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Research On Understanding Treatment Experiences & Services

Executive Summary

Interventions for children and families where there is parental drug misuse

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INTERVENTIONS FOR CHILDREN AND FAMILIES WHERE THERE IS PARENTAL DRUG MISUSE

EXECUTIVE SUMMARY

This research study was funded by the Department of Health Policy Research Programme as part of the Drugs Misuse Research Initiative (DMRI) phase II – Research on Understanding Treatment Experiences and Services (ROUTES). It is one of 10 projects focusing on areas related to drug treatment and aims to deliver research-based evidence to underpin the development and delivery of effective services and interventions in the field of drug misuse. The views expressed in this report are those of the authors and not necessarily of the Department of Health.

AIMS & OBJECTIVES

The aim of the study was to explore interventions for children and families where there was parental drug misuse (hereafter referred to as PDM) in order to inform policy and develop good practice that would meet the needs of this vulnerable group more effectively. The project's key objectives were:

- To promote the welfare and visibility of children with drug misusing parents by improving inter-agency assessment and intervention
- To identify the needs of children, young people and parents and obtain their views about services
- To explore professionals' views of dilemmas and challenges where parental drug misuse is an issue
- To develop shared principles for good practice to inform the future development of protocols and models for assessment and intervention

For the purposes of this study, drug misuse is defined as use which leads to social, physical and psychological harm both for users and their families. More specifically, our research population was largely composed of parents with longstanding, entrenched patterns of class A drug use.

POLICY RELEVANCE

This study contributes directly to both child care and drugs strategy policy by identifying the ways in which services need to be delivered and practice developed in order to meet the needs of a particularly vulnerable group of families. It is hoped that, by highlighting the needs and experiences of family members and placing these alongside identified practice dilemmas across health and social care, inter-agency assessment and intervention can be improved in relation to all agencies that might become involved with them.

BACKGROUND

Often evolving in response to troubled early histories, parental drug misuse can have a significant impact on parenting capacity with obvious implications for child welfare. Because drug use is both illegal and characterised by secrecy and denial, there are a range of barriers to accessing services, with parents often falling through gaps in agency provision and children's needs not being met. Working with parental drug misuse presents professionals across disciplines with a range of practice dilemmas including assessment, intervention, ensuring the 'visibility' of children and effective inter-agency working. Research to date suggests a need for more consistent, coordinated responses to this vulnerable group of families and the development of effective, family focused approaches remains a priority. This study builds on and expands existing knowledge about the needs of both children and parents and what might work in terms of service delivery and inter-agency working.

RESEARCH DESIGN AND METHOD

This qualitative study, conducted from March 2006 – March 2008, in a largely rural, predominantly white area in South West England, was composed of four sets of interrelated data:

- Case record analysis of the files of 28 children from 14 families on the area child protection register where parental drug misuse was an issue and a family member had given consent
- Interviews with 42 children and young people between 4- 20 years (average age: 12.6 years) with drug misusing parents
- Interviews with 40 drug misusing parents and 7 grandparents, together with a small parents' focus group
- Interviews with 60 health and social care professionals from voluntary and statutory sector drug services, statutory child care and primary health care, together with a series of multi-professionals focus groups

Semi-structured interviews were undertaken with all respondents and group discussions took place with professionals and a small group of parents. Data was triangulated across data sets. All interviews and focus groups were digitally audio taped, transcribed verbatim and analysed thematically using 'Framework', a well established method developed by the National Centre for Social Research.

SUMMARY OF FINDINGS

The findings reflect the contradictions and complexities that characterise the lives of family members where there is PDM and confront those providing services and support for them. They also highlight some of the stark realities experienced by children and by parents whose drug use is frequently motivated by a tangle of interrelated factors. The data from the parents suggest that drug misuse is often a symptom of a complex range of longstanding psychosocial problems as well as being the cause of additional difficulties in the present. What is also thrown into stark relief is that, despite many parents' best efforts to protect and care for their children, the data from young people clearly show that they are generally adversely affected. One of the fundamental tensions is that, although many parents express love for their children, from the children's point of view, this is rarely demonstrated in a way that they can understand. Rather than being a stark choice between 'drug' and 'child' – often reflected in approaches to intervention - this emerges as a problem of managing competing and often conflicting demands with a significant and frequently longstanding psychosocial dimension. The challenges presented to the professionals network, are, therefore, considerable. The study generated insights in four key areas, as follows:

Growing up with parental drug misuse

The young people's data reflect the long shadow cast by the emotional and physical impact of parental drug misuse and its consequences for felt security, sense of safety and day to day life, including school, friendships and community life. The majority were in no doubt that using drugs and caring for children did not mix and had come to believe that drugs came first and were more important than they were. The evolution of young people's own drug use could be construed as both pain management as well as a way of connecting with a parent who was often psychologically unavailable. Although many of these young people were 'getting by' this often came at a price; some however were not really getting by at all.

Parents' reflections on their own troubled histories and the aetiology of their substance problems highlighted the impact of adverse family experiences on them and on their children with significant implications for parenting capacity.

Exploring interventions: assessing and responding to need

Intervention was considered from a number of perspectives. The case record analysis failed to reflect a process oriented, evidence-based approach to this very complex area of practice and assessment and intervention lacked a holistic, child centred perspective with young people rarely spoken to as individuals in their own right.

It was apparent that the culture of denial and secrecy that characterised these families had significant consequences for intervention. Most young people said they rarely felt supported, listened to or understood. At times, they were invisible - in case records, to some of the professionals they encountered and to their parents. Experiences of intervention, in the majority of cases, suggested that, from their perspective, too little was offered too late, not enough was done to help families stay together and, equally problematically, some children were not rescued early enough.

When children were removed, they felt that contact was rarely managed well and foster carers appeared ill equipped to deal with young people unused to rules and boundaries. What they appreciated were workers that listened, tried to understand, helped the whole family and were reliable, kind and made them feel cared about. Such professionals were highly valued.

For the parents, it was apparent that intervention often failed to address the complex roots of drug misuse, seeing only a 'drug problem', generally interpreted by professionals as the cause of current difficulties rather than a symptom of those in the past. Intervention seemed to be most successful and effective during pregnancy and the postnatal period, where motivation was also likely to be high. For many,however, interventions had a 'feast or famine' quality, with abrupt termination of support once recovery or drug management had been achieved leaving them (and their children) very vulnerable and the problems precipitating drug misuse unresolved.

Professionals highlighted a variety of dilemmas in intervening with families for whom drug misuse was but one difficulty among many. These included the often longstanding nature of the problems, the chaotic nature of both the use and the accompanying lifestyle and the tendency of drug misusing communities in rural locations to 'close ranks', contributing to the invisibility of children. Engaging parents and working with denial were also major obstacles to effective working. Visibility of children remained an issue with an urgent need for more therapeutic intervention.

Inter-agency working

From the professionals' point of view, the main difficulties were caused by varying thresholds for intervention between services, confusion about confidentiality, the interpretation of both protocols and the definition of 'significant harm' and insufficient assessments of the impact on children. Multi-agency and joint working initiatives were seen to be effective and the model of intervention with pregnant drug misusers was acknowledged as a template for good practice, transferable to other age groups of children. Pockets of good practice were identified, with excellent working together arrangements in some locations. Professionals acknowledged, however, that there was inconsistency across the region.

Professionals almost universally acknowledged that far more had to be done for children both at the 'child in need' stage and before this point was reached. Whilst the introduction of the Common Assessment Framework (CAF) was seen by some to encourage earlier identification of children, many queried the extent to which this could help provide a more robust system of identification and intervention and reach this particular group of children.

In relation to working together practices, parents felt this was most effective when there was a lead professional with specialist knowledge of drug misuse such as a health visitor, midwife or family support workers who were 'twin trained' and who orchestrated the network, reducing the need for repeating information. The main difficulties were caused by failure to communicate either with one another or with the parent concerned, as well as being included in meetings but not addressed directly.

Barriers to intervention

These findings highlighted the fact that, ironically, some of the greatest barriers to intervention were presented by the parents and young people themselves, who often made it very difficult for professionals to gain access to them, albeit for what they saw as very good reasons . These tended to be linked to stigma and labelling, fears about the consequences of disclosure and becoming 'visible', particularly where social workers were concerned, and to the values and attitudes of some of the professionals they encountered.

Most young people said they could not or would not tell anyone about the impact of their parents' drug use although their main piece of advice to other young people was 'tell someone'. This emphasises the considerable challenges posed by this hard to reach group of young people. Parents also were often ambivalent about getting help. Identifying the role of drug misuse in the management of their lives, it was clear that giving up presented enormous challenges. There was a sense that what they said they wanted and what they really wanted were at odds and that, whatever they received would never be enough to deal with the complex issues they faced. There was evidence, however, that consistent, empathic support based on clarity, straight talking and a real understanding of the realities of drug misuse, was effective.

Professionals also identified critical barriers to intervention. In addition to the difficulties of penetrating rural communities, identifying what parents actually wanted, particularly from drug services, was an issue, as was working with the cycle of relapse and recovery. Social workers in particular felt that intervention was adversely affected by their crisis oriented brief and the difficulties of overcoming their negative image. This seemed linked to both the tensions inherent in the statutory role as well as the increasingly bureaucratic approach to service delivery in statutory child welfare services.

Meeting the needs of children, young people and parents: implications for policy and practice

Based on our data, a number of policy and practice implications were identified:

Policy

- Viewing the children of DMPs as 'children in need' as a presumption should be considered unless there is evidence to the contrary, consistent with Scottish Policy.
- Developing shared protocols for inter-agency working is required, with particular reference to information sharing and confidentiality at different stages of the child welfare assessment and intervention process
- There should be consideration of the extent to which the current use of the assessment framework addresses the complexity of PDM and the role of the CAF, in this context. More policy support is required to promote and adopt models of assessment, based on this framework, that engage with the implications of parental drug misuse
- There is a need to re-think bureaucratic approaches to record keeping which militate against process oriented, child focused practice
- Embedding early intervention services for vulnerable children into mainstream service provision is a priority
- Closing gaps between adult drug and child care services to ensure children's visibility is required
- Policy makers need to engage more forcefully with the impact of fear, stigma and labelling

Barriers to overcome

- Removing barriers to entering drug treatment (fears of child protection proceedings, stigma, lack of child care either at home or at agency) with faster and easier access to services, especially for people in rural areas with limited transport (rural clinics, joint agency outreach)
- Tackling the negative perceptions of social workers which represent one of the most significant barriers to disclosure and engagement, for both young people and parents, is a priority together with avoiding frequent changes of worker
- Reducing stigma and labelling for families in rural locations where 'visibility' is high by supporting outreach initiatives and more accessible multi-purpose services

Assessment

- Identifying children and young people at an early stage, based on more awareness of signs that might indicate family difficulties, particularly in relation to children's behaviour
- More direct involvement of children and young people in the process
- More holistic approaches to assessment, supported by detailed information and better use of chronologies
- Earlier inter-professional consultation to aid assessment

Intervention

- More support for children of drug using parents and development of specialist child centred services
- More outreach for isolated families and those in rural communities
- More effective engagement of parents via consistent involvement of a professional over time to ensure access to children
- Increasing specialist posts and 'twin trained ' personnel (child care and drugs)
- More support for kinship placements
- Proactive rather than reactive approaches: earlier, supportive, family focused intervention rather than crisis management
- Assertive and directive approaches to be encouraged as potentially liberating and supportive for all family members
- Increasing intervention/support options, including 'safe houses', out of hours help lines and involving ex-drug users in service delivery, as parent mentors
- Improving post 'recovery' / 'drug management' support
- Support for foster carers to manage contact, appreciate parent/ child bonds and increase placement stability

Training

- 'Communicating with children' training as essential across services
- Developing programmes for 'twin training' professionals in child care and drug misuse. This would involve encouraging professionals already involved in one specialism to undertake training that would extend their capacity to respond to the demands of families where there is PDM more holistically, resulting in 'dual purpose' intervention (for example from specialist drug misuse midwives or child care trained drug workers)
- Developing strategies to engage hard to reach clients and work with resistance and ambivalence
- More preparation and training for foster carers to manage what children of DMPs bring with them into placement as well as to appreciate their strengths
- Multi-disciplinary training focused on the impact of parental drug misuse on children

Towards a model for good practice

- Viewing children of DMPs as 'children in need'
- Establishing local inter-agency family focused discussion forums
- More open information sharing and inter-professional communication at the pre- child protection stage
- Greater clarity about confidentiality and information sharing
- Developing supportive but more assertive and direct methods in order to reach isolated and 'hidden' children together with particular approaches for 'hard to reach families' within a rural dimension
- Using successful, multi-professional pregnancy pathways as templates for children across the developmental spectrum
- Joint visits by child care and drugs workers and a family focus as standard practice
- Ensuring that children remain 'visible' and are placed at the centre of decision making

Despite significant localised and individual endeavour and pockets of good practice, overall findings from this study suggest that the needs of DMPs with complex problems and those of their children are not being met as effectively as they might be. They also highlight a number of ways in which services need to be developed and practice improved to increase awareness and respond more purposefully to this vulnerable group of families. The challenges, however, should not be underestimated, with implications for identification, assessment, intervention and further research. The urgent need for preventative, family focused approaches is clearly indicated, with particular attention to delivery in isolated rural areas. The findings directly inform a strategic objective of the Government's 2008 – 2011 Drug Strategy Action Plan - a new package for families – and emphasise the importance of listening both to drug misusing parents and their children and hearing what they have to say.

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DISCLAIMER

The 'Interventions for children and families where there is parental drug misuse' study was part of the Department of Health (Policy Research Programme) Drug Misuse Research Initiative (phase two: ROUTES). The views expressed in this report are those of the authors and not necessarily those of the Department of Health.

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