



The Substance Misuse Treatment Needs of Children Under 11 Years Old

Introduction:

The current brief needs assessment aimed to investigate the possible treatment needs of young people under the age of 11 years in relation to substances. This was in response to issues raised by service providers and partner agencies regarding the Kent Drug Action Teams restricting funding for treatment to ages 11 to 19. Concerns were raised regarding appropriate responses for children under the age of 11 years who may require intervention for substance misuse.

Previously it was felt by the KDAT that there was currently no treatment demand for young people under age 11, and that on the rare instance that this was to occur a multi-agency approach between possible services such as Children and Families and the Child and Adolescent Mental Health Service (CAMHS) with consultation to a substance misuse treatment agency was considered an appropriate response. However, no formalised policy has been established with these agencies regarding this. Additionally treatment agencies indicated that they had in fact engaged young people under the age of 11 years.

Information regarding the prevalence of substance misuse in children under the age of 11 years is scant, as is treatment guidelines. It appears that all national surveys conducted in the U.K. to date report prevalence figures for young people of secondary school age and above. However some key past findings relevant to the possible needs of children under 11 years old include:

- Trends indicate earlier onset of substance experimentation (DPAS, 1999).
- As children's brains are still developing they are at a much greater risk than adults of developing addiction to substances (Miekle, 2002).
- An extensive study investigating pre-teen substance misuse in Glasgow and Newcastle reported that although illegal drug use was rare in pre-teens (5%), it nevertheless was occurring. The most predominate drug used by pre-teens was found to be cannabis, however instances of pre-teens using heroin were reported (Hill, Gilvary, McCarthy et al., 2003).
- Early experimentation of substance misuse is associated with greater involvement and more problematic use in the future, than those young

people that experiment later (U.S Department of Health and Human Services, 2003).

Method:

The research methods utilised to obtain information on the treatment needs of children under the ages of 11 years were essentially qualitative in nature.

Semi-structured interviews were conducted with staff from KCA Young Person Service that had worked with children under the age of 11 and with members of West Kent Young Persons Drug and Alcohol Service. (A copy of the interview schedule is included as Appendix A)

Discussions also occurred with the following agencies:

- CAMHS located in Thanet, Kent.
- Drugscope
- Police
- Children & Families
- KMEMP
- Kenwood Trust – Grey Zebra
- KCC Education

Results:

KCA Young People Service:

In the period of the last 12 months 4 young people under the age of 11 have been referred to KCA with 3 children being accepted for service. Brief case studies of each of these children are provided in Appendix B. Additionally discussion included work that has occurred with some children who were 11 years old. This information was included as it reflected important developmental practice issues similar to that of working with 10 year olds and younger.

None of the children seen by KCA were engaged in drug misuse requiring treatment, but were affected by the significant other's in their lives drug taking. However one child later went on to experiment with alcohol, another child was re-referred later with some cannabis use issues and there was some suspected minimal experimentation with Cannabis by a 10 year old boy who was receiving support with his sibling around his mother's heroin addiction.

Social Services Children and Families referred the majority of children discussed. Workers felt that generic child counsellors would not work with these children because of the substance misuse issues related to the case, or they had either not been accepted by CAMHS for service or had "dropped out" of CAMHS intervention.

A combination of interventions was provided to this client group, which included brief and targeted work with an educational focus, to more

therapeutic long-term work, which dealt with much broader issues of psychological well-being.

KCA indicated that they did not have any policies or procedures in place for work with young people under the age of 11, but had accepted these children for service as it was felt that no one else was equipped or willing to provide support to these children with KCA adopting a “can do” ethos.

A number of challenges were identified by KCA when working with children of this age. In summary these included:

- Lack of experience in working with clients developmentally functioning as children.
- Therapeutic relationship difficulties.
- Lack of specialist skills in child therapy and engagement.
- Children feeling intimidated by numerous professionals involved in their life.
- Numerous child protection and broader mental health issues e.g. attachment issues.
- Confusion regarding professional boundaries by other services. For example expecting case management from the substance misuse worker.

KCA staff reported they needed specialist support and supervision when working with children, which they currently did not receive. They felt that clear joint protocols with CAMHS and Social Services would assist them greatly, with the intention of KCA not taking lead role in the case, but rather providing consultation to other professionals or having very brief and targeted intervention with the child, whilst collaboratively working with the young persons case manager. Other staff member suggested that the children seen by KCA, as described in the case studies, required holistic child specific counselling, with these counsellors having some understanding of substance misuse issues.

West Kent NHS Young People’s Substance Misusing Service

Four children have been referred to West Kent under the age of 11 in the last 12 months. Two of these children presented with their own substance misuse problems requiring professional intervention, whilst the other two children were significant other referrals. Case studies of two other children aged 11 were included because they again highlighted difficulties in engagement with clients functioning as children. Most children referred had Social Services

involvement, although referral sources were varied and included parents, education, Social Services and A & E.

Staff identified that the current policy was not to work with children under 11 years, as they were not prepared to clinical responsibility of clients of this age group. The recommended onward referral for these young people was CAMHS, however no current policy and procedures exist with CAMHS regarding this. A very small amount of work however had occurred prior to management enforcing this policy, with case studies detailed in Appendix C.

Members of the West Kent Young Persons Drug and Alcohol Service acknowledged several challenges when working with children under 11 years and in fact children that were 11 year old too, due to similar developmental issues.

Challenges identified included:

- Lack of child specific assessment and therapeutic skills such as projective techniques of play and art therapy.
- Engagement and rapport building difficulties
- Challenging Child Protection Issues
- Limitations to appropriate venues to see children

Additionally from the case studies there appeared to be initial attendance difficulties with a number of cases never attending service.

Workers reported that current demand with regard to treatment for children Under 11 for their own substance misuse was extremely low, however felt that support for children of parents who misuse substances was much greater.

Kenward Trust – Grey Zebra

Grey Zebra advised that no one to one work was provided to children under the age of 11 in relation to substance misuse one to one work.

CAMHS:

Discussions took place with the senior practitioner of CAMHS based in Thanet. The person interviewed indicated no incidences of referrals or current casework involving young people under the age 11 with substance misuse issues. He identified that most CAMHS clients who use substances are in mid-adolescence and beyond.

Drugscope:

Drugscope were contacted for advice and guidelines regarding this issue. Drugscope were unable to provide specific guidance for this age group. They agreed that a multi-agency approach was needed which included CAMHS and

Social Services and highlighted the importance of treatment services being young people centred

Police:

Discussion with one Youth Crime Reduction Officer indicated that in the last 6 months there had been 3 incidents involving Year 6 students and substances in Kent schools. He additionally indicated that young people in years 5 and 6 appeared to be showing increasing awareness in drug terminology.

The police were also contacted to discuss what actions they take when dealing with incidents of young people under the age of 11 in relation to illegal substances. The Kent Police indicated that this would be considered a child protection issue and a notification to them would occur.

Social Services – Children & Families:

A meeting occurred with a representative with Children and Families, Child Protection Committee. She provided a document providing clear guidance on assessing the risk of parental/carer substance misuse impact on children, for professional staff across Kent – ***When Parents are Misusing Drugs: Working Together With Parents and Children: Policy and Practice Guidelines***. However the document does not contain guidance regarding the child's own substance misuse.

KCC Education:

Consultation was conducted with representatives of KCC Education and the Drugs Education Advisor's who conduct their work within schools. They advised that all schools including primary and infant schools need a drug policy. Although there is a clear model drugs policies provided by KCC Education regarding appropriate responses to secondary school aged children found in possession of substances, a strategy has not been established for primary school aged children. Secondary school children can be referred to the Drugs Intervention Support Program, however no equivalent of this exists for primary school aged children. It was recommended that primary school aged children involved in drug related incidents should be referred to the Child Protection Co-ordinators. Education indicated they would be keen to work further on this issue in regard to appropriate responses for primary school aged children.

K.M.E.M.P:

The Kent and Medway Effectiveness Monitoring Project (Drug and Alcohol Services) were contacted regarding data they held regarding the ages that young people in treatment at tier 3 and 4 first used substances.

It was found that young people receiving intervention at Tier 3 and 4 in Kent tended to commence substance after age 11, with the greatest amount reporting the commencement of substance at age 13, followed by ages 14 and 15 respectively. However with regard to cannabis use 26 (10.6%) of young people indicated commencing prior to the age of 11, whilst 40 (15.5%) of young people commenced alcohol prior to age 11. Some caution should be taken with regard to the alcohol figures however, as it is noted that some clients have reported commencing alcohol at very young ages which may indicate parental abuse, or alternatively a misunderstanding of the question.

Table 1: Age of First Use of Substances

Age	Alcohol	Heroin	Cocaine	Crack	Amphetamine	LSD	Ecstasy	Cannabis	Total
2	2								2 (0.2%)
3	1								1 (0.1%)
4	1				1				2 (0.2%)
5	1								1 (0.1%)
6	1								1 (0.1%)
7	2								2 (0.2%)
8	2							1	3 (0.4%)
9	11							10	21 (2.5%)
10	19		1		1		1	15	37 (4.5%)
11	32	1					1	29	63 (7.7%)
12	55		3	2	5		8	36	109 (13.3%)
13	64	1	3	6	9	1	11	62	157 (19.9%)
14	46	5	8	1	12	2	14	51	139 (16.9%)
15	13	9	17	13	16	2	30	26	126 (15.4%)
16	7	10	11	6	14	4	17	11	85 (10.4%)
17	1	7	4	6	1	3	4	3	29 (3.5%)
18		3		2			1	1	7 (0.9%)
19							1	1	2 (0.2%)
Total	258 (31.5%)	36 (4.4%)	83 (10.1%)	36 (4.4%)	59 (7.2%)	12 (1.5%)	88 (10.7%)	246 (30.1%)	818

Conclusion and Recommendations:

The findings from the current needs assessment suggest a minimal need of treatment provision for children under age 11 years old in relation to substance misuse. However there is indication that there are isolated cases of need, which are not currently being met in a co-ordinated, consistent and comprehensive way. These levels of need are consistent with previous research occurring in other areas of the United Kingdom (Hill, Gilvary, McCarthy et al., 2003). Additionally it is indicated from the current assessment that a gap in service delivery exists for children requiring therapeutic support for their parent's substance misuse.

A range of challenges were identified by young people's substance misuse workers in Kent when working with children under the age of 11 years, both with regard to the child's own substance misuse and significant other cases.

These challenges include:

- Lack of child specific assessment and therapeutic skills
- Lack of appropriate venues
- Therapeutic relationship and rapport difficulties
- Complex Child Protection Issues
- Multiple needs beyond substance misuse including attachment difficulties and other mental health issues
- Confusion regarding professional boundaries

Additionally it is important to recognise that the above challenges were also identified when working with 11 year olds, as often these young people were generally considered to be functioning within a similar developmental context of children 10 years old and younger.

Clear service policies regarding provision to Under 11's do not appear to have been developed within treatment services, with no policies and procedures held with other key partner agencies such as the Child and Adolescent Mental Health Service (CAMHS) and Social Services. When Drugscope were consulted regarding their recommendations on the way work should be conducted with under 11's they encouraged a multi-agency approach with a joint policy in place.

This lack of clear guidance and policy that currently exists in Kent for children under the age 11 in relation to substance misuse appears to have a flow on effect. With other agencies such as KCC Education work in regard to drug school policies as clear referral pathways for children of primary school age are not established.

It is recommended that these issues identified in this needs assessment are seriously considered at the Young People's Joint Commissioning Group (YJCG) of the Kent Drug Action Teams. Potential ways of addressing these issues pertaining to young people under 11 years to be considered include:

→ Forming a working party group with key agencies which include KDAT, Child Protection, CAMHS and treatment providers with communication networks being established between this group and Education and generic child counselling organisations. This working party would aim to collaboratively establish clear policies and procedures for young people below 11 years old in association with drugs. With appropriate feedback being provided on interval basis to the Under 19's group.

→ One potential policy option is that treatment services provide secondary consult role to CAMHS and Child Protection, rather than primary lead.

→ It is also important for the YPJCG and the potential working party to recognise that these challenges identified when working with children under 11 are evident with funded activity for 11 year olds. It suggested that policies may need to have some flexibility within them which considers the developmental age of the child, rather than simply chronological age. Another alternative is for specialist training and supervision to be provided to substance misuse workers when working with children.

→ With regard to significant other referrals, it is noted that Child Protection and KDAT are currently working together to review training regarding parental substance misuse impacts on their children. This training is targeted toward all relevant staff, which may come into contact with either parents using substances or their children. Feedback on the current findings will be provided to this group, with the aim that training may be able to address some of the issues highlighted in the needs assessment.

The current needs assessment has provided a brief overview of the issues with regard to children in relation to substance misuse. Future research may be required to further explore issues related to significant other referrals, additionally we are unsure of the number of children who may be using substance that have not come into contact with services. A mapping of generic child counsellors in Kent may also be needed to enable the working party to develop comprehensive policies.

In conclusion, although instances of children under 11 years of age requiring treatment for substance misuse is rare, systems are not currently in place to respond adequately to these young peoples needs, with a clear gap in service delivery being identified. Responses across the county are inconsistent with poorly established referral pathways. Substance misuse workers feel unequipped professionally to respond confidently to these young people, and services currently lack clear policy regarding this work. Although at present demand is currently low for this age group, these young people's vulnerability is extreme, with high risk of long term addiction and impacts to mental health. It is predicted that this need potentially grow with trends indicating earlier experimentation over time. It is hoped that agencies can address this through collaborative and co-operative work together.

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APPENDIX A

**Substance Misuse Treatment Needs For Children Under 11 Years
Old**
(Treatment Providers Version)

Name of
Service: _____

Name of Staff
Interviewed: _____

Name of
Interviewer: _____

Date of Completion: _____

Demand:

1. How many children have been referred to your service under the age of 11 years during the period of the last 12 months.
2. How many children did you accept from these referrals for service?

Service Issues:

3. Does your service have any policies/procedures in place regarding working with children under the age of 11? If so what is their content?

4. What challenges have arisen or do you foresee would arise when working with children under the age of 11?

Nature of presenting problems for referred children under age 11:

4. We would like to collect some details of each child that was referred to you that you included in your count for Q1:

CHILD 1

Referred by:

Reason for referral:

Age of child:

Other services Involved with the child/family:

Was the child in care?

Was the child exposed to parental/carer substance misuse?

Was the child using any substance (including alcohol/tobacco/solvents):

Frequency/Severity of use:

What interventions did your service provide? (include treatment details, number of sessions provided, onward referrals)

APPENDIX B

Under 11's Case studies - KCA

◆P was referred to KCA by social services when he was 9 years old after he had witnessed his mother use heroin and crack. He was subsequently taken into emergency care. Apparently other generic child counsellors would not pick up the case because of the specific drugs issues and S.S. were reluctant to refer to CAMHS. P presented as extremely knowledgeable of drugs and methods of use, he displayed a genuine interest in understanding his mother's problematic drug use. However P in addition this concerns, presented with self-harming behaviour in the form of inserting pencils up his nose, ripping up his teddies, emptying his room until it was bare. P also displayed sexualised behaviours. There was no evidence of P using substances. P was provided with Tier 4 service. He was provided with art therapy and supportive and educational work with regards to substances for 8 months with KCA. He was eventually referred onto CAMHS due to the nature of his difficulties and placed in within a specialist foster care placement.

◆M was referred by her foster carer, at the age of 11. M had witnessed her mother's excessive drinking, with M observing her mother collapse due alcohol on one occasion. Whilst still in her mothers care and she had to care for her self. M had many questions regarding her mother's alcoholism that her foster carer found difficult to answer. Additionally there were significant relationship difficulties between mother and daughter, which caused M distress as she continued to see her mother twice weekly whilst in care. There was no indication that M was using substances herself. M was seen by KCA for 14 months and was engaged in supportive and education work regarding her mother's alcohol use and relationship difficulties.

◆B was referred by Social Services, when he was 10 years old, after he refused to attend further CAMHS appointments. B had observed his father was drinking alcohol every day, which B was witness to. B had also witnessed his father be stabbed, he had witnessed domestic violence at home and there were signs of neglect and emotional and physical abuse. B was verbally and physically aggressive at school. B was not drinking using substances at the time of referral, however a recent re-referral indicates some use now of alcohol. A structured approach was taken with B by KCA. A family meeting at B's home was provided initially. Three joint sessions with B's social worker took place and 4 one to one sessions occurred. B wanted information about drugs, however the worker reported that B found it very difficult to grasp the concepts, with the worker becoming concerned that the sessions may in fact be detrimental.

◆K was referred jointly by his mother and CAMHS. K was age 10 when he was referred. At the time of referral K appeared to have a gambling problem with his use of slot machines. K had witnessed his father deal drugs, and was made an accomplice when his father was dealing, holding responsibility to

beep the horn in his father's car. CAMHS had been providing parent work to the mother and reported K was requesting specific information about substances. Four sessions for K were offered by KCA. The sessions were educational in nature with quiz type activities being introduced. K appeared to be uncomfortable in engaging on a verbal level. K has since been referred recently due cannabis use.

◆3 sibling were referred to KCA by social services, with two of the children being under 11. The children's mother was using heroin, and it was felt that the children needed support regarding this. It was unclear whether the children had witnessed their mother injecting, however the children appeared very knowledgeable with regards to drugs. There was some indication that one of the children had smoked cannabis, however this was considered to be experimental and minimal. There was no other behavioural and emotional concerns with the children and were described by the worker as "well balanced", although somewhat "adultified". The children were seen together in a group as they had requested this. The children were engaged in short term support of 4 weeks. The sessions were relatively structured focussing on education, reasons why people use and quiz type activities. Additionally the children were provided with information to keep them safe such as avoiding needle spikes and provided with emergency step if their mother over dosed.

◆J is a 9-year-old boy who was referred by his school due to his use of tobacco, which was reportedly impacting on his attendance to lessons. This child was not picked up by KCA as there were numerous vulnerabilities, which required intervention, which were considered well above the child's tobacco use.

APPENDIX C

Under 11's Case Studies – West Kent Young Persons Drug and Alcohol Service

◆ D was referred by Social Services; he was 11 at the time. At the time of referral he was in the care of his Grandma. D's mother had a significant alcohol problem. At the time of referral D presented with some minor behavioural problems, there also appeared to be some carer burden issues with his Grandma finding it difficult to take on the role of mother. Grandmother was concerned when D was referred as she felt his personality was similar to that of his mother's and was requesting some preventive support for her Grandson. D was not using any substances himself. After two sessions D dropped out of intervention. Assessment occurred in the two sessions that took place. The worker identified that she found the process of engagement and mode of working challenging, with little content being divulged from D whilst using verbal techniques. The worker also identified significant issues regarding appropriate venues to conduct the work.

◆ R was referred by his mother at the age of 10. R was referred due to his use of cannabis daily. Both Social Services and CAMHS were involved with R. R had a diagnosis of ADHD and had been excluded from school for behavioural problems. R and his mother did not engage with service and the case was closed after they did not attend 2 appointments.

◆ M is an 11-year-old girl who was referred by a local hospital after overdosing on alcohol. She did not attend appointments offered however.

◆ B is 6-year-old boy who was referred by Social Services. The referral was a significant other referral as his mother was misusing alcohol over a period of time; his mother also had a forensic history and was described as being "in and out of prison". Previously work had been done by West Kent YP service with his older brother. Both Social Services and the Family Centre had been involved with B. B was referred back to Social Services due to his age and his multiple needs regarding his overall psychological well being with the recommendation that he be referred to CAMHS.

◆ C is a 7-year-old boy that was referred by the education counsellor. C was a significant other referral as his mother misused alcohol. Apparently C was significantly affected by his mother's use of alcohol and used to dilute his mother vodka with water. C was referred to Child Protection and CAMHS with no further input by West Kent.

◆ Z is a 10-year-old boy referred by YOT. Z presented with hyperactivity with difficulties in attention and learning. Z was socialising with older peers who would coax him to experiment with substances, with aerosol's being of most predominant use. No parental consent was not obtained prior to the referral, hence the referral could not be processed. The child was not re-referred back to West Kent but apparently referred to Social Services.

◆D was referred by Children and Families, he was aged 11 at the time. This was a significant other referral as father misused alcohol. D was offered appointments with family however they did not attend scheduled appointments.