

What works in promoting good outcomes for children in need where there is parental substance misuse?



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Introduction

This paper has been prepared to support the commissioning of children in need services in Wales as part of the Better Outcomes for Children in Need Programme sponsored by the Social Services Improvement Agency (SSIA). The overarching aim of the Programme is to achieve more cost effective and improved matching of services for children in need through effective strategic commissioning, focussing on areas such as:

- The overall distribution of resources and services across family support and substitute care.
- The targeting of services towards effective points and methods of intervention that meet the needs of children and young people at risk of entering the care system.
- Improved quality of placement and other services for looked after children and young people, leading to improved outcomes.

Four background reports from The Institute of Public Care were published by SSIA in January 2007 to support this development programme:

- The Role of Commissioning in Improving Services to Children in Need.
- National Trends in Children in Need Services.
- What Works in Promoting Good Outcomes for Children in Need in the Community?
- What Works in Promoting Good Outcomes for Looked After Children and Young People?

Subsequent feedback from local authority commissioners in Wales has highlighted a demand for research and best practice findings looking in-depth at how to promote good outcomes for children in need where there is domestic violence, parental substance misuse, and / or poor parenting in particular. This paper and a further two¹ have been published in response to this demand.

Parental problem substance misuse

The number of drug users in the UK has increased dramatically over the past 25 years². The number of children affected by parental drug use has also risen sharply. The Hidden Harm report² estimates that there are between 200,000 and 300,000 children in England and Wales where one or both parents have serious drug problems, representing about 2-3% of children under 16 years of age. Alcohol Concern suggests that there are likely to be some 800,000 children in England and Wales living in a family where a parent has an alcohol problem³.

It is acknowledged that the effects of drugs or alcohol are complex and vary enormously depending on both the drug and the user, and that not all drug use is incompatible with being a good parent. It is therefore worth considering a distinction between substance use and 'problem' substance use which has been defined as:

"serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them²".

Problem substance misuse can impact on families in many ways, including: physical and psychological health; family relationships; finance and employment; and social life⁴. The impact will be influenced by both difference between family members (for example, role and position in the family, age or gender) and the type of substance being used.

Problem substance misuse is strongly associated with socio-economic deprivation and other factors that may affect parenting capacity, and often compromises children's health and development. The adverse consequences for children are typically multiple and cumulative. They include: failure to thrive; blood borne virus infections; incomplete immunisation and otherwise inadequate health care; a wide range of emotional, cognitive, behavioural and other psychological problems; early substance misuse and offending behaviour; and poor educational attainment².

One study in the United States⁵ found that alcohol abuse was the most frequently noted type of substance abuse in families rated as 'high risk' child protection cases, with 24% of mothers and 18% of fathers in such families abusing alcohol. In the United Kingdom, approximately one third of the parents in a study of the families whose children were at risk of suffering emotional maltreatment or neglect had problems with the misuse of drugs or alcohol⁶. There is also a strong association between alcohol abuse and both domestic violence and parental mental health problems. Mothers who use cocaine in particular during pregnancy have been found to be at increased risk of serious parenting failure, resulting in the neglect or abandonment of their young children⁷.

National context

The Welsh Assembly Government has adopted the UN Convention on the Rights of the Child as the basis for all of their work with children and young people in Wales, which has been translated into 7 core aims⁸:

- A flying start in life.
- A comprehensive range of education, training and learning opportunities.
- The best possible health, free from abuse, victimisation and exploitation.
- Play, leisure, sporting and cultural activities.
- Treated with respect and have their race and cultural identity recognised.
- A safe home and community.
- Children and young people not disadvantaged by poverty.

The Welsh Assembly Government has also developed specific guidance and initiatives which have relevance to children affected by problem parental substance misuse, including the following.

National Service Framework for Children, Young People and Maternity Services in Wales⁹

The Welsh National Service Framework for Children, Young People and Maternity Services (NSF) 2005 aims to improve quality and equity of service delivery by the setting of national standards for health and social care for all children from before birth, through childhood and adolescence into adulthood, and in all settings. The key standards relating to children and young people in need with substance misusing parents are as follows:

| Over-arching Standard | Detail relating to substance misuse |
|--|---|
| In every area, there are multi-agency and multi-disciplinary systems and services in place, in line with local Area Child Protection Committee procedures, which safeguard and promote children's welfare and development. | Agencies should adopt and implement protocols which ensure that children and young people who are cared for by adults with mental health problems or disorders, or who misuse substances, are safeguarded. |
| Maternity services are available to maximise the opportunity for all women to receive accessible care, focusing upon maintaining and improving health and well-being. | Pregnant women who misuse substances should have access to information and advice on a range of appropriate treatment or interventions. |
| Maternity services are delivered in partnership with women and their families and strive to ensure safe and positive outcomes for women and their babies at all times. | There should be a multi-agency strategy to provide pre-pregnancy advice including nutrition and exercise, benefits of breastfeeding, sexual health and avoidance of substance misuse, starting with school-aged young people. |
| Children and young people with mental health problems and disorders have equitable access to a comprehensive range of services according to assessed need, delivered in a co-ordinated manner. | Commissioners should ensure the provision of specialist forensic CAMHS, substance misuse and learning disability services for young people across Tiers 2, 3 and 4. |

Substance Misuse Strategy for Wales

The Welsh Assembly Government's eight year strategy for tackling substance misuse in Wales was launched in 2000¹⁰ setting out four key objectives, aimed at: helping children, young people and adults resist substance misuse and to promote sensible drinking; protecting families and communities; enabling those with substance misuse problems to overcome them; and stifling the availability of illegal drugs. The strategy includes action to respond to children of substance misusing parents. A key task is to "develop support for children of substance misusing parents which includes assessment of their needs, and where appropriate ensuring that services to safeguard their welfare are provided".

The Welsh Assembly Government is currently working on the development of a second Substance Misuse Strategy which is due to be published in place by 2008. This new strategy will continue to aim to minimise/reduce the harm to individuals and society caused by substance misuse with additional focus on commissioning, education and prevention, development of an evidence base, and workforce development.

Hidden Harm: Responding to the needs of children of problem drug users²

This report details the findings of the Prevention Working Group of the Advisory Council on the Misuse of Drugs which, between 2000 and 2003, carried out an in-depth inquiry into parental problem drug use in the UK and its actual and potential effects on children. This is a key report in the UK and has resulted in a number of recommendations about the provision of services and some best practice examples. The main focus of the report is problem drug use, therefore excluding problem drinking. However, many of the recommendations are also be applicable to (and some make specific reference to) the children of problem drinkers. Key messages from the report are:

- There are between 200,000 and 300,000 children of problem drug users in the UK – about one child for every problem drug user.

- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment for the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.

An update report on progress published in 2007¹¹ suggests that the original Hidden Harm report has had a significant impact on policy and practice at a national, regional and local level. There is evidence that the potential and actual harmful experiences of these children are becoming more widely acknowledged, resulting in more action by more agencies in more areas. Key learning points from this progress report are:

- Clear leadership and cross sector co-ordination produces the most significant progress in responding to the needs of children born to and living with parental substance misuse.
- Greatest progress is being made where the needs of children of problem drug and alcohol users are identified and addressed by a shared strategic approach, which is embedded within joint commissioning arrangements for both adult and children's services.
- It is important to include a specific objective and target to safeguard and promote the welfare and protection of children of problem drug (and alcohol) users within the new drugs (and alcohol) strategies from 2008.
- It is essential to highlight the particular needs of children of problem drug users within the outcomes framework and inspection criteria for children's services.
- Consistent and comprehensive practice responses to children and their families are more likely to occur where multi-agency arrangements are in place, supported by agreed joint protocols and procedures.
- A comprehensive range of dedicated services are required at local level to respond to the needs of the children of problem drug and alcohol users. These services include specialist posts, dedicated provision for children affected which focuses on resilience, work with parents including drug treatment and improving parenting skills, plus joint work with the whole family.
- There is a need for large-scale training and workforce development to equip mainstream children's and adult's services to identify and respond appropriately to the needs of this group of children.
- Although parental alcohol misuse was not the primary focus of this report, there is evidence that it can be addressed effectively alongside parental problem drug use, and that it should become a key priority for national, regional and local work to respond to this target group of children.

Substance Misuse Treatment Frameworks (2004)¹²

A Substance Misuse Treatment Framework Board was established in Wales during 2004, including Assembly officials and specialists from the substance misuse field. The aim of the Framework is to enable responsible authorities and their partners in Community Safety Partnerships to compare the performance of services commissioned in their areas against agreed national standards, and to:

- Set out a national pattern for the commissioning of treatment for substance misuse which will meet the needs of diverse local populations. It should also assist in identifying gaps in services and help inform commissioning decisions in order to fill those gaps.

- Assist in identifying the links between services, thus enabling the development of integrated care systems.
- Identify key interventions for a defined service or care group.
- Identify details of the expected level of provision.

The Framework includes reference to a range of substance misuse services that should be available to substance misusers within Wales. These have been presented as the following service frameworks:

- Service framework for inpatient treatment.
- Service framework to meet the needs of people with co-occurring substance misuse and mental health problems.
- Service framework for community prescribing.
- Service framework for residential rehabilitation.
- Needle exchange service framework.

The focus within these frameworks has been on the individual substance misuser (adults or children). Little attention has been given to the impact of parental substance misuse on children and families and how this needs to be addressed within the services provided.

Local commissioning of services for families where there is parental substance misuse

Community Safety Partnerships (CSPs) and their Substance Misuse Action Teams (SMATs) in each local authority area in Wales have a responsibility for the strategic planning and commissioning of a wide range of services to address substance misuse problems in their local communities. This involves taking a common strategic approach to meeting the needs of the population. The Welsh Assembly Government has produced a guide to the strategic commissioning of substance misuse services for Community Safety Partnerships in Wales¹³ to encourage the continued development of a joint approach to commissioning and to provide CSPs and SMATs with a framework to undertake this task. Local 3 year commissioning strategies for substance misuse services are required to be published for the first time in April 2008, and CSPs / SMATs are currently undertaking work to develop these in collaboration with a wide range of stakeholders.

In practice, however, substance misuse services for parents and their children are also commissioned by a number of different individual agencies, including the local authority and LHB, and children's partnerships. Any number of gaps and overlaps are likely in this context. It is vital, therefore, that these agencies and partnerships come together to discuss how best to commission services for substance misusing parents and their families in each local area.

Interventions for families where there is parental problem substance misuse

As can be seen from the review of national initiatives above, there is increasing recognition that complex health and social problems need to be addressed in an integrated way at both policy and practice level. The challenge is for services for adult substance misusers and services for children to work together in the interests of both the parents with drug or alcohol problems and their children. A review of the literature conducted by Tunnard in 2002¹⁴ identified a number of key overall messages about how services aimed at reducing the impact of parental substance misuse should be provided:

- There should be clarity about needs of the individual (child and parent).
- Services should be accessible and acceptable to parents. This might include: practical help with the stresses on parents; helping to reduce social isolation; building parental motivation; building on existing services beyond treatment and acknowledge the additional responsibilities of some parents (e.g. employment).
- Interventions should be available to fathers as well as mothers.
- Support should be available for the extended family. Acknowledging the value of exploring and using family strengths when planning for children and avoiding the assumption that parents and children can cope alone.
- There is a need for a sensitive response by workers. All workers likely to come into contact with substance misusing parents should have relevant training and opportunities to develop skills relating to the impact of drug and alcohol use on family members.
- Direct work should be undertaken with children to both understand and escape from the stresses they experience.

Children of substance misusing parents, whether or not they are acknowledged as being 'in need' may require in particular:

- The identification of relatives, or a resource family, backed by financial support, to provide continuity in care, such as occasional or planned respite periods.
- Home-based help to establish routines and boundaries, and provide practical help or advice.
- Individual and/or family counselling to help parents and older children understand their difficulties, and work for positive change.
- A volunteer befriender for school age children and a recreational activity so that they can enjoy and benefit from normal activities.
- The opportunity to attend a group for children whose parents have a health problem (not necessarily mental health).

Research cited by Templeton et al¹⁵ suggests that a range of child-focused interventions can be beneficial, including school-based programmes, play therapy, social support development and group therapy. Overall, information, support to develop coping skills (emotion focused and problem solving,) and other social and emotional support are key components for working with children of parents with alcohol or drug problems. However, a recent review of programmes for problem drug using parents and their children by Banwell et al (2002¹⁶) found that the approaches, measured outcomes and impacts of services varied greatly and the cost effectiveness of interventions are not usually considered in a systematic way.

Tiers of need and interventions for children where there is parental substance misuse

The table below illustrates the different types of service or interventions that might be available to children where there is parental substance misuse linked with differing levels of need. This has been adapted from the Hardiker model¹⁷. Within this adapted model tier 1 reflects all children with no additional needs, tier 2 reflects vulnerable children who need additional help, tier 3 reflects children needing intensive help, and tier 4 reflects children at risk of serious harm.

| Tiers of need and intervention: adapted from Hardiker, Exton and Barker ¹⁷ | |
|---|--|
| Tier of need | Type of service or intervention |
| <p>Tier 4: Acute/restorative Children at risk of death or serious harm from parental substance.</p> | <p>Child protection services. Police, court protection, CAFCASS. Multi-agency risk management. Residential and community-based intensive interventions – for parent and child ensuring good links between child protection and adult drug and alcohol services.</p> |
| <p>Tier 3: Complex Children whose lives are seriously disrupted by parental substance misuse (including children in need).</p> | <p>CAFCASS. Community based support, advocacy and childcare services. Supervised contact services. Special education support. Child and adolescent mental health services (CAMHS) Counselling – individual and/or family counselling. Multi-agency risk assessment. Home based help – practical support and advice. Children and young people’s groups and peer mentoring. Community-based and residential intensive interventions – for parent and child, ensuring good links between child protection and adult drug and alcohol services. Respite care.</p> |
| <p>Tier 2: Vulnerable Children vulnerable as a result of parental substance misuse.</p> | <p>Information about substance misuse services. Access to community outreach, advocacy, group work and support services. Positive support from teachers, youth workers. Children’s Centre. Connexion’s advisers. Extended school provision. Supported contact services. Primary care services and health visiting. Positive parenting. Family focussed support. Children and young people’s groups and peer mentoring. Identification within universal services. For the parent - Open access drug and alcohol treatment services.</p> |

| Tiers of need and intervention: adapted from Hardiker, Exton and Barker ¹⁷ | |
|---|--|
| Tier of need | Type of service or intervention |
| Tier 1: All children | Universal services. Antenatal assessment/routine questioning, Health, Education etc. Primary care services and health visiting. PHSE. Information about substance misuse. Telephone helpline. For the parent - Non-substance misuse specific services requiring interface with drug and alcohol treatment. |

Local services should be tailored to meet needs across all four tiers of intervention and access to them characterised by good quality assessment of risk and need. All children affected by parental substance misuse do not need the same services. The types of services and agencies that may be required to deliver comprehensive interventions across all of the above tiers can be organised into the following:

- Maternity services.
- Primary health care.
- Early years education and schools.
- Services organised by social services specific to children in need.
- Services organised by social services specific to children in need at risk of entry into care.
- Paediatric and CAMH services.
- Specialist children's charities and other non-statutory organisations.
- Police, courts and prisons.

Maternity services

A pregnant woman who uses drugs or drinks heavily may be affecting her own health and that of her baby, either directly or through the unfavourable socio-economic circumstances of her life. An integrated approach is needed where maternity and/or other services are able to offer a comprehensive and integrated approach to both the health and social care issues surrounding the pregnancy and involve the woman in the decision making process as much as possible. Medical, midwifery, social work and other staff involved in the woman's care require accurate knowledge about and appropriate attitudes to substance use and its consequences for the pregnancy and the future child. Recommendations from the Hidden Harm report for maternity services are²:

- Every maternity unit should ensure that it provides a service that is accessible to and non-judgemental of pregnant problem drug (and other substance) users and able to offer high quality care aimed at minimising the impact of the mother's drug use on the pregnancy and the baby. This should include the use of clear evidence-based protocols that describe the clinical management of drug misuse during pregnancy and neonatal withdrawals.

- Pregnant female drug (and other substance) users should be routinely tested with their informed consent, for HIV, hepatitis B and hepatitis C, and appropriate clinical management provided including hepatitis B immunisation for all babies of drug injectors.
- Every maternity unit should have effective links with primary health care, social work children and family teams and addiction services that can enable it to contribute to safeguarding the longer-term interests of the baby.

A number of community-based specialist midwifery services have been established in mainly urban areas across the United Kingdom, providing and co-ordinating effective substance misuse and maternity services through key worker roles, or as part of multi-disciplinary teams.

Specialist Maternity Services in Rural Areas²

In North Wales¹¹, a substance misuse midwifery liaison service operates across and is funded by the six community safety partnerships. The aims of this service are to provide specialist care to pregnant substance misusers and develop minimum standards of care; to provide consultancy to all professionals within the substance misuse arena; and to deliver education and awareness sessions within professional training programmes. The service is supported by a clinical protocol for the multi-disciplinary management of pregnant drug misusers, and a protocol for the management of neonatal withdrawal.

Primary health care

The provision of adequate primary health care for the children of substance misusing parents usually depends on being registered with a GP and having a parent who is willing and able to bring the child to the primary care team when appropriate. The extent to which GPs are willing and able to register and provide comprehensive health care for problem drug users and their children varies enormously. Furthermore, additional primary care services for children of substance misusing parents beyond those which are provided for all children are limited, especially the capacity for outreach work. Children of substance misusing parents are more likely to have certain conditions as a direct result of their parents' drug use, including neonatal abstinence syndrome, infection with HIV, hepatitis B or hepatitis C, failure to thrive or meet developmental targets, and repeated accidents. Recommendations from the Hidden Harm report for primary care services are²:

- All general practitioners who have problem drug users as patients should take steps to ensure they have access to appropriate contraceptive and family planning advice and management. This should include information about and access to emergency contraception and termination of pregnancy services.
- Contraceptive services should be provided through specialist drug agencies including methadone clinics and needle exchanges. Preferably these should be linked to specialist family planning services able to advise on and administer long-acting injectable contraceptives and contraceptive coils and implants.
- Services should also be provided to meet the needs of children of substance misusing parents, including close liaison with social work services, specialist drug services and school health services, and access to child and adolescent mental health services.

Services provided by the newly-established Flying Start Programme in Wales include usual health visitor interventions, the provision of additional visits as needed, and the delivery of extended parental support for families in disadvantaged areas. The expectation for Flying Start programmes is that they will deliver improved primary care support to very vulnerable families, including where there is parental substance misuse.

A primary care clinic for problem drug users and their children²

An urban general practice in an area with a high prevalence of problem drug use established an addictions clinic in October 2001. Its aim was to improve health care for families of patients with drug addiction problems. It was subsequently decided that a more comprehensive service might help ensure that children of these patients would not be disadvantaged both before school and in the early years of their schooling.

The patient and her or his children must register with the practice when joining the clinic. In this way, general medical services can be provided for the whole family. Oral methadone is the standard treatment for opiate addiction; benzodiazepines are rarely prescribed. The patient is seen as necessary every week, fortnight, or month by the drug worker (seconded from the social work department), the doctor or both. The practice nurse provides well-women care and childhood immunisations, dietary advice and general health education; the attached health visitor assists with childcare when needed; the practice secretary regularly completes a confidential questionnaire with the patient and analyses how each family is doing and coping with life. Patients are asked to bring their children to the clinic on a regular basis, as often as weekly if necessary.

As the parent's notes are completed, so too are the child's. An assessment is made of the child's appearance, general development, cleanliness, language skills, immunisation record and nursery or school attendance. If there is concern about any aspect of the child's care, the parent will be asked to visit more frequently until the issues are satisfactorily resolved. The clinic's measures of success for the children include full immunisation, good nursery and school attendance, and evidence that the parents are more successfully coping with child rearing.

Specialist Home Visiting Programmes

A recent review of programmes¹⁶ found that integrating a course on parenting skills into longer-term intervention programmes for substance misusing parents can improve the quality of mother-child interactions and the self esteem of mothers. Programmes based on home visiting either by health workers or trained volunteers are considered a successful model for families with babies and younger children, but relatively few such programmes target drug users specifically. One programme for high-risk drug and alcohol using mothers using home visits by 'paraprofessional advocates' (trained positive role models experienced in similar adverse life events) found that the mothers participating in the programme were more likely to enter drug and alcohol treatment, and to use health and social services for their children.

The review also identified a successful home intervention programme for children of substance misusing parents aged 6-12 years, which showed a long-term positive impact on outcomes such as children's problem behaviours, emotional status and pro-social skills, as well as parents' parenting skills and family environment and functioning.

Early years education and schools

Early learning services and schools have a key role to play in the personal and social development of children and young people as well as their intellectual and academic progress. School may represent a safe haven for children, and the only place where there is a pattern and structure in their lives. To support teachers in their role with children of substance misusing parents, it is helpful for schools to have a policy which provides clear guidance on how to handle drug related incidents and how to support pupils who have drug using parents or carers, including: procedures on dealing with disclosure and confidentiality; boundaries of the school's responsibility; a protocol for assessment of needs; how to access support; and when and how to involve other agencies². Practical steps schools can take themselves include: inviting the parents to talk to the head teacher or nominated child protection teacher; ensuring constant vigilance of known vulnerable children; providing pupils with additional support; encouraging participation in

supervised extra-curricular activities; providing information on additional support. Recommendations from the Hidden Harm report for early years education and schools are²:

- All early years education services and schools should have critical incident plans and clear arrangements for liaison with their local social services team and area child protection committee when concerns arise about the impact on a child of parental problem drug or alcohol use.
- All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of problem substance misusing parents.
- Gaining a broad understanding of the impact of parental problem drug or alcohol misuse on children should be an objective of general teacher training and continuous professional development.

Services organised by social services specific to children in need

An essential first step to establishing whether a child is in need or at risk (and therefore in need of social services support) is a systematic assessment. In 2001, The Welsh Assembly Government introduced The Framework for the Assessment of Children in Need and their Families. The Framework enables the child's developmental needs to be assessed in the context of family and environmental factors as well as parenting capacity. Where there is concern about the well being of the child, fostering, residential care or adoption may have to be considered, but The Framework emphasises that this should be seen as the option of last resort.

The range of options for supporting children of substance misusing parents identified as being in need to remain at home might include:

- Support for the parents and the extended family – for example treatment of the parents' problem; advice and support on parenting skills; help in improving accommodation or benefits.
- Support for children – for example providing occasions for the safe and contained expression of their own ideas and feelings; enabling them to have fun; arranging attendance at nursery; providing special educational support; providing access to health care and other services; and arranging assessments and treatment of emotional and behavioural problems.
- Co-working – partnership or joint working between the social worker with specialist knowledge of child protection and child issues, and specialist drug/alcohol worker.
- Intensive intervention programmes targeting parental substance misuse and support for the child's needs, sometimes described as intensive family-preservation services.

The Effective Interventions Unit (EIU) in Scotland has produced a framework for measuring the success of services provided to families and carers of drug (and alcohol) users¹⁸. They describe a range of interventions aimed at assisting family members who are affected by a relative's drug use. These interventions are usually provided either for groups of adults or children, or for individuals. Both types of intervention are usually designed to provide validation of the care giving experience; encouragement and care; reassurance about coping; and support in managing difficult situations¹⁹. More informal and social support is usually gained from group-based interventions, whereas individual interventions tend to be more problem-orientated, and allow the individual to explore a wider range of personal issues. Approaches to supporting families and carers include: family therapy, counselling, parenting skills, telephone help lines, respite, advocacy, befriending and peer support, developing personal coping skills, diversionary activities, and education and information, see table below.

| Methods of supporting families and carers of drug (and alcohol) users in the community ¹⁸ | |
|--|---|
| Methods | Aims |
| Providing information | To assist family members gain a level of knowledge that improves how they understand and deal with their circumstances. |
| Family therapy | To work with the whole family (including the drug user) to improve its overall functioning and help the drug user reduce their use of drugs. |
| Counselling | To help family members come to terms with their circumstances, to allow individuals to explore their concerns and identify ways of dealing with and responding to these concerns. |
| Parenting skills | To improve trust and communication between family members. |
| Coping skills | To improve the emotional and mental health of family members and help them support each other. |
| Respite | To give families and carers the opportunity to get a break away from their everyday situation and to maintain some form of social activity. |
| Advocacy | To assist people by giving them confidence to ask questions and obtain the care and services they are entitled to. |
| Befriending | To increase social opportunities and contacts for family members, and help them maintain their self esteem and confidence. |
| Family support groups | To collectively support each family member through the difficulties they may be facing. |
| Telephone helpline | To provide support and advice out of hours and direct family members to other relevant services. |

The East Ayrshire Substance Misuse Family Support Project²⁰

This service aims to provide support to young carers from families in which a parent is misusing drugs or alcohol. A major objective of the project is to provide respite, by giving them the opportunity to have fun and to simply 'be children' away from their caring role. Other objectives include providing opportunities for the young people to socialise with others of their own age and to broaden their experiences by involving them in a range of activities and holiday breaks. Largely group-based activities are seen to enhance the development of confidence, self-esteem and social skills. The project is based within a general service for carers, including young carers. Whilst fully integrating the clients with young carers as a whole, the project also seeks to address individually any worries and concerns that young people may have. Personal substance misuse is not the focus of the project and is only addressed in awareness sessions offered to all young teenage carers, unless specific concerns emerge.

Clients of this project are much more likely to be materially disadvantaged than other young carers and tend to need more practical and emotional support. They may have to face particularly challenging and traumatic events, such as eviction, moving school, or even parental imprisonment or death. A minority may be severely disturbed: for example self-harming, hearing voices or seriously withdrawn.

Referrals

Most referrals to the project come from social work and the voluntary sector. A relatively small proportion come from education or health. Self-referral is rare. In order to reach a greater number of these 'hidden' young people, considerable efforts are being made to widen the referral base.

Key findings from outcome evaluation

- The project provided the young people with valuable respite from the demands of the caring role.
- Attendance at the project increased clients contact with other young people and activities and reduced their sense of isolation.
- The young people reported positive changes in their behaviour, including their consumption of drugs and alcohol, as a consequence of their participation in the project.
- Some clients reported improved attendance and performance at school.
- The project led to improvements in home circumstances for nearly all of the clients, including their relationships with substance misusing parents.
- Clients valued the emotional support and counselling they received from the project.
- Attendance at the project enhanced clients' confidence and self-esteem.
- Participation in group activities appeared to contribute significantly to the development of client's social skills.

NSPCC/ARP Family Alcohol Service²¹

The Family Alcohol Service is a partnership between the Alcohol Recovery Project, a leading adult alcohol service provider, and the NSPCC.

This service offers an innovative response to the issues of alcohol misuse and its impact on families and children within its catchment area of Camden and Islington. A multi-disciplinary team works to prevent harm to children and family breakdown by intervening early and bridging the gap between adult and children's services. This is achieved by providing a parents and family programme, a direct service to children, and collaboration with professionals, including consultation and training.

The service also provides a combination of family sessions, individual sessions and couple sessions, where adults are helped to make changes in their drinking and improve their parenting, and children are helped to express and resolve negative feelings and increase their resilience.

An independent evaluation of the first year of the service²² concluded that the service had been positively received by families and referrers, with positive outcomes in terms of engaging families, relationships and family dynamics, coping, support, resilience building in children, and drinking behaviour.

Breaking the Cycle Project – Addaction Drug and Alcohol Services¹¹

This project is a four-year (2005-2009) pilot initiative being carried out by Addaction adult drug and alcohol services. This pilot involves a shift in emphasis towards family-focussed interventions which support parents in treatment as well as working with the child and family to minimise risk of harm. Families referred to the project receive a range of support interventions, depending on the needs of the family. This can include advice and support, one-to-one family support, family therapy and art therapy. All intervention packages are based on an in-depth family assessment process and care planning overseen by a co-ordinator. Pilot projects have been set up in Cumbria, Derby City and the

London Borough of Tower Hamlets and are subject to ongoing and final evaluation by the Avon and Wiltshire Mental Health Research and Development Unit based at Bath University.

The Substance Misusing Parents (SMP) Project²³

The SMP project is a Kent-based partnership project between KCA (a local treatment agency) and Kent County Council that has been running since 2003. Developed against a backdrop of growing evidence that a significant proportion of child protection cases involve families of substance misusing parents, the project offers fast-track, quality interventions and care packages. KCA provides assessment, drug testing, home visits and ongoing support to clients. Through rapid assessment, sensitive joint working practices and information sharing, good outcomes for the children have been achieved in a number of cases.

Two independent evaluations suggest the service improves engagement, produces benefits to the families, is valued by practitioners, improves care decisions, reduces the number of children who become looked after and offers value for money. Clients can remain in core treatment services, such as prescribing or counselling, after their SMP case is closed. Drug treatment staff have enhanced their understanding of child protection issues and how drug use impacts on the user and their family. Also, social workers have developed greater awareness of substance misuse and how to work effectively with substance misusing parents to improve parenting skills.

Option 2²⁴

Based in Cardiff and the Vale of Glamorgan, Option 2 is an established intensive intervention programme, aimed at supporting parents with a substance misuse problem to care safely for their child(ren) and avoid the need for their being taken into care. It focuses on enabling people to learn and practice new skills so that children can remain safely in the family home without being placed on the Child Protection Register or removed to alternative accommodation.

Option 2 workers usually become involved when child protection teams are considering removing children, or placing them on the 'at risk' register, and where at least one parent is struggling with substance misuse.

The intervention is short (4 to 6 weeks), and intensive (workers are available 24 hours a day). Workers use a combination of Motivational Interviewing and Solution-Focused counselling styles, as well as a range of other therapeutic and practical interventions. The aim is to enable families to make whatever changes are appropriate so that the children can remain safely at home.

Following a referral from a Childcare Social Worker, an Option 2 worker will make contact with the family within 24 hours. A model of intervention is followed which begins with looking for family strengths and risks, and creating a short term safety plan with the family. This is designed to prevent the child(ren) being removed in the first few days of the intervention. The overall programme is highly solution-focused and goal-oriented. A key part of this intervention is transparency between families, Option 2 workers, and the childcare worker.

Programme Evaluation

The recent evaluation of Option 2 by Forrester et al (2007²⁵) concluded that the service has not directly reduced the proportion of children entering care in the two local authority areas between 2000 and 2006, but that it has significantly reduced the time children spend in care because, compared to a control group:

- Option 2 children take longer to enter care.
- If they do enter care, they tend to stay there for a shorter time.
- A higher proportion return home from care.

The evaluation estimated that the Option 2 service provided significant cost savings to the care system, and as such is likely to be a cost-effective approach to reducing the need for public care. Option 2 appeared to be particularly good at reducing the need for care when:

- The referral specified a child being 'at risk' of accommodation.
- Parents misused alcohol.
- Families had one parent.

Interestingly, the likelihood of care appeared to increase where children involved with the service were described as being 'at risk' of going on the child protection register.

The evaluation also looked at the experience of users and noted that:

- All parents and children interviewed were very positive about the service that they received.
- Option 2 workers appeared able to engage with families that other professionals had found difficult to work with.
- Service users reflected the different style of interaction of Option 2 workers compared with the often unhelpful ways in which child and family social workers engaged with families.
- All the families talked about the changes that had occurred within their family during engagement with Option 2. For some families, these had been permanent; for others the family had slipped back to previous behaviours after Option 2 intervention ceased.
- The tendency to return to previous levels of difficulty appeared more pronounced in families with complex and inter-linked difficulties.

The evaluation team raised the following questions as a result of these findings:

- Is the brief period of intervention appropriate for families with complex needs? Would longer periods or top-up interventions be helpful for some families?
- Do other services help to sustain the positive changes made by families? It is important that the impact of Option 2 is seen within the context of general service provision.

The Aberlour Child Care Trust - Scotland²⁶

The Aberlour Child Care Trust runs three residential units in Scotland where women experiencing problems in relation to drugs and alcohol can undergo residential rehabilitation for up to 6 months with their children. During their stay the aim is to address the needs of the whole family.

The service provides:

- Detoxification.
- Relapse management.

- Work on promoting independence and self-esteem.
- Help to develop knowledge and skills in parenting.
- Raising awareness of children's needs.

And aims to:

- Improve the social functioning of parents and children.
- Support the development of more consistent and positive parenting skills.
- Reduce and/or stabilise parental drug use.
- Facilitate access to, and uptake of, appropriate services by families including drugs treatment, childcare, health care, social work, schools, community resources and training and employment opportunities.
- Reduce the risk of children being 'looked after' by the local authority.

Staff also work with women whose children are looked after away from home to help them make long-term decision about the future, with a view to families being reunited, or coming to terms with separation from their children.

The role of Specialist Paediatric and CAMH services

It is important to recognise the impact that parental behaviour or home circumstances can have on a child's physical or mental health. Recommendations from the Hidden Harm report for specialist paediatric and CAMH services are²:

- The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, non-accidental injury or accidental drug overdose.
- Child and adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse.
- Acquiring the ability to explore parental substance misuse should be a routine part of training for professionals working in child and adolescent mental health services.

The role of specialist children's charities and other non-statutory organisations

Many charitable organisations focus on the health and well-being of children, though in the Hidden Harm report, few indicated that they had developed initiatives specifically aimed at helping the children of problem drug users². Where initiatives had been developed they tended to be small-scale at a local community level. Recommendations from the Hidden Harm report for specialist children's charities and other non-statutory organisations are²:

- Given the size and seriousness of the problem, all non-statutory organisations dedicated to helping children should make strategic provision for responding to the needs of children of problem drug or alcohol users.
- Substance Misuse Action Teams should explore the potential for involving non-statutory organisations, in conjunction with health and social services, in joint work aimed at collectively meeting the needs of the children of problem drug or alcohol users in their area.
- Agencies committed to helping the children of problem drug or alcohol users should form a national association to help catalyse the development of this important area of work.

NCH Looked After Children Drugs Initiative²⁷

The Looked After Drugs Initiative has developed a pathway of care and support services for young people at risk of substance misuse, in partnership with existing services. The service provides:

- Cross agency screening tools for identification of substance misuse by young people.
- A professional's guide to young people's substance use services.
- A young people's guide for young people to local drug and alcohol services.
- Protocols between agencies working with young people who use drugs/alcohol.
- Protocols for joint working with young people.
- Support to other agencies in developing a service for under 16s.
- A drug and alcohol assessment procedure for Social Services staff.
- Training programme for Social Services frontline and care staff.

The benefits to children, young people and their families are that the LAC Drugs Initiative ensures that:

- All looked after children in the borough receive education, information and advice about drugs.
- Social Services staff are trained in providing drug/alcohol education and support for looked after young people.
- Youth and Community Service, Schools, CAMHS and voluntary agencies have clear pathways of care for young people who misuse drugs/alcohol.
- There is open access for young people on the threshold of care, looked after or leaving care, to attend a six-week programme of health workshops covering drug and alcohol issues.
- Referred young people receive individual support.
- Parents groups receive drug/alcohol awareness input.
- Young people are involved in the development and delivery of substance misuse services.

NSPCC Tilbury Children's Project²⁷

NSPCC Tilbury Children's Project provide a therapeutic service to children between 5 and 8 years of age who are affected by their parent's substance misuse and support service for the carers of these children. Interventions are based on a holistic assessment of each child's needs and packages of therapeutic intervention are individually tailored to meet these. Both individual services and group-work programmes are offered, as well as family work.

Therapeutic intervention benefits children, young people and their families by aiming to:

- Enhance self esteem.
- Enable children to develop positive problem solving and coping strategies.
- Enhance children's understanding of family difficulties and the part that substance misuse has played in these.
- Enable children to gain insight into the negative effects of substance misuse.

Barnardo's SMART Project (Substance Misuse Assisting Resilience Together)¹¹

This is three-year project set up in 2005 and involves collaboration between Barnardo's and Staffordshire County Council Children's Services. This service comprises a multi-agency approach within a 12-week programme for 5-16 year-olds delivered by a multi-agency team of social worker,

youth and community worker, nursing staff and access to a Sure Start Team. An intensive package of assessment and support is provided which includes:

- Individual and family assessments of need, risk and safeguarding considerations.
- Opportunities for one-to-one work with children and young people to develop resilience and emotional well-being.
- Involvement of children and young people in a range of educational and leisure activities to maximise the experience of childhood.
- Group work that offers peer support structures, education, activities and mentoring for children, young people and adults.
- General information on prevention and harm reduction to children, young people and family members.
- Practical assistance, family support and safety awareness within the home and community to increase parenting capacity to benefit all family members and child development.
- Signposting families to appropriate services and liaising with professional to promote optimum outcomes for children and families affected by substance misuse.
- Mentoring system/befriending as appropriate
- Six-weekly evaluations including user participation.

Police, courts and prisons

Problem drug users are more likely to have contact with the police, courts and prisons. Therefore, the protection and support of children of problem drug users may require action on their part. Recommendations from the Hidden Harm report for the police, courts and prisons are²:

- Every police force in the country should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users.
- When custody of a female problem drug user is being considered, court services should ensure that the decision fully takes into account the safety and well-being of any dependent children she may have.
- The potential of Drug Courts and Drug Treatment and Testing Orders to provide non-custodial sentences for problem drug users with children should be explored.
- All women's prisons should ensure they have facilities that enable pregnant female drug users to receive antenatal care and treatment of drug dependence of the same standard that would be expected in the community.
- All prisoners should have access to a suitable environment for visits by their children. In addition, where it is considered to be in the infant's best interests to remain with his or her mother, consideration should be given by the prison to allowing the infant to do so in a mother and baby unit or other suitable accommodation.
- Women's prisons should ensure they have effective aftercare arrangements to enable appropriate support to be provided after release for female problem drug users with children.

Conclusion

This paper provides a starting point for commissioners seeking to develop their understanding of 'what works' in supporting children in need and their families where there is problem parental substance misuse. Particular challenges for the range of strategic planners and commissioners, from CSPs and SMATs to local authorities and Children and Young People's Partnerships appear to be:

- To work together to ensure that local services are commissioned effectively, taking into account the likely large proportion of adults with drug and / or alcohol problems locally who are parents or carers.
- To commission a suitable range of support from lower tier services such as maternity and primary health care services through to specialist services for the substance misusing parent and their family.
- To ensure that all services commissioned to meet local needs take account of developing research and best practice, thereby providing a sounder evidence base in this area of work which has been relatively under-evaluated in the past.

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