

Response to the Department of Health pre-consultation on a successor strategy to the New Strategic Direction on Alcohol and Drugs Phase 2

August 2019

About the NSPCC

The NSPCC is the leading children’s charity fighting to end child abuse in the UK and Channel Islands. We help children who have been abused to rebuild their lives, protect those at risk, and find the best ways of preventing abuse from ever happening. To achieve our vision, we:

- Create and deliver services for children which are innovative, distinctive, and demonstrate how to enhance child protection;
- Provide advice and support to ensure that every child is listened to;
- Campaign for changes to legislation, policy, and practice to ensure the best protection for children;
- Inform and educate the public to change attitudes and behaviours.

Introduction

NSPCC Northern Ireland welcomes the opportunity to respond to this pre-consultation exercise. This response is based on the NSPCC’s experience and knowledge as the leading UK child protection charity, our work under the NSPCC’s [2016-2021 strategy](#), and in particular, strategy goal 1, which focuses on preventing child abuse in families facing adversity.

We understand that the purpose of this pre-consultation exercise is to seek initial feedback on what should succeed the existing strategy, the New Strategic Direction (NSD) for Alcohol and Drugs Phase 2. Our comments focus on children who are impacted by parental alcohol or drug misuse (Hidden Harm). Therefore, while our response is structured as per the pre-consultation survey questions, our comments are mostly limited to this area.

NSPCC NI responses to the pre-consultation survey questions

Question 4: *From your experience and from the findings of the Review and other sources of evidence, does Northern Ireland still need a substance misuse strategy?*

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| Yes | No | N/A – Please refer to our comments below |
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NSPCC NI's view is that whichever direction is chosen in respect of Northern Ireland's future high level commitment to tackling substance misuse, it should have a strong focus on preventing harm to children and young people who are dependent on substance misusing parents. Approaches to tackling substance abuse can sometimes focus only on the adult/young person who is engaging in such behaviours. However, the reality is that many of those who are misusing substances have dependent children. Living in a household where a parent or carer misuses substances does not mean a child will experience abuse, but it is a risk factor. Parents and carers who misuse substances often have chaotic, unpredictable lifestyles and may struggle to provide their children with safe care and clear boundaries. As evidenced by the NSPCC¹, parental substance misuse can have a negative impact on children at each stage of their development. Babies of women who misuse substances may be at risk of impaired brain development, congenital malformations, premature delivery, low birth weight and withdrawal symptoms after birth. In later stages, impacts to children can include:

- Physical and emotional abuse or neglect
- Behavioural, emotional or cognitive problems and relationship difficulties
- Taking on the role of carer for parents and siblings
- Preoccupation with, or blaming themselves for, their parents' substance misuse
- infrequent attendance at school and poor educational attainment
- Experiencing poverty and inadequate and unsafe accommodation
- Exposure to toxic substances and criminal activities
- Separation from parents due to intervention from children's services, imprisonment or hospitalisation
- Increased risk of developing drug or alcohol problems or offending behaviour themselves².

It was acknowledged by the Department in the Phase 2 NSD Strategy (2012) that effectively engaging with families is a much more difficult task than engaging solely with the adult/young person with the a drug or alcohol dependency. It was also acknowledged that Phase 1 of the Strategy (2006) did not tackle the issue of families and parents/carers as effectively as it should have, and therefore the revised 2012 version was welcome in terms of its greater emphasis on this area. In the years following its publication, there has been increasing emphasis within NI policy developments of the complex associations between poor mental health, alcohol and drug misuse, and domestic abuse, and other Adverse Childhood Experiences (ACEs). A 2013 review case management reviews between 2003 and 2008 by Queen's University Belfast and NSPCC NI cited adult substance misuse as a concern in 15 of the 24 reviews³.

¹ See: <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/parental-substance-alcohol-drug-misuse/> [last accessed 23 August 2019], citing Altobelli & Payne, 2014; Cleaver et al, 2011; Cornwallis, 2013; Home Office, 2003; Templeton, 2014 (see link for full details of references).

² As above.

³ Devaney et al (2013) Translating Learning into Action: An overview of learning arising from Case Management Reviews in Northern Ireland 2003-2008. Belfast: DHSSPS.

Adult substance misuse was the second most prevalent concern following parental mental illness. This correlates with the findings of reviews of serious case reviews in England⁴. Looking at trends in other parts of the UK, emotional abuse, parental substance misuse and domestic abuse are the main reasons identified at case conferences in Scotland⁵, and in Wales, 28% of children were in receipt of care and support at March 2018 due to substance misuse and half of those are looked after⁶ (comparable data is not published in Northern Ireland).

Question 5: *Should any new substance misuse strategy continue to cover both alcohol and drug misuse?*

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| Yes | X | No |
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If you wish, please explain your choice

Please refer to our comments in our responses to Question 4 above and Question 6 below.

Question 6: *If it continues to be a combined alcohol and drug strategy, should these have an equal priority?*

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| Yes | No | - Please refer to our comments below |
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Please provide further information if appropriate.

As per our response to Question 4, our overarching interest is in ensuring that Northern Ireland’s future high level commitment to addressing drugs and alcohol has an explicit focus on preventing harm to children and young people who are dependent on substance misusing parents. It is acknowledged that it is difficult to quantify how many children and young people alcohol versus drug misuse affects, given that many studies focus on the effects of parents’ harmful and dependent drinking or drug misuse, rather than prevalence rates⁷. At a policy level, UK approaches to addressing this problem and wider issues of ACEs focus on substance misuse more broadly, rather than prioritisation of alcohol and drugs misuse. We would therefore recommend that any future high level strategy has a broad focus on substance misuse, in order to ensure it cross-cuts appropriately with ongoing relevant policy developments in Northern Ireland and

⁴ Sidebotham et al (2016) Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014.

⁵ Bentley et al (2018) How safe are our children? The most comprehensive overview of child protection in the UK. London: NSPCC.

⁶ See: https://gov.wales/sites/default/files/statistics-and-research/2019-02/wales-children-receiving-care-and-support-census-2018-experimental-statistics_1.pdf

⁷ See: <https://researchbriefings.files.parliament.uk/documents/POST-PN-0570/POST-PN-0570.pdf>

across the UK, including its relationship with issues such as domestic abuse, parental mental illness and other adversities.

Question 7: *What should the overall vision be for any future substance misuse strategy? (For example, a society where there is no substance misuse, or a society where no-one comes to harm caused by substance misuse, or where people are supported to prevent and address substance misuse and to maintain recovery)*

We note that the overall 'aim' of NSD Phase 2 was to reduce the level of alcohol and drug-related harm in Northern Ireland. If a future strategy is to have an overall vision statement, we recommend a strong focus on prevention of harm and provision of support. We believe that such a vision statement should not focus solely on the adult or young person who is engaging in substance misuse, but on prevention and support more broadly, so that it encompasses dependent children, families and communities.

Question 8: *Should a future substance misuse strategy have a set of Values & Principles? For reference, the Values and principles of the NSD Phase 2 are set out in Chapter 5, pages 33-35, of that document.*

Yes, NSPCC NI agrees that a future strategy should be underpinned by a clear set of values and principles. While we would anticipate that such values and principles will be broad-ranging, we suggest the following areas should be included:

- Strong focus on safeguarding and protection of children and young people and families affected by parent/carer substance misuse
- Recognition of the need for a coordinated and cross-cutting approach to prevention and addressing the causes and impact of substance misuse, particularly the relationship with issues such as mental illness and domestic abuse.
- Commitment to evidence-based services and interventions, not just for the adult/young person engaging in substance misuse, but the wider family and dependent children
- Commitment to making best use of available data to ensure the success of the strategy.

Question 9: *What overall outcome should we seek to achieve? (For example, should the outcome be focused on prevalence of use/misuse, reductions in harm, reduction in substance misuse related deaths, increasing numbers in recovery, etc.)*

As per our response to Question 7 above regarding an overall strategy 'vision', we recommend that the overall outcome sought by any future strategy should

seek to ensure that positive change is achieved for everyone in NI affected by substance misuse (including children and families) – so that we live in a society where less children and young people are negatively impacted by parental substance misuse.

Question 10: *What indicators should we be measuring to demonstrate that we are working towards this overall outcome? (Examples of indicators include mortality figures, prevalence data, alcohol and other drug related crime, Blood Borne Virus Prevalence, etc.)*

Within the 2018 review of NSD Phase 2, none of the statistical infographics (pp. 44-48) included any data regarding children and young people dependent on a substance misusing parent/carer. We strongly recommend that future indicators are included to cover this group. As noted in our response to Question 5 above, Northern Ireland does not currently publish a breakdown of trends in relation to child protection statistics/information pertaining to care-experienced children according to issues such as parental substance misuse. In Scotland, some information has been published since 2012 – including the main reasons identified at case conferences – this includes the categories of domestic abuse, parental substance misuse and parental mental health⁸. Within the ongoing development of the NI strategy, we would be keen for consideration to be given to whether and how any statistical trends in relation to child protection in Northern Ireland might be made available as key indicators.

We would also highlight that NSPCC NI may be able to provide information from our Helpline and Childline services that may be of assistance. For example, during 2016/17, our Helpline made 130 referrals to social services or PSNI in relation to parental substance misuse⁹. We would be happy to discuss this further with the Department if this would be of assistance.

Question 11: *What do you believe the key focus of any new strategy should be?*

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|---------------------------------------|--|
| Regulation, Legislation & Enforcement | Supply Reduction |
| Prevention X | Early Intervention X |
| Harm Reduction X | Treatment & support X |
| Recovery | Other (please elaborate) X – please see below. |

In addition to the areas outline, we believe that a key focus should be a recognition that substance misuse is often not a problem which is not experienced in isolation. Responding to problems that commonly co-occur with

⁸ Bentley et al (2018) How safe are our children? The most comprehensive overview of child protection in the UK. London: NSPCC.

⁹ See: <https://www.belfasttelegraph.co.uk/news/northern-ireland/parental-drink-and-drug-use-tops-reports-made-to-nspcc-helpline-36668258.html>.

substance misuse, such as mental illness, domestic abuse, and poverty, should be key considerations.

Question 12: *Are you aware of any other sources of evidence, research or studies that would support action to address substance misuse and your proposed outcomes and indicators?*

The NSPCC has published two evaluations of our service for substance misusing families, Parents Under Pressure™ (PUP).

We have delivered PUP across the UK. It was first developed in Australia for delivery to parents in drug treatment with a child aged two to eight years old. In Australia, it has been shown to help keep children safe and enable parents to build better relationships with their children^{10 11 12}. The NSPCC adapted the programme to work with younger children, as research suggests they are particularly vulnerable to abuse¹³. Practitioners visit parents or carers at home. The visits are designed to meet the individual needs of each family. The whole programme lasts 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); and
- Dealing with their emotions, allowing them to keep calm and focus on being a parent.

The NSPCC's two evaluations of Parents Under Pressure™ focused on finding out more about the needs of the families who took part in PUP 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 alcohol problems. Findings 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.

¹⁰ Dawe, S. and Harnett, P.H. 2007. [Reducing potential for child abuse among methadone-maintained parents: results from a randomized controlled trial](#). Journal of Substance Abuse Treatment, 32(4): 381-390.

¹¹ Barlow, J. et al 2013. [An evaluation of the Parents under Pressure programme: a study protocol for an RCT into its clinical and cost effectiveness](#). Trials, 14: 210.

¹² Dalziel, K. (2015) [Cost-effectiveness analysis of the parents under pressure programme for methadone-maintained parents](#). Child Abuse Review, 24(5): 317-331.

¹³ Cuthbert, C., Rayns, G. and Stanley, K. (2011) [All babies count: prevention and protection for vulnerable babies](#). London: NSPCC.

- 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.

Details of our two evaluation reports are included below:

- **An evaluation of Parents Under Pressure: a parenting programme for mothers and fathers who misuse substances.**
Authors: Vicki Hollis, Richard Cotmore, Helen Fisher, Paul Harnett and Sharon Dawe.
- **Parents Under Pressure: a programme for families with parental substance misuse. An evaluation of impact, process and cost effectiveness (RCT).**
Authors: Jane Barlow, Sukhdev Sembi, Stavros Petrou, Helen Parsons, Sharon Dawe and Paul Harnett.

These can be found at: <https://learning.nspcc.org.uk/research-resources/2018/evaluation-parents-under-pressure/>

The NSPCC would be pleased to present or provide more details of the programme and evaluation findings to the Department if this would be of interest.

Question 13: *Who needs to be involved if we are to effectively address substance misuse, and address the outcomes and indicators you proposed?*

It is essential that the Safeguarding Board for Northern Ireland is involved in the ongoing development of the Strategy, as well as organisations which provide services in NI to families where a parent/carer is engaging in substance misuse.

As per our response to Question 14 below, we would also recommend that health and social care professionals who are involved in the delivery of services to women and families who experience perinatal mental illnesses, such as health visiting and midwifery, are included, from the perspective of the cross-cutting relationship between substance misuse and perinatal mental health.

Question 14: *Were there any gaps in the previous strategy that need to be addressed?*

NSPCC NI published research in 2018 concerned with the experiences of midwives and health visitors of identifying and responding to perinatal mental illnesses in NI¹⁴. The research demonstrated significant gaps in the provision of

¹⁴ Cunningham, C., Galloway, S., Duggan, M. and Hamilton, S. (2018) Time for action on perinatal mental health care in Northern Ireland: A report on the perspectives of health visitors and midwives. Belfast: NSPCC.

vital services and care for women and their families affected by perinatal mental health illnesses. In July 2019, the NSPCC launched a UK-wide campaign, [Fight for a Fair Start](#), aimed at ensuring that every mum, baby, and family who experience perinatal mental health problems get the support that they need. The revised Regional Perinatal Mental Health Care Pathway (2017) states that substance misuse during pregnancy is an increasing challenge in NI¹⁵. The care pathway specifically highlights "women with a history of significant mental ill health including eating disorders and substance misuse, who are considered to be at risk of relapse of recurrence of their illness associated with pregnancy and the postnatal period" as a specific group who require mental health care and treatment (p. 7). This update to the Pathway came as a result of the 2016 MBRACE-UK Confidential Enquiry into Maternal Deaths¹⁶, which highlighted that in the UK (2009-14), 111 women died by suicide and 58 women died as a consequence of substance misuse, either during pregnancy or up to one year after the end of pregnancy¹⁷. The most recent MBRACE-UK review published in 2018 drew particular attention to the association between inadequate utilisation of antenatal care services and substance misuse, and increased risk of maternal death in the UK¹⁸. The report highlighted concerns that the prevalence of substance misusing women who die by suicide during this period may be increasing (noting difficulties in making statistical assessments due to changes in data collection).

Given the findings of recent research on the gaps in the broad provision of perinatal mental illnesses in Northern Ireland, consideration should be given to how its relationship with substance misuse should be included within the new high-level strategy.

Question 15: *Are you aware of evidence-based actions that would meet these gaps?*

Please refer to our response to Question 14 above.

Question 16: *Are you aware of any innovative approaches or low-cost / no-cost actions that would make a difference?*

Please refer to our response to Question 12 above, regarding the NSPCC's Parents Under Pressure™ programme and evaluations.

¹⁵ Public Health Agency (2017) Regional Perinatal Mental Health Care Pathway. Revised July 2017. Belfast: PHA.

¹⁶ MBRACE-UK (2016) Saving Lives, Improving Mothers' Care. Oxford: MBRACE-UK.

¹⁷ Regulation and Quality Improvement Authority (2017) Review of Perinatal Mental Health Services in Northern Ireland, Belfast: RQIA.

¹⁸ MBRACE-UK (2018) Saving Lives, Improving Mothers' Care. Oxford: MBRACE-UK.

Question 17: *Have you any views on where existing or additional resources should be prioritised?*

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|---------------------------------------|--|
| Regulation, Legislation & Enforcement | Supply Reduction |
| Prevention X | Early Intervention X |
| Harm Reduction X | Treatment & support X |
| Recovery X | At-Risk Population Groups (e.g. <u>Young People</u> , <u>Older People</u> , <u>Homeless People</u> , <u>Pregnant Women</u> , <u>Single Parents</u> , <u>People Living in Areas of Multiple Deprivation</u> , <u>People Living in Rural Areas</u>) X |
| Other (please elaborate) | Children and young people with a substance misusing parent/carer |

Please tell us more about why you feel that this should be.

Please refer to our responses to Questions 4 to 16 above for our rationale.

Question 18: *Substance misuse does not have an equal impact on society. Do you believe the strategy should prioritise any of the at-risk population groups below? Please tick as many options that apply.*

| | |
|------------------------------|---|
| Young people X | Older people |
| Homeless people | Pregnant women X |
| Single parents | People living in areas of multiple deprivation X |
| People living in rural areas | Other (please elaborate) - Children and young people with a substance misusing parent/carer |

What evidence do you have to support this view?

Please refer to our responses above.

Question 19: *Have you any other comments you wish to make at this stage?*

Within the Department’s ongoing work to develop the future strategy direction, we would recommend that it seek to engage with children and young people who have been affected by substance misusing parents or carers.

Conclusion

NSPCC NI wishes to thank the Department of Health for the opportunity to respond to this pre-consultation exercise. The overarching message of our submission is that Northern Ireland’s future high level commitment to tackling

substance misuse should have a strong focus on preventing harm to children and young people who are dependent on substance misusing parents.

We note that the Department has stated that it will be for incoming Ministers and the Executive to agree any final strategy for publication. As with all policy and legislative matters impacting on the safeguarding and protection of children and young people, we continue to be concerned at the impact of the lack of an Executive and Assembly. We would emphasise our view that this should not delay the process of policy development in the interim.

If you wish to discuss our response in further detail, please contact Caroline Cunningham, Senior Policy Researcher NI, caroline.cunningham@nspcc.org.uk.