

Area: Therapeutic Services for children and young people and families affected by Parental Substance Misuse

Evidence of practice

(narrative of previous model based on PMR data, uptake of service etc.)

Current model:

Two providers deliver this service with the following components:

- Therapeutic interventions to children
- Support to parents/carers
- Support to substance misusing parent
- Engagement with relevant statutory and non-statutory organisations

Demand data:

exceeded	met	not met
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Locality	Number of Families Provided With Therapeutic Interventions		Number of Individuals Provided with Therapeutic Interventions (2018/19)
	Target	2018/19 Total	
Belfast & SE	85	84	201
North	52	99	234
South	49	48	118
West	70	72	249
Total N	256	303	802

Support to Children

Locality	No. of children provided with therapeutic interventions	No. of children whilst engaged with service ...		No. of families re-referred to service
		added to CPR	removed from CPR	
Belfast & SE	94	5	18	18
North	202	3	7	7
South	58	0	9	9
West	198	1	4	4
Total N	552	9	38	38

Adult services and social services

Locality	No. of referrals relating to Adult Substance Misuse Services			No. of referrals relating to Social Services		
	Made to	Received from	Joint working	Made to	Received from	Joint working
Belfast & SE	1	1	6	4	71	62
North	5	0	3	8	20	17
South	2	0	20	1	33	43
West	1	0	0	0	13	13
Total N	9	1	29	13	137	135

Summary – overall in 2018/19, the service dealt with:

- 254 new referrals;
- 209 initial assessments;

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- 246 Substance Misuse Services led Multiagency plans;
- 170 families in-depth assessment;
- 152 families completed treatment.

Overview of main areas from commissioning framework previous evidence review (*insert links to PHA D&A commissioning framework*)

Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16

(<https://www.publichealth.hscni.net/sites/default/files/Drug%20and%20Alcohol%20Commissioning%20Framework%20Consultation%20Document.pdf>) included:

Regional Commissioning Priorities for Hidden Harm:

Ensure professionals know how to respond to both child protection issues and to situations where it is deemed the child is in need of support, as a result of parental substance misuse. (This will be addressed under the Workforce Training Plan).

Local Commissioning Priorities

- Commission treatment and support services for young people affected by parental substance misuse and their families, including intensive support for those families most affected, and ensure these services are linked to Family Support Hubs;
- Commission initiatives working between adult addiction service and children's services;
- Commission initiatives working between midwifery/health visiting and adult addiction services.

ACMD (2003) Hidden Harm: responding to the needs of children and problem drug users. London: Crown Copyright. <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/hidden-harm-full?view=Binary> & ACMD (2007). Hidden Harm three years on: Realities, challenges and opportunities.

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/119104/HiddenHarm1.pdf --- These reports informed the development of the current Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse.

Overview of new evidence base review (*key recommendations for consideration*)

Evidence is still not yet sufficiently developed to point to a particular intervention/approach being more effective than another.

Parental substance misuse and its effects on children co-exist very often with a variety of other problems, such as poverty, mental health issues and unemployment: These other issues most often cannot be disentangled from the substance misuse: This means that much of the evidence around the impact of parental substance misuse is unable to determine a directly causal relationship between substance misuse and specific impacts on children (i.e. it is not clear whether substance misuse is the main or only reason for negative outcomes). There is a general lack of rigorous evaluation of interventions, which are often short-term pilots without sustainability, and as a result it is extremely difficult to identify which approaches work the best.

See below main observations/conclusions from key evidence based documents:

Scottish Government (2013). Getting our priorities right: good practice guidance.

<https://www.gov.scot/publications/getting-priorities-right/> --- Update good practice guidance for all agencies & practitioners informing assessing needs and risks in the context of parental substance misuse and other issues such as mental health, domestic violence; intervening, multi-agency working and coordination

- Recovery agenda – whole family approach when assessing need/outcome

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measurements

- Childs wellbeing at the centre of the professional community
- Recovery timescales may differ from the timescales to promote, support and safeguard the well-being of the child/young person
- Preventative & protective factors (Resilience)

IRISS (2011). [Leading for outcomes: parental substance misuse \(pdf\)](#) --- toolkit offering general evidence-informed advice and support for working with parental substance misuse using an outcomes-based approach that is built around the parents/service users to improve outcomes for the children.

Smith (2017). Parental substance misuse and social worker intervention

<https://www.iriss.org.uk/resources/esss-outlines/parental-substance-misuse-and-social-worker-intervention> ---- IRISS collation of evidence on the impact of parental substance misuse on children and around effective methods of intervention for social workers. Multiple studies identifying the effects of parental substance misuse on children are identified, including physical and psychological impacts on aspects such as basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability, parenting skills, parents' perceptions, control of emotions, neglect of physical needs, and parent-child attachment relationships.

Parental substance misuse and its effects on children co-exist very often with a variety of other problems, such as poverty, mental health issues and unemployment. These other issues most often cannot be disentangled from the substance misuse. The resources outlined include recommendations around prevention, early identification, proportionate intervention and support to children and families.

Institute of Public Care (2015) Hampshire County Council: Working with Families where there is Domestic Violence, Parent Substance Misuse and/or Parent Mental Health Problems: A Rapid Research Review ---- primarily focused on social work practice highlighting features such as work underpinned by a particular evidence-based-theory/set interventions; easy access for joint working between social workers and clinicians; extensive training for all staff in service approach; interdisciplinary teams, etc,. Report also draws out evidence for intervening on wider specific issues (e.g. domestic violence, parental mental health) and if multiple risks (e.g. Parents Under Pressure).

NSPCC (2017) Parents Under Pressure™: Improving parenting in families with drug or alcohol problems (pdf) <https://learning.nspcc.org.uk/research-resources/2018/evaluation-parents-under-pressure>

NSPCC carried out 2 evaluations of PUP and findings suggest parents facing challenges including substance misuse can make positive changes with the right support. PUP lead to parents managing their emotions better, thus improving their parenting. For children the risk of abuse was reduced and the number on child protection plans or involved with social services reduced; though the number of children removed from families increased due to professionals improved assessment families' needs.

Grant et al. (2018). A study of HSC professionals' family focused practice with parents who have mental illness, their children and families in NI.

https://pure.gub.ac.uk/portal/files/154075911/Think_Family_Final_Long_Report_27.2.18_Final_Final.pdf Think Family Learning

- Family focused Practice FFP

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There is increasing evidence, within the past 15 years, that Family Focused Practice (FFP) can be beneficial for families, including children, when parents have mental illness and, or substance use problems (Beardslee et al., 2012; Cooper & Reupert, 2017; Siegenthaler, Munder & Egger, 2012). FFP refers to interventions which attempt to identify and address the needs of parents and children in relation to child welfare and parental mental health and, or substance use problems. Early intervention to promote family functioning is also key. These interventions may not necessarily be provided to the whole family. In some cases they may be provided to just one person in the family, but the focus has to be on both parental mental health and, or substance use problems AND child welfare issues.

Martins, C (2013) [Research in Practice Strategic Prompt: Parental Substance Misuse](#) (pdf) --- summarises what works in addressing parental substance misuse and provides examples of promising initiatives, including The Family Drug Action Court (FDAC), Option 2, The Parents under Pressure (PUP) programme, and Motivational Interviewing.

McGovern et al. (2018). Addressing the impact of non-dependent parental substance misuse upon children

http://www.fuse.ac.uk/research/earlylifeandadolescence/outputsfromprogramme/McGovernAddressing%20the%20impact%20of%20parental%20non-dependent%20substance%20misuse%20upon%20the%20child_PS_FINAL%20DRAFT.pdf

Review Conclusions

- Despite the evidence that parental non-dependent substance misuse impacts upon children, there is a lack of research examining effective interventions with this group.
- Limited evidence for effective psychological and social interventions to reduce the impact of substance misuse in dependent and non-dependent parents; promising: intensive case management and family-level interventions (particularly those that offer intensive case management, or those with clear extrinsic motivation for the parent, such as those linked to care proceedings, appeared to reduce parental dependent substance misuse).
- Having one parent who is not a substance misuser may offer some protection to the child and provide an opportunity for intervention to increase resilience
- Despite a robust evidence base for brief alcohol, this has not been evaluated within a parent population and such interventions will need to be adapted for a parent population.
- High risk substance misusers are most likely to benefit from extended intervention.
- An intervention that seeks to develop motivation based the benefits of behaviour change for the family is most likely to bring about positive change in substance misusing parents.

Asmussen (2018): <https://www.eif.org.uk/blog/parental-substance-misuse-does-enormous-harm-to-children-but-we-know-dangerously-little-about-how-best-to-help>

Blog highlights the lack of evidence that exists involving interventions for parents who misuse drugs and alcohol. It recommends that more high-quality studies be urgently commissioned to reduce this gap, so that the benefits of these interventions for children are better understood.

NICE NG76 Child abuse and neglect (2017) <https://www.nice.org.uk/guidance/ng76> ; related QS179 <https://www.nice.org.uk/guidance/qs179> These guidelines cover recognising, assessing and responding to abuse and neglect of children and young people. It recommends:

- Parenting programmes of at least 12 week duration, tailored to specific needs of parents/carers, eg Parents Under Pressure for mothers in OST programmes & include content in the parenting programme to help them address their substance

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misuse in the context of parenting (eg parenting stress)

- Weekly home visiting programme lasting at least 6 mths for parents identified during pregnancy or shortly after birth
- Multi-agency response to child abuse and neglect
- Supporting children/YP: protection, emotional support and coping, assess physical and MH needs & support
- Therapeutic interventions for children, YP, and families after child abuse & neglect (incl. multi-systemic therapy)

The guidance also outlines knowledge and skills of practitioners who provide early help, issues of service planning and delivery, and staff supervision and support.

NICE CG158 Antisocial behaviour and conduct disorder in children and young people: recognition and management (2017) (kids of substance misusing parents=at risk group) <https://www.nice.org.uk/guidance/cg158:recommends> parent training programmes, parent and child training programmes for children with complex needs, child-focused programmes (eg group social and cognitive programmes for ages 9-14yrs), and multi-modal interventions (ongoing guideline review due to new evidence on multi-systemic therapy)) This guideline covers recognising and managing antisocial behaviour and conduct disorders in children and young people. The current work of the Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse, which work in partnership with social services, is in line with this guideline.

The ACMD's Hidden Harm reports have not been updated since 2007.

Any identified gaps

Evidence is still not yet sufficiently developed to point to a particular intervention/approach being more effective than another.

This review points to the general lack of rigorous evaluation of interventions, which are often short-term pilots without sustainability, and as a result it is extremely difficult to identify which approaches work the best for children affected by parental substance misuse.

Future approach to reflect the evidence base

(e.g. Changes in evidence base / key recommendations / evidence of impact)

The evidence base hasn't changed greatly since the previous commissioning of services. Recommend that the future commissioning will be in line with the previous commissioning. It is anticipated that the stakeholder engagement will enable the sharing of learning in relation to the delivery of services for children and young people affected by parental substance misuse.