



# Executive Summary

**Interventions for children and young people with drug-misusing carers**

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# INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE WITH DRUG-MISUSING CARERS

## EXECUTIVE SUMMARY

### **BACKGROUND** →

This research was commissioned as part of Phase II of the Department of Health's Drug Misuse Research Initiative (DMRI), Research on Understanding Treatment, Experiences and Services (ROUTES). The initiative funded ten studies in areas related to drug treatment, with the aim of developing an evidence base to underpin the delivery of future services in the field of drug misuse. Funding for this study, which explored interventions for children and young people with drug-misusing carers in England, was awarded to the Policy Research Bureau in June 2005 and completed in 2008 at the Tavistock Institute after the closure of the Policy Research Bureau in 2007.

Hidden Harm, the report of the Inquiry of the Advisory Council on the Misuse of Drugs (ACMD) which was published in 2003, drew attention to the fact that in England and Wales between 200,000 and 300,000 children under the age of 16 (almost 3% of all children in that age group) have one or both parents with a serious drug problem. The report drew on a range of research to highlight the damage caused to children whose parents misuse drugs and called for the evaluation of existing interventions aimed at supporting and improving outcomes for the children of drug misusers. The Government's response to Hidden Harm (DfES, 2005) included a commitment to ensure that research is conducted to establish what types of interventions are successful in working with the children of problem drug users. The ensuing research studies and initiatives have proved useful mechanisms for sharing information and practice, but they have been constrained by the short period of funding which was available.

### **AIMS OF THE RESEARCH** →

The overarching aim of this study was to determine the range and type of services provided for the children of drug-misusing parents and to explore a number of projects in greater depth to establish the extent to which they met the needs of their clients.

### **RESEARCH DESIGN AND METHOD** →

The study was conducted in three phases and used a combination of qualitative and quantitative methods. The first phase comprised a narrative review of the literature on the effects of familial substance misuse on children and young people. The second phase involved a scoping study of services available in England to support children of drug-misusers: this identified 66 services meeting the needs of these children. From these, a typology of services and interventions was generated. The third and final phase comprised an in-depth study, combining qualitative and quantitative data, of ten services selected from the categories generated in the second phase. The in-depth study involved an interview with a service provider in each of the ten projects, the collection of information about service users and interviews with 14 children and young people who used the services.

#### **PHASE 1: LITERATURE REVIEW**

From the literature review, a small but consistent body of evidence was identified which highlighted the variety of physical, emotional and social ill-effects that having a substance-misusing parent can have on children. These vary according to individual and family circumstances, but a number of factors serve to mitigate these effects: stability in home environments, supportive and caring adults, attendance at school, participation in other activities outside the home and effective joint working by support services.

There have been very few interventions targeting children of parents who misuse either drugs and/or alcohol. The lack of work undertaken with this client group was reflected in the limited number of evaluations identified in the literature review and their primarily descriptive nature. From the small number of evaluations identified, it emerged that the most common outcomes for children were increases in self-esteem, confidence and coping skills. Harder outcomes, such as increased school attendance and attainment, or reductions in drug misuse or anti-social behaviour were reported for specific clients. Parental engagement led to further benefits including better communication, better family relationships and more effective parenting skills.

The internal and external factors which were seen to influence the success of services' work included: dedicated and experienced staff who worked flexibly with children on a needs-led basis and at the child's own pace; the willingness and ability of the child or young person to engage with the service; and support to engage with the service from the child's parent (direct parental involvement was of added benefit). The inadequate resourcing of services impacted negatively on a service's sustainability, reach and effectiveness.

## PHASE 2: FINDINGS FROM THE SCOPING EXERCISE

Sixty-six services in England were identified, and verified with service providers, as undertaking direct work with children affected by parental drug misuse, or, more frequently, both drug and alcohol misuse (2006 data). They were largely specialist children and young people's services with a remit for substance misuse. Funding was mainly from statutory sources such as Drug Action Teams, usually at a relatively low level (under £100,000) and for only one year or two years. Many of the projects working with children and young people were part of larger independent services, or networks of services if they were part of a national charitable organisation. This increased their access to additional support and training opportunities, but offered limited protection with regard to their sustainability.

Most services were reasonably well networked with other services in their local authority and worked in partnership with between three and five statutory partners, usually with at least one Service Level Agreement (SLA) in place to provide services on behalf of the local authority. However, there were relatively few reports of referrals from or joint working with adult drugs teams.

Staffing was typically provided by small numbers of part-time or full-time workers, with many projects also relying to some extent on volunteer support. Staff were typically qualified and/or experienced in working with children and young people and, where they were undertaking therapeutic work, also held a relevant professional qualification. Knowledge of drug misuse, which could be gained through training or acquired 'on the job', was not a pre-requisite for employment.

Although services had a remit to work with children and young people up to the age of 19, a much narrower age group, typically between six and 16 usually accessed the projects. Some form of initial assessment was undertaken by the vast majority, typically using in-house tools which were not standardised and not necessarily applicable to the user group in question: The Common Assessment Framework (CAF) was used by very few services, amid concerns about its usefulness and uptake. Nearly all the projects recognised that by working with the parent, or family as a whole, outcomes for the child or young person were likely to be improved.

Services offered a multi-component form of provision, encompassing a mixture of individual and group work. Group work, which could take on a therapeutic, educational, or overtly social focus, was seen to have considerable benefits and appeared most effective when undertaken with children and young people of similar ages. One-to-one work was often therapeutic and needs-led and, consequently, tailored to the individual.

## PHASE 3: FINDINGS FROM THE IN-DEPTH STUDY

Interviews with service providers highlighted the difficulties with which they worked. Services were often located in areas noted for high levels of drug misuse, with vulnerable children and young people affected not only by parental drug misuse but by a variety of other, related factors. In particular, children and young people accessing these projects were reported to be at high risk of family conflict and/or domestic violence, low income, poor parenting,

emotional and behavioural problems, disaffection with education, and truancy and exclusion from school. The analysis of the family risk factors for children and young people accessing services indicated that many of their parents misused alcohol as well as drugs.

Services' overarching aims typically focused on improving the child's or young person's self-esteem, confidence and coping skills. Aims for individual children related to issues they identified when presenting to the service. To meet this range of needs, services tended to have some degree of flexibility in their provision. Both individual and group-based support to clients was often offered, in order to address the two overriding needs of children affected by parental drug misuse: respite from the home situation and a caring adult to talk with.

The majority of service staff recognised the value of involving and supporting parents, whether through practical support, parenting advice and training, or more therapeutic support and treatment. Parents' acceptance that their drug-related problem was affecting their children, and their support for the aims of the service, were seen to be crucial for the effective engagement of the children and young people.

It was clear that the children and young people who used these services had enjoyed and gained benefit from their attendance. The main factors accounting for this were that the intervention had: allowed a choice between individual and group work; been fun; been educational; provided an opportunity for individual attention and tailored support; been staffed by people who were trustworthy, caring and both gave and deserved respect; offered an opportunity to develop friendships with other young people in the same situation as themselves; and provided guidance on how to cope with difficult situations.

Despite funding being limited in both time and amount, which was an issue for most services, there was a surprising degree of consistency in the key staff working with clients in the services in this sample. This was important as a major factor in the successful initial, and continuing, engagement of clients lay in the development of trusting relationships between staff and children – and their families – especially for those who had experienced the frustration of frequent changes of worker from other services. Staff came from a variety of backgrounds, including social work, youth work, and therapy but what was most apparent from interviews with service managers and users was the value of employing staff experienced in working with children and skilled in developing a rapport with them.

Children's self-assessed outcomes were greater confidence in their ability to interact with other people both at home and at school, more friendships, behavioural change, a better understanding of drug misuse, and an aversion to becoming drug-misusers themselves.

## SUGGESTIONS FOR FUTURE POLICY, PRACTICE AND RESEARCH



One of the key strategic actions set out in the recent 10-year drug strategy, *Drugs: Protecting families and communities* (Home Office, 2008), is to prevent harm to children and young people affected by drug misuse by providing more support to them and their families. The study reported here – notwithstanding its focus on deprived areas in England and its small sample size – has identified a number of areas for potential development which, it is hoped, can feed into the current policy and practice debates.

Most services in this study faced insecure futures owing to short-term and inadequate funding. Among other things, this challenged their ability to plan and provide age-appropriate facilities for all the children and young people for whom the service catered. Funding vulnerability is not a new issue for support services, and especially those in the voluntary sector, but its potential impact is particularly detrimental to this client group whose lives are characterised by uncertainty and short-term solutions. Reliability and consistency were central to the children's positive relationships with project staff and attitude towards the service. If a service which they were accessing collapsed, any benefit they had gained might be quickly dispelled by yet another disappointment in their lives. It is, therefore, especially important that such services have sufficient funding for long enough to allow them to develop the interventions they offer.

The voluntary sector seems to be particularly well placed to provide services to support children and their families where parental drug use is a problem. It has the ability to work flexibly and holistically with families, and, importantly, to gain their trust, which often eludes statutory sector provision in this area of work. Greater financial support for this sector to develop initiatives would appear to be a significant step forward.

The voluntary sector should, however, not work in isolation. The findings of this study point to the importance of effective cooperative working among all the agencies involved with both children and parents. This should not be confined to information-sharing but might, for example, include the provision of service accommodation by the statutory sector if this were more accessible and of a higher standard than that provided by the voluntary sector.

A relatively small amount of work is currently undertaken in conjunction with services working with adult drug users, despite the fact that all workers saw parental involvement as a significant factor in children's own positive engagement with a support service. This does not fit with the current policy either on family support generally or on drug misuse specifically, both of which now encourage a whole-family approach. The move towards a holistic approach to helping children and families is apparent in the latest drug strategy document, but this would require a more cooperative system of working between services helping children of drug-misusers and those helping their parents. The current dearth of referrals from adult drugs services and their lack of joint working with services supporting children and young people contributes to keeping hidden the harm experienced by children affected by their parents' misuse of drugs.

Services rarely distinguished between drug and alcohol

misuse and the impact which each had on the family. The risk and protective factors for children of drug-misusers and alcohol-misusers are very similar, but not addressing parental drug misuse separately from alcohol misuse denies the additional mental and emotional stress on children which the illegality of drug procurement and use brings. While separate services for the children of drug-misusers would not necessarily be economically viable, extra sensitivity to the additional tension experienced by children whose parents are breaking the law might be advantageous.

The reported low uptake of service use by children from BME groups, even in cases where they were prominent in the local population, might be overcome through more intensive work and the recruitment of specialist workers for specific communities.

The lack of standardisation in both assessment and evaluation measures between services makes it very difficult to ascertain what works most effectively for individuals. Measuring outcomes for service users is not easy, but it is important that the value of any benefits is captured and recognised. A lack of resources or skills often prevented staff in this study from evaluating their work. If an evidence base for this form of work is to be developed, as proposed in the new drugs strategy, this needs to be addressed by the provision of more resources, including training, to ensure that work is regularly and thoroughly monitored and evaluated.

A major unanswered question concerns the durability of any benefits to children and young people who accessed services, especially when the intervention was brief and their parents' drug misuse remained unaddressed. Longer-term research is needed to follow up the effectiveness of different types of interventions and shed light on which ones, under which circumstances, produce lasting benefit for children of drug-misusing parents.

This study pointed to the sparse and inconsistent nature of support for children affected by parental drug misuse in England. Some areas had no provision and in others, services usually worked only within their local authority and targeted particularly deprived areas with high levels of drug misuse. Consequently, many children with drug-misusing parents, such as those who live in remote areas or are not materially disadvantaged, might be left unsupported. This is an area which future research might explore with a view to making recommendations about the location and accessibility of services.

The remit of this study did not encompass the views of staff in the referring agencies about the effectiveness of services working with children and young people and any impact there might be on the children's behaviour and development or on family relationships. A more wide-ranging study would be able to include other agencies, both statutory and voluntary, working with the children and/or their families. This would: add another dimension to the children's own assessments of the benefits they gained from using a service; enable exploration of why some organisations – and especially adult drugs services – fail to refer their clients' children to appropriate services; and identify any training needs which workers in other agencies might have if their lack of referrals arise from not understanding the issues faced by the children of drug-misusers.

Additionally, comparative research on other interventions, such as residential rehabilitation units for drug-misusing parents and their children would be beneficial. A longer-term study on the costs and effectiveness of different types of intervention would aid policy-makers in their funding decisions.

In 2003, the ACMD raised concerns about the scarcity of initiatives for the children of drug-misusers and the lack of information about the benefits for those who did access services. Little has changed, except that we are now more aware of the ability of service providers to bring about positive changes in and for these children and of their potential to achieve more if provided with the appropriate level of resources.

## **DISCLAIMER**

The 'Interventions for children and young people with drug-misusing carers' 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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