematic drinking. Worksheets and plans are presented ‘ready-to-go’, so that they can be copied or scanned and used as they are. Forms and information sheets could be used as a framework or guide for an organisation to make their own similar documents. Approaches and activities are described in detail, and there are also additional links to wider approaches, research literature and other practical resources.
Bristol Drug Project (BDP)

BDP was founded in 1986 and since then the agency’s principal activity has been to reduce drug and alcohol-related harm: with an emphasis on changing behaviour. BDP provides services to people living across Bristol working with those using drugs and alcohol and their families. Harm reduction is central to all BDP’s work so staff and volunteers at BDP will support clients in addressing housing, financial and legal issues as well as directly addressing their substance use.

When BDP secured funding from Comic Relief they began to work with children and young people whose parents were misusing alcohol by:

- Expanding their family therapy work, based on existing work with parents who use illegal drugs;
- Extending their mentoring programme for 9-15 year olds;
- Introducing a new programme of group work for 5-9 year olds.

The resources they share here have been developed during the life of this work, and include alcohol worksheets for use with parents, a worksheet for parents on taking to their children about their substance use, a session plan for a training session for professionals, and detail from assessment and review forms for the children and young people’s mentoring programme.

Related Reading:

- **How to Help Children Find the Champion Within Themselves [Paperback]**
  David Hemery: BBC Books

- **Mentoring Children and Adolescents: A Guide to the Issues [Hardcover]**
  Buckley: James Bennnet Publishers 2003

- **Building Resilience in Families Under Stress: Supporting Families Affected by Parental Substance Misuse And/or Mental Health Problems**
  Emma Sawyer and Sheryl Burton (National Children’s Bureau)
Alcohol Worksheet

Aims:

- To explore the physical and emotional impact of your alcohol use.
- To discover situations or emotions that may trigger your alcohol use and how to implement strategies to manage these more appropriately.
- To provide harm-minimisation information regarding alcohol-use if appropriate.

Units of Alcohol

Different drinks contain a different amount of units.

<table>
<thead>
<tr>
<th>1 unit</th>
<th>1.5 units</th>
<th>2 units</th>
<th>3 units</th>
<th>9 units</th>
<th>30 units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal beer half pint (284ml) 4%</td>
<td>Small glass of wine (125ml) 12.5%</td>
<td>Strong beer half pint (294ml) 6.5%</td>
<td>Strong beer large bottle/can (446ml) 6.5%</td>
<td>Bottle of wine (750ml) 12.5%</td>
<td>Bottle of spirits (750ml) 40%</td>
</tr>
<tr>
<td>Single spirit shot (25ml) 40%</td>
<td>Alcopops bottle (275ml) 5%</td>
<td>Normal beer large bottle/can (440ml) 4.5%</td>
<td>Large glass of wine (250ml) 12.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Government advises alcohol consumption should not regularly exceed:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Men: 3-4 units daily</td>
<td>Women: 2-3 units daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium glass of wine (175ml) 12.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Office for National Statistics
1. I’m going to ask you some questions now about your use of alcohol. Please try to be as honest and as accurate as you can be. This will help us to explore how your alcohol use affects you which will then help us to provide the best level of “care”. A drink constitutes one unit of alcohol.

**The Alcohol Use Disorders Identification Test (AUDIT)**

(World Health Organisation 2004)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>(0) Never [Skip to Qs 9-10]</td>
</tr>
<tr>
<td></td>
<td>(1) Monthly or less</td>
</tr>
<tr>
<td></td>
<td>(2) 2 to 4 times a month</td>
</tr>
<tr>
<td></td>
<td>(3) 2 to 3 times a week</td>
</tr>
<tr>
<td></td>
<td>(4) 4 or more times a week</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>(0) Never</td>
</tr>
<tr>
<td></td>
<td>(1) Less than monthly</td>
</tr>
<tr>
<td></td>
<td>(2) Monthly</td>
</tr>
<tr>
<td></td>
<td>(3) Weekly</td>
</tr>
<tr>
<td></td>
<td>(4) Daily or almost daily</td>
</tr>
<tr>
<td>2. How many units of alcohol do you have on a typical day when you are drinking?</td>
<td>(0) 1 or 2</td>
</tr>
<tr>
<td></td>
<td>(1) 3 or 4</td>
</tr>
<tr>
<td></td>
<td>(2) 5 or 6</td>
</tr>
<tr>
<td></td>
<td>(3) 7, 8, or 9</td>
</tr>
<tr>
<td></td>
<td>(4) 10 or more</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>(0) Never</td>
</tr>
<tr>
<td></td>
<td>(1) Less than monthly</td>
</tr>
<tr>
<td></td>
<td>(2) Monthly</td>
</tr>
<tr>
<td></td>
<td>(3) Weekly</td>
</tr>
<tr>
<td></td>
<td>(4) Daily or almost daily</td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>(0) Never</td>
</tr>
<tr>
<td></td>
<td>(1) Less than monthly</td>
</tr>
<tr>
<td></td>
<td>(2) Monthly</td>
</tr>
<tr>
<td></td>
<td>(3) Weekly</td>
</tr>
<tr>
<td></td>
<td>(4) Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>(0) Never</td>
</tr>
<tr>
<td></td>
<td>(1) Less than monthly</td>
</tr>
<tr>
<td></td>
<td>(2) Monthly</td>
</tr>
<tr>
<td></td>
<td>(3) Weekly</td>
</tr>
<tr>
<td></td>
<td>(4) Daily or almost daily</td>
</tr>
</tbody>
</table>
Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>(0) Never, (1) Less than monthly, (2) Monthly, (3) Weekly, (4) Daily or almost daily</td>
</tr>
<tr>
<td>5.</td>
<td>How often during the last year have you failed to do what was normally expected from you because of drinking?</td>
<td>(0) Never, (1) Less than monthly, (2) Monthly, (3) Weekly, (4) Daily or almost daily</td>
</tr>
<tr>
<td>9.</td>
<td>Have you or someone else been injured as a result of your drinking?</td>
<td>(0) No, (2) Yes, but not in the last year, (4) Yes, during the last year</td>
</tr>
<tr>
<td>10.</td>
<td>Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</td>
<td>(0) No, (2) Yes, but not in the last year, (4) Yes, during the last year</td>
</tr>
</tbody>
</table>

**Scoring**

0-7 sensible drinking  
8-15 hazardous drinking  
16-19 harmful drinking  
20+ possible dependence

Total

8
Sensible Drinking

Men should drink no more than 21 units of alcohol per week (and no more than four units in any one day). Women should drink no more than 14 units of alcohol per week (and no more than three units in any one day). Pregnant women. The exact amount that is safe is not known. Therefore, advice from the Department of Health is that pregnant women and women trying to become pregnant should not drink at all. If you do choose to drink when you are pregnant then limit it to one or two units, once or twice a week. And never get drunk.

Hazardous drinking

This is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others. It would be ideal to consider reducing your alcohol consumption to minimise progression to harmful drinking.

Harmful drinking

This refers to alcohol consumption that results in consequences to physical and mental health. Some would also consider social consequences among the harms caused by alcohol use. It would be ideal to consider reducing your alcohol consumption to reduce negative effects on your physical and mental health.

Possible dependence

This can include behavioural, cognitive, and physiological affects which may develop after repeated alcohol use. Typically, these include a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance, and a physical withdrawal reaction when alcohol use is discontinued. It would be ideal to consider reducing and total abstinence.
2) After considering the outcome of the AUDIT Questionnaire, how do you feel about your alcohol use now and for the future? Explore any problems or concerns.

3) Please use the table below to think about the things you like and dislike about drinking, and all of the things you think will be good and bad about stopping. Exploring any ambivalence you might feel about your drinking behaviour.

<table>
<thead>
<tr>
<th>Pro’s (good things) of continuing to drink</th>
<th>Pro’s (good things) of reducing drinking</th>
<th>Pro’s (good things) of stopping drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Con's (bad things) of continuing to drink</td>
<td>Con's (bad things) of reducing to drink</td>
<td>Con's (bad things) of stopping drinking</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
</tr>
</tbody>
</table>

4) What concerns you most about this?

5) How would you like your life to be in 6 months time?
Talking to children about your drug or alcohol use

When parents use drugs or alcohol although children may not understand exactly what’s going on, they often know that things are different for them compared with other children at their school.

For example, they may know that mum locks herself in her room for a while each day, or that dad doesn’t come home until really late some nights, or that mum and dad have big arguments. Children will try to make sense of this in some way, and because of the way that children view the world they may come to the belief that it is “my fault” or “because I am bad”.

Sometimes the things that you do to protect your child (i.e. locking yourself in your room so that your child cannot see you taking drugs) can actually harm them in a different way (“I’m not good to hang out with – I’m bad”). Or the argument that you thought they didn’t hear, may be interpreted as “I caused it, they must have loved each other before I was born, so it’s my fault that they fight”.

People sometimes talk about drug or alcohol use as being like having an elephant in the living room that no one ever talks about. Everybody knows that it’s there – it’s huge, you can’t miss it – but it often seems easier not to talk about it hoping that maybe that way it will go away. Often parents avoid talking about their drug or alcohol use because they hope that they will make changes before their child notices.

Drug and alcohol use are very adult problems, which children should not be burdened with or frightened about. However, it is important to remember that children will usually pick up that “something” is going on, even though no-one is talking about it. Honestly and trust are important to any significant relationship, therefore talking honestly with your child is important.

Finding a balance between being honest, and frightening your child by exposing them to what is going on is difficult. It is hard to know when is the right time to talk to your child about these issues, how old they should be before you have these conversations, how much to tell them, and what words to use. In this section your worker will help you to work out some of these difficult issues for yourself. – It is your decision.

In our experience when parents have these conversations with them, children usually feel that a weight has been lifted, rather than it being a burden; suddenly they can start to understand that what is going on is mum/dad’s problem, and is not the child’s fault.

What do you think your children know about your drug or alcohol use?
What (if anything) have you told them already?

With your worker think of the things that you do (or have done) around your drug or alcohol use that your children may have noticed (even if they don’t know that it is to do with drugs). This could be places you have gone to, hiding away, shop-lifting, people who come and go, emotional ups and downs, or not having enough money for certain items etc.

Pick three of these and fill in the table below:

<table>
<thead>
<tr>
<th>What will your child have seen /heard</th>
<th>What might they think is the reason for this happening?</th>
<th>What might they think it says about them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: Mum locks herself in her bedroom in the evening</td>
<td>Mum doesn’t want to be around me in the evenings</td>
<td>I can’t be a nice person to be around</td>
</tr>
</tbody>
</table>

It is sometimes tempting when we talk about our drug or alcohol-use to blame other people or events for our drug-use. Such as, I use drugs because your dad makes me or I drink alcohol because I’m stressed or I use drugs because I’ve got a bad back. What message will you be giving your child if you do this?
What things can you do with your children to help them learn to feel better for themselves?

The language that we use to talk to our children about drug-use is very important. Some parents explain to their children that “mummy/daddy takes stuff to make her feel better”. What message does this give to children about drugs?

When children grow up with the belief that drugs or alcohol make you feel better they may not become good at finding other ways to feel better. It may be that you grew up with this belief too. Parents are important role-models for children.

What words or phrases might you use to talk about your drug or alcohol use with your children?
The most important thing is that children get the message that you are taking responsibility for your drug-use, that it is something that you are getting help for, and that it is not their responsibility in any way.

Plan with your worker what you want to tell your children, when you will have the conversation, and who else they might be able to talk to about what they hear.

“mummy started to take drugs/drink because she was sad and she thought that it would make her feel happier, but it doesn’t, it makes things worse… you make me feel happy”

If you are going to have this conversation you must be ready to answer some difficult questions....

How would you answer the following questions:

- Will I end up using drugs/alcohol when I’m older?
- Why do you take drugs/drink?
- Why can’t you just stop?
- Why are drugs more important than I am? /why won’t you stop for me?
- What is crack/heroin?
- Why do the police come round here?
- Does ___ use drugs too?
- Why do you act so weird when you’ve been drinking?

Some ideas for talking to children about drug use:

- Make sure that you have plenty of time to have a proper conversation
- Allow your children to ask questions - be honest in answering them, even if it is hard.
- Avoid describing drugs as “medicine”. Medicine is something that makes us better when we are ill.
- Methadone is a very powerful thing that the doctor gives me to help me stop using drugs.
- You may find it useful to talk about drug/alcohol use as a disease that you have got and that you are trying to recover from.
- You can use the “Seven Cs” poster to help your child to understand that it is your problem, not theirs (see below)
The Seven Cs about a parents' drug or alcohol use

I didn’t

**Cause** it

I can’t

**Cure** it

I can’t

**Control** it

I can take better **Care** of myself by

**Communicating**

my feelings,

**making healthy**

**Choices**, and

**Celebrating** being me
Mentoring Assessment

The following 2 documents are detail from BDP’s comprehensive forms used at initial assessment & review for the children and young people’s mentoring programme.

School

(How am I doing at school?)

How do you get on at school? What’s your attendance like? What do you like/dislike?

Attendance percentage __________

Who Makes Me Feel Good About Myself?

1. Draw a picture of yourself in the circle in the middle of this page.

2. Then draw pictures around yourself of the people that help you to feel good – it might be parents, friends, people at school, other family members, your pets etc. Think about how far away or how close you want to put them – with the ones who are best at making you feel good closest to you.
What things can you do for yourself to make you feel good?

Family

(How are things in my family?)

Tell me a bit about your family – who lives here with you? Who else is significant? etc (may be appropriate to do a genogram). What things are good/bad etc.

Do you ever do things together as a family?

Are there any goals that you would like to set around this?
**Me**

(How am I doing?)

<table>
<thead>
<tr>
<th>What makes you happy / unhappy? (e.g. how would you get nearer the smiley face? etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What do you think you would get out of having a mentor?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What does mum/dad think?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Would you prefer to have a male or female mentor?</th>
<th>Male</th>
<th>Female</th>
<th>No Preference</th>
</tr>
</thead>
</table>
Which of the following things do you enjoy doing? If you were given the opportunity which would you like to try out?

<table>
<thead>
<tr>
<th>Sports</th>
<th>Might try</th>
<th>Making things</th>
<th>Might try</th>
<th>Others</th>
<th>Might try</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>Woodwork</td>
<td></td>
<td></td>
<td>Dancing</td>
<td></td>
</tr>
<tr>
<td>Basketball</td>
<td>Sewing</td>
<td></td>
<td></td>
<td>Drama</td>
<td></td>
</tr>
<tr>
<td>Rugby</td>
<td>Cooking</td>
<td></td>
<td></td>
<td>Creative writing</td>
<td></td>
</tr>
<tr>
<td>Cricket</td>
<td>Other:</td>
<td></td>
<td></td>
<td>Reading</td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td>Going out</td>
<td></td>
<td></td>
<td>Help with “life-skills”</td>
<td></td>
</tr>
<tr>
<td>Horse-riding</td>
<td>Cinema</td>
<td></td>
<td></td>
<td>Help with homework</td>
<td></td>
</tr>
<tr>
<td>Martial arts</td>
<td>Bowling</td>
<td></td>
<td></td>
<td>Computers</td>
<td></td>
</tr>
<tr>
<td>Cycling</td>
<td>Theatre</td>
<td></td>
<td></td>
<td>Photography</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Ice-skating</td>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Music</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing an instrument</td>
<td></td>
<td>Trips to countryside/beach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Singing</td>
<td>Going to cafes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeing live music</td>
<td></td>
<td>Picnics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dog-walking</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Mentoring Programme is part of Bristol Drugs Project, which is an organisation working with people’s drug/alcohol-use. What do you know about mum/dad’s drug or alcohol use?

How do you feel about it? What impact does it have on you? What’s different when mum/dad uses or doesn’t use drugs?

Everything

(How is everything going?)

Is there anything else that you would like to tell us?

Date assessment process completed:

<table>
<thead>
<tr>
<th>Is everyone happy for Mentoring to go ahead?</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Young person</td>
</tr>
</tbody>
</table>
Mentoring Review

<table>
<thead>
<tr>
<th>Location</th>
<th>Completed by</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
</table>

Any changes to contact details?

Any other agencies involved / change of school

Any changes re health that we need to know about?

---

Family

(How are things in my family?)

Has anything changed in your family in the past few months? How are you all getting on?

What does mum/dad think?

Over the past three months have you done anything together as a family?
School
(How am I doing at school?)

How are things going at school now? Is anything different?

Who do you talk to at school? Has this changed since you had a mentor?

Attendance_____________________

Me
(How am I doing?)

What things are you enjoying in your life at the moment? Any things that you are not so happy about?
What does mum/dad think?

Who Makes Me Feel Good About Myself?

3. Draw a picture of yourself in the circle in the middle of this page.

4. Then draw pictures around yourself of the people that help you to feel good – it might be parents, friends, people at school, other family members, your pets etc. Think about how far away or how close you want to put them – with the ones who are best at making you feel good closest to you.
What things can you do for yourself to make you feel good?

What are you getting out of having a mentor?

How easy do you find your mentor to talk to?
Not that easy 1 2 3 4 5 Very easy

List the activities you have done together (or group activities) – and tell me how you got on

<table>
<thead>
<tr>
<th>Activity</th>
<th>Let us know what you thought of it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You have been with your mentor for a few months now – what things would you like to be able to do in the future with your mentor? What things would you like to carry on doing once you don’t see your mentor any more?
Everything

(How is everything going?)

Is there anything else that you would like to tell us? Any problems that you want to think about? Is there anything that could make your life better at the moment? – Who could help?

Anything you want to tell me about you and your mentor?

Ask parent: what differences have there been for you – e.g. are you noticing any changes in your parenting / in the behaviour of the YP?

Is there any support that you would like for yourself?

Have there been any changes for you recently?

When I first came round to assess you we talked a bit about mum/dad’s drug-use. Have you had any more conversations about that since? Has anything changed?

Date review completed:

Date of next review:
Sharing information consent form

This is your opportunity to say what information can be passed on and to whom. Nothing will be added or changed without your knowledge or agreement.

your name:

worker’s name:

organisation:

I give permission to share the information below with the named agencies / individuals. If, for any reason, I change my mind I will inform the worker. I understand that any possibility of the agreement being broken will be discussed with me first whenever possible.

Please tick

Yes   No

School _______________________

Education Welfare Officer / Home support team

Social Worker

Parents

Are there any other organisations involved with your family that we might talk to?

____________________________________

____________________________________

____________________________________

____________________________________
The Data Protection Act 1998 gives you the right to see all the information held on you whether on paper or on computer. If you have any questions about how your information is used, or you would like to see information held about you, please ask your worker. You can change your mind about information sharing whenever you want to.

Bristol Drugs Project is seeking your permission to hold data about you that can be kept on paper or on computer.

I have read/had read to me the above information and understand my rights. I give permission for my details to be held by Bristol Drugs Project unless there is a risk of serious physical harm to a client or another adult/or where a child is judged at risk of sexual abuse, neglect, serious physical harm or emotional abuse, or where information is shared with your consent as part of a formal partnership with another agency e.g. a GP, a Probation Officer.

Is there anyone else that we have missed out that it would be useful for us to talk to?

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Thank you for completing this form
Professionals Workshop

Aims of the session

- To provide an insight into the lives of children and their parents where there is substance misuse in the family
- To increase the group’s awareness of drug-services
- To make the group aware of the Hidden Harm agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>How</th>
<th>Resources</th>
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<tbody>
<tr>
<td>9.30</td>
<td>Coffee &amp; sign-in</td>
<td>Name labels, Check-in list, 2 expectations (post-its)</td>
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<tr>
<td>9.45</td>
<td>KL 10 Housekeeping</td>
<td>Names &amp; where work, Introduced by us</td>
<td>Written rules on flipchart</td>
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<td></td>
<td>Introductions</td>
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<td>Ground-rules</td>
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<tr>
<td>9.55</td>
<td>JC 15 Expectations</td>
<td>Go through post-its</td>
<td>Post-its</td>
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<tr>
<td>10.10</td>
<td>KL 15 Stigma</td>
<td>“Mum” / “drug-user” – “society’s view” word-storm in groups &amp; feedback (4 groups of 7)</td>
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<tr>
<td>10.25</td>
<td>KL 10 Why do people use drugs?</td>
<td>Flip-chart in big group &amp; discuss (remember to highlight difference between recreational &amp; problematic drug use)</td>
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<tr>
<td>10.35</td>
<td>JC 25 Which drugs are the most risky?</td>
<td>Hierarchy exercise – in 3 groups rank drugs in order of risk - invite group to think of community, family &amp; individual risks Feedback in big group (Highlight drugs-cards, drugscope website etc)</td>
<td>Drug-name cards</td>
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<tr>
<td>11</td>
<td>JC 15 The impact of parental substance misuse on children</td>
<td>Introduce Hidden Harm, Elephant metaphor &amp; idea of children as young carers</td>
<td>Powerpoint</td>
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<tr>
<td>Time</td>
<td>Duration</td>
<td>Activity</td>
<td>Description</td>
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<td>11.15</td>
<td>20</td>
<td>Break</td>
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<tr>
<td>11.35</td>
<td>KL 40</td>
<td>Barriers to referral exercise</td>
<td>Three scenarios. 6 groups of 4 each get 1 scenario.</td>
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<td>• Groups consider what are the barriers to each individual accessing services/referring to services</td>
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<td>Feedback to the group – group then discuss how these barriers could be overcome.</td>
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<tr>
<td>12.15</td>
<td>JC 30</td>
<td>Services available in Bristol</td>
<td>Talk about BDP / Family Support &amp; other services</td>
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<tr>
<td>12.45</td>
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<td>Questions</td>
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<tr>
<td>12.55</td>
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<td>Evaluation and closure</td>
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**Handouts**

**Resources**

- Tea, coffee, cups, biscuits, sugar, spoons, milk
- Post-it notes
- Pens
- Flip-chart
- Powerpoint
- Drugs cards (big ones)
- Scenarios
- Leaflets: Fam Sup, mentoring, groups, BDP, Annual reports
- Harm reduction check lists

**PACKS:**

Leaflets – BDP services, annual reports, Elephant, DYPP leaflets, KWADS leaflets, HAWKS, Nilaari, drugs cards, Maternity leaflets, women’s a.m. flyers, parenting workshop, Mentor leaflets, evaluation form, flyer for next workshop (12th June?)

**Groundrules**

- Confidentiality – anything said in the group remains in the room
- Listen to others
- Respect other’s opinions
- Please put phones on silent!
CASA

CASA was established in 1974 and has grown to become a major provider of services to people in North London. CASA’s aim is to help people who are affected by alcohol or other drug problems to lead positive and fulfilled lives. CASA delivers a range of community-based, therapeutic and social care services. The CASA Family Service was founded in 2006 and seeks to minimise the harm caused to children and young people by growing up in a family where there is substance misuse. CASA merged with Blenheim–CDP in 2012, although it will continues to operate the existing services under CASA name in North London.

When CASA secured funding from Comic Relief, they were already offering an existing programme of support to families, where parental alcohol misuse is an issue, through generic services within the community, with the aim of reducing the perceived stigma associated with a ‘drugs service’.

CASA aimed to use the Comic Relief funding to:

- Develop the capacity of generic children and family services in Islington to address the impact of alcohol hidden harm;
- Reduce the perceived stigma associated with an ‘alcohol and drugs service’ by developing the capacity of other agencies to respond to hidden harm;
- Increase referrals for families who are not in contact with Children’s Social Care or adult treatment provision and provide direct services to children and young people in families referred via this route.

Here CASA practitioners share four ideas from their direct work: two for working with children, one storytelling activity suitable for use with the whole family and a discussion tool for work with parents.

Related Reading:

- Principles of Attachment-Focused Parenting: Effective Strategies to Care for Children (Norton Professional Books)
- Using Storytelling as a Therapeutic Tool with Children Margot Sunderland (Speechmark)
Fantasy Island

Asking a child to create their version of a fantasy place to live can be helpful in a number of different scenarios:

- When a child lives in a home where they have very little space for themselves, or where their wishes or personal needs are often overlooked
- When a child is struggling to share space, time or processions with siblings, family members or friends.
- When there is a weak sense of self-differentiation between parent and child, and the child is enmeshed with the parent, paying more attention to meeting the parents needs rather than their own.
- When a child’s home situation is chaotic and disorganised and the child has little say in how things are done.

1. Invite the child to imagine that they have their very own island, that they can have all to themselves and/or share with those closest to them.
2. Provide paper, art materials etc and encourage the child to create this fantasy place in as much detail as possible, showing all the people, things, places and activities the child would like there.
3. Once the island is created a discussion can be facilitated depending on the concerns or circumstances currently in the child’s life. For example, if the child has difficulty sharing then a discussion could take place around which parts of the island could they share with others and which would be entirely for their own use. For a child who has a chaotic home environment a discussion could be had around which part of the home could they use for quiet space, as well as looking into the future to plan how they are going to create things for themselves as close to their fantasy island as possible, and the steps needed to get there.
Family Tree

1. **Draw or ask the child/draw with the child a large tree.** Provide either animal figures or animals from clip art/ magazine pictures etc and ask the child to place them on the foliage part of the tree to represent the child and the child’s family members. Explain that they are to be placed according to their relationships e.g. those who are close are placed nearer to the child than those who are not, those at the centre of the family in the middle of the foliage etc.

2. **Discuss the drawing with child bringing out what is it about family member that lead them to be represented by a particular animal and the relationships in the family.** For example: “These animals are right next to each other; is that because your dad and granddad are close?”

3. **Next ask the child about other important people in the child’s life.** Explain that some may be important because you like them/get on well with them or because you strongly dislike them/each other. Invite the child to use more animals to represent these people and to place them around the tree where they best fit. Again use this to develop a conversation around what significance the placement has for the child.

4. **Invite the child to use paints etc to decorate the tree** or other symbols such as national flags to embellish the tree/say more about the relationships depicted.

5. **Once the picture has been completed,** worker to lead a discussion about how the child experienced doing the activity and their reaction now when they look at their ‘family tree’. Encourage the child to notice the connections they have and the role important others play in their life, so as to leave the child feel they have support and are not alone.

6. **Beyond the activity,** the worker can consider what has been identified and any gaps or absence of significant relationships, and what can be done to help the child have access to meaningful, supportive relationships and a cohesive family experience.

**Case example:** This exercise was used with a child who had close ties within the family but no close friends. They struggled at first to identify any positive people outside the family (the first person they added was the ringleader of a group who were bullying the child) but gradually identified school mates, teachers, celebrities and others she had connections with.
Fortunately/Unfortunately Stories

One of the tools we use is creating stories and storytelling – and doing this with parents and children together can be a very bonding exercise.

1. Introduce the idea that we are going to create a story together by taking turns. The worker will usually begin by saying one sentence to get things going. It can be a typical ‘Once upon a time’ beginning or any other beginning that seems appropriate. It can be helpful to have a large roll of paper at the ready so that each sentence was be written down as the story progresses.

2. Each person in the room then takes a turn to add a sentence to the ‘story’, following on from the previous person’s contribution.

3. Once the story has begun to take shape it can be interesting, revealing and often surprisingly funny, to apply the Fortunately/Unfortunately structure, using these alternately as sentence starters. For example:
   “Ben found himself in a dark forest with no idea how to get out. Fortunately he had a torch in his pocket which he switched on and then saw a path that led out of the trees”
   “He began to follow the path and the forest began to clear and Ben could see a way to get back to the road. Unfortunately, he........”

4. The story often follows - and exaggerates - the vagaries of life, allowing for disasters and bad luck and also the possibility of repair and good fortune, an important message of optimism for children and parents whose lives may have taken many difficult twists and turns.
“Can I Be You for a Moment?”

This activity is done with parents and is inspired by the work of Dan Hughes and his focus on developing attachment based parenting.

1. When a parent may be struggling to tune into or fully connect to the reality of being a child, it can help to ‘play’ the part of the child.

2. Following a parents description of an incident or typical event at home, the worker ‘pretends to be the child’ and puts into words thoughts, feeling, reactions to the event. For example, the parent may describe a time when they got angry and shouted at the child, but minimised the effect of this by saying ‘but he knows I don’t mean it, its just my way’. The worker may ask to be the child for the moment, and then say “when you shout I feel scared, and worried about what I have done wrong to make you so cross. I get confused about how to make you feel better, and I just want you to like me and be happy. When you shouted at me it felt like you just wanted to get rid of me.”

3. This allows for the child’s experience to be heard and made real, with the next step supporting the parent to see things from the child’s view, to understand their very real vulnerabilities, and begin to empathise with the child and see the protective role a parent needs to take.
DISC

Background to the Agency

DISC was founded in 1986 and currently provides services from over 30 bases in Northumberland, Tyne and Wear, County Durham, Tees Valley, West Yorkshire, Lancashire and Greater Manchester. DISC’s service focus on children and young people, criminal justice, drug & alcohol misuse, education, training & employment, family support, health, disability services and housing support.

When DISC secured funding from Comic Relief, they were not offering an existing programme of support to families where parental alcohol misuse was an issue. With the Comic Relief funding they intended to:

- Deliver an eight week programme for parents misusing alcohol to support them in identifying the impact of their drinking on their children;
- Deliver an 8 week programme to the children of these parents – they would meet weekly at the same time with a dedicated children’s worker who seeks to enable them to voice their needs;
- Bring parents and children together for a joint activity at the end of the programme.

Here they share ideas for one-to-one work with children and health eating focused education and support group for parents.

Related Reading:

- **Therapeutic Groupwork with Children – A Practical Resource**
  Joosy & Bailey (Speechmark Publishing)

- **Counselling and Supporting Children and Young People: A Person-centred Approach**
  Mark Prever (Sage)

- **How to Feed Your Whole Family a Healthy Balanced Diet, with Very Little Money and Hardly Any Time, Even If You Have a Tiny Kitchen, Only Three ... - Unless You Count the Garlic Crusher**
  Gill Holcombe (Spring Hill)
Collage

**Instructions:**

The plan for the session is to get to know the children/child and allow them to get to know me and feel comfortable in the group or one to one session. The child is provided with a range of materials and invited to create a collage that shows all of their likes, interests, aspirations, relationships, the things they spend their time doing etc.

**Materials:**

Comics and magazines (age appropriate), A3 sheet of paper, Scissors, Glue sticks, Pencils, Pens etc

**Outcomes:**

This tool is useful on a number of levels, it is a fun activity to do together, it breaks down barriers and it creates discussion around likes and dislikes. It is child led, giving them a sense of control and ownership of the situation. Immeasurable insights can be gained into how the child spends their free time, how much time they spend watching TV and playing on computer games, their dreams and aspirations. It can inform ideas when sourcing hobbies and out of school activities for the child.

It can also be useful to look at when going to visit a child in the early stages of the work as it serves as an immediate visual reminder of the discussions that have taken place and areas for further discussion.

**Case Example:** Recently I did some work with a young girl who had experienced the separation of her parents, domestic violence and an assault on another sibling by her Mum. This resulted in a child protection order. She is living with her Dad and both parents believed she was coping well and never talked about her situation or how it was affecting her. She found the collage session really useful and communicated a great deal through the pictures using a Simpsons comic. She cut out all the images showing Marge and Homer arguing and fighting and pointing fingers at each other and mixed them with images of Lisa and Bart asking each other if they thought they were going to split up.

She had found her voice and from then on felt comfortable talking to me about her worries.
Ladies What Lunch?

In discussions with parents about healthy lifestyles it became clear that many of the mothers were struggling to provide a healthy balanced diet for their children and themselves. The idea then came about that a lunchtime project could be developed where mums were invited to attend where they would be given information about healthy menu’s and recipe’s as well as having an opportunity to cook one of these recipes together which could then be eaten for lunch.

1. Gather together a group of parent service-users and facilitate a discussion about current eating choices, likes and dislikes and any concerns they may have about providing healthy balanced diets for their children and families.

2. Provide the group with recipe sheets (free from many large supermarkets) and discuss which ones are appealing, unappealing etc.

3. Ask the parents if they would like to take part in a ‘Ladies What Lunch’ group, where we could select a few recipes, cook them together then eat them for lunch!

4. Suggest to the group that you will select the first recipe and provide all the ingredients, and set a time and date for the first and subsequent session. The length of the programme can be as short as six weeks or can become something that happens every Friday for example.

5. The size of the group has to be no bigger than can be safely accommodated in the centre kitchen. If no on-site kitchen is available, find out if a local children’s centre of other community centre is willing to let you use their facilities.

6. If no suitable kitchen can be found then either cold food recipes can be made, or simply to talk through recipes and agree that the group members will try them out at home in the week between sessions.

The main aim of the project is to help parents learn about healthy eating in a fun environment where they can begin to appreciate the importance of eating, health, good communication, having fun together, a sense of belonging and taking good care of their children and themselves, and that all these things are well within their reach on a regular basis.
HertSpeak

HertSpeak is part of CoreKids. The Core Trust was founded 25 years ago in central London. The Core Trust is an abstinence based day programme combining both traditional and complementary therapies. CoreKids was formed in 2003 to support the children and family members of parents attending The Core Trust. In 2007 The Core Trust merged with Westminster Drug Project (WDP) and CoreKids received additional funding to expand within London and into Hertfordshire.

WDP was founded in 1990 and has grown from having one base in a small community centre in Westminster in central London to having 21 centres across London and the south-east of England. WDP deliver services on behalf of local authorities, commissioned by the Drug & Alcohol Action Teams (DAATs). Most their work involved delivering services to people affected by drug and alcohol problems in local communities. CoreKids has four projects based across London and Hertfordshire.

When CoreKids secured funding from Comic Relief, they were already offering an existing programme of support to families where parental alcohol misuse was an issue. CoreKids work sought to:

- Develop family-focused support packages for those affected by parental substance use.
- Develop parenting support via 1:1 and group programmes across community-based treatment.
- Increase referrals into treatment/support for parents/families where children and young people are at risk.
- Offer family therapy, couples counselling, and filial play coaching, parenting support and child/play therapy sessions.

With the Comic Relief funding they developed a CoreKids service in Hertfordshire.

Here they share their approach to working with children and families in terms of non-directive play therapy.

Related Reading:

- **Play Therapy** [Paperback]
  Virginia Axline (Balantine Books)

- **Play Therapy: The Art of the Relationship** [Hardcover]
  Garry L. Landreth (Routledge)

- **Introduction to Play Therapy** [Paperback]
  Ann Cattanach (Routledge)
Non-Directive Play Therapy

The main resources HertSpeak has used to deliver this project and to achieve successful outcomes are the personnel who are delivering the interventions i.e. qualified Play Therapist and Therapeutic Play Practitioner delivering interventions to children, and a qualified Systemic Therapist delivering Family Therapy and Couples Counselling, together with Parenting Support Workers to address the more practical needs of families and to support parents to improve their parenting.

Non-directive play therapy is particularly helpful with families affected by alcohol as it makes no assumption about what the issues are for the child. With families that have experienced alcohol misuse there can be many other factors that the children and family experience. Working non-directively allows the child to choose what to bring to the sessions. A great advantage of offering the child play therapy is that it allows the parent to step back from their own issues and face up to the child’s world and how their experiences have affected them all in different ways. Play therapists gain a deeper understanding of the child’s world by experiencing it through the play the child brings to the room. This subsequently allows the parent to focus on what they really need to do to make the child feel safe and secure within the family.

Children are unable to understand and express their feelings, worries and experiences in the same way as adults. Play Therapy provides children with the opportunity to communicate feelings and experiences they are not able to articulate. The therapeutic relationship provides the child with security, genuineness, empathy and understanding. Within this relationship children feel free to explore feelings and attitudes that lead to personal understanding, change and healing.

Non-Directive Play Therapy allows the child to be in control and take the lead. They can play out experiences without them having to be explained or interpreted. Often children do this by using animals in place of humans and this allows them to detach themselves directly from the incidents whilst exploring different emotions. One particular child persistently played out scenes where a person was very ill or dead, this child had frequently experienced seeing Mum very drunk. The play allowed her to experience different outcomes and come to terms with different ways of dealing with the situation.

The basic goals of play therapy are, to enable children to communicate feelings, thoughts, needs and concerns through the medium of play and to help them develop a more positive self concept with the ability to regulate their own behaviour.
**Play Therapy/ Therapeutic Play: Working Agreement**

**What is Play Therapy?**

Play Therapy is an effective therapy that helps children modify their behaviours, develop social skills and boosts self-esteem. It is also an ideal therapy for children who have experienced trauma in their lives. This is particularly helpful with families affected by alcohol as it makes no assumption about what the issues are for the child. With families that have experienced alcohol misuse there can be many other factors that the children and family experience. Working non-directively allows the child to choose what to bring to the sessions. Play therapists gain a deeper understanding of the child’s world by experiencing it through the play the child brings to the room.

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**Children can be referred to Play Therapy for many reasons:**

Parental conflict, separation or divorce, Traumatized (sexual, physical or emotional abuse or neglect), adoption or foster care, Bereavement, Hospitalization, Domestic violence, Attention Deficit Disorder (ADD/ADHD), Trauma/ Post Traumatic Stress, Persistent anger, worry, sadness or fear which hinders the daily life of the child, Separation anxiety, Excessive shyness, Low self-esteem, Learning/ Developmental problems, Sleep problems, Eating problem, Bedwetting/ soiling problems, Preoccupation with sexual behaviour.

**Play Therapy is confidential.**

Much like adult therapy the Play Therapist will make a contract with the child. Within this contract is the agreement that the Play Therapist will not share information on what the child has said or played with in the session to anyone. The exception to this rule is also put into the
contract explaining to the child that when a Therapist is concerned about the child’s safety for any reason then this will have to be passed on to the relevant people.

This agreement is essential in the development of a trusting relationship between child and therapist, and therefore it is not ethical to share information on sessions. It is however appropriate for Therapists to share how the child is getting on overall and what might be useful in his/ her healing. The play therapist will arrange to meet with the parent/ carer at regular intervals throughout the course of the child’s therapy. This review can also include a key teacher; if not the therapist can arrange a review with the teacher separately.

**Attending Play Therapy is unconditional.**

Attending sessions is not to be viewed as a reward of threatened to be removed if a child misbehaves. It is essential that the child attends session on the regular scheduled appointment times. This gives the child a sense of security and also has an impact on the development of the therapeutic trusting relationship. Although at times it may be tempting to take this away as a punishment as the child enjoys it so much, it would be more beneficial for the Play Therapist to be informed prior to the session (without the child’s presence) of any instances which have caused difficulty. The therapist can then make meaningful reflections where appropriate to help the child process their feelings.

It is also important to be aware that as the child gets deeper into the process and gets closer to facing his/her difficulties their behaviour can at times get worse for a short period or appear to be returning to old behaviours. Although this does not happen with every child, if it does emerge it can be disheartening for those involved in the child’s life.

This is a normal part of the child’s healing and points to the importance of not preventing the child to attend due to negative behaviour.

**Play sessions are private.**

It is important to note that for a child to feel secure within a session they need to know that they have the play space to themselves for their allocated time. This helps them to relax and open up. It is not useful for them if the room is in a very open area i.e.; should not be in a room where other children can hear or watch through a window. It is not acceptable to have people interrupting the sessions.

**How long will the child attend for?**

This will depend on the child and the complexity of their needs; children will normally attend for a minimum of 12-36 sessions, so can span from a 3 month period to a full academic year. It is sometimes appropriate to do 4 – 6 sessions for assessment purposes beforehand. Ideally a
child should be given adequate time to process their emotions and experiences and learn to adapt them into the world. The sessions are often broken down into sections with reviews occurring regularly. It takes several assessment sessions for the therapist to get an understanding for the child, ending sessions are also crucial in the child’s healing. The Play Therapist will agree a time frame for ending at a review meeting and it is essential that the child is allowed this time otherwise this can be detrimental to the child and the positive work he/she has done to this point. The therapist working with the child should check in with the parent/carer and teacher (when working within a school) regularly to assess the child’s progress and offer advice on support that a child may need from those in his/ her life.

Ending helps them to cope with loss in a controlled and manageable way, especially when previous losses may have been traumatic.
Play Therapy in schools

Having Play Therapy in schools can be the ideal environment for the child, family and indeed teachers. It is quite normal for children in schools to go out to additional learning support and other appointments, so attending Play Therapy can also become a normal part of the school day. Play Therapy in schools can:

1. Help children to develop social skills and relationships with peers and teachers. These positive relationships can bring school enjoyment and respect for teachers. This in turn affects the child’s desire to act positively for positive attention.

2. Many children’s educations are affected by the worries and stresses they experience. Attending Play Therapy gives them an outlet for this stress and helps to develop coping skills; the child will then have more focus on schoolwork and can lead to improvement in academic achievement.

3. The child will have learnt to express themselves in a more emotionally appropriate manner; reducing challenging behaviour and fighting.

4. There are many children who often cannot attend outside agencies due to familial circumstances. Play Therapy within the school allows at risk children to access much needed assistance.

5. The play therapist can offer advice and support to staff as well as the possibility of providing resources and techniques for teachers to use in the classroom with the child.

6. As a child spends much of his/ her day in the school system this can often take the added pressure off families to schedule in meetings and travel to and from sessions.

7. The Play Therapy sessions can also benefit from the experience and knowledge the class teacher has of the child, as often the child can be very different in at home and in school. Having regular contact with teachers enables the process to be linked closely to any behaviour changes in the classroom.

What we will provide

- We will provide appropriately trained and qualified staff, covered with appropriate insurance, who are receiving clinical supervision
- PT will work with school to offer support in relation to child’s particular needs i.e. a dialogue to offer a solution
- PT will provide all toys and equipment
- Should the PT feel that the child would benefit from additional support will discuss with the school
- PT will provide a current CRB at the beginning of the placement
Should you tell the PT something regarding the child, and their behaviour; I will not raise this with the child.

Where possible the PT will endeavour to attend meetings regarding the child or provide a report or send a representative

PT will advise the school and child if there is unexpected absence e.g. due to illness

PT will put a sign on the door to indicate it is in use

PT will cover any windows/doors that make the room visible from the outside

PT will put the room back as it was and clear away any mess, provide mats/ covers for tables/ floor

A number to be contacted on in case the child is absent

What the School will provide

A confidential space for art work to be stored

Designated contact for PT to communicate with

Space to meet with the parent

The same reasonably sized room every week, available on time and not interrupted, where possible with a sink but not essential.

If toys are kept in the room these need to be put away.

Allow us to view the space/room before PT starts. Under no circumstances can a PT session be interrupted or the room entered so needs to be a room that will not be needed at the same time.

Inform the PT who is the schools designated Child Protection officer is.

Let the PT know when children are away – advance notice for planned absence and someone to take responsibility on the day for unplanned non attendance/absence

Helpful for us to know if there is any relevant information that will impact on the session

Not use PT as reward or punishment

Not talk about child to the PT in front of the child, or draw the PT into discussions about the child

Not ask what has been happening in the session

Signed........................................... Date...........................................
**Lifeline – Step2**

Lifeline was established in 1971 and has over 40 years experience of managing drug and alcohol services and criminal justice expertise. Lifeline currently provides approximately 50 services including recovery and peer mentoring, harm minimization, day programmes, prescribing and shared care, community detoxification services, criminal justice and prison initiatives, family work and services for young people. Geographically its services are spread across Yorkshire, the North East, the North West, London and the Midlands.

With the Comic Relief funding Lifeline intended to develop a partnership project primarily aimed at children who are not known to substance misuse agencies but who are affected by alcohol hidden harm. The project was intended to be delivered with and through four partner agencies who themselves work with vulnerable groups:

- women who have experienced domestic violence
- women from BME communities who have experienced domestic violence
- young carers
- young homeless people including runaways and refugee and asylum seekers.

Lifeline planned to offer one-to-one and group work for children and young people.

For this resource guide Lifeline practitioners share a range of tools, techniques and session plans from their group and one-to-one direct work with children and young people.

**Related Reading:**

- *Think Good - Feel Good: A Cognitive Behaviour Therapy Workbook for Children and Young People [Paperback]*
  Paul Stallard (Wiley Publishing)
- *Helping Children to Build Self-esteem: A Photocopiable Activities Book [Paperback]*
  Deborah M Plummer (Jessica Kingsley)
- *Creative Therapy: Activities with Children and Adolescents [Paperback]*
  Hobday & Ollier (Wiley-Blackwell)
The shield of arms

Purpose

The shield of arms is a tool which is used to enable the young person (YP) to think about their life. The three sections can be used in different ways/ different titles. One way to use it, is as a tool to promote the cycle of change:

- Section one: Where the YP is now in their life (or specific subject- e.g. their anger).
- Section 2: Where they want to be
- Section 3: How they will get there – what do they need in place, what support will they need/ from who?

It can also be used as a way of thinking about family members : How they feel about .(e.g.- mum)..... why ..... what would need to happen for this to change?

The flag underneath is a MOTTO flag, 3 positive words that would best describe them.

How it is used

A shield is drawn onto a large piece of white card. The three ‘titles’ for the sections are decided or pre thought of by the practitioner. The YP is explained what the whole shield is about and how the process is intended for the YP to think about the now the next and the future. It is intended, when using the shield of arms, to use as little words/ writing as possible. The YP can use key words but the aim is to use arts and crafts materials (glitter, feathers, tissue paper) to describe the different sections.
The worry tree

Purpose

The worry tree is a therapeutic tool which is used to allow the YP to think about the different worries they may have on their mind, these worries may be perceptively small issues or large ones. It enables the YP to look at the different areas of their life from school to home, friends to family. If one person in their life is a worry, the whole tree could be a focus on them and their impact.

The worry tree enables the practitioner to see what is on the YP mind without being invasive – the worry tree itself is a session on its own and the following session to this would be looking at possible solutions to the worries.

How it is used

The practitioner will draw a large basic shaped tree on a piece of card and ask the YP to decorate the trunk with a selection of arts and crafts materials. The practitioner will then cut out 5-6 leafs which are large enough to write a sentence on. Once the trunk is decorated the practitioner will ask the YP to think of a worry, something that is on their mind, it can be anything – school, home etc. Each worry is written onto a leaf- ask the YP what they would prefer – them to write or yourself. The leaf is then stuck onto the main part of the tree, do not push the YP to think of worries it may be that the practitioner could bring up a known worry that the YP has – always ask first if they feel it is a worry or not before writing it down.
Worry Jar

Many children and young people ‘bottle up’ their feelings and worries. This exercise encourages them to share and offload some of these worries and can be used to promote communication within the family.

Aim

- To encourage a child or young person to talk about their worries and anxieties.
- To reduce feelings of fear and anxiety.
- To improve communication and coping skills within a family.

Materials

Glass jam jar, glass paints, ribbon/string, paper and pens

What to do

Begin the session by talking about how everyone has things that they worry about and that sometimes we can end up carrying worries with us all the time and get used to not asking for help. Tell the child that rather than ‘bottling up’ worries inside you it is helpful to try and get these worries out. Tell them you are going to decorate a glass jar/make and decorate a box which is going to be a safe place for them to put their worries. The worry jar/box can be kept somewhere safe but not with the child so as to represent leaving worries behind/not carrying them with you all the time. Once the jar/box is decorated encourage the child or young person to write or draw their worries on bits of paper/card. As they do this, spend some time acknowledging each worry and reflecting what the child or young person is saying so that they feel heard and understood. Any serious concerns/risks should be addressed in the session.

When all worries are in the jar/box the child or young person can seal it/tie it up and put it in a safe place.

I like to ask the child/young person to identify an adult (usually mum or dad) who they can share these worries with and do a joint session with them. In this session a routine can be set up whereby the child/young person can give the box/jar to their parent each day so that any worries/concerns can be talked about. This helps the young person get into a routine of ‘offloading’ each day and reinforces in their mind that these are worries for adults and gets the family communicating rather than ‘bottling up.’ If an adult in the family can’t be identified the child/young person could use this approach as a way to let out anxieties/worries in between sessions with you as a support worker and could bring the jar of worries to sessions each week.
Traffic lights

Purpose
For the YP to understand what makes them angry and how they react when they are angry.

Method
1. Draw or ask the YP to draw traffic lights onto a piece of paper

2. Once the traffic lights are drawn ask the YP to write or draw times when they feel:
   - Good: by the green light- what makes them feel good, how do they show it.
   - Slightly angry: by the amber light- what makes them feel slightly angry and how do they show it.
   - Very angry by the red light – what makes them feel very angry and how do they show it.

3. Discuss the meaning of these different feelings and ways of expressing them, with the pro’s and con’s of each. Explore different ways of expressing emotions and opportunities to spend time doing ‘green-light’ things are keeping away from ‘red-light’ dangers.
Ginger bread

Purpose

The ginger bread person is a tool to use when a YP or practitioner feels the YP hide their feelings inside. This tool allows the YP to see what feelings they have inside and what they show on the outside. It gives them the opportunity to join feelings and actions together and can start the process between feelings and behaviour changes. This is also a good tool for anger management work.

How it is used

This tool is used to focus on a particular subject e.g. being a carer.

1. The ginger bread person is drawn on a large piece of card.
2. The inside feelings for ‘being a carer’ are put inside the ginger bread person – the feelings that the YP might not share with others, the feelings the YP keep inside because he/she might not want to upset anyone or share them with anyone.
3. Then around the outside – the YP or practitioner will write the feelings/behaviours the young person shows to everyone/some people.
4. Once this is completed the practitioner should then go through the different inside and outside feelings and see if any changes or differences could be made, ask how the changes/ difference could be made and how this would happen. As well as this the practitioner could ask the YP how they may feel on the outside if this change/difference was to happen.
Life Map

This exercise allows the child a safe and reflective space to think about past experience and to make sense of it with an adult. Often children and young people have faced lots of changes in their life and this work helps them form a coherent narrative of their life and provides an opportunity to chart progress in their life.

Aim

• To help the child or young person further develop a sense of self and identity (e.g. who they are and where they have come from)
• To help the child or young person make sense of past experiences, good and bad.
• To begin to form a coherent narrative of their life and what they consider being significant events/memories.

Materials

Paper, pens, crayons and art materials such as stickers/feathers/glitter to decorate. Photo’s can be incorporated if appropriate.

What to do

This exercise shouldn’t be rushed and can take place over a number of sessions. The young person should be encouraged to take ownership of this piece of work/activity and should be able to have access to it and add to it whenever they want.

1. Begin the session by saying we are going to make a map or journey of their life. Tell them we are going to start at the beginning (with their birth) and gradually work our way forwards to now. Explain that there is no right or wrong way of doing this and that we want to try and make a map of all the things that they can remember which are important/significant to them. Memories from very young tend to be from pictures or what other people have told them but they are still significant – a lot of young people I’ve worked with have detailed that their mother had Post natal depression when they were born or made comments about whether they were a planned pregnancy or an unexpected one and so this provides an opportunity to explore their thoughts and feelings about what they have been told.
2. Encourage the child/young person to draw/write about any pictures/memories and to describe the thoughts and feelings connected with them. The young person may want to ask their family questions and then come back and add things to the life map so it is important to let the family know the work you are carrying out so that they can support the young person where possible in this process.

3. If difficult memories come up during this work – take the time needed to deal with them and then come back to the Life Map work. Equally take the time to look at how the young person has handled things in the past and use this as an opportunity to reflect on any progress they have made in certain areas such as coping skills.

4. The life map should be personal to the child and include the things they feel are significant about their life but some ideas for things to think about are changes in their family, friends, where they live or go to school and memories which stand out for them in their life.

5. Once the child has reached the ‘present’ on their life map you can then draw the road/line into the future and spend some time thinking about what plans they have for the future/goals/ambitions etc. Explore any wishes/hopes that they have with them.

Below are some examples of life maps - they can be written out like a time line of events or drawn like a road or map, let the child guide how they do it so it is done in the format they feel most comfortable with.

This piece of work leads nicely into lots of other sessions depending on what issues/feelings are brought up e.g. work on future planning, work around changes and coping skills etc. It is important to end sessions on a positive, identifying something they have done well on and reflecting progress.
A session on Anger Management

This is an arts and crafts exercise so get collage materials out on the table!

On a large piece of card create 6 sections:

<table>
<thead>
<tr>
<th>1</th>
<th>3</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

**Section 1**: Ask the YP to think about things that make them angry

Note! This section should not be a writing exercise, and then ask the YP to think about key words, colours and textures.

**Section 2**: Ask the YP to draw how it feels inside when section 1 is happening. These are the raw feelings, not to be thought about too much.

**Section 3**: What does the YP do when they are angry, again key words, colours and textures.

**Section 4**: Ask the YP to draw how it feels inside when section 3 is happening. These are the raw feelings, not to be thought about too much.

**Section 5**: What does the YP want things to look like? How do they want it to feel? Remind the YP we can’t change it if people ‘wind me up’ ‘call names’ but we can change our reaction

**Section 6**: Ask the YP to draw how it would feel if section 5 was happening.
Reading & Resource List

Childcare, Parenting – Alcohol/Drug Specific

Velleman and Orford – *Risk and Resilience*: Adults who were children of problem drinkers (1999 London Harwood)


Harbin, Murphy - *Substance Misuse and Childcare*: How to Understand, Assist and Intervene when Drugs Affect Parenting (2000 Russell House)

Childcare & Parenting – General


Ghate, Hazel - *Parenting in Poor Environments*: Stress, Support, Coping (2002 Russell House)

Faber, Mazlish *How to Talk so Kids will Listen, Listen so Kids will talk* (2001 Piccadilly Press)

Direct work with Children

Finding the Buried Treasure  Jerry Moe
Sierra Tucson Press (USA) 1993

When a Family is in Trouble – Coping with grief from drug and addiction  Marge Heegaard
USA 1993

An Elephant in the Living Room – The Children’s Book  Hastings and Typpo
Hazelden 1994

Windows to our Children  Violet Oaklander
Gestalt Journal Press 1988

Think Good – Feel Good  Paul Stallard
Wiley & Sons 2004

Creative Therapy  Hobday & Ollier
BPS Books 1998

Understanding what children say  Sarah Gorin
National Childrens Bureau 2004

What works in building resilience?  Tony Newman
Barnardo’s 2004

The Building Blocks of Self Esteem  Lawrence E Shapiro
Childswork/Childsplay USA  1993

Tricks of the Trade – Techniques to help children grow and change  Lawrence E Shapiro

Using Interactive Imagework with Children – Walking on the Magic Mountain  Deborah Plummer
Jessica Kingsley Publishers Ltd 1999
Useful Organisations:

Alcohol Concern  www.alcoholconcern.org.uk
Adfam  www.adfam.org.uk
Encare: European Network for Children Affected by Risky Environments  www.encare.info

Parenting and Family Support

Parentline  familylives.org.uk
National Family and Parenting Institute  nfpi.org.uk
Sure Start  surestart.gov.uk
Father’s Direct  fathersdirect.com
Gingerbread  gingerbread.org.uk
Homestart  homestart.org.uk
Positive Parenting  parenting.org.uk
Triple P  triplep.net

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A final though........

“We know that when we are in communication with other people, not only does it take place on different levels, but different ways will be used to convey meaning. What the voice says will only be part of the story, and sometimes the least important part. The rest will be in terms of attitude, posture, tone, gesture, look, or touch – or the non-verbal signs and sounds we all make when what we feel will not go into words.

Then, too, often the things not said speak more loudly than the words said. For example, a woman patient in a hospital said to the Almoner: “This has been a good year for roses, I wonder what they will be like next year”. The real communication here was not about roses but concerned the patient’s knowledge that she would not live to see them next year. It was this knowledge that she wanted to communicate. Or another example would be that of a child being moved from one home to another, who said to the Child Care Officer: “Did David cry when he went away?” The real communication here was not about David, it was quite simply: “I want to cry now.”

For those who would be in communication with others, simply everything counts, and all our faculties are needed if we are to receive and interpret with approximate accuracy what others are expressing in what they are, or what they do and say. Fortunately experience increases our awareness of what people communicate and how they do it, but nevertheless we find that each case presents a new task in understanding simply because each individual is unique.”

CLARE WINNICOTT
