



University
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The Promise and Threat of Early Identification of 'Need' in Substance Misusing Families

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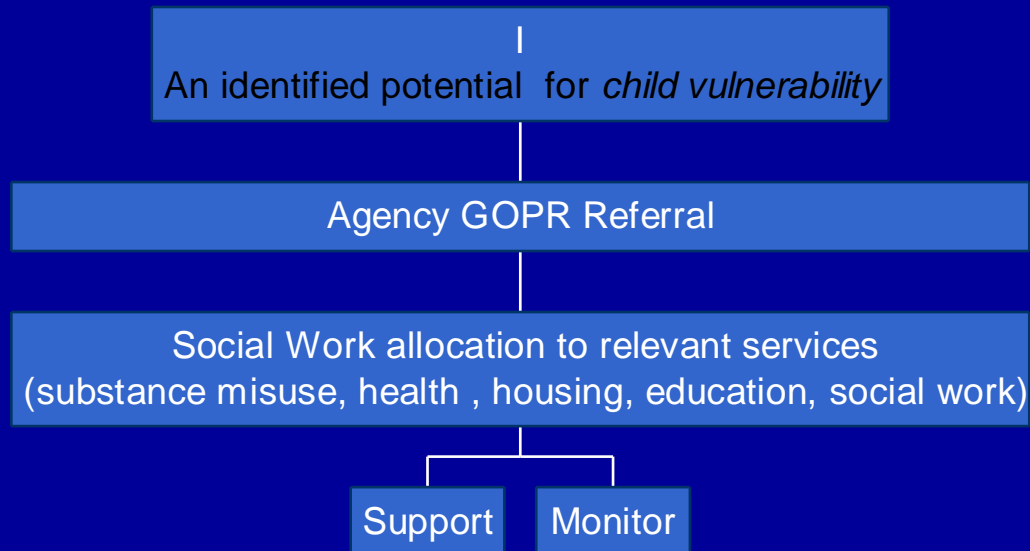
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Early Identification

Logical rationale:

- Intervene early to help and **support** the parent and child/ren and prevent escalation of 'need' into risk for the child
- **Monitor** situation so that services can respond quickly to risk

Getting Our Priorities Right Protocols



Key Points

- NOT Child Protection
- Case objectives identified by the worker, not in collaboration with client
- Client not under any compulsion
- Appointment led, no home visits
- GOPR referrals overlay existing (often substantial) caseloads

Small scale study of professional decision making

- Followed case treatment of 6 families referred on GOPR protocols over 6 month period
- Interviewed all involved professionals (n=20)
- Reviewed case records
- Attended case review meetings
- Tried also to interview family members (n=2)

Main Results

- No change to clients' substance misuse or circumstances
- Great deal of inter and intra agency professional activity
- Strong evidence of overt and covert resistance to services
- High levels of missed appointments

In the absence of parent co-operation = a good deal of bureaucratic activity with little discernible change

GOPR Rationale

So generally it's a kind of early intervention strategy that's used. We get out there we do it as quickly as possible and we try to put in the minimal amount of intervention required to stabilise and provide support

Social Work Senior

- Linking and sharing information with other services
- Accessing material support if necessary/possible
- Deciding a care plan

She's not attended any appointments, she's had 5, so our intention is to close it and to re-refer when she's ready to face her problem. We can't keep her open just indefinitely...they've got a lot of concerns about her child and maybe she's scared of what would come out on that assessment as well

F6/Substance Misuse Worker Int. 2

The social worker tells me to keep sending her appointments so we do...I've seen me giving people 10 appointments in a row and they've missed them

F2/Substance Misuse Worker Int. 2

Covert resistance

She never reported any problems, never reported any financial difficulties and the first I knew anything that was going on with Criminal Justice was a few days before she was due to go to court. She continues to use illicit heroin, never advises that she uses anything else...and has been under reported for some time and in terms of trying to give her some social care input or some counselling for that matter is very, very difficult

F4 Substance Misuse Worker (Int 1)

- GOPR protocols whilst voluntary are not disinterested, they presume a model of parenting and even if latent there is the possibility of the exercise of statutory power
- Dual care and control agenda that is not easily separated, either in the minds of the client or the worker:
 - Gathering information
 - Implicit threat
 - Oversight

Information gathering

And if like things don't improve or even gets worse, then everything that been happening since the GOCR was raised will have been logged and this is re-assessed regularly so we if feel further steps need to be taken then that's what we do, we move further with that

F3/Social Worker Int 2

Implicit threat

And she's saying 'I'm not drinking I'm not drinking' and I'm saying 'well that's fine but you've got to prove that to Social Work so your way of proving that is to attend Substance Misuse and they can work with you....'

(F3/Social Worker Int 1)

...it actually was a result of phone calls from his wife that I suppose we became aware that there were ongoing issues of aggression and alcohol abuse in that house and it was quite clear that nobody have ever thought about the effect on the young girl in the household

F5/Criminal Justice Social Worker

She (wife) disengaged because it resulted in Children and Families coming out and explaining to her that she has a duty to protect her children...and at that point Tania (client) became very angry, very disillusioned. She felt that she could demand that social work intervene in the situation, take Frank (husband) out, get Frank sectioned

F5/Criminal Justice Social Worker (Int 2)

What might early identification have meant for these parents?

- A presumption of parental incapacity
- A presumption of what is best for them
- ‘Support’ allied to intrusive and threatening oversight

Successful change requires client participation

Two main elements of which are:

- Compliance: attending appointments, completing assigned tasks, co-operating with workers in implementing treatment plans
- Collaboration: involvement and participation in devising and implementing their own care plans

(Littell and Tajima, 2000)

Participation as a goal and intermediate outcome of intervention

- Affected by complex interaction between:
 - Client characteristics (family problems and strengths)
 - Worker characteristics (experience, training, attitudes towards clients and the work)
 - Programme/Service characteristics (working conditions, structure and emphasis of the intervention)

(Littell and Tajima, 2000)

Agency cultures that value client participation, promote respect, emphasise practical help (material aid) and provide adequate support and supervision for front line staff may be the most effective in obtaining active participation.

Littell and Tajima 2000

Why no change?

- Clients need a reason to engage and if they do not the reasons for this might also be located in the service
- Threat of exercise of power is threatening, even if latent and perhaps it is a reasonable response to keep a distance from it?
- Is being linked in with different services what the client wants or even useful?
- Do workers have the tools to offer good reasons for engagement? What can they offer?
 - Material Assistance
 - Advocacy and Counselling

In Conclusion

- No doubt that early identification important and necessary means to prevent and divert potential escalation from need to risk
- Function and purpose of process needs to have clear goals and means of achieving them
- A dual care and control agenda creates a fine balance that can easily slip into more control than care
- This can create in clients an (understandable) resistance which can be completely unproductive and undermine the very point of the intervention itself

- Protocols are useful but as part of a coherent intervention framework, without a commensurate investment in staff time, skill and resources to respond they can be reduced to a bureaucratic game of catch as catch can
- Onus therefore on services to find means to encourage participation premised on skilled engagement that is meaningful and useful to the family