

Consultation Response Form

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NSPCC Cymru/Wales

NSPCC is leading the fight against child abuse in the UK and Channel Islands. We help children who've been abused to rebuild their lives, we protect children at risk, and we find the best ways of preventing child abuse from ever happening. Learning about what works in the fight against abuse and neglect is central to what we do. We are committed to carrying out research and evaluation to make sure the approaches we're taking are the right ones and we share what we have learnt with partners. Abuse ruins childhood, but it can be prevented. That's why we're here. That's what drives all our work, and that's why – as long as there's abuse – we will fight for every childhood.

We are pleased to have the opportunity to respond to this consultation and our response is based on our experience and knowledge as the leading UK child protection charity.

Question 1: The delivery plan continues to place a strong emphasis on harm reduction, would you agree with this approach?

Yes	Partly X	No
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Question 2: If you have answered partly or no could you please tell us what additional information is needed?

*Many adults who are misusing substances have dependent children and **we would like to see preventing harm to children and young people who are dependent on substance misusing parents made more explicit in the delivery plan.** We know that in March 2018, 28% of children were in receipt of care and support in Wales due to substance misuse and half of those are looked after¹. We are concerned about the lack of reference to safeguarding under 'support of families'. Parents and carers who misuse substances may struggle to provide their child(ren) with safe care. Living in a household where a parent or carer misuses substances doesn't mean a child **will** experience abuse but it is a risk factor. (An analysis of 175 serious case reviews from*

¹ https://gov.wales/sites/default/files/statistics-and-research/2019-02/wales-children-receiving-care-and-support-census-2018-experimental-statistics_1.pdf

2011-14 in England found that 47% of cases featured parental substance misuse²). So, although misusing substances does not automatically mean a parent/carer is unable to keep their child(ren) safe from serious harm, we know that they need to be provided with the right support, so that abuse and neglect can be prevented and the risk of serious harm can be reduced.

Manning concludes: 'Whilst harm from parental substance use is not inevitable, the number of children living with substance misusing parents exceeds earlier estimates. Widespread patterns of binge drinking and recreational drug use may expose children to sub-optimal care and substance-using role models.'³

A very contemporary study from Cardiff University studied the effects of substance use on five areas of child well-being (physical, psychological, cognitive social and economic and found that 'parental substance use was associated with a reduction in child well-being in all five areas'. The study also found that parental drug use had the greatest impact on child well-being, compared to alcohol and/or tobacco and believed that this was due to drug use being illegal, the consequences of illegality and the costs of drugs. They concluded: 'the challenges that families face over substance use must be addressed for the future well-being of children'⁴.

It is also important to highlight that children most at risk of suffering significant harm live in families experiencing a number of different problems, such as substance misuse, domestic abuse and parental mental health problems or learning difficulties⁵. The more problems that are present in a family, the greater the risk of abuse and neglect of the child. The Public Health Wales ACEs research concurs, and concluded that ACEs increase an individual's risks of developing health harming behaviours later in their lives. This research also found that in Wales 14% of adults were exposed to alcohol abuse and 5% to drug abuse in their homes when they were growing up⁶. Other UK research estimates that 8% of children live with at least one parent or carer who uses drugs up to once a month, and 3% live with a parent who is drug dependent. This means that in the UK 479,000 children could be living with a drug dependent adult and 108,000 with an adult who had overdosed⁷.

² Sidebotham et al, 2016 'Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014':

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-_Pathways_to_harm_and_protection.pdf

³ BMC Public Health **volume 9**, Article number: 377 (2009)

⁴ <https://theconversation.com/parents-drug-alcohol-and-tobacco-use-negatively-impacts-all-areas-of-child-well-being-new-study-120365>

⁵ Cleaver, H., Unell, I. and Aldgate, J. (2011) [Children's needs: parenting capacity: child abuse: parental mental illness, learning disability, substance misuse, and domestic violence \(PDF\)](#). London: The Stationery Office (TSO).

⁶ <http://www.wales.nhs.uk/sitesplus/888/page/88504>

⁷ BMC Public Health **volume 9**, Article number: 377 (2009)

We strongly recommend that safeguarding and the support that needs to be provided to families to safeguard dependent children from harm, abuse and neglect is strengthened and embedded in the delivery plan.

The proposed key themes of the delivery plan are:

- preventing harm;
- support for individuals – to improve their health and aid and maintain recovery;
- supporting and protecting families;
- tackling availability and protecting individuals and communities via enforcement activity; and
- stronger partnerships, workforce development and service user involvement.

Question 3: Do you agree these themes, as they are proposed, are fit for purpose?

Yes	Partly X	No
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Question 4: If you have answered partly or no could you please tell us what additional key areas or changes you would wish to see?

We are pleased that the delivery plan includes the prevention work undertaken in schools. It will be essential to input into the Health and Wellbeing Area of Learning Experience in the new curriculum to enhance preventative work and to enable children and young people to make informed choices about their personal use of substances. It will be crucial that during sessions with children and young people, that appropriate support is in place for those who are anxious about substance misuse in their households.

*As stated above, many substance misusing adults have dependent children and we think it is vital to prevent harm to dependent children. Key Aim 1 Outcome 1 is focused on preventing harm to the person themselves; Key Aim 1 Outcome 2 is about early intervention, but neither include reducing harm on dependent children. If you would prefer to cover this group of people under Key Aim 3, we recommend that Key Aim 1 Outcome 1 is changed to 'People are able to make informed choices in order to prevent and reduce harm **to themselves** associated with substance misuse'*

In addition, under Key Aim 1 Outcome 2, we strongly recommend that early intervention provided by Health Visitors to parents is included. As part of the Healthy Child Wales Programme, Health Visitors already inquire about substance misuse and provide enhanced support to parents⁸. It will be crucial that APBs ensure support services are available for Health Visitors to refer families who need extra support to keep their children safe.

⁸ <https://gweddill.gov.wales/docs/dhss/publications/160926healthy-childrenen.pdf>

Within the plan are a number of priority areas for action, these are:

- Responding to co-occurring mental health problems
- Ensuring strong partnership working with housing and homelessness services
- Ensuring that all prisons in Wales (and HMP Eastwood Park, women's prison) have a coordinated, transparent and consistent service for those with substance misuse problems in prison
- Providing further support for families and carers of people who misuse substances
- Improving access to services and ensuring people get the support and treatment when they need it
 - Strengthening our multiagency working and care planning to ensure peoples' needs are met
 - Tackling dependence on prescription only medicines (POMs) and over the counter medicines (OTCs)
 - Ensuring that appropriate and responsive alcohol misuse services are in place before the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 is implemented.

Question 5: Do you agree these are appropriate priorities?

Yes	Partly X	No
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We agree with the priorities identified, particularly:

- *Co-occurring mental health problems*
- *Support for families and carers of people who misuse substances*
- *Ensure strong partnership working with housing and homelessness services*

and that these priorities should optimise the lives and enhance the safety of dependent children and young people of substance misusers.

We are pleased that under 'support of families' it is recognised that 'there were not enough family support services and people may not be aware of those that do exist'. This statement clearly informs Key Aim 3 and outcomes 8, 9 and 10 in the delivery plan. Outcomes 8 and 9 seem appropriate. However Outcome 10 appears to be informed by the work of the Improving Outcomes for Children MAG and as the work of the MAG focuses on outcomes for children, not outcomes for children and families, we recommend that you consider rephrasing Outcome 10- see answer to question 6 below.

We strongly recommend that APBs/ RPBs provide a continuum of support services to families where the parent/ carer misuses substances aimed at protecting children and improving their outcomes. The continuum of services needs to provide support to these families and include step up/ step down mechanisms. The continuum would start at universal services (health and education) with clear referral pathways through to targeted services through to care and support provided by Social Services.

We also recommend that APBs use funding (such as Families First funding) to provide evidence based family support services to substance misusing families that lessen and prevent harm to dependent children.

*An example of an evidence based service for substance misusing families is **Parents Under Pressure™**. NSPCC in our fight for every childhood pilots innovative services to find the best ways to prevent abuse and neglect. NSPCC has provided **Parents Under Pressure™** services to substance misusing families across the UK and researched its effectiveness. (See next practice box)*

NSPCC Parents Under Pressure™ Programme

NSPCC has delivered the **Parents Under Pressure™** programme across the UK. Parents Under Pressure was first developed in Australia for delivery to parents in drug treatment with a child aged 2- to 8-years-old. In Australia, it's been shown to help keep children safe and enable parents to build better relationships with their children (Dawe and Harnett, 2007; Barlow et al, 2013; Dalziel et al, 2015). We have adapted the programme to work with younger children, as research suggests they are particularly vulnerable to abuse (Cuthbert et al, 2011). Practitioners visit parents or carers at home. The visits are designed to meet the individual needs of each family. The whole programme lasts for 20 weeks and we help parents with the pressure and stress of looking after a young child and managing their drug or alcohol treatment. The programme adopts a whole-system approach as practitioners work alongside other agencies involved with the family, such as drug and alcohol teams, local children's services, GPs and other local health services. The service provides advice to parents on how to deal with challenging behaviour and how to deal with their own emotions. This includes:

- using praise and reward to encourage good behaviour
- developing a good relationship with their child, recognising their feelings and needs (attachment theory)
- dealing with their emotions, allowing them to keep calm and focus on being a parent.

We have undertaken two evaluations of Parents Under Pressure (PUP) to find out more about the needs of the families involved and the impact PUP had on their lives. As part of the evaluations, the outcomes for parents and children who took part in PUP were compared with those who received the usual treatment for their drug and alcohol problems. Findings from our evaluations include:

- PUP significantly reduced the risk of child abuse for almost one-third of the parents who took part in the programme. Those who received treatment as usual showed an increased risk of child abuse over time.
- By the end of PUP, parents' overall psychological wellbeing had improved. We found sustained improvements in parents' levels of depression and overall emotional wellbeing six months after the programme ended.
- We found that parents who took part in PUP were more able to regulate their emotions and identify problems.

NSPCC would be delighted to have the opportunity to present Parents Under Pressure™ programme details and evaluation findings to Welsh Government, APBs and/ or other interested stakeholders.

Question 6: If you have answered partly or no can you tell us what you feel is missing and what you recommend we add?

We strongly recommend that the narrative under **the priority 'support for families' in the delivery plan should include key information about safeguarding and the support that needs to be provided to families with substance misusing adults to safeguard dependent children from abuse and neglect** and not just provide information on ACEs.

We recommend that Outcome 9, action i) is re-focused on timely and appropriate referrals to substance misuse services and that both universal services as well as early intervention prevention services are supported with information about harms and when/ how to refer.

Under Outcome 9, action ii), we recommend that APBs ensure that their areas provide evidence based support services to families where the parent/ carer is a substance misuser, so that parents can keep their child(ren) safe, that abuse and neglect can be prevented and the risk of serious harm can be reduced. In addition, funding should be made available for counselling and young carer services. We would be very happy to talk to APBs about **the support Childline can provide free of charge 24/7 to children and young people** and **Parents Under Pressure™ programme**, as detailed above.

Under Outcome 9, action iii), we recommend that services are developed and staff are trained in safeguarding and the risks of abuse and neglect as well as ACEs.

Following on from the previous question, we recommend that Outcome 10 better reflects the work of the Improving Outcomes for Children MAG. It should be narrowed to just improve outcomes for just children (not children and families) living in substance misusing families. As stated above: **We strongly recommend that APBs/ RPBs provide a continuum of support services to families where the parent/ carer misuses substances aimed at protecting children and improving their outcomes. The continuum of services needs to provide support to these families and include step up/ step down mechanisms. The continuum would start at universal services (health and education) with clear referral pathways through to targeted services (such as those provided by Families First and third sector) through to care and support provided by Social Services.**

Outcome 13, under Key Aim 5, we feel is appropriate. However, under action i), it is crucial that safeguarding is also factored into the review of partnership structures. We feel it is vital that APBs have strong relationships with local Safeguarding Boards and that the work on safeguarding children in this delivery plan is jointly developed with Safeguarding Children Boards.

Question 7: In your view, does the proposed Delivery Plan link well with other relevant policy and service areas?

Yes	Partly X	No
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Question 8: If you have answered partly or no can you tell us what feel is missing and what you recommend we add?

Under question 4 above we suggest improved and ongoing links with the curriculum team in education so that substance misuse expertise informs the curriculum and in particular the Health and Wellbeing Area of Learning Experience.

Under question 4 above we suggest better links with the Health Child Wales Programme and that the early intervention provided by Health Visitors is included in the delivery plan.

Under question 5/6 we recommend that stronger input from Safeguarding in Social Services is sought to ensure the very risk of safeguarding dependent children is strengthened in the delivery plan. Additionally that the advice of the Improving Outcomes for Children branch is sought to ensure that the work under Outcome 10 better reflects the work of the Improving Outcomes for Children MAG. The current key priority is to safely reduce the numbers of children in care and this delivery plan could directly contribute to achievement of that aim if as a result of this delivery plan there is effective work to protect children from harm and prevent them from entering care.

Question 9: We would like to know your views on the effects that the ‘*Substance Misuse Delivery Plan 2019-2022*’ would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

There needs to be provision for children and families who want to access services in Welsh.

Question 10: Please also explain how you believe the proposed delivery plan could be changed so as to:

- have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language,
- have no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Question 11: We have asked a number of specific questions. If you have any

related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

We note that the delivery plan does not include performance measures under Key Aim 3 and recommend that in line with our recommendations above that data about substance misuse being the reason for children needing care and support is used against Outcome 10.

Parents' drug and alcohol problems may affect children differently depending on their age, development and personality. There may be some family factors which increase the risks to children. There may also be other factors which protect children or reduce the impact of their parents' problems. Practitioners need to work with children and families to identify, assess and, where necessary, intervene to minimise the impact of substance misuse⁹. This will involve a holistic assessment of the child's development, the parents' ability to meet the child's needs and the impact of broader family and environmental factors. Practitioners must be able to recognise the family's strengths and distinguish between immediate concerns for the child's safety and wellbeing and risks which can be mitigated with appropriate support¹⁰.

It is important for practitioners while assessing risks to consider:

- if the parent is willing to acknowledge their difficulties and seek help and support*
- the relationship between the parent and the child*
- what social support is available to the family, such as relatives or friends who can provide the children with care and stability, offer financial support and make sure the home is clean and safe*
- how excessive consumption of alcohol or drugs affects the parents. Some people lose consciousness whereas others may become aggressive. Effects may vary and depend on their current state of mind, personality, tolerance of the substance, dosage and means of administration*
- if the substance abuse is dependent, hazardous or recreational*
- how old the child is. Babies and young children are completely dependent on their carers for all their day-to-day needs whereas teenagers are more in need of guidance and support as they transition to adulthood*
- if the child has some autonomy, is attending school and able to ask for help*
- if there's conflict or violence in the home or unsafe visitors*
- the parent's and child's general physical and mental health*
- if one parent is having difficulties or both parents*
- if daily routines are maintained*
- if the child has to take on a caring role for their parent and siblings*

⁹ *Bogg, 2013* on <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/parental-substance-alcohol-drug-misuse/>

¹⁰ *Bogg, 2013; Cleaver et al., 2011* on <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/parental-substance-alcohol-drug-misuse/>

- *if harmful substances and equipment are stored safely and not accessible to children*
- *if anything has changed recently. Substance dependency is a chronic, relapsing condition and a situation can change very rapidly.¹¹*

Each family member should be spoken to individually about what is happening in the household. This includes children who should be spoken to away from their parents wherever possible as they may not feel able to talk about what is happening in the family in front of them. This is particularly true if they fear negative consequences such as a fear that the family will be separated.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

¹¹ [Bogg, 2013; Cleaver et al, 2011; Cornwallis, 2013 on https://www.nspcc.org.uk/preventing-abuse/child-protection-system/parental-substance-alcohol-drug-misuse/](https://www.nspcc.org.uk/preventing-abuse/child-protection-system/parental-substance-alcohol-drug-misuse/)