

NSPCC Scotland briefing June 2012

Debate on Families

Key points

- Parental substance misuse can impact negatively on parenting capacity
- There remains a gap between adult and children's services. Services tend to identify the needs of one of the family members as opposed to all
- More consideration should be given to the provision of more family-focused therapeutic work with substance misusing parents/carers and their children

Impact of parental substance misuse on children

Substance misuse is a serious mental health disorder involving the persistent use of alcohol or drugs despite negative consequences¹. Parental substance misuse can harm children's development both directly through exposure to toxins in utero and through the effects of withdrawal at birth; and also indirectly through its impact on parenting capacity.

Drug misuse can manifest its self in a variety of ways which include physical ailments such as infections, overdoses and accidental and non-accidental injuries and psychological impairments such as being dominated by the drug and addiction, withdrawal symptoms such as erratic and irritable behaviour, psychosis and serious memory lapses². These symptoms show how it is very likely that children living with parents who engage in drug misuse are at a high risk of significant harm.

In cases where substance misuse is having detrimental effects, these effects can also impact on the substance user's family. Effects may include lack of care, neglect, growing up in an unstable and violent environment, criminality, lack of or hindered education and development and health problems.

The Scottish Government reform program, 'It's Everyone's Job to Make Sure I'm Alright'³, a national audit and review of child protection found that some children, living with parental substance misuse, and already well known to services, remain at risk of

¹ American Psychiatric Association. Diagnostic and statistical manual of mental disorders – text revision (DSM-IV) 4th Edition. Washington DC, USA

² ACMD. Hidden Harm. Responding to the Needs of Children of Problem Drug Users: The Report of an Inquiry. London: Advisory Council on the Misuse of Drugs (ACMD), 2003.

³ The Scottish Executive (2002) It's Everyone's Job to Make Sure I'm Alright. Report of the Child Protection Audit and Review, Edinburgh: Scottish Executive

abuse despite indicators of concern. Some children were not receiving the services they needed and many could not access services if their parents did not co-operate. A significant proportion of children did not have their needs met following the intervention of children's services; and it was found that universal children's services did not generally frame 'child protection' as their responsibility despite the policy emphasis in this regard.

The 'Think Family' approach

Certain psychotherapeutic approaches can be effective in producing optimal parenting with heroin addicted mothers⁴. Intensive family interventions that support families in times of crisis, helps the substance misuser to identify their drug/alcohol issues and help them change, and help keep families together and moreover safe have shown very promising results⁵. However long-term sustainability is difficult to maintain. Services that aim to improve communication between parent and help them understand addiction have been found successful⁶

There remains a gap however between adult and children's services. In a study that explored children's and families' experiences of social care in child protection cases, Cleaver et al⁷ found that although there were many cases of co-morbidity, services would tend to identify the needs of one of the family members as opposed to all. In addition it was found that in cases of co-morbidity within child protection, social services case files suggest that there was very low collaboration between specialist agencies and that interventions were more successful when families had only one issue, for example domestic abuse, and not various issues such as substance misuse and domestic abuse.

For over a decade service integration has been seen, across the UK, as the key to improving outcomes for children. For Scotland's Children (2001)⁸ the report on better integrated children's services, brought about changes in systems and structures, including the introduction of single integrated multi agency planning process for children's services in the form of community planning and community health partnerships. Both GIRFEC (2005) and the Early Years Framework (2008) represent a further push towards integration and early intervention; under these auspices a raft of specific plans have been developed that apply these principles within specific policy areas, and targeted at specific problems.

In England, this has been supplemented by 'whole family' approaches. Think Family (2007-08)⁹ sought to extend the integration agenda in England beyond safeguarding to

⁴ Barlow J, Schrader-MacMillan A. Safeguarding Children from Emotional Abuse – What Works? London: Department for Children, Schools and Families, 2009.

⁵ Forrester D, Williams A. Intensive Family Preservation Services and the "Option 2" Model: A Practicle Guide for IFSS Teams, 2010.

⁶ Zohhadi S, Templeton L, Velleman R. Parents and Children Together (PACT): Evaluation of the Pilot, 2006.

⁷ Cleaver H, Nicholson D, Tarr S. What Works? The response of children protection practices and procedures to children exposed to domestic violence of drugs and alcohol within their families. London: Royal Holloway, University of London, 2006.

⁸ Scottish Executive, 'For Scotland's Children' (2010) Edinburgh, Scottish Executive

⁹ UK Government, 'Think Family' (Social Exclusion Task Force, 2008)

focus on families at risk, encouraging better joined up working between children's services and adult services. In this model services working with different family members are aligned, giving a consistent message and working towards the same outcomes. Practitioners consider the ways in which different family members and their problems interrelate with the aim of offering family services which work with both parents and children. The Think Family approach is outlined in the English drugs strategy (2010)¹⁰ where it is seen as a positive driver of progress in policy around families affected by parental substance abuse. The strategy identifies where children are at risk of harm, there is a need to intervene early and use a 'whole family' approach.

There are examples of services around Scotland based on this model, but many more children could potentially benefit if it were adopted extensively. Where support is offered to an adult, it is vital that this service considers not only the substance misuse but also considers their client as a parent. This may require specific intervention which focuses on the parent-child relationship, supporting the parent to fulfil their parenting role and ensuring that children get the help they need.

Conclusion

In practice, support for children is often 'passported' by virtue of their parents seeking, and continuing with, support services. It is not clear from the policy discourse how children's needs are supported independently of adults or how children can be identified and protected where parents do not present to services in the first instance, or continue to engage with services.

Multidisciplinary family services that address the issues around substance misuse and also work with the family together and individually have shown some effect for families who stick to the programme.¹¹ More consideration should be given to the provision of more family-focused therapeutic work with substance misusing parents/carers and their children as a means of securing better outcomes for those children most at risk.

For further information, please contact:

Joanne Smith
Public Affairs Officer
Joanne.smith@nspcc.org.uk
02076506742

¹⁰ Home Office, (2010)The drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life', UK Government

¹¹ NSPCC (2010) *Scoping Report: Physical Abuse in High Risk families*, (unpublished) p 26