

An opportunity for improvement - Children and parental substance use

Adfam

Founded in 1984, Adfam is the national umbrella organisation working to improve life for families affected by drugs and alcohol. Originally set up by a mother whose son was using heroin, it has evolved into an umbrella organisation that works with local and national government, produces publications, runs training courses for practitioners and disseminates good practice.

Adfam welcome the creation of the Childhood and Families Taskforce and this document reflects how the government can work to improve the support available to families and children affected by drugs and alcohol. It has been written using evidence collected from an online consultation with Adfam's supporters and the results of an event held with partner organisations on 12 August 2010. The organisations Adfam worked with and would like to thank are: Foundation 66, Blenheim CDP, Action on Addiction, Westminster Drug Project, Alcohol Concern, DrugScope, London Drug Policy Forum, Addaction, CRI, KCA, Turning Point, In-volve, UK Drug Policy Commission, Phoenix Futures and the Federation of Drug and Alcohol Professionals.

Affected families

It is estimated that in the UK there are up to 350,000 children affected by parental drug use¹, 2.6m by parents drinking hazardously² and up to 8m people in total affected by someone else's drug or alcohol use³. In 2007 local authorities spent £117m dealing with families where substance use was a problem⁴. Clearly it is a pressing issue.

Families are made up of people each with their own set of needs and characterises and are therefore by their very nature complex. We all have needs that must be met, whether by ourselves, our friends and families or services provided by the public or voluntary sector. Vulnerable families throughout the country with multiple problems are often affected by drug and alcohol use which itself has a close relationship with domestic violence, worklessness, mental health, anti-social behaviour and other issues which challenge our services. Currently a great deal of money is spent by all services meeting the multifaceted requirements of these families. By improving support for families and children affected by drugs and alcohol outcomes can be improved across the board and money saved along the way.

¹ Advisory Council on the Misuse of Drugs, Hidden Harm, 2003

² Alcohol Concern, Swept under the carpet: Children affected by parental alcohol misuse, 2010

³ Advisory Council on the Misuse of Drugs, Hidden Harm, 2003

⁴ UK Drug Policy Commission, Supporting the Supporters: families of drug misusers

Children exposed to parental substance are less likely to achieve positive outcomes through their childhood, and may also be exposed to criminal behaviour⁵. There are likely to be problems around behaviour and schooling - as one of our supporters said *'they often get labelled at school with problem behaviour when the problem is not theirs, it's more of a consequence of the parents'*. The very stability of families is threatened, with the stress of parental substance use likely to lead to increased family breakdown.

Recommendations

It is important that drug and alcohol treatment services and local authorities see families with multiple problems as a priority issue and some clear national direction could go a long way in achieving this. There is a lot of good work being done in communities but provision remains patchy - as one respondent to our consultation said, *'some areas have very good support services for families and friends of drug and alcohol users while other areas have little or none'*.

1. More early intervention

The most effective way of supporting children affected by parental substance use is through early intervention. Well directed interventions can target vulnerable children and ensure they receive support often before their needs become severe. Evidence suggests that anti-social behaviour of all types (of which substance use is defined as one) is likely to decrease as a result of whole family interventions as delivered by Family Intervention Projects (FIPs). The National Centre of Social Research⁶ suggests that whilst 61% of families at the start of the FIP process were engaged in four or more types of anti-social behaviour this had been reduced to just seven per cent by the end. Rates of drug misuse fell from 33% to 18% and alcohol misuse from 30% to 14%⁷. Outcomes for children specifically were also good – rates of truancy, exclusion and bad behaviour fell from 57% to 24% and child protection concerns from 24% to 14%.

There is a whole range of parenting programmes and interventions, each with characteristics designed to meet the needs of specific groups of parents, that can be used with parents to increase their skills and awareness around parenting and strengthen the families they are part of. Effective use of these parenting programmes can target substance using parents and therefore help to improve the outcomes of their children.

⁵ Advisory Council on the Misuse of Drugs, Hidden Harm, 2003

⁶ Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes, 2008, available at: <http://www.education.gov.uk/research/data/uploadfiles/ACF44E.pdf>

⁷ Natcen, ASB Family Intervention Projects: Monitoring and Evaluation, National Centre for Social Research, available at: <http://www.natcen.ac.uk/pzMedia/uploads/Downloadable/e3e97aca-4d52-40fd-8ccb-5c11b7bd49a8.pdf>

2. A skilled workforce

A trained and developed workforce is an efficient one that does a good job and gives families the support they need and deserve. Investing to ensure a trained and competent workforce is a way of maximising the efficiency of practitioners and making the investment by commissioners go as far as possible.

Adfam believe that large parts of the mainstream workforce, including GPs, social workers, health visitors and teachers, should have compulsory drug and alcohol education as part of their training. A significant proportion of child protection cases have drugs or alcohol involved (Alcohol Concern estimate that 40% of all cases involve parental alcohol use⁸) and by encouraging all professionals to have core competency in understanding drugs and alcohol and their impact, signs of problematic drug use can be picked up earlier and interventions put in place. Correspondingly, drug and alcohol workers should all have compulsory education in working with families with substance use in the family.

Child protection training should be made compulsory for the drug and alcohol workforce and an improvement made in the partnership working arrangements between drug and alcohol services and social services. Although the workforce has made huge improvements in its recognition of child protection concerns there are still an uncertainty over how to best support parental substance users. One partner said that *'adult services [must be] accountable for considering children's welfare in a much stronger way'*.

3. Improving treatment and engaging family

Adfam believes that an increased familial engagement with treatment services can be attained by improving the involvement of families in treatment. Having adult family members informed and involved around the treatment process makes drug and alcohol users more likely to remain in and successfully complete treatment. Having parents in treatment and on the road to recovery will of course improve outcomes for the children involved by enabling the parents to focus more on the demands of parenting and providing a stable situation at home.

A point must be reached where professionals who come into contact with a substance using individual see beyond them to other family members who may be affected. This will help to safeguard the welfare of those estimated 350,000 children whose parents use drugs and the 1.3m whose parents use alcohol problematically. It is also essential that if their parents do enter treatment adequate provision is made to care for their children. Children are the most vulnerable of all family members affected by substance use and more needs to be done to ensure their wellbeing during periods of parental treatment and recovery. The support needs of children and families do not end once the substance user enters recovery; in fact this is often a point of acute need for children. On-going and consistent support is crucial to improve their childhood outcomes.

⁸ Introduction to Child Protection, available et: <http://www.alcoholandfamilies.org.uk/documents/2/Child-Protection1.htm>

4. An increased localism

Adfam also argues than an increased emphasis on local answers to local problems helps meet the needs of families. There are many local, voluntary services that currently provide family support. At their most successful they are cheap, effective, flexible, dedicated and led by experts of great experience. The local people that choose to work in them are likely to understand the subtleties of their own communities and therefore provide an excellent service. The people running these family support organisations have often themselves experienced substance use in their families or communities, something that can engender credibility, trust and understanding in the eyes of the families in need.

Adfam believes that the government should *invest to save* by working with and investing in the voluntary sector because it is efficient and will save money over time. Given sufficient nurture a strong and vibrant voluntary sector can help reduce the burden of the public sector and provide that on-going support and care that leads to improved outcomes for children, families and communities.

5. Increasing support for carers

Caring for a problematic drug user can be very expensive for families. The UK Drug Policy Commission estimates a figure of over nine thousand pounds per adult family member in the UK in additional costs and lost opportunities⁹. Families provide a huge amount of care and support for substance users, save the state a vast amount of money (UKDPC estimate £750m annually¹⁰) and therefore deserve some recognition and support.

Sometimes grandparents end up caring for their grandchildren when the children's parents are unable to do so because of their drug or alcohol use. Grandparent carers are likely to experience stress and worsened health, wellbeing and finances but they represent a vital resource in helping to care for the children and safeguard them from harm. By improving support for grandparent carers more is being done to protect the children in question. Although grandparents may say 'you have to think what is best for the grandchildren' they naturally have worries around their own welfare and that of the children – 'if something happens to me, they will go into care and could get lost in the system'.¹¹

⁹ UK Drug Policy Commission, Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses, 2009

¹⁰ UK Drug Policy Commission, Supporting the Supporters: families of drug misusers

¹¹ Patricia and Maureen from 'Helping your grandchild', Adfam

Desired outcomes

Improved support for families will lead to better outcomes for families, children and communities. Families affected by parental use substance are more likely to fragment and so the measures above will foster family stability in general as well as better outcomes in specific.

The children of substance users face some great challenges – foetuses exposed to drugs and alcohol in utero can suffer from neonatal abstinence syndrome, foetal alcohol syndrome and blood born viruses. At school age compared to their peers the children have worse concentration, homework and school attendance¹² and are more likely to experiment with drugs and alcohol themselves. Hidden Harms tells us that *'parental drug use has the potential to interfere with virtually all aspects of a child's health and development'*. Because drugs and alcohol touch so many policy agendas and are linked to so many other issues, the vast potential effective support has in improving the lives of all involved should not be lost sight of in this time of spending cuts. Because of this, it is of paramount importance to increase the support available to families and children affected by substance use to help raise a new generation which is happier, healthier and more ready to learn, work and contribute to society.

¹² Advisory Council on the Misuse of Drugs, Hidden Harm, 2003