

empowering children,
young people and
families - widening
access to substance
misuse services

INTRODUCTION

Alcohol and drug misuse harms families. Young people who misuse substances are at risk of physical, mental and emotional damage; doing badly in school; social exclusion; accidents; family stress; teenage conception; becoming victims or perpetrators of crime. Alcohol and drug fuelled anti-social behaviour can blight communities, such that youth drug taking and binge drinking are the subject of real public angst and regular government action to manage down harm to young people and to the neighbourhoods in which they live.

We are becoming increasingly aware of the 'hidden' harm parental substance misuse causes to children. It is not only the obviously chaotic, drug addicted parent that risks damaging their children - the more common but often silent impact of parental alcohol dependence can be equally pernicious over time and often harder to detect until late in the day.

There are many barriers and hurdles, both obvious and hidden, to deter families from seeking or accepting timely help. Issues of denial, secrecy, stigma, shame, powerlessness and fear of involuntary intervention are writ especially large.

The complexity of the challenges facing children affected by substance misuse requires real rigour in partnership working - with all agencies able to 'think family' and put children first. A comprehensive local treatment system is required, from promotion and prevention for whole populations through to specialised services for the few in the most acute need, with all services well informed about drug and alcohol misuse and well equipped to engage families¹. This means:

- Social marketing to promote health, educate, inform and influence. Easily accessed, proactive information services.
- Universal providers with a good enough understanding of substance misuse to spot emerging problems and act.
- Timely access to a range of preventative resources that families and young people want to use.
- A programme of services targeted on children and families known to be at higher risk, including specialist interventions delivered in mainstream settings.
- Clear routes through and into formal substance misuse services that work together across agencies boundaries to deliver effective family interventions.

¹ *Integrated care pathway for alcohol services. From guidance to local delivery.*
University of Chester Centre for Public Health Research. MThurston. July 2009.

Haringey agencies are determined to improve children and young people's access to drug and alcohol services – a priority reflected in the Local Area Agreement, Children's Services Plan and young peoples and adult substance misuse service plans.

There is much good work on which Haringey Children's Trust and partner agencies can build.

Substance misuse commissioning for young people is now under the umbrella of The Children's Trust, giving the issue a new prominence in children's service planning. The Children's Trust, in collaboration with Haringey Drug and Alcohol Action Team, (DAAT), commissions a patchwork of drug and alcohol services, including projects for children and young people affected by their substance misuse or that of family members². A comprehensive analysis of need within the borough for drug and alcohol services for young people, completed in 2009, seeks to ensure commissioning is informed by sound supply and demand analysis³.

The current service model locates specialist substance misuse workers within key children's teams, to improve early recognition and intervention. This includes the addition of specialist expertise within the First Response Team (children's social care) to address parental substance misuse.

Youth offending services, in collaboration with police, are developing a triage system for young people in the custody suite, whilst youth services are leading assertive outreach programmes to target young people on the street.

The Council's scrutiny process has made recommendations to enhance inter-agency working and build capacity in schools to recognise children affected by substance misuse. An early intervention pilot at Highgate Wood School, if successful, will be rolled out across targeted schools. The development of services to grandparents, as supporters of both substance misusing parents and grandchildren requiring care, is also a local priority. A programme of twice yearly awareness training for front line staff has been delivered under the aegis of Haringey's Safeguarding Board.

.....However, there is much to do. Levels of unmet need are high - 80 per cent in respect of young people with a drug problem. Few young people use formal treatment services. Those that do, come late, by which time problems are severe. They are less likely than average to complete treatment.

Of most concern is the potential for children whose parents have substance misuse problems to slip through the net of welfare agencies. National research consistently paints a bleak picture of the prospects for children whose parents have alcohol or drug problems, with strong correlations with critical risk factors and poor outcomes.

A key protective factor for children with a parent with substance misuse issues is the capacity of a 'non misusing' parent to provide a good level of care - emotional attachment, stability, protection.... The non misusing parent is often in a difficult position, managing challenges and disadvantages that can come with addiction. Support needs to be targeted on the non misusing parent - and not exclusively on the one misusing alcohol or drugs.

There are estimated to be some 4,500 children aged under 16 in Haringey with a parent with problematic alcohol or drug use – yet tiny numbers receive support from a formal treatment agency. A 'blindness' to the importance of parental substance misuse coupled with problematic service interfaces that militate against the provision of timely support are likely to place children at risk of poor outcomes – and, at worst, at risk of significant harm.

THIS PROJECT

Undertaken by Sinead Brophy Consulting, commissioned by Haringey Children's Trust in partnership with COSMIC, the purposes of this project are to:

- Identify the scale and scope of alcohol and drug problems affecting children, young people and families in Haringey.
- Recommend a set of principles for commissioning children's drug and alcohol services.
- Recommend priorities for commissioning children's drug and alcohol services.

The project concerns children and young people affected by their own substance misuse and / or that of their parents.

The project does not include analysis of 'supply side' factors that impact on the availability of alcohol and drugs. It excludes, therefore, review of local licensing, regulation, compliance and enforcement arrangements that may comprise part of wider substance misuse and crime reduction strategies.

² See www.haringey.gov.uk/drug-and-alcohol-service-directory-haringey-2009

³ Haringey Young People's Substance Misuse Needs Assessment Final Draft 12/9/2009

In this report we:

- Identify the likely scale of alcohol and drug misuse in Haringey.
- Determine the scope of the issues facing specialist, targeted and preventative services.
- Present the key findings from our primary research with parents and young people.
- Propose a set of commissioning priorities for children's drug and alcohol services.
- Recommend commissioning priorities.

THE RESEARCH

This report is based on a mix of primary and secondary research carried out between September and December 2009 in Haringey.

The research included:

- A review of national literature.
- Analysis of national and local data to estimate need.
- A review of Haringey documentation.
- A programme of consultation with key service providers and local agencies, focused on barriers to service access.
- Structured discussion /questionnaire with young people (19).
- Individual interview with young people (2).
- Focus group of parents in recovery via COSMIC (5).
- Informal discussion with parents at a COSMIC Open Day.
- Telephone survey with parents in recovery (15).
- Individual consultations with partners of substance misusing parents (2).

ACKNOWLEDGEMENT AND THANKS

This project report benefited hugely from the insightful contributions made by parents and young people, who shared their experiences, expertise and ideas with great honesty, generosity and humour. We thank you for your help and hope this report does you justice.

Our thanks also to the agencies and individuals who shared their thoughts, concerns and suggestions with us. We appreciate the contribution made by COSMIC to this project and to the support given by Haringey's youth services in facilitating our contact with local young people. We trust you see the value of your contributions reflected throughout this report.

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Profiling populations of people affected by problematic drug or alcohol use is not an exact science. Extrapolating from research and prevalence rates provides helpful indicators to begin to quantify need but studies use differential variables resulting in differential findings. Studies reliant on self reporting are to be regarded with particular caution.

Determining need is best regarded then as indicative or 'good enough' to form a baseline from which to develop intelligent commissioning. Extensive information on need within the borough is contained in 'Haringey Young People's Substance Misuse Needs Assessment', (Needs Assessment), key findings from which inform this report.

YOUNG PEOPLE AND ALCOHOL

Alcohol has historically been seen as less worrying or risky for teenagers than illicit drugs - although current government advice that there is no 'safe' limit and that children under 15 should not use alcohol reflects a growing understanding of its potential harm.

On a positive note, a declining proportion of young people drink alcohol. At age eleven, most children never drink whilst almost half of 11 to 15s say they do not drink. With age, however, the proportion of young people drinking increases, such that at age 13, 30 per cent drink once a month or more. By age 15, 90 per cent have tried a drink, with 30 per cent drinking once a week or more. Half of 16 and 17 year old drink weekly.

Of particular concern is the rise in 'binge drinking' – drinking to get drunk. Teenagers who do drink are starting younger, drinking more, more often and using stronger alcohol. Average consumption rates for the 11 to 15 age group doubled to 11 units per week in the 16 years to 2006⁴. An NHS survey found that 40 per cent of 15 year olds drink weekly, with the average consumption of those who drink being 14.6 units – above the recommended maximum limit for adult women⁵. Rates of death associated with alcohol have doubled in the last two decades, with people becoming ill and dying younger⁶. Research findings regarding teenage drinking suggest:

- Cultural environments that sanction drinking correlate with higher levels of alcoholism.
- Parental attitudes to drinking are a major influence on children's drinking⁷. Drinking begins at home, with alcohol given or obtained from parents - parental drinking at home is on the increase, with rising rates of dependency⁸.

⁴Youth Alcohol Action Plan .DCSF/Home Office / DH, June 2008.

⁵ NHS Survey. Fuller: National Centres for Social Research and Education Research, 2008.

⁶ Under age drinking. Home Office Research findings. Number 277. Matthews et al, 2006

⁷ Risk Factors for Alcohol Abuse and Alcoholism. Scholtern. 2000

⁸ Turning Lives Around. Waiting for Change. Turning Point. 2003

- Early initiation to alcohol is related to more frequent use, higher consumption levels and alcohol related harms in adulthood⁹. Amongst 11 to 12 year olds, boys are twice as likely girls to admit to drinking, although by 15 girls have largely caught up¹⁰.
- There is likely to be a hereditary component to alcoholism. The risks for children of developing an alcohol problem are doubled if a parent has an alcohol problem.
- Regular drinking correlates with an increased likelihood of drug use in young people.
- Some 80 per cent of all alcohol imbibed by 14 to 17 year olds is at hazardous levels¹¹. Drinking to intoxication is especially harmful – giving rise to risky behaviours, accidents, injury, ill health and violence. Some 40 per cent of 18 to 24 year olds engage in binge drinking.
- Drinking over sensible limits is more common in poor areas - alcohol related deaths are 45 per cent higher in areas of high deprivation¹².

Within Haringey, alcohol is a significant issue. Rates of alcohol consumption for adults in the borough are high. Mortality from chronic liver disease in Haringey is markedly higher than the national average whilst the borough has the highest male mortality rate in London from alcohol related causes. A permissive drinking culture creates an unhelpful backdrop for youth drinking.

A young people's conference in Haringey identified substance misuse as an important issue. Young people reported parents were 'out of touch' and that it was hard to be open, especially about drugs, with adults in a school setting. Their solutions included mainstreaming substance misuse education beyond the confines of the PHSE curriculum, to include harm minimisation and exploration of attitudes; peer education; and support for parents¹³.

Research within the borough drawing on self reported alcohol use from samples of school children, suggests patterns of teenage drinking in line with national trends. Few under 12s drink but alcohol usage rises steadily with age. Consumption levels of those who do drink are concerning, with evidence of regular drinking above 'sensible' limits and drinking to get drunk.

⁹ National Alcohol Strategy, 2006-09. Towards Safer Drinking Cultures. Ministerial Council on Drug Strategy, Commonwealth of Australia, May 2006.

¹⁰ Kids who drink. Shakti, 2009 <http://mcservergold.ac.uk>

¹¹ Ibid 9

¹² GHS 2005 Office for National Statistics. Goddard (2006)

¹³ Safer Solutions, Young People's Conference. Children's Service in Haringey. Undated

Scale of young people's alcohol misuse in Haringey

- In Haringey's Health Related Behaviour Survey in 2009, 5 per cent of year 6 pupils, 11 per cent of year 8 and 20 percent of year 10 pupils said they had an alcoholic drink in the preceding week.
- Haringey's TellUs3 survey found 11 per cent of year 10 boys and 8 per cent of girls reported drinking alcohol on more than one day in the preceding week – half of whom drank enough to get drunk.
- 10 of 19 teenage hospital admissions due to substance misuse were for reasons of intoxication during 2008, a further 4 related to alcohol and drug misuse.
- Very few under 12s are likely to drink – typically only one child in this age group is likely to be in receipt of a specialist treatment service in Haringey for alcohol or drug misuse at any given time.
- There are likely to be in the region of 2,200 young people aged 11 to 15 consuming 11 units or more of alcohol a week in Haringey.

Derived from Haringey Young People Substance Misuse Treatment Needs Assessment, Final Draft, 12/09/09

YOUNG PEOPLE AND DRUGS

The majority of young people in Haringey do not use illicit drugs - but a significant minority, up to circa 500, may have drug problems.

Substance misuse in pre-teenagers is not common. Locally, only 1 young person aged under 16 was referred for specialist treatment in the 6 months to September 2009. Nationally, less than 1 per cent of all young people who receive specialist treatment are aged under 12 – for London as a whole, this equated to 43 young people in 2007-08¹⁴. Anecdotal evidence from Haringey police and youth services suggests that the main risk here is younger children on the fringes of gang activity being initiated into the drug scene through acting as runners for older siblings / peers. This would suggest a targeted approach for this group, focused as part of safer neighbourhood and crime reduction initiatives.

¹⁴ Getting to grips with substance misuse among young people NHS/ National Treatment Agency data, 2007-08

Information from national TellUs surveys confirms that most young people say they do not use drugs - 86 per cent of children aged 13 to 15 say they have not used an illicit drug.

National Treatment Agency, (NTA), returns for 2007- 08 suggest the peak age for young people seeking specialist treatment is 17 to 18. Of 24,000 young people in treatment in 2007-08, in almost 17,000 of cases, primary problems related to cannabis and alcohol. Cannabis accounts for some 80 per cent of illicit drug usage, with probably less than 5 per cent of young people, aged 16 to 24, regularly using class A drugs¹⁵.

Research derived from the British Crime Survey¹⁶ found that 57 percent of young people aged 16 to 24 never use illegal drugs and that more than 82 percent had never used a class A drug – but also that:

- Almost 20 per cent had used cannabis in the last year;
- 13 per cent had used illicit drug/s in the last month;
- 10 per cent had used cannabis in the last month;
- 8 per cent had used a class A drug in the last year; and
- 4.4 percent had used a class A drug in the last month.

Locally, anecdotal evidence from work in local schools by Haringey's anti-social behaviour service suggested that pupils have a high level of awareness of drug terminology and familiarity with 'drug culture'. Haringey's Health Related Behaviour Survey¹⁷ of pupils aged 10 to 15, found that half of year 10s considered they knew someone who used illicit drugs. The survey found that 10 per cent of pupils admitted to having ever taken an illegal drug and 6 per cent had taken an illegal drug in the last month.

Only 4 hospital admissions of young people related primarily to drug misuse, although a further 5 concerned drug and alcohol misuse.

Haringey's Needs Assessment estimates there are circa 236 young people in the borough at any one time in need of specialist drug treatment. This is likely to be an under estimate of need, given the numbers of younger teenagers likely to be using cannabis and anticipated levels of drug misuse in the 16 to 24 population. A figure at least double, circa 500, would seem more realistic.

Scale of young people's drug misuse in Haringey.

- **3,750 young people aged 16 to 24 are anticipated to be current illicit drug users.**
- **1,250 young people are using class A drugs.**
- **830 young people aged 11 to 16 are using cannabis.**
- **354 young people aged 11 to 15 may be using class A drugs.**
- **85 to 125 young people who are 'roofless' (homeless) are likely to have a substance misuse problem.**
- **An estimated 250 to 500 young people may require access to formal drug treatment.**

PARENTAL SUBSTANCE MISUSE

The affects of drug and alcohol misuse on parenting capacity are significant and can be catastrophic.

Research consistently identifies parental substance misuse as a critical risk to children's wellbeing. Harms associated with parental substance misuse cut across all stages of childhood and all dimensions of a child's life. The impact of risk is cumulative - the more risk factors children face and the more severe and prolonged the exposure, the more vulnerable children become and the worse outcomes are likely to be.

- An estimated 1 adult in 13 has an alcohol dependency - six times as many people as have a class A drug problem¹⁸. Some 1.3 million children in the UK live with parent/s who drink to harmful levels.
- The Cabinet Office estimates 2 to 3 per cent of all children under 16 have a parent who uses class A drugs, although half do not live with that parent¹⁹. This equates to circa 300,000 children.
- Some 20 per cent of children with a parent with drug or alcohol dependence are likely to face critical levels of risk, characterised by neglect, abuse and psychological damage²⁰.

¹⁵ Ibid 14

¹⁶ Drug Misuse Declared: Findings from the 2008/09 British Crime Survey. Hoare. Home Office. 2009

¹⁷ Every Child Matters in Haringey. Summary report of the Health Related Behaviour Survey 2009.

¹⁸ Turning Lives Around: Waiting for Change. Turning Point . 2003

¹⁹ Reaching Out: Think Family. Analysis of themes for the families at risk review. Cabinet Office Social Exclusion Task Force. June 2007.

²⁰ Response of child protection practices and procedures to children exposed to domestic violence or parental substance misuse. University of London/ DFES. Cleaver et al, 2006

- Risks caused by parental substance misuse include:

- Foetal abnormality.
- Inattentive parenting and lack of supervision.
- Family breakdown and separation.
- Chaotic, unpredictable life style.
- Insecure housing.
- High levels of stress and anxiety.
- Poverty.
- Neglect.
- Abuse.
- Inappropriate caring responsibilities.
- Exposure to and early involvement in crime.
- Experience of domestic violence.
- Exposure to parental mental ill health.
- School absence and poor educational attainment.
- Long term emotional, psychological and social damage.

- Inquiries into child deaths / serious injury consistently find adult substance misuse, which frequently coexists with domestic violence and mental illness²¹. Alcohol misuse tends to correlate in particular with violence and emotional abuse, drug misuse with neglect. Anecdotal information supplied by police in Haringey suggested 90 per cent of domestic violence typically involves some element of drink or drugs, with children more often than not present in the household. Hearthstone estimates this to be 45 per cent²². It is likely that over 1,000 domestic violence incidents that involve drink or drugs take place in Haringey per year where children are in the household. The borough's response to the child protection issues underlying this finding warrants further investigation.
- SCIE estimated in 2005 that 50 to 90 per cent of children on social work caseloads had parents with drug or alcohol issues. In England parental alcohol misuse has been identified as a factor in 50 per cent of child protection cases²³.
- A review of Child Protection in Scotland found that that 40 to 70 per cent of cases involved parental substance misuse. A study of London boroughs found that parental substance misuse featured in 34 per cent of long term 'child care cases' and 62 per cent of care orders - often involving the most serious abuse.

- A study of referrals across 8 local authority children's departments found a poor understanding of the implications of problematic drug and alcohol misuse for parenting; limited inter agency collaboration; and lack of management oversight. This resulted in children being left at risk.
- The prognosis for adequate care of infants by parents with serious drug dependence is especially poor. A University College Hospital maternity unit study of 30 mothers with a class A drug dependency found that half had 'lost' care of their baby within a year²⁴.

Locally, parental substance misuse is a significant issue for Haringey. Children's social care described this as a more pressing issue than young people's own drinking or drug taking. It is a priority for action within the borough's young people's substance misuse plan²⁵.

- Some 10,000 adults in Haringey drink at harmful levels whilst there are estimated to be 7,500 people dependent on alcohol²⁶.
- Adult alcohol related adult hospital admissions are high and increasing – an audit of hospital admissions in 2007 revealed that half of men and a fifth of the women were drinking to hazardous levels, whilst 13 per cent of all patients indicated dependent drinking²⁷. Significant communities of Irish descent and recent inward migration from eastern European counties with strong drinking cultures impact further on levels of alcohol related harm.
- Haringey's Needs Assessment suggests that there are likely to be some 500 children with parents who are receiving specialist drug treatment. This is a significant cohort of children, likely to have been profoundly affected. That the majority of these parents - 93 per cent – say they do not live with their children does not diminish the potential needs of this group of children for support.
- Haringey has almost 1,000 children already known to be at significant risk. In December 2009, 958 children were looked after; leaving care or named on the child protection register – a third to a half of these young people could be expected to be affected by experience of parental substance misuse. Teenagers within this group are also more likely than their peers to have their own alcohol or drug issues. In addition, children and young people in other 'vulnerable' groups – such as children 'in need', young carers, young homeless - could also be expected to be affected disproportionately by parental substance misuse.

²¹ Analysis of child deaths and serious injuries through abuse and neglect. A biennial analysis of Serious Case Reviews, 2003-05. Brandon et al. UEA/DFES, 2008.

²² Haringey Domestic and Gender Based Violence Strategy, 2008-09. 3,028 domestic violence incidents recorded by police in 2007-08

²³ Reaching Out: Think Family. Cabinet Office June 2004

²⁴ See Hidden Harm. Response to the needs of children of problem drug abusers. Advisory Council on the Misuse of Drugs, June 2003

²⁵ Young people's specialist substance misuse treatment plan. Children and Young People's Service. 2009-10

²⁶ Dying for a drink? Haringey alcohol harm reduction strategy 2008-11. Haringey Strategic Partnership

²⁷ See Haringey Strategic Partnership alcohol harm reduction strategy 2008-11; and Haringey Adult drug treatment plan, 2009/10

Scale of children affected by parental substance misuse in Haringey.

- 3,850 children aged under 16 have a parent or parents with an alcohol problem.
- 700 children aged under 16s have a parent or parents with a drug problem.
- 1,000 domestic violence incidents per year are likely to involve drink or drugs in households where children live.
- Of 958 children already known to be at risk, some 300 plus are likely to have been affected by parental substance misuse.
- 4450 children aged under 16 have a parent with a drug or alcohol problem.
- 900 children aged under 16 may be facing profound and multiple risks through parental drug and / or alcohol misuse.

Clearly, not all children affected by parental substance misuse will require specialist support – for many their needs may be met through mainstream or targeted services or tailored plans delivered through common assessment framework or other support processes. Some children will be too young. However, it is important that the potential needs of these families for access to specialist drug and alcohol expertise is recognised and acted upon - including referral to formal treatment services when necessary.

Where parental alcohol and / or drug misuse are factors, decisions regarding the welfare and safeguarding of children should be informed by specialist expertise.



The Children's Trust commissions two formal substance misuse services for children and young people. (Appendix A provides summary service profiles).

COSMIC works principally with younger children, under 13, affected by drugs and with under 17s affected by alcohol problems - their own or that of family members. COSMIC provides parenting advice, support and education; undertakes preventative work in schools and with other mainstream services; and delivers staff training programmes.

IN-VOLVE offers assessment and treatment programmes to young people aged 13 to 21 affected by drugs or alcohol and support for families. The client group consists of older teenagers, facing serious substance misuse problems. The service also contributes to wider preventative and targeted initiatives.

The Children's Trust commissions a 'virtual team' of specialist substance misuse workers, located in key children's teams. Their task is to build the capacity of lower tier services to recognise and address substance misuse issues; deliver specialist expertise in mainstream settings; and refer on to formal treatment services for those in acute need.

A commissioning group for children's substance misuse co-ordinates service planning and delivery, under the umbrella of Haringey's Drug and Alcohol Action Team and Children's Trust.

Analysis of referral and activity data indicates that formal treatment services are not being utilised. This is not a sustainable long term position – few referrals and low activity levels resulting in high unit costs and young people's needs not being met.

- **Numbers of young people in treatment are low.**

COSMIC typically has circa 25 young people receiving some level of service at any one time, including 19 children with a 'care' plan. This is a low number, considering the numbers of children likely to be affected by parental substance misuse.

Anecdotal evidence suggests families value and stay in contact with COSMIC for some long time - the service is clearly highly skilled at engaging families and sustaining that engagement over time – but this implies the reach of this service is smaller than it may appear²⁸.

²⁸ Based on Q1 and Q2 returns, 2009

In 2008-09, IN-VOLVE treated 26 young people. The overall reach of the service – taking a low level of estimated need of 236 young people – is 10 to 20 per cent²⁹. An estimated 95 per cent of class A drug users do not present for treatment. Rates of planned discharge from treatment programmes, 30 per cent, are below the national average of 57 per cent.

- **Referral rates are ‘stuck’ at a low level.**

COSMIC typically works with 19 new children per quarter³⁰. A narrow range of agencies make referrals - the majority being received from Haringey Advisory Group on Alcohol, (HAGA), of which COSMIC is a part.

ON average, IN-VOLVE receives 12 referrals per quarter, from a wide range of agencies.

Referral rates have proved impervious to the significant efforts made to widen access - such as work in primary schools, information campaign in police stations, collaborative outreach projects with youth services and Connexions, targeted work with a Children’s Centre and supported housing providers.

- **There is a critical absence of referrals for children at highest risk.**

In the 6 months to September 2009 COSMIC received:

- 0 referrals from children’s social care
- 0 referrals from community health (GPs, Health Visitors)
- 0 referrals from ‘specialist’ workers placed in children’s teams
- 7 referrals from adult substance misuse services other than HAGA, (17)

Children involved with children’s social care are the most likely to have parents with substance misuse problems and to benefit from ‘expert’ intervention.

- **The absence of referrals from children’s social care requires urgent investigation.**

All of the children receiving support from COSMIC had parents with alcohol and/or drug problems. However, over half were not identified as children in need looked after or on the child protection register - suggesting that COSMIC’s reach to the most vulnerable children is further limited.

²⁹ Or 20 per cent, when accounting for young people refusing to give permission for inclusion in national treatment data returns. See the Needs Assessment

³⁰ Based on activity data for quarters 1 and 2, April to September 2009

- **The low volume of referrals from adult treatment providers warrants investigation.**

Adult treatment providers should be a key source of referrals. Whilst some adult agencies – HAGA and DASH – provide regular referrals, some do not. This pattern of referrals is concerning, indicating problems in applying a ‘think family’ approach within adult facing services. That the majority of parents say they do not have children living with them is a ‘red herring’ – those parents may have regular contact and will remain important influences.

Agencies consulted during this project cited various factors inhibiting referrals to specialist provision:

- Patchy awareness of when and where to refer to – especially where a family’s needs were perceived to fall below the threshold for children’s social care. COSMIC parents reported that it was ‘pot luck’ whether they were told about support services for their children.
- Common Assessment Framework and accompanying processes do not yet extend to voluntary sector and adult treatment services.
- Low profile of specialist services, which were sometimes ‘forgotten’ – especially in the context of front line services dealing with high staff vacancy, turnover and agency worker rates.
- Limited understanding of COSMIC’s role as a provider of services also to families with drug misuse problems.
- Narrow service offer - for example, COSMIC does not provide formal therapies.
- Circuitous referral pathways. COSMIC parents had typically been expected to refer themselves to an adult treatment service and then to refer their children on to COSMIC.
- Conflicting expectations between children’s social care and adult treatment provision – regarding, for example, funding, risk assessment, parenting capacity, monitoring, compliance and levels of challenge - creating problematic service interfaces.

The potential for ‘dropping the ball’ at critical service interfaces – between children’s social care, adult and specialist substance misuse services - is significant. In

November 2009 the government issued guidance on the development of local protocols between drug and alcohol and safeguarding and family services³¹.

Underpinned by 'think family' principles, the guidance is intended to drive a coordinated, multi-agency approach. Local implementation of this guidance presents a great opportunity to scrutinise and improve partnership working in the borough.

TARGETED SERVICES

The development of a strategic commissioning approach should inject direction and rigour to the targeting of services.

There are positive examples of partnership working to target populations of young people affected by substance misuse – the early intervention project at Highgate Wood School; school based counselling services; vulnerable young people's worker; screening for young people at the point of arrest; a new protocol and referral process between COSMIC and midwifery; single access Child and Adolescent Mental Health service that includes substance misuse expertise; and focused staff awareness raising and training events delivered by COSMIC and by IN-VOLVE. Police, anti-social behaviour services, COSMIC and IN-VOLVE have all delivered various workshops, sessions with children and events, both as part of and in addition to the PHSE curriculum in local schools, to raise understanding of substance misuse issues.

There is a strong commitment within youth and youth inclusion services to 'get out from behind the desk' to deliver substance misuse harm reduction programmes, in partnership with treatment agencies and the police. Anecdotal evidence suggests large numbers of young people being supported with drug and alcohol issues.

However.....

- People are not clear what sits before 'formal' substance misuse services, or how to navigate the pathways in to and through services.
- The approach to 'awareness' raising / early intervention appears ad hoc.
- The absence of a robust performance framework means that it is not possible to determine the delivery or impact of targeted services – singly or collectively.
- Lack of comprehensive activity data means the numbers of children and families receiving support via targeted services is not known.

- Lack of information on outcomes means that commissioning is not easily informed by an understanding of what works, for whom, to what cost.
- The extent to which partnership working has developed beyond a short term, ad hoc, project driven approach is unclear.
- Referrals to specialist treatment agencies are low. This may mean targeted services are responding early and effectively managing down demand for formal interventions. School inclusion services say, for example, that schools are routinely managing the needs of young people affected by substance misuse. Alternatively, services may be poorly targeted and ineffective in identifying children and young people in need.

UNIVERSAL SERVICES

There are a number of considerations for universal services in relation to substance misuse:

- There is no evidence of a systematic public education strategy - although HAGA seeks to raise the profile of alcohol misuse³².
- Blindness to the impact of alcohol and tolerance of misuse. Street drinking in parts of the borough is commonplace. Of 10 young people excluded from school for substance misuse, only 4 had an assessment of need.
- Anxiety for staff about how best to ask the 'difficult' questions and engage in open discussion of alcohol and drug use.
- Patchy awareness amongst staff across the children's sector as to 'signs and symptoms' – with the most common solution being seen as a more systematic approach to training.
- Patchy knowledge of substance misuse services, referral routes and eligibility – with cases getting 'stuck' if below social care thresholds.
- Lack of recognition. Of 2979 referrals to children's social care only 3 per cent included substance misuse as a presenting need - 38 cited drug misuse and 41 alcohol misuse³³. Three times as many referrals concerned domestic violence.
- Universal services rarely refer to COSMIC or IN-VOLVE.

³¹ Think Family Guidance. DCSF, DH and NTA joint guidance for adult, children and drug and alcohol services. 3 November, 2009

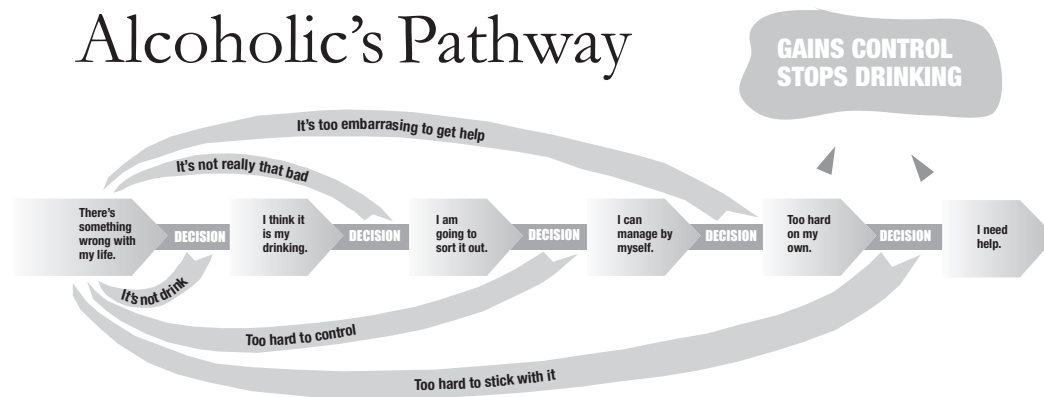
³² E.g. an Open Day during alcohol awareness week, attended by services users, sponsors and stakeholders, including the local MP.

³³ Analysis of referrals by presenting need, 1/4/08 to 31/3/09.



The views of some 22 parents with experience of drug or alcohol misuse contributed to this project, including 2 parents affected by a partner's misuse. There was a high level of consensus as to key issues affecting families with substance misuse problems and of the barriers to getting help.

Figure 1 summarises our understanding of the key points of parents' substance misuse 'journey', with particular reference to alcohol misuse.



We found:

- Strong personal barriers to seeking help. Parents typically had long substance misuse histories, often starting at 13 or 14, with most having a parent with alcohol or drug problems. Issues of addiction, denial, shame, stigma and fear of the consequences were powerful inhibitors to getting help.
- Many had years of treatment for the 'wrong' problems, especially depression. Treatments tended to be short term, and single-issue rather than holistic, with alcohol issues discussed but not treated.
- ALL parents felt accessing help was contingent on their own readiness and willingness to accept it. Parents spoke of blocking 'outside' intervention to maintain the status quo - including 'controlling' and isolating family members and blinding themselves to the damage they were causing.
- 'Readiness' tended to relate to hitting 'rock bottom' or the impact of an external 'shock' – such as intervention by police or social care – that forced them to confront reality.

- Parents were typically struggling with multiple disadvantage – poor accommodation; reliance on benefits; single parenthood; emotional and mental health issues; caring for sick relatives; lack of family support and often difficult relationships with ex / partners.
- Many parents sought help because they were compelled to do so, to retain care of their children. This drove parents into accepting help and was a powerful motivator to remain in treatment. Other catalysts affording a window of opportunity for intervention were pregnancy, especially first pregnancy; a partner leaving; and domestic violence.
- Parents were afraid of statutory services – especially children’s services. Haringey parents in particular perceived social workers as predatory and risk averse. Although some said they received a good service, parents spoke of repeated changes of worker that precluded effective engagement and staff without knowledge of substance misuse or relevant services.
- Specialist services were seen as a service of last resort – but parents wished they had been referred earlier. Parents credited COSMIC with helping them to turn their lives around.

Parents did not wish to facilitate our access to their partners, to enable their voices to inform this project. This mirrored the views of the 2 partners we were able to consult – that the focus is on the substance misuse and needs of the user. Indeed, both partners had felt isolated and disempowered within the family, and that they were to blame. Making a change and getting help took courage - leading to the break up of the family as the only viable choice became to leave.

The non misusing parent can be critical for the children’s well being in families affected by drug and alcohol misuse. Because they are such a hidden group, more work is required to identify their support needs and design services to address them.

WHAT YOUNG PEOPLE SAY

A group of teenagers at a Haringey youth centre completed a questionnaire about access to drug and alcohol support services. (See Appendix B). The consultation focused on their views about:

- The most likely sources of help.
- The type of service they would be most likely to use.
- What might stop them from seeking help.
- What might help most.

In all, 19 young people responded. In addition, the questionnaire informed semi - structured interviews with two young people via COSMIC. No young people approached via IN-NOLVE wished to take part. Young people were keen to stress that they had no personal issues regarding drug or alcohol use. 75 percent said they would seek the help of a trusted relative, usually their mother, in confidence, followed by their GP and then their pastor.

85 per cent would be least likely to tell a teacher, or a school nurse. This reflected a common view that school was a place to get information - but NOT somewhere to disclose sensitive personal business, echoing the findings of Haringey’s young people’s conference.

That young people would approach a pastor may reflect the particular group of young people consulted – but merits consideration as a point of information and access for families.

Young people - likely sources of help

MOST LIKELY

Relative/Mother

Doctor/GP

Pastor

Friend

Drugs/alcohol expert

Youth worker

School nurse

Teacher

LEAST LIKELY

68 percent of young people said they would be likely / very likely to use a help line, provided it was confidential.

Almost half would want help for the whole family, in case of alcohol or drug problems. Least likely to be used were group and drop in sessions.

Young people - most useful services

MOST LIKELY

Confidential help line

Whole family service

Help line

Specialist worker / outreach

'Fun' activities

Counselling

Group programme

Drop in

LEAST LIKELY

Barriers to seeking help included:

- Drinking and cannabis being seen as enjoyable and not a problem.
- The influence of friends and peers.
- Embarrassment, shame and stigma.
- Fear of the consequences of 'spilling the family secret'.
- Not wanting people to know – especially at school, where young people felt it could lead to bullying.

Family was seen as the key source of help. But because there is such a focus on the substance misuse and the misuser, there are no obvious places for others in the family to go to get advice and help.



The area of substance misuse is a complex one, in which different agencies - with different roles, priorities, cultures and ways of doing – need to work together to support families in difficulty. Working to common understandings and principles helps agencies to ensure that in planning, delivering and evaluating services they are singing to the same tune.

The following is recommended as a set of principles to bind agencies together in common purpose:

- Services together deliver a continuum of provision - preventative, targeted, specialist.
- Services are able to identify and engage with families at all stages.
- All services, including substance misuse services, challenge permissive attitudes to alcohol and drug misuse.
- Alcohol is afforded equal weight to that of drugs.
- A 'Think Family' approach underpins all provision, with children's welfare being paramount.
- Services recognise the needs of children affected by parental misuse.
- Intervention is targeted at empowering the non misusing partner / adult.
- Intervention is focused on windows of opportunity along a substance misuse pathway.
- Substance misuse services outreach proactively to vulnerable populations.
- Services have a good knowledge of the range of options open to families affected by substance misuse.



Commissioning is about planning services to meet the needs of children, young people and families affected by substance misuse - getting maximum benefit from the resources that agencies are able to contribute.

Establishing clear commissioning priorities will enable providers, including COSMIC and IN-VOLVE, to review and realign their services, to target critical areas of need. For COSMIC this may mean a shift into more specialised work with children at risk.

We recommend 4 key areas for action. We regard the first priority, children in critical need, as most important for commissioners to take forward.

PRIORITY 1 - CHILDREN IN CRITICAL NEED

The most pressing priority is to investigate what is happening to support children and young people at risk in case of parental alcohol and drug misuse.

The Children's Trust is recommended to:

- Undertake a comprehensive alcohol and drugs audit of both child protection cases open to social workers; and of a sample of referrals made to Haringey's First Response service. This should include scrutiny of referrals and police notifications that feature domestic violence, given the strong correlations with substance misuse and child protection issues.
- Review partnership working between children's social care and adult substance misuse treatment services, in line with government best practice guidance; and implement the new national protocol on joint working.
- In the light of the above, consider the case for commissioning a specialist substance misuse family assessment and treatment service.

PRIORITY 2 – PERFORMANCE FRAMEWORK FOR TARGETED SERVICES

The second highest priority is to develop a performance framework for targeted substance misuse services for young people. At present, there is insufficient activity, resource, outcome data or performance criteria to determine the efficacy of these services. The role of the virtual team of specialist workers should be included in a review of targeted services.

The Children's Trust is recommended to:

- Map targeted provision across the agencies.
- Evaluate services.
- Establish an evidence base.
- Implement a performance framework

PRIORITY 3 – SUBSTANCE MISUSE PREVENTION PILOT

The Children's Trust is recommended to pilot a multi agency prevention and early intervention strategy, targeted on a neighbourhood known to be vulnerable to drug and alcohol problems.

This campaign would serve as a call to action for all agencies with a presence in the neighbourhood, community leaders and residents, to address local substance misuse issues; promote awareness and open discussion; encourage self referral; and develop local service responses.

A voluntary sector organisation may be best placed to lead such a project, which would usefully include:

- A 'blitz' social marketing campaign to deliver key messages.
- A programme of community engagement.
- Targeted initiatives to reach 'non-misusing' parents in families dealing with substance misuse.
- A programme of events, information sessions, surgeries etc to reach people concerned about substance misuse issues.
- A 24/7 confidential help line and text service, with a guaranteed rapid response to people requiring help.

Starting on a small scale should be manageable within available resources - with the lessons learnt informing a wider social marketing approach across the borough in the future.

PRIORITY 4 – EDUCATION AND TRAINING PROGRAMME

Contributors to this project consistently pointed to a need for more training for front line staff to recognise the signs and symptoms of substance misuse; engage with families; understand the implications of alcohol and drug use; improve knowledge of relevant services; and better match families to services.

Making training about drugs and alcohol 'stick' appeared to be a particular issue - perhaps because of high staff turnover. Training was perceived as ad hoc and not always delivered in a way that enabled people to attend.

Training needs to be regular, systematic, evidence based and proportionate. Any strategy regarding drugs and alcohol training must be integrated with Trust's overall approach to workforce development and delivered in the wider context of working with families, including safeguarding and child protection.

The Children's Trust is recommended to:

- Audit what training regarding drugs and alcohol is being commissioned/delivered across the sector.
- Determine priority training needs and skills gaps - with a focus on operational managers and practice supervisors in the first instance as the drivers of good practice.
- Develop an education and training strategy, tailored to meet the levels of knowledge and skills required for practitioners within mainstream, targeted and specialist services. This to include support for adult treatment providers to engage with 'think family' approaches.
- Provide opportunities for regular and systematic refreshers, together with aide memoirs to help cement learning.
- Focus on evidence based interventions.
- Extend the Common Assessment Framework to adult substance misuse services and relevant voluntary sector providers.

APPENDIX A

Summary service profile – COSMIC and IN-VOLVE

Profile of service	COSMIC	IN-VOLVE
Description	For parents with drug or alcohol issues. For children affected by drugs or alcohol	For young people aged 13 to 21, affected by drug or alcohol use
Access	Open access & referral. Site based, with dedicated children's suite. Part of Haringey Advisory Group on Alcohol	Open access and referral. Site based & office hours – unless by arrangement
Services	<ul style="list-style-type: none"> • Free phone line for young people • Parenting workshops • Parenting support • Support to children aged 11 to 16 who have or are likely to develop an alcohol problem • Support to children under 12 who have or are likely to develop a drug problem • Direct 'education' work with children and young people • Drop in • 'Fun' activity programme for parents and children • Awareness raising, education & training programmes/events 	<ul style="list-style-type: none"> • Information • Drop in • Assessment • Individual treatment programmes - key working, care planning • Complementary therapies • Access to medical interventions & prescribing • Family and friends support • Awareness raising, education & training programmes /events

APPENDIX B

GETTING HELP WITH ALCOHOL OR DRUGS

If you or someone in your family had problems with alcohol or drugs:

Would you get help from:

- A relative..... | 2 3 4 5
- A friend | 2 3 4 5
- A doctor/GP | 2 3 4 5
- School - teacher | 2 3 4 5
- School - nurse | 2 3 4 5
- Youth worker | 2 3 4 5
- Pastor / religious person | 2 3 4 5
- Drug or alcohol service..... | 2 3 4 5
- Any one else?.....

Would you use:

- A phone line for advice..... | 2 3 4 5
- A confidential phone line for advice..... | 2 3 4 5
- A 'drop in' at a centre | 2 3 4 5
- A worker coming to see you | 2 3 4 5
- 1 to 1 time with a drugs/alcohol worker..... | 2 3 4 5
- A group with other young people..... | 2 3 4 5
- Counselling – someone to talk to..... | 2 3 4 5
- 'Fun' activities – outings, events | 2 3 4 5
- Help for the family all together | 2 3 4 5

What might stop you getting help?

What /who might help the most?

Thank You!

1 - No chance!
2 - Unlikely
3 - Maybe
4 - Quite likely
5 - Yes, for sure!