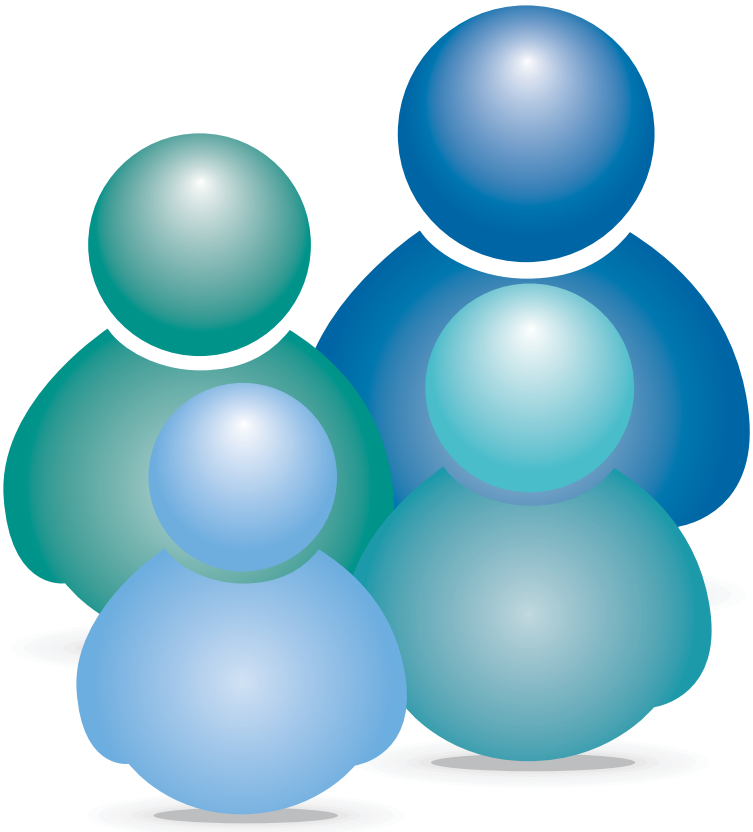
# Needs Assessment and Review of Services for Children, Parents and Families affected by Parental Substance Misuse in Edinburgh City.

## Summary Report



EDINBURGH
Alcohol & Drug Partnership

create CONSULTANCY

# Introduction

The aim of this needs assessment was to inform the implementation of action to reduce the impact of parental alcohol and drug use on children and young people (Priority 2 of the Edinburgh Alcohol & Drug Partnership (EADP) Children, Young People and Families Action plan).

The work had specific objectives relating to prevalence, mapping of services, models of service delivery, service user perceptions, gap analysis and recommendations regarding service development.

Create Consultancy Ltd., an independent agency specialising in substance misuse and health improvement, based in Glasgow, Scotland, was commissioned to conduct this needs assessment in March 2012 following a competitive tender process. The needs assessment was carried out between March and October 2012.

The needs assessment was commissioned and funded by Edinburgh Alcohol and Drug Partnership and procured by the City of Edinburgh Council.

This Executive Summary provides high level conclusions and recommendations only. A full discussion of the findings is presented in the full report. The section numbers of the full report which provide more detail on each specific finding are included in square brackets throughout this summary to assist readers in navigating the full report.

# Methodology

This study consisted of a mixed method approach including analysis of prevalence data, semi-structured interviews, service meetings and discussion groups with staff and service users.

The approaches used were designed to capture as far as possible clear data and to explore how services could be improved in terms of availability, accessibility and effectiveness to reduce harm caused by parental substance misuse in Edinburgh City. There are a number of limitations to the study given the timescales, data and resources available. In particular, it was not possible to consult directly with young people. Such consultation should in future be planned over a longer timescale.

# Key Principles

There are a number of mechanisms which facilitate the goal of reducing the negative impact of parental drug and alcohol use on children and young people including (1) improving parenting and family functioning, (2) Improving wider child and family circumstances and (3) Improving children's resilience/ coping ability. [5.1]

Support to reduce harm via all of these mechanisms (as well as services to support reductions in substance misuse or abstinence and recovery) should be available to families where there is harm due to parental substance misuse, whatever the level. [5.1]

# 1. Levels of need & data collection

It is impossible to definitively count the numbers of children, parents and families in Edinburgh affected by parental substance misuse due to difficulties and risks relating to definition, identification and recording. [3.3]

> **The problem with the whole concept is that it's so pervasive that virtually every child that we work with is going to be affected by it.**
>
> **(Practitioner)**

- Children can be affected by all levels of parental substance misuse, which is widespread. Such harm is not perfectly correlated with levels or types of substance use. [3.3.1]
- Using Scottish Government criteria, it can be very roughly estimated that approximately 7,000 children in Edinburgh City live with parents with at least some level of problematic alcohol use. It is important to note that the criteria used are wide and many of these children will be at very low risk. [3.1]
- A minimum estimate of the number of children affected by parental problem drug use is 2,173. This is based on figures from treatment and other services and relates to opioid or benzodiazepine problems only. [3.1]
- Approximately 55 children are born in Edinburgh every year with Foetal Alcohol Spectrum Disorder (FASD) giving a total of approximately 1,000 children under 18 in Edinburgh living with the disorder at any given time. An additional 100 children may be suffering from Foetal Alcohol Syndrome at any given time. [3.1]
- When compared with the levels of alcohol consumption in pregnancy reported in surveys, the data collected by maternity services suggests that most women are not disclosing alcohol consumption in pregnancy to midwives at the booking appointment thus missing the opportunity to deliver potentially effective interventions. [3.2.3]
- Based on the services available, service usage data and these estimates of prevalence, there must be high levels of unmet need. In the vast majority of cases this is because individuals and families have not been identified, do not know about, cannot or choose not to access the services reviewed here, rather than that there are waiting lists for these services.

### Recommendation 1:

While there are some aspects of relevant data collection which should be improved, in general the focus of energies needs to be on equipping staff and services to better serve and support children, parents and families affected by parental substance misuse, rather than trying to count something that is not necessarily going to change outcomes per say. [3.3.5]

- NHS Lothian should lead further work to support accurate identification of alcohol consumption levels in pregnancy and appropriate responses to the levels identified to reduce the risk of FASD including adaptations to TRAK and research work. [3.2.3]
- Adult treatment and counselling services (including alcohol counselling services and primary care services providing treatment for alcohol or drug use) should record and report the number of adults receiving treatment for substance misuse who have children living with them all or part of the time in line with SMR25 requirements. Further arrangements will be required for people with primary alcohol problems until this data is reported through the SMR25. [3.3.5]

### Recommendation 1 continued:

- Social work services should consider what aspects of data recording would be beneficial to children and families, and if/how SWIFT can and should be adapted to facilitate such data collection, taking realistic account of the constraints discussed in Chapter 2 of this report and the overall finding that the focus should be on providing support rather than counting prevalence. [3.3.5]
- In order to clearly identify the numbers of children affected by parental substance misuse who require a service through the Local Authority an audit would be required. This would involve going through individual case files to trawl for information indicating such an issue and would be highly subjective. We do not therefore feel that this would yield sufficiently reliable information to justify the resources. [3.3.5]
- Successful data recording in all settings is likely to require an element of culture change and staff support/training, which could be done as part of other recommended capacity building efforts (see below). [3.3.5]

## 2. Capturing and clarifying service provision

There are a wide range of services working in Edinburgh to reduce the harm to CAPSM. The number and diversity of such services makes it difficult for practitioners and families to keep well informed as to what support is available. [4.2] In particular, the parenting support provision within City of Edinburgh Council is not as well-known as could be expected among staff working with substance misusing parents. [4.2.2]

> **"I think it's about spreading awareness for adults to know what services are there and what they can use. So, a wee bit more advertising would help."**
> **(Parent)**

### Recommendation 2:

There is a need for much greater clarity and awareness among practitioners and service users about what services can support parents, families, young people and children affected by PSM to support appropriate referrals and uptake of services. [4.2]

- Edinburgh ADP should consider how to compile and maintain up to date, detailed directories of services and supports specifically for parents, families, children and young people affected by parental substance misuse. [4.2]
- Children and Families (at City of Edinburgh Council) should map current provision in terms of universal parenting support groups or services. This should include exploring how best to provide information on and promote universal and targeted parenting support services as part of future developments to better co-ordinate parenting support across Edinburgh. [4.2.1]

# 3. Service commissioning, consolidation and co-ordination

There is no straightforward way to categorise services in this field because of overlap between target group, age and other eligibility criteria. [4.1] Within some broad types of services, there are a number of different providers offering similar but different interventions with the same goals. While the services themselves may be doing good work, the set-up is unhelpful, inconsistent and inefficient in cases. [4.3], [4.4]

> **Far too many small teams and projects for service users and services like ours to keep on top of what is available. Need something that is more joined up.**
> **(Practitioner)**

### Recommendation 3:

There is a need to consolidate and co-ordinate services providing universal, lower-threshold [4.3.1] and targeted [4.3.2] support to parents, specialist CAPSM family support [4.3.3], targeted support for children and young people including young carer services [4.4.1], and specialist support for children and young people affected by parental substance misuse [4.4.1]. This should ensure consistent, city-wide provision for those most in need and will require co-operation across the City of Edinburgh Council and with partner agencies and funders.

- There is currently a need for co-ordination and increased capacity in direct support for children and young people to give a range of support options. [4.4.1] This includes consolidation and co-ordination of young carers services across the city, increased capacity in one to one counselling/ support, youth work and specialist CAPSM support for younger children, development of specialist CAPSM services for teenagers and increased self-help group capacity for young people affected by PSM. [4.4.1], [4.3.4].
- Commissioners and service managers should take a pragmatic approach to reviewing how well services are meeting the needs of equality groups using Equality Impact Assessment. [4.3.6]
- This research suggests that there are further areas for development of services in relation to children with FASD [4.3.7], fathers [4.3.5], those who are homeless [4.3.6], equality groups [4.3.6], parents who are older than the remit of 'young parents' services [4.3.2], and less-chaotic substance using pregnant women [4.3.2].
- The EADP should bring together relevant stakeholders (including Children and Families and Health and Social Care within the City of Edinburgh Council) in the treatment of women drug and alcohol users to jointly consider the need for residential treatment for mothers with children. [4.3.7]
- NHS Lothian, City of Edinburgh Council and other partners should jointly consider what targeted services are needed by vulnerable parents (not those with more serious substance misuse problems who could access specialist family support), and specifically commission these in areas of need. There is a need to consider co-ordinating and expanding service provision (such as that provided by BumpStart and Stepping Stones) to areas not currently served. [4.3.2]
- Funders of current specialist CAPSM family support services should work towards open commissioning of one city-wide co-ordinated specialist support service for parents affected by their own substance misuse and their families. [4.3.3]
- Children and Families need to consider whether the needs of children affected by parental substance misuse are best served by focusing future investment on increasing capacity in child and family centres for those who most need it or on providing support, competence-building and time for universal staff to take the lead in working effectively with more such families. A balanced approach is likely to be best. [4.3.7], [5.2.3]

# 4. Identifying, engaging and supporting parents in need

There is an unhelpful stigma associated with the need for parenting support in general which needs to be reduced. This means that parents are reluctant to ask for support and staff are reluctant to ask parents about parenting support needs. [5.2], [5.2.1]

> **We are very much trying to normalise parenting support and not have it as something that comes in only in a crisis.**
>
> **(Practitioner)**

All substance misusing parents need support with parenting. This should come as no great surprise, because actually, all parents need support with parenting. [5.2] Most of this learning, thinking and consideration happens informally, sometimes without parents even realising, but more vulnerable parents may not be able to easily access support from the same family, community and peer-led sources that others do. The literature suggests that early intervention is a key gap. [5.2.1]

"Children and families may remain invisible to services until a point at which circumstances have reached a crisis point. Interventions with children of drug and alcohol using parents come too late, that is once matters have reached a child protection, rather than a family support or child 'in need' level."[1]

### Recommendation 4:

There needs to be a strategic focus in Edinburgh City on how a whole range of services in contact with parents, universal and otherwise, can proactively improve access to parenting support at all levels, not just when substance misuse or parenting support needs have been disclosed as this is unlikely to happen in many cases. [5.2]

> **It's about the language – it needs to be part of what we are constantly offering – a regular thing. Ask 'what do you think is good parenting? How do you get on with the kids?' If it's not a regular thing, if people are not thinking about it, they won't do it.**
>
> **(Practitioner)**

- Children and Families (at City of Edinburgh Council) in partnership with other providers, should identify existing organisations and groups which are already or which have the potential to facilitate peer support for parents (especially of school age children) and arrange for them to be supported to do so in ways that are as accessible as possible for all parents in order to expand accessible provision in this area. [4.3.1], [5.6]
- Midwives, health visitors and primary care staff, early years and school staff who regularly work with parents, and all staff working with parents in substance misuse treatment services should be able to supportively raise the issue of, raise awareness of and signpost to additional support for effective parenting. The suggested content of such conversations is discussed further in the full report. [5.2.2]
- With appropriate support, the parenting support team at City of Edinburgh Council, should develop a strategic medium to long-term plan to make discussions of parenting part of routine practice, taking into account learning from implementation science.[2] This will require action from and partnership working across and outwith the Council. [5.2.2]

[1]Nagle and Watson, 2008 quoted in Mitchell, F and Burgess, C (2009). A research review on working with families affected by parental substance misuse http://www.sccpn.stir.ac.uk/documents/MitchellBurgess2009PSMResearchReview.pdf

[2]Damshroder LJ et al. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Science 2009: 4:50.

# 5. The role of adult treatment/support/ self-help services

The literature is clear that the divide between adult and children's services is unhelpful in changing culture to focus more on parents, children and families, not just individual clients, and that closer integration and joint working would be helpful. Our work indicates that there is still a significant level of uncertainty in adult treatment services about movement towards this change in emphasis. [5.2.4]

More training and support is needed (as described below) to build the expertise of addiction workers on how to take a family focused approach to work, however, they do not need to become providers of direct support to families or children or with parenting. [5.2.4]

> **We don't provide services for children because we are an adult service really, so how far do you go, do you have to be everything to everybody? ...I would rather my workers worked in partnership with people who have been trained in working with children and with children's issues.**
>
> **(Practitioner)**

### Recommendation 5:

All adult treatment and support services (including Tier 2, primary care and self-help groups) should focus on facilitating parents and children to access support in addition to and separate from any work relating to formal child protection. They should discuss parenting in a supportive way on an ongoing basis including specific structured conversations [5.2.2] at least annually with all service users in substance misuse treatment who are parents or living with children as part of a holistic approach to supporting recovery. [5.2.4]

This will be most likely to happen through a combination of a greater focus on this in conversations with service users, earlier referrals to specialist family support, more in-house expertise and closer co-operation with children's services. [5.2.4]

- Treatment and Recovery Services should further explore and develop best practice guidance in how to engage parents in recognising the potential need for and in offering suitable support options to children and young people. [5.2.4]
- Representatives of adult self-help groups operating in Edinburgh should consider how they can work with partner organisations to ensure that such children are being identified and offered support. [5.2.4]

# 6. Identifying, engaging and supporting children and young people

While it is clear that there are large numbers of children and young people (locally, nationally and UK wide) affected by parental substance misuse who are in need of support, there was almost universal acknowledgement of how difficult it is to identify and engage them. These difficulties vary depending on whether their parents are in treatment of some kind or not. [5.3]

> **I was scared to be honest because they people in front of me, social workers and all of that, they had the power to take me away from my family. So I wasn't going to tell them how I really felt or what was happening.**
>
> **(Father affected by his own parents' substance misuse)**

### Recommendation 6:

Universal services working with children and young people need to continually reflect on how they can do better at creating safe times and spaces where those in difficult family situations feel comfortable discussing their experiences with others, to enable them to access support, come to terms with and move on from those difficulties. Other services can also help to support more of those in need. [5.3]

- As part of their health and wellbeing curriculum, Edinburgh schools should acknowledge and openly discuss parental alcohol and drug misuse, where supports are available for parents and children, explaining the focus on keeping children with their families where possible, and emphasising how important it is that children and parents seek help. [5.3.2]
- EADP should engage with self-help groups (Al-Anon and SMART Recovery) to explore their role in supporting children and young people affected by parental substance misuse. [4.3.4]
- Staff providing specialist one to one support specifically for children and young people affected by parental substance misuse should have very strong links with adult treatment services, including some co-location[3], although the support provided to young people should be done in the community (not in the adult service base). Close links are also needed with universal services. [5.3.1]
- There is a need to develop models of practice (see Section 6.7 below) on how staff seek to identify, talk to, provide support to or facilitate access to support for children and young people affected by parental substance misuse. [5.3.2]

[3]In referring to 'co-location', we mean co-location of individual staff so that they are working directly alongside other professionals, rather than co-location of services. Services sharing a building is not necessarily the solution, which could be simpler e.g. staff being able to work at adjacent desks from time to time.

# 7. Development of models of practice & associated capacity building

The value of further training on CAPSM was noted by managers of a range of staff groups including child and adolescent mental health services (CAMHS), health visitors, child and family centres, and children and families social work. Capacity building endeavours should not be restricted to training but should also consider on the job learning and interdisciplinary working as outlined below. Some of the more specialist services did not feel they needed further training, but would still need to be part of developments relating to consistent models of practice. [5.3.2]

> **"Nursery workers, social workers and early years workers need to look at the more problematic issues of substance misuse and that training is greatly needed in Edinburgh...what happens when you hide substance misuse, what to look out for, how addiction behaviour impacts on parenting behaviour."**
>
> **(Practitioner)**

### Recommendation 7:

There is a need for a co-ordinated programme of development of models of practice and associated capacity building for harm reduction in CAPSM. This needs to be specific to a number of different staff groups and to relate to conversations with both parents and young people. It will involve development of models of working, writing associated competency guidance and developing learning opportunities to build competency and will require effort by City of Edinburgh Council, NHS Lothian and partner organisations. [5.2.3], [5.3.2]

The areas for development and capacity building are:

- Models of working for staff in universal services such as early years, health, youth services and education to enable them to better understand, work with and provide or facilitate access to appropriate support to parents in recovery or those with less severe substance misuse problems, including in pregnancy, reducing the need for such parents to access specialist services (including child and family centres). [5.2.3]
- Models of practice on how universal and targeted service staff working with young people should seek to identify, talk to, provide support to or facilitate access to support for children and young people affected by PSM. [5.3.2]
- Practice guidance on taking a family focused approach in adult treatment services including engaging parents in such services to recognise the potential need for their children to receive support and in offering suitable support options to their children directly and indirectly. [5.2.4]
- Models of practice to enable staff who work with young people (e.g. youth workers, guidance teachers) to raise the issue of parenting and explore young people's understanding of what is normal, what informal supports might help, and what is available for them if they want more specific, peer or structured support. [5.3.2]
- Models of brief parenting support conversation to reflect the most appropriate, acceptable and effective way to cover the necessary issues in different settings in contact with parents supported by accessible, consistent, simple guidance describing the core principles of effective parenting. [5.2.2]
- Models of working will need to be specific to different staff groups so that they clearly outline what practice or change in practice is recommended (where needed). For example: clarifying and developing the role and remit of young carers staff in relation to CAPSM. [4.4.1]

## 8. Interdisciplinary working

The research literature strongly advocates for a range of measures to facilitate staff from different groups and professions having more contact with each other and this was found to be beneficial in other projects such as the Link Up initiative in Angus.[4] [5.4]

> **[Interdisciplinary working] helps to break down inter-professional barriers, provide specialist consultation and intervention and contribute to a more rounded response to people's problems.[3]**

**Recommendation 8:**

Careful planning is needed to ensure that staff from across and within the full range of services that work with children and parents, including universal services such as early years, education and health, social work children and families teams, specialist CAPSM services, and adult treatment and support services, have more opportunities to work together and alongside one another similar to approaches such as 'Link Up' in Angus. [5.4]

- Shadowing, joint team meetings, part-time co-location and so on should be considered to facilitate a genuine chance for staff to see and understand the practice and priorities of other professionals. [5.4]

## 9. Outcome-based monitoring, evaluation, research and dissemination

Services used a wide range of different approaches to outcome measurement, monitoring and evaluation. Perhaps because of, or in addition to the scarcity of robust evidence in this field, services in Edinburgh were generally unable to articulate clearly what model of working or specific theoretical approaches they were using, if any. [5.5]

> **Various workers come with their own toolkit. We have people who will create their own format or framework... People are varied in experience and know themselves what works.**
>
> **(Practitioner)**

Better, more consistent outcome monitoring and evaluation is essential for informing future commissioning decisions and developing the most effective practice in this field and services would welcome support with that. There is also a need to more clearly describe and capture what it is that services and individual workers actually do so that one can know what is actually being evaluated. Without these two actions, there is a risk that what helps children and families is not identified and shared and could be lost such as when a worker moves post, and that resources and effort are wasted on practices that are less effective. [5.5]

[4]Kosonen, M, (2011). Angus Learning Partnership for children affected by parental substance misuse (CAPSM). A summary report.

### Recommendation 9:

Commissioners, funders and services across Edinburgh should work towards a more consistent and co-ordinated approach to outcome-based monitoring and evaluation and clearer descriptions of models of working/practice in services. In addition, the rollout of actions and initiatives recommended in this report should be thoroughly researched and reported. [5.5.3]

- In order to encourage and enable learning about what works, specialist and targeted services working with vulnerable families, parents, children or young people should be supported to clearly define and describe how they work and what guides that work including assumptions, processes, interventions, theories etc. [5.5]
- In taking forward the initiatives and changes proposed here, a clear plan for research, evaluation, and dissemination, as robust as is feasible, should be developed at an early stage. The implementation of this plan should then inform future actions, contribute to the overall body of evidence in this field, and share learning with other areas. [5.5.3]

## 10. Championing culture change in universal services

It was universally agreed that it is important for recovery, that recovering users have access to non-using peer groups and can identify themselves in ways that do not relate to substance use e.g. as a mum/dad, not as a drug user. [5.6]

> **I think you are scared to access them because they might look down their nose at you.**
>
> **(Parent)**

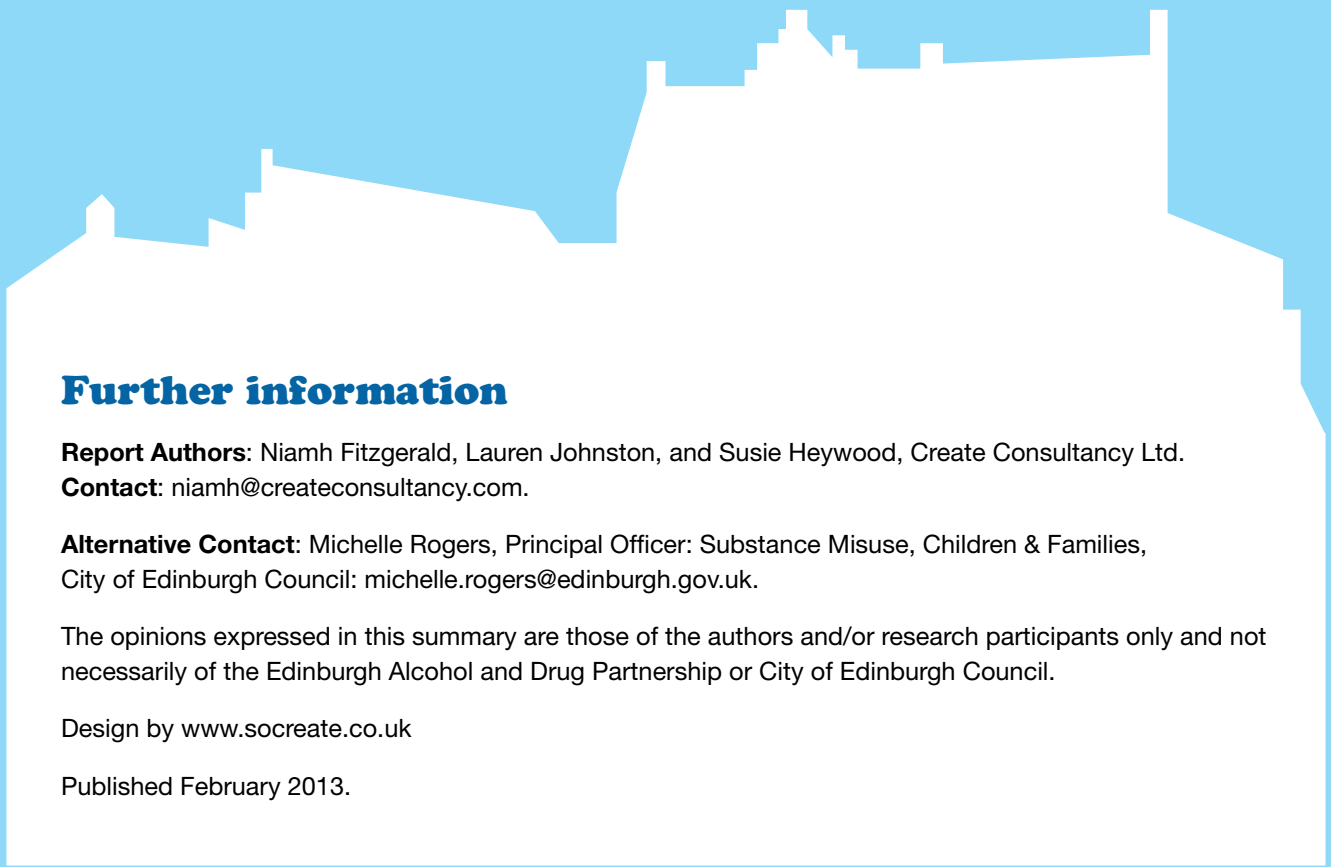
Secondly, it is a principle of GIRFEC to keep children and families within universal services where possible as it is generally recognised that they do best when they can be adequately supported in universal contexts. [5.6]

Thirdly, in order to improve outcomes for children, parents and families, it is necessary that substance misusers can effectively access universal services that help with housing, benefits, employment and so on. The overarching barriers to achieving all of this are the stigma and collective inequality experienced by substance users that result in them feeling uncomfortable or unable to access universal services. [5.6]

> **I didn't like meeting people at groups because I kept getting panic attacks and didn't like meeting other people. If I knew my worker for ages and she wanted to take me along, I probably would have went.**
>
> **(Parent)**

### Recommendation 10:

There is a need for the EADP to consider how it can act as a champion for culture change within large statutory services that work with adults to make them more accessible and responsive to the needs of substance misusing parents. In addition, such services, including City of Edinburgh Council and NHS Lothian need to consider how all their services are sensitive to the needs of and accessible to vulnerable groups in the context of this issue. [5.6]



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