



# Safeguarding Children of Parents with Substance Misuse Problems and other Vulnerabilities

## A Strengthening Complex Families Approach

A REPORT FROM THE ESSEX HIDDEN HARM STEERING GROUP TO  
ESSEX SAFEGUARDING BOARDS FOR CHILDREN AND ADULTS

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### DEFINITIONS

For the purposes of this report, the following definitions for terms have been used:

<b>Parental Vulnerability</b>	A problem that impacts on an adult's ability to parent, in particular substance misuse, mental health problems, domestic violence and offending behaviour
<b>Complex Families</b>	Where a number of parental vulnerabilities exist with one or both parents in a family. The children do not have to also display problems for this term to apply
<b>Children Looked After</b>	Children and young people who are, or have spent time, in the care of the local authority
<b>Substance Misuse</b>	The problematic use of alcohol and/or illegal or prescribed drugs

## FOREWORD

Families that have one or more parents with vulnerabilities or problems such as alcohol misuse, drug misuse, mental health problems, domestic abuse or criminal involvement are shown to have poor outcomes for the children as well as the adults. These problems are often overlapping creating complex families that present a challenge for services to deal with effectively. These complex families can cost public services between £250,000 and £350,000 a year to deal with.

Government policy and evidence of effective programmes support a move towards giving greater priority to vulnerable families, and adopting an approach to build their resilience through whole family assessments, whole family care plans and intensive whole family interventions.

If we can see these families coming (by identifying them through services or data) and know that they are not likely to do well in our normal service responses (by acknowledging the evidence of poor outcomes, difficulties in intervening effectively and the resultant high costs to public services), then we have a duty to do something different with them in future. We can intervene early rather than wait for a crisis to happen.

Adults who are parents and have more than one vulnerability is the norm for adult and children's social care rather than the exception. The prevalence estimates we have generated show that these issues should not be considered to be a "hidden harm" or a specialist issue – these families form the bulk of those who regularly attend key agencies and should be considered a core issue and be afforded greater priority. A more tailored response is needed from adult services for parents with multiple vulnerabilities as evidence shows that these parents are likely to drop out of standard support services or be hard to engage.

Strategically we should concentrate our resources where it will have the biggest impact, especially during a time of public sector spending cuts.

*"Be there, do  
the right  
thing, help  
and follow  
through.  
That's what  
helps"*

Young Person,  
Essex



This means identifying and targeting high cost families with programmes that have been shown to work and save money.

The current set up of services encourages the fragmentation of families into individual members (adults and children) with numbers of individual problems dealt with separately, in spite of research demonstrating how linked these problems are and that parent's affect the whole family's outcomes not just those of the individual.

Intergenerational transmission, where many of these parental vulnerabilities mean that their children are significantly more likely to experience similar problems, typified by local case studies we were told about showing 2<sup>nd</sup> and 3<sup>rd</sup> generation drug misusers and children in care, demonstrates the need to adopt a “never too late to intervene” principle to ensure that services do not give up on families or pre-judge their ability to improve.

The evidence shows that you can have success and change the lives of vulnerable families by proactively engaging them, building their resilience, reducing their risk factors and strengthening the family to cope by themselves in the long term.

There appears to be an opportunity for a “Win-Win” situation. By developing and building capacity for whole family interventions with families with complex needs, the evidence suggests that it can be better for the outcomes of the children and the adults in that family, whilst also serving to reduce the cost burden on social and health care, and even improving staff recruitment and retention.

In short, now is the right time to look again at families with complex needs and use the evidence and policy direction to change our approach for the better.

*“There isn't much support for families like us in our situation. Children do better with their birth families, it's the best place for them and with the right support, services can help this to happen”*

Parent, Essex

## EXECUTIVE SUMMARY

### Introduction

Following issues raised in the Joint Area Review, by the National Treatment Agency and in Serious Case Reviews, the Essex Drug and Alcohol Partnership and the Safeguarding Children Unit in Essex County Council have been looking to improve the response to children and families where there are substance misusing parents through better joint working and whole family approaches.

A steering group was established to focus on these issues and produce a report to: (i) raise awareness; (ii) develop a better understanding among services of the issues and improve practice; and (iii) build a case for changing the approach to families affected by these issues.

A decision was taken to include the issues of parental mental health, domestic abuse and offending behaviour, in addition to that of drugs and alcohol, due to the overlapping nature of these issues.

A report has been developed by assessing local need, interviewing key interested parties across partnership agencies in Essex, listening to young people and parents affected directly by these issues, and by reviewing the available evidence of the impact on families and of what works in terms of effective interventions. The findings and a series of recommendations have been set out for consideration by the Essex Safeguarding Boards for Adults and Children.

### Policy Context

The new Government has committed to helping families with multiple problems. Nationally, there has been a raft of policies over the last decade placing greater emphasis on the importance of the family, including Think Family, the Drug Strategy, the Youth Alcohol Action Plan and Working Together to Safeguard Children guidance.

*“Families with drug and alcohol problems need support to rebuild their lives and their family, to get things back on track – things like help with housing, food and better relationships and getting into services”*

Substance  
Misusing Parent,  
Essex



*“Services should talk to each other more”*

Young Person,  
Essex

In Essex, there are commitments to ensure that all children thrive, that parents are supported, and that families affected by substance misuse receive more integrated help. These commitments must be considered against the backdrop of rising demand for services and reducing levels of resource, which creates the need both nationally and locally to improve outcomes and drive efficiencies.

## Problem Analysis

A number of factors for parents impact on their ability to parent well and impact negatively on their children in terms of both immediate safety and longer-term outcomes, including if a child is taken into care. Most prominent amongst these vulnerabilities for parents are drug misuse, alcohol misuse, mental health problems, domestic abuse and offending. These vulnerabilities are often linked, overlapping and mutually reinforcing. Families with multiple vulnerabilities present challenges for services, cost the local authority and health services significant amounts of money to respond to, and are difficult for staff to work with effectively across social care and partner agencies.

## Local Needs Analysis

Essex has a population of approximately 262,000 children aged 0-15 years. Using the latest methodology for generating estimates of children of substance misusing parents<sup>1</sup>, Essex has an estimated:

- 73,000 (28%) children living with a binge drinking parent, of which:
  - 57,000 (22%) live with a hazardous drinker
  - 11,000 (4.2%) live with a problem drinker with concurrent mental health problems
- 7,300 (2.8%) living with a dependent drug user, of which:
  - 6,000 (2.3%) children live where the only adult uses drugs
  - 6,800 (2.6%) live with a drug user with concurrent mental health problems

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<sup>1</sup> Manning et al (2010)

*“Services should be a lot more honest with families and offer practical support. Social services involvement shouldn’t be threatening or a punishment, this actually stops parents going to treatment or services for help, making things worse”*

Substance Misusing Parent, Essex

In addition, other estimates that we have generated or been given show that Essex may have:

- 3,200 (2%) families with multiple vulnerabilities<sup>2</sup> - including mental health problems, drug misuse, alcohol misuse, offending and domestic violence
- There are an estimated 3,486<sup>3</sup> crack and or heroin users in Essex and it is estimated that around 1,603 (46%) of these will be parents
- 58% of current court cases for the Permanency Teams were known to have at least one substance misusing parent
- 67% of Adoption service cases involved parental substance misuse
- 50% of children attending CAMHS had at least one parent with a mental health problem who either was or had been in contact with adult mental health services, and 25% had a parent with a substance misuse problem
- Of the 1,465 children looked after in Essex, we conservatively estimate that at least 492 (33%) have a substance misusing parent, 527 (36%) have parents involved in domestic violence, 211 (14%) have alcohol misusing parents, 421 (29%) have at least one parent with a mental health problem, and 386 (26%) have a parent involved in offending

Headlines from treatment data in Essex show that parents engage for less than half the average treatment duration for non-parents. There is an even greater difference for female parents who, on average, engage in treatment for only 37% of the average duration for non-parents. Local treatment data also shows that over 50% of non-parents will complete treatment in a planned way, compared to only 15% of non-parents.

<sup>2</sup> “Think Family” (Social Exclusion Task Force)

<sup>3</sup> Problem Drug User Estimates based on Glasgow Research



When looking at a sample of cases of Children Looked After (CLA) in Essex, we found that the majority (83%) of cases had one or more parental vulnerabilities identified, and 40% had two or more vulnerabilities. 69% of CLA had at least one other looked-after sibling.

Four of the five districts of highest deprivation in Essex<sup>4</sup> (Tendring, Harlow, Basildon and Colchester) are also among the five districts with the highest number of open child protection cases.

There is a rising trend across Essex in the demand for child protection services, numbers of children going into care, adults seeking drug treatment and adult safeguarding referrals.

Our interview programme revealed that there are identified gaps in service provision for complex families, direct support for children of parents with substance misuse, mental health problems, offending and domestic abuse issues. However, this data was not habitually recorded nor brought together across the partnership for the purposes of needs analysis, identifying high risk families or informing commissioning.

## What Works

There is a growing evidence base to support the efficacy of whole family interventions that demonstrate improved outcomes for vulnerable and complex families and provide evidence of cost savings or cost avoidance for public services. These have been shown to be effective for families with parental substance misuse, domestic abuse and mental health problems. These programmes include Westminster Family Recovery Project, Family Intervention Projects, Strengthening Families Programme, Option 2, M-PACT and Family Drug and Alcohol Courts.

*“My Mum was a heroin user, a junkie, she was away from her family because of problems, we were apart from them, she couldn’t cope alone and I got taken into care”*

Young Person,  
Essex

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<sup>4</sup> IDACI in 2007

*“Everyone is  
9-5. Our  
problems  
aren’t just in  
office hours”*

Young Person,  
Essex

## Delivery Options

Using the evidence of what works and the local needs analysis, we have developed a set of principles and characteristics of effective programmes that should underpin any future service development, joint working protocols and training. We have also outlined three delivery models to take this work forward:

1. A multi-agency joint working protocol
2. A programme of training, support and co-location
3. Adopting an evidence-based programme

## Recommendations

We have generated a series of recommendations for the partnership in Essex to consider. We believe that Essex should:

### Identify

- Conduct an exercise to identify the top 400-600 complex families that cost Essex services the most money to deal with
- Pool training resources by bringing together budgets, expertise, venues and overlapping issues (e.g. parental drugs, alcohol, mental health, domestic violence) into a single set of training programmes to: (i) help identifying agencies to spot signs and engage complex families; and (ii) develop whole family working practices across key agencies
- Pool communications resources to ensure that key messages about working with complex families go to all staff across agencies in a joined up way, spreading evidence of what works
- Commissioning priority should be given for parents with vulnerabilities and complex families, with commissioners actively ensuring an appropriate response from service providers



*“We had loads of support from family and friends when the baby arrived, they sorted us out with cots, clothes and everything. That and support from the Mulberry Tree, Drug Treatment and Social Services came together to help us turn around our lives. All these services pulled together for us and this made a very real difference”*

Substance  
Misusing Parent,  
Essex

Safeguarding  
Children of  
Parents with  
Substance  
Misuse  
Problems and  
Other  
Vulnerabilities

## Intervene

- Improve inter-agency working through developing and implementing a specific protocol to drive improved joint working for complex families. Key agencies need to sign up, setting out expectations and commitments from each agency in line with evidence of what works
- Consider adopting an evidence based programme to deal with complex families more effectively
- Bridge the gap between adult and children’s services by joining up the safeguarding functions and championing a multi-agency approach to complex families, in line with evidence based programmes
- Consider whether the current use of money for drug testing and substance misuse experts in child care proceedings could be more effectively used to fund specialist drugs worker input co-located with children’s social care to joint work these cases

## Prevent

- Address the current gap in support after a child goes into care when parents have vulnerabilities, by ensuring appropriate family strengthening support and parenting skills for the parents and specific support for the children who may experience long term problems
- Establish self support groups for parents (esp. mothers) going through these issues