

Barnardo's/Safer South Gloucestershire Report

Substance misusing parents and their children

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Introduction

This is a report for Safer South Gloucestershire conducted by Barnardo's Policy and Research Team in the South West. The report is structured as follows:

- an executive summary listing the main findings;
- background information to the project;
- a statistical summary of the current situation in South Gloucestershire;
- the methodology used in the project;
- analysis and findings;
- conclusions and recommendations;
- appendices including a literature review.

Executive Summary

The key findings, which have emerged as a result of conducting this piece of work, are that:

- There is a difference in understanding between adult and children's services, which is not shared, and that this has an impact on practice.
- There is a need for multi-agency work in this field.
- Practitioners see schools as potentially ideal venues for working with families.
- The needs of very young children are not always acknowledged or catered for.
- There are gaps in support for children and they need to be given a voice in identifying and catering for their needs.
- Interviews with children are needed to gain an understanding of their perspective and how that might impact on practice and provision in South Gloucestershire.
- There are gaps in support for parents own drug use which impact on the welfare of children.
- Practitioners in this field have continuing training needs.
- There is a lack of universal understanding of the referral system in South Gloucestershire.
- There are a number of factors, which would appear to indicate success when working with families.
- More parent interviews are needed to gain an understanding of their perspective, which is representative of parents in the area.
- There is a lack of sufficient statistical data on the children of parents who misuse substances in South Gloucestershire.

Background Information

South Gloucestershire Council is currently undertaking a review of its Children's Services. As a part of this review Safer South Gloucestershire (SSG), formerly known as South Gloucestershire Drug Action Team (SGDAT), wished to review the current support structure to families where parents are misusing substances. They were interested in finding out:

- How the current support network operates from identification and referral, to intervention, treatment and arrangements for on-going support.
- Whether the current resource, knowledge base and support structure for professionals is adequate.
- What staff development and learning opportunities are required to meet the needs identified in the review.

They were also interested in the ways in which child and adult services currently co-operate, their respective knowledge bases and how services may be co-ordinated in a more coherent and seamless way.

In order to assist this review Barnardo's Research and Development Team, in consultation with SSG staff agreed to carry out a consultation study. The target population was identified as families with dependent children where one or more primary carer misuses drugs or alcohol to such an extent that children's health and well-being is threatened without the provision of additional help. Six general questions guided the study:

1. What are the routes currently used by substance misusing parents and their children to access help from health, education and social care services?
2. How are professionals currently supporting drug-dependent parents and their children?
3. Is it possible to generate a more coherent and efficient series of pathways?
4. How can we best provide support to children and their parents?
5. What is our 'best' current estimate of the size of the population with which we are concerned?
6. Are there any high quality practice examples from which we can learn?

Current situation

An attempt was made to find out the current statistical situation of children with parents with substance misuse. The only current data comes from South Gloucestershire Drug and Alcohol Services (SGDAS) and is very limited. A new management information system is currently being implemented and this should yield more robust data. There are opportunities within the current system to record data on client's children but this is rarely recorded due to reluctance by clients to admit to this information and that this information is not seen as a priority to collect and record by professionals.

Between 2001 and 2004 only 31 clients were recorded as having children and this represents a very small sample of all clients with children therefore caution is needed when drawing conclusions from this information. Of the 31 clients, 14 were female and 17 were male and they were aged between 22 and 50 with an average age of 32. They were recorded as having a total of 48 children. The majority of this sample had one child (see appendix A) and two thirds of the sample had children under 5 years of age

(see appendix A). A variety of drugs were used but the majority (26/31) cited heroin as the main drug of choice.

Methodology

Semi-structured interviews were held with twenty-four key professionals from fourteen different agencies who were identified by SSG. (For a list of key agencies see Appendix B). An introductory letter was sent out to informants (see Appendix C) and this was followed up by a telephone call to arrange a date and time to conduct a telephone interview at the convenience of the informant. A questionnaire schedule was drawn up in consultation with the steering group, piloted with a small group of professionals and appropriate amendments made (see Appendix D). Interviews with 4 managers and 20 practitioners were conducted between August 2004 and November 2004 and lasted between 30 minutes and 1 hour. The interviews were recorded by hand, these were then analysed by question, and by age group of clients worked with, and the key issues reported.

The second part of the consultation consisted of interviews with two parents (one male and one female). One of the parents had two teenage children and the other had two children under ten years of age (currently this parent has no contact with the children). Again an interview schedule was drawn up and piloted (see Appendix E). The researcher arranged to meet with four parents at a venue of their choosing but, unfortunately only one arrived. The second parent was interviewed by telephone. A voucher payment of £10.00 was given to assist with costs and time. Notes of the interviews were made at the time and again analysed by question with key issues reported.

Findings and Analysis

Summary of interviews with professionals

Q1 Focus of work

Eight of the professionals cited children or young people as the main focus of their work (three with children under eleven and five with children over eleven). Although stating that children are the main focus of their work, four participants worked with both children and parents, as work with younger children involves working with the whole family.

Six agencies worked exclusively with parents and when asked about working with children said “I don’t” or “It’s not applicable” or “we don’t see the children”.

Ten agencies stated that they worked with both parents and children.

Q2 Prevalence

Eight out of the twenty-one interviewed stated that they had a high proportion of their caseload where the child was at risk from their parent's substance misuse. This ranged from 50% upwards. Fifteen stated that they had a small proportion of their caseload where the child was at risk and this ranged from 5% to 30%. The variation in prevalence could be attributed to a number of factors: the nature of the practitioner's job, the employing organisation or the locality working in, however, locality was the most frequently mentioned factor in relation to the number of families engaged in substance misuse. One person said it was impossible to say.

Q3 Language

Eleven out of twenty-four interviewed used the term drug, alcohol or substance misuser. In two instances this was qualified with "I would tailor it to individual needs" and "It would depend who I was speaking to". Five respondents said they would use language depending upon how the parent wished to be described or the type and extent of the problem. Three used the term drug user but acknowledged this might not be seen as acceptable by all practitioners. One stated that language would be tailored to children's needs "I would use language appropriate to the child's age and understanding". One would use drug dependent and three would use service user "because they use the service". This was used exclusively by people who worked with adults.

Q4 Risks to children

Generic issues:

- Inability to parent and leading a chaotic lifestyle which results in a lack of general care, cleanliness, feeding and neglect.
- Health and safety with equipment being left around and people coming and going to the house at all times.
- Hygiene in the home.
- The lifestyle may be seen by children as an acceptable way of life and the implications of that for their future lives.
- Abuse both emotional and physical.
- Children missing out on general life experiences for example going to the park, picnics, being played with and read to.
- Adults inability to prioritise the needs of children resulting in all the above.

These issues were qualified by some respondents stating that "there are many risks and all of them are dependent on the level of drug taking".

Issues specific to young children:

- School attendance and the impact on their future.
- Overall development and failure to thrive.

Issues specific to young people:

- Taking on adult responsibilities early and becoming young carers.
- Becoming isolated through the stigma of the parental lifestyle.
- Misusing substances themselves.

Issues specific to parents:

- Prioritising drugs instead of children.
- Stigma leading to isolation from community and from support.
- Health – death and disease.
- Money – impact on ability to parent.

Other:

- None – “I also believe that people are using and it is not affecting their children”.

Q5 Support

a) for parents

Two out of twenty-four respondents said that this was not applicable as information was confidential and they both worked with young people and would only approach parents if they had the young person’s agreement.

Main focus of work with children/young people:

- Support tends to be general support: talking, giving advice and information.
- Referral to appropriate agencies.
- Advice and strategies for the family on effective parenting.
- Some practical help with treatment – helping to arrange appointments, get scripts (this was more likely if working with a young person in treatment).

Main focus of work with adults:

- Support is more in depth.
- Assessment.
- Counselling and 1-to-1 work.
- Group work.
- Drop-ins.
- Offering a telephone helpline.
- A programme to suit individual needs.
- Support for parents could be hampered by childcare needs.

There was a general feeling that the perspective gained by working exclusively with adults as service users on harm reduction is not understood or shared by those working with young people and children. There is the expectation that treatment can and should

be quick but if treatment services are going to have positive outcomes then the process will be long with many ups and downs.

Substance misuse and new mothers:

Although a midwife was not interviewed her views were expressed second hand by a health visitor who had consulted with her. She felt that there was a need for more growth scans to monitor the foetus and more support in the community for new mothers when they leave hospital.

b) for children

Main focus of work with adults:

Five out of twenty-four respondents said it was not applicable and they all worked with adults. Although when pushed two said that they would refer a child to the appropriate agencies if at risk and then cited further support in terms of offering information and said they would try to give more support if the child was a young carer.

Main focus of work with young children:

- Help child understand and deal with emotions.
- Refer if at risk.
- Talk and work directly with children.
- Arrange pre-school care.
- Liaise with other services.

Main focus of work with young people:

- General advice and information.
- Counselling – this ranged from using professional counselling skills to listening and giving advice.
- Diagnose and assess problems.
- Treatment.
- Refer to other agencies.
- Liaise with and co-ordinate other services.
- Practical support – travel, food, housing.
- Work with the wider family with permission.

Generally most support is directed at this age group (young people) especially if a young carer or using themselves. It would appear that the younger the child then the less the help available. There was a belief that the younger the children the less they could understand and the less they were being harmed by their parent's substance misuse "the three year old is too young to know". This did not appear to be backed up by any

evidence and was worrying in that from the limited statistical data available 2/3rds of dependent children of substance misusing parents are under five years of age.

Q6 Confidence working with children

If the main focus of work is with children/young people then the answer is yes. Many cited that they were confident because they knew where to go for support for example Safer South Gloucestershire (SSG) or Social Services “Yes because it’s not just me. I wouldn’t be able to take on the issues myself but am confident that I have good links”. One person stated that they would not be confident with younger children “nine to ten year olds are easier to work with. The younger ones make me feel deskilled – there isn’t much literature or research about how to work with them”. Two respondents stated that they would not be confident with parents. There were two additional issues which impacted on confidence when working with young people. The first being the problem of trying to engage with, and get help from, services such as housing and the second being the fear of other more intimate disclosures when working in a 1-to-1 situation.

Five out of six people working exclusively with adults said it was not applicable or no. One replied yes but had previous experience of working with children. This may be a factor in the lack of support given to children by these agencies or maybe reflects the different perspectives held between those who work with adults and those who work with children.

Q7 Gaps in skills/knowledge for working with children

It was generally acknowledged that training given by SSG was of high quality and informative.

Nine out of twenty-four respondents stated that they didn’t need further training or in the case of those working exclusively with adults that it was not applicable.

Generic

Ongoing training in order to keep up to date with general issues concerning substance misuse was requested by many agencies. Training was also requested concerning the different perspectives held by those working in the field, working with parents and parenting support and making links with and referring to other services. It was felt by many respondents that training should be multi-agency.

Specific

There was a stated need by those working with children that some would like more training on working with very young children and on the personal, social and emotional

concerns of young children. For those working with young people specific issues were: running groups for young people and dealing with aggressive behaviour.

Referral routes

Identification and referral

If working with children and young people the main identifiers were:

- the health visitor;
- school – teachers, headteachers, school nurse;
- educational welfare officer;
- social worker;
- Children’s Assessment Team;
- Midwife.

The main points of referral were:

- assessment social worker;
- family support worker;
- CAMHS;
- Safer South Gloucestershire;
- educational welfare officer;
- Bristol Drugs Project;
- social worker;
- Criminal Justice Board;
- Connexions;
- community groups;
- paediatrician;
- GP;
- health visitor;
- Youth Offending Team;
- Advice and Counselling on alcohol and drugs (ACAD);
- 43 The Park;
- school;
- drugs workers;
- youth workers;
- housing;
- Young People’s Drug Treatment Services.

If working with adults and a problem is identified with the children then the first course of action would appear to be to talk to the parent to discuss the issues and see what support was required. A referral to social services would be made if there were child protection issues. With the parents’ consent referrals could be made to:

- school;
- Childline;

- Safer South Gloucestershire;
- Bristol Drugs Project;
- family support workers;
- health visitors;
- parenting education;
- Youth Offending Team.

It would appear that knowledge about referral routes for children at risk for those working with adults is not as comprehensive as those working with children and young people. It would also appear that the referral routes identified are primarily aimed at young people rather than young children.

Support by own agency

The only forms of support offered within the agencies were the opportunity to talk with senior staff including the lead for child protection and to talk with colleagues who had dealt with similar problems.

Other available support

Agencies that were identified as being able to offer support were:

- social services;
- health visitors;
- Safer South Gloucestershire;
- Bristol Drugs Project;
- CAMHS.

Q9 Gaps in the system for children at risk

It was generally recognised by respondents that the foundation of SSG went a long way to closing the gaps in South Gloucestershire and that the resources in the county are good although there is possibly an issue concerned with locality in that some areas are less well resourced than others for example small villages in rural areas or face more problems than others for example Yate and Cadbury Heath.

Four out of twenty-four respondents were unable to identify any gaps in the system although as one person said “I’m not knowledgeable about that which would suggest a gap in itself”.

Identified gaps:

- Assessment, intervention and management by social services was identified as a gap by many agencies although it was recognised that it was not any individuals fault but the system in that there was not enough time, personnel or resources for the service to carry out it’s work effectively.

- There needs to be much greater multi-agency working and an identified person who could co-ordinate the different agencies in this field. Alongside this it was recognised that there was a lack in continuity of care for children due to lack of communication and co-ordination between agencies and between those working with children and those working with adults.
- There was a lack of knowledge by some respondents concerning the referral system and to which agencies referrals could be made.
- There was a need for drop-ins and local services for parents and children which were safe places to go to talk and for information and advice away from social services and were not stigmatising.
- A big issue was that many parents don't like to talk about their children for fear of what may happen to their children. If parents, particularly mother's, do not open up and talk about their children then the children's needs can not be identified. This is supported by the low numbers of adults with children being recorded by the adult treatment services.
- The flip side was that if there were places children could go to be seen and heard then that was an additional way that their needs could be identified.
- An outreach service for rural areas in South Gloucestershire.
- It was felt there was a lack of safe places for supervised contact between parents and children.
- Some professionals lack of knowledge about drug use and unrealistic expectations concerning recovery which impacted on the support offered to children.
- More counselling was needed for children to help them understand their situation and their parent's situation.
- There was a gap in provision for particular groups who had particular needs: travellers, young carers, very young children, children who were excluded from school and children not in the care system were all identified as special groups.
- The question was asked by those who worked exclusively with adults that as they saw the situation from the adult's perspective who was considering the children?

The gaps highlighted above raise some important issues, most notably it would appear that there is not a universal understanding of the referral system and agencies available for help and support in South Gloucestershire and that very young children's needs are not supported despite these constituting a large group. This is supported by the fact that more support would appear to be directed at young people and that professionals are more comfortable working with older children. There would also appear to be a gap between services for adults and services for children with the potential for children to be missed.

Q10 Improvements to the current system

The biggest improvement that could be made to the current system is for more multi-agency working. Thirteen out of twenty-four made this a priority. It was felt

that this was important for two reasons. Firstly this would enable professionals to share and understand the different perspectives held between those who work with adults and those who work with children. Secondly it would allow sharing and understanding of the different philosophies held by professionals working within different agencies and the impact this has on their work with families. Hopefully this would remove some of the mistrust and barriers to working together which are currently in place. Ideas as to how this could be achieved are through all practitioners understanding and focusing on the needs of the child as well as the adult, putting in place better communication systems, having joint meetings, joint training and multi-agency teams. One suggestion was that there should be a planning group approach for children and families to identify solutions to problems. It was also suggested that there should be a co-ordinator who could link the work of the different agencies. One respondent stated that a multi-agency conference on this issue would provide a starting point for this work.

Allied to this primary improvement was the acknowledgement by professionals that links with schools needed to be strengthened and that schools were often the starting point for work with children this is reinforced by schools being one of the main identifiers of children at risk. Also schools were seen as an ideal venue for information, advice and training for children. This is not always a view shared by the children themselves, although this would seem to fit with the national agenda on Extended Schools.

Another improvement was financial. More funding was put forward for SSG, social services and CAMHS. More funding for SSG could then result in more information, training link workers for different agencies. Training needs were concerned with drugs, drug use and parenting and drug use.

Other improvements that were needed were:

- Earlier identification of the needs of young children and more services for children especially very young children.
- Information leaflets for children regarding parents using substances and how this impacts on family life. One suggestion was that the leaflets should be produced by children for children.
- More group work for parents and children.
- Community work and outreach work. By placing services in the community away from social services this would remove some of the stigma and fear experienced by families and that parents would feel safe to talk.
- More counselling for children.
- A 24 hour service/helpline for children.

- Greater speed in accessing treatment programmes and more rehabilitation treatment programmes for parents which would impact positively on children.
- Working with the voluntary sector especially in preventative work.

Q11 Success stories

Over half of all participants could cite examples of successful intervention (fifteen out of twenty-four). It was acknowledged that success was dependent upon how you measured it and success differed between agencies. One big issue was whether success resulted in a child staying with or being removed from their family. This particular measure of success seemed to depend on professional understanding and philosophy.

When success stories were analysed there were definite indicators which were more likely to result in successful outcomes. These were:

- Agencies working together.
- A mix of individual and group work for parents.
- Providing support for both the parent and the child.
- Involving parents in some form of parenting support.
- The parent being motivated to change.
- Recognition that the process would take time – there were no quick fixes.

Q12 Background and experience

Respondents came from a variety of backgrounds: social work, teaching, drugs and alcohol work, nursing, counselling and psychology. They also had experience in a variety of settings: schools, health, the prison service, social services, the community and residential care and this was often in both the voluntary and public sectors.

The length of time working in this field of those interviewed ranged from 2 years to 26 years. An interesting point to note is that many of those interviewed who had been working in the field for a long time said that the “drugs issue is much bigger, there are more cases and it is more high profile”.

Summary of interviews with parents

Q1 Current support

Both parents are receiving support: one from mental health services and one from the drug treatment services. The children currently receive no support.

Q2 Support in the past

In the past both the parents and children have accessed a variety of support. This has included social services, probation, Bristol Drugs Project, Bristol Specialist Drugs Service, Rehabilitation (including child psychology), full time nursery and school. One parent received full time nursery placements for her children which were particularly supportive because they were fed and in a caring environment. The staff were also praised as being supportive whilst also being non-judgemental about her circumstances. Rehabilitation was also crucial as funding was provided from three different agencies to enable her to go into rehabilitation with her children. The other parent felt that there was a lack of support for his children and that their needs were not really taken into account.

Q3 Asking for support

Asking for support is extremely hard for a parent to do “It’s not easy to ask for help because you fear the potential repercussions, how professionals are going to react”. Fear of reprisals from professionals and that the children would be taken away were recurring themes throughout both interviews and was also reported as being a fear of many parents they knew. One parent cited the case of a parent who was too scared to ask her friendly social worker for help with buying her child’s school uniform as she was fearful as to what else she thought she might not be able to cope with “so you think if she can’t ask a nice social worker a simple question like that how is she going to ask her a big one?”.

Q4 Other support that would have been helpful

Other types of support mentioned were all focused around the children’s needs or the need of the family. Counselling for the children was considered to be useful, to have someone they could talk to about their feelings regarding the issues of their parent’s substance misuse and how they might be feeling about the parent. Counselling was also mentioned as a possible preventative measure “I’m from a similar background and maybe if I had had counselling when younger then maybe I wouldn’t be an addict”. Allied to this was peer support, being able to talk to someone of their own age who had been or was going through the same or similar experience. Again one parent cited another parent whose son was offered peer support for bullying due to his parent’s substance misuse but the peer had no understanding of his experience so the support was unhelpful.

Everyday experiences were mentioned as being necessary. Going to the park, having picnics, daytrips and other family activities were suggested as ways that the family could spend time together away from the stresses of the substance misuse. Also “so they (the

children) can have bits of normality and see that their mother can do that and they have something that they can relate to other children with”.

Q5 Approachable agencies for help

One parent felt that the most approachable agency for help would be the voluntary sector rather than the statutory mainly due to the issues concerning potential repercussions. The NSPCC was cited as somewhere to turn to and that had previously been used. It was felt that turning to a professional that had been known in the past and could be trusted would also be possible “many times I would like to have spoken with social services but didn’t because of fear”.

Q6 Reactions of professionals

Reactions were dependent upon attitudes “it depends on whether the professional sees it as self imposed misery which you have then put on your children”. There was also a difference depending on whether the professional saw the problem as a disease in which case reactions would be far less judgemental. There was also a perception that reactions seemed to differ depending on whether the focus of their work was on the parent or the child. Drugs workers were good but focused on the parent whilst maternity services focused on the child and were particularly unhelpful towards the parent. Schools were cited as being quite good as they worked with the children whilst being helpful to the parent and one parent found that “the more open and honest I was with the school the more support they and I got”.

Q7/Q8 Gaps and improvements in the support systems

A variety of gaps and improvements were identified especially for children:

- Counselling for children.
- Peer support for children and parents who have travelled the same journey.
- Support for younger children. One parent, whilst acknowledging that her children had received full-time nursery care, identified a gap in attitudes towards younger children and the feeling that they didn’t understand or need much. Both parents talked about very young children knowing “the three year old knows something is not right when she and the dad go off and shut the door he gets distressed, he doesn’t know what is happening but he knows something isn’t right”. They also talked about young children’s behaviour and play “making joints in their play and using their inhalers as crack pipes”.
- More support for children especially in school. There was also acknowledgment that this support should be multi-agency.
- Support for educational issues such as homework which are difficult to do at home and which the parent is often unable to help with.
- Outreach for children and parents.
- A safe place for parents to talk when they need someone but do not want to re-engage with social services.

- Generally different agencies working together.
- The need for something when families come off the at risk register “you go from too much to nothing”.
- Identification for those out of the loop – not receiving drug treatment or mental health services.

Q9 Successful support

One parent stated that the best support she had received was the rehabilitation. In this case three different agencies had worked together to provide the funding for the mother and children to go into rehabilitation together. There was also overwhelming praise for the support offered in South Gloucestershire at Tower Road “they have been brilliant all the way through”.

Q10 Less helpful support

Examples of less helpful support focused around the attitudes that professionals hold and the fear of what might happen if there was an admittance of not coping. Social services were identified as being problematic due to the nature of their job in determining what happens to children. A request that the whole family should be seen and not just the children or the parent was made.

Q11 Other comments

A request was made that the issue of keeping appointments needed to be understood by professionals. It was stated that often missing appointments wasn't due to not wanting to be there but because it wasn't prioritised in the lives of parents with substance misuse issues. Also keeping appointments was difficult without adequate child care. It was also acknowledged that the nature of this research was important and that the needs of children as well as adults should be identified and supported.

Conclusions and recommendations

From findings and analysis of the interviews with the professionals and the parent a number of conclusions can be drawn.

1. In general support from the professionals working in this area is focused on either the children or the parents. Very few professionals seem to see the needs of both client groups. Also professionals working with the different client groups hold differing perspectives on the nature of substance misuse which impact on their work and this is not clearly understood by professionals. One parent was clearly aware that professionals tend to only see the needs of the child or the adult but was clear that the most beneficial support was where the needs of both children and adults were recognised.
2. Both professionals and one parent identified multi-agency support as being the most beneficial for the family – the case of the multi-agency funded rehabilitation for the parent and children highlights this. *Recommendations: to facilitate*

- communication and co-ordination between adult and children's services, to co-ordinate and manage multi-agency working through joint meetings, training and working and to hold a multi-agency conference to share and discuss ideas as a starting point for this work.*
3. All interviewees identified schools as being a crucial agency in the identification, and support of children at risk from their parents' substance misuse. Where it works well schools can provide support and advice for children and parents, an everyday routine and structure for children and access to other agencies. It is also recognised as being a venue, which all children have to attend and, is therefore non-stigmatising for families. *Recommendation: to talk with colleagues in education to discuss ways forward.*
 4. The needs of very young children are often unrecognised by some professionals "the three year old is too young to know" although this was clearly contradicted by the parents "I've seen her two year old rocking with distress". The lack of this recognition has resulted in a lack of support for very young children and more support being offered to older children. Some professionals also reported a lack of confidence and knowledge in dealing with very young children. This is worrying in view of the statistical evidence which shows that two thirds of parents involved in substance misuse have children under five years of age. *Recommendations: to develop training for practitioners on the needs of and how to work with young children, to promote understanding that young children are affected by these issues and to provide age appropriate services for this group.*
 5. It was acknowledged by practitioners that children are at risk from their parents' substance misuse and that the risks are numerous and encompass all areas of development. It was also recognised by professionals and the parents that there are gaps in support for children and improvements were suggested. *Recommendations for improvements: counselling for children, peer support for children through meetings and leaflets, safe places for children to go for advice and support and outreach for children in isolated areas. A further recommendation is that the views of young children should be sought so that they might have a voice in further service development.*
 6. There was also acknowledgement that there were gaps in support for parents, which impacted on the welfare of children, and that improvements could be made. *Recommendations for improvements: safe places for parents to go for advice and support without fear of reprisals for the family, safe places for supervised contact between parents and children, group work for families, work with particular client groups for example travellers, more treatment programmes for parents, provision for families to engage in everyday experiences and greater funding for SSG to implement changes.*
 7. Professionals were complementary about the current training being provided by SSG however it was noted that more training was required to address particular needs. *Recommendations for training: to be ongoing to keep professionals updated, working with and supporting parents, working with young children, the personal, social and emotional needs of children and how to deal with behaviour issues, running groups and knowledge of drug use and it's impact especially realistic recovery.*

8. There was a lack of clarity concerning the referral system. Some professionals were unclear about how to make referrals and what services were available to make referrals to. *Recommendation: to disseminate information on the pathways for referral and how to use the referral system.*
9. The success stories from both professionals and the parents highlight the common factors in successfully supporting families. These are:
 - a. Agencies working together.
 - b. Providing support for both parents and children.
 - c. The parent wanting it and being motivated to change.
 - d. A mix of individual and group work for parents.
 - e. Involving parents in some form of parenting support.
 - f. Recognition that the process takes time.

Recommendation: to consider the lessons that can be learnt from the success stories and how this may be used in practice.

10. Only two parents were interviewed and the views expressed may not be representative of all substance misusing parents in South Gloucestershire. *Recommendation: to conduct more parent interviews to see if the views of these parents are representative.*
11. Practitioners noted that the prevalence of families where the children were at risk from their parents' substance misuse varied although it was a significant group. The current statistical situation for this group in South Gloucestershire is very limited. The reasons given for this are that parents don't want to admit and that professionals do not see this information as a priority. The results of the interviews with professionals would indicate that they do not see this as a priority because their focus is on the adult. The interviews with the parents would support the notion that parents do not like to disclose information about their children due to fear of repercussions from professionals. The two combined would explain the under-reporting. *Recommendation: to implement a robust method of data collection which improves data accuracy.*
12. Two other issues raised from analysis of all the interviews are the perceived - importance of the voluntary sector and the role of social services. Some professionals highlighted the role of the voluntary sector especially in preventative work. One parent stated after many years of substance misuse the preferred avenue for support would initially be the voluntary sector as it was perceived as a safe place to go for help and advice. Many professionals identified that the system in which social services worked was not necessarily conducive to effective working. The parents noted that the system within which social workers worked meant that there was fear amongst parents concerned with talking about their children in case they were removed from the family.

The six study questions

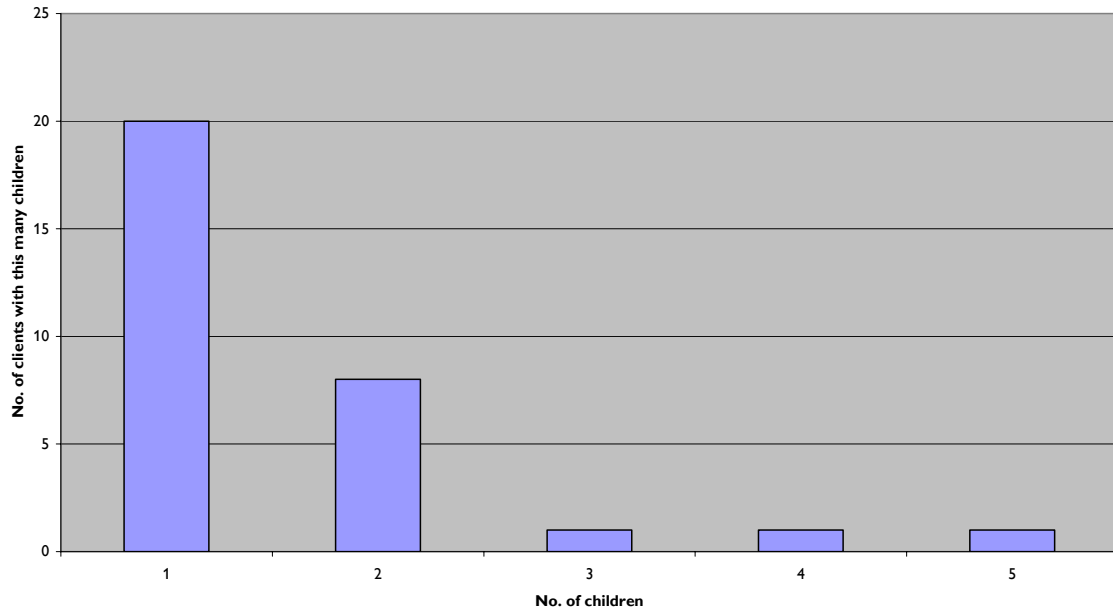
In answer to the six study questions that guided the research:

1. There are various routes used by substance dependent parents and their children and depends on individual need.

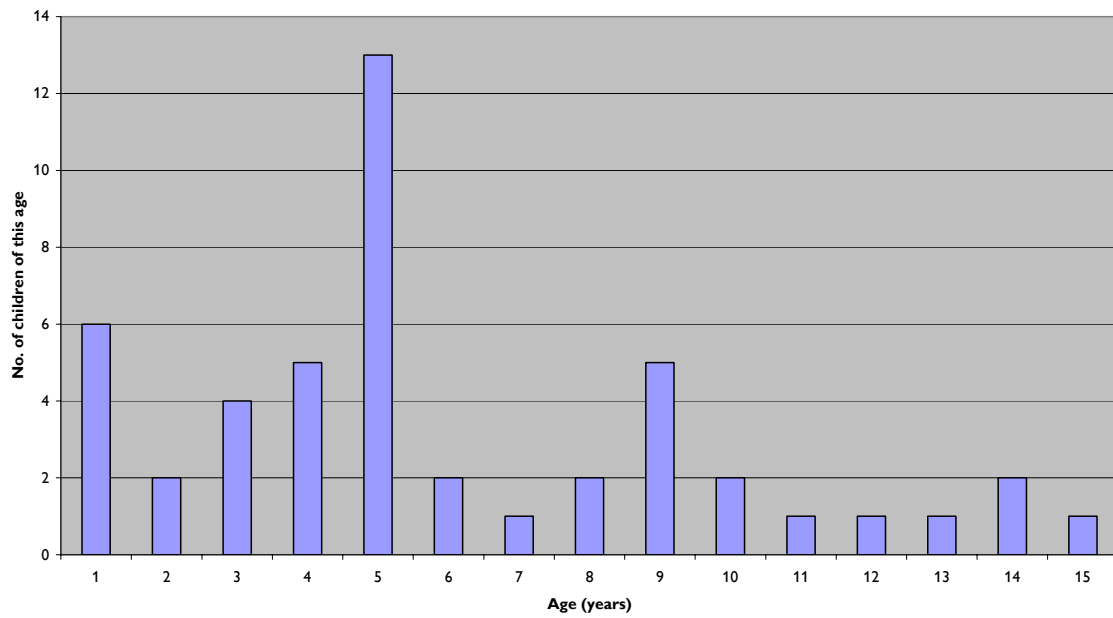
2. Professionals support parents and their children in a variety of ways and again this depends on need. Support is also dependent upon whether the professional is focused upon the needs of the parent or the child.
3. The current pathways are numerous and varied and it would seem that these pathways need to be known and understood more clearly by all professionals working in South Gloucestershire.
4. It would seem that support may best be provided through there being a shared understanding between all the different professionals concerning their perspectives about substance misuse and their work with the parent and/or child. That support needs to be multi-agency to be effective and that there needs to be ongoing training, both general and specific, for all professionals working in the field. There is also a view that some support needs to be located in a venue that is non-stigmatising and reaches both parents and children and it has been suggested that schools may be one such place.
5. There is very limited data available at the moment and it is impossible to make a best current estimate of the size of the population with which we have been concerned.
6. From the success stories that have been related a number of factors have been identified which would appear to indicate potential success in supporting families.

Appendix A

No. of children of clients



Count of ages of children of clients



Appendix B

List of agencies consulted

Connexions

Young People's Drug Treatment Service

Educational Welfare

School Nursing Team

Battle Against Tranquilisers

South Gloucestershire Drug Treatment Services

Safer South Gloucestershire Rehabilitation and Assessment Team

Safer South Gloucestershire Drugs and Alcohol Team

Assessment social workers with under 11s

Health Visitor

Educational Psychology

Criminal Justice Board

Childcare social workers

Youth Offending Team

Appendix C
Letter to Professionals

Date

Dear

Barnardo's have been commissioned by Safer South Gloucestershire to carry out a review of the current support structure to families where parents are misusing drugs and alcohol. As a part of this review we would like to talk to professionals working with families where there is substance misuse to gain an up-to-date and informed view of the current situation.

The consultation exercise is being guided by a series of questions which include:

- What are the routes currently used by drug/alcohol dependent parents and their children to access help from health, education and social care services?
- How are professionals currently supporting drug-dependent parents and their children?
- Is it possible to generate a more coherent and efficient series of pathways?
- How can we best provide support to children and their parents?

We would now like to contact you by telephone to conduct a short interview in order that your knowledge and views may inform the study. The interview will take place at a time convenient to you.

We look forward to speaking with you

Yours sincerely

Karen McInnes
Research Officer

Appendix D
Questionnaire for Parents
17th June 2004

1. What is the main focus of your agencies work with families where there is substance misuse
 - a. Children?
 - b. Parents?
 - c. Both?
2. How many families does your agency currently have where the children are at risk from their parents' substance misuse?
3. What language does your agency use to describe parents who misuse drugs for example drug misusers, drug abusers?
4. What does your agency consider to be the main risks to children from their parents' substance misuse?
5. What support does your agency currently give to:
 - a. substance misusing parents?
 - b. their children?
6. Does your agency feel confident working with children in this situation?
7. Does your agency have any gaps in skills and/or knowledge for working with children in this situation?
8. What are the routes currently used by your agency when seeing children are risk
 - a. Re: identification?
 - b. Re: referral?
 - c. Re: support provided by your own agency?
 - d. Re: other available support?
9. Are there any gaps in the current system for children at risk?
10. What improvements would your agency like to see in the current system?
11. Could your agency give examples of successful intervention with children of substance misusing parents?
12. What is the background and experience of people working in your agency with families where there is substance misuse?

Appendix E

Questionnaire for Parents

Final 16th November 2004

Need details of family - ages of children, how long receiving support whilst confirming anonymity and confidentiality.

1. What is the current support for
 - a. You?
 - b. Your children?

2. What support have you had in the past for
 - a. You?
 - b. Your children?

3. How easy was it to ask for support for your family?

4. Was there any other support you would have liked for you and/or your family?

5. Who would you go to for help? (professional and non-professional)

6. How have professionals reacted to you, your family and your situation?

7. Are there any gaps in the support systems available for you and your family?

8. What improvements could be made to the support systems for you and your family?

9. Can you give any examples of good support for you and your family?

10. Can you give any examples of less helpful support for you and your family?

11. Are there any other comments you would like to make?

Appendix F

Literature Review

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