Uncovering harm

Identifying and dealing with drug problems in family settings is a thorny issue. Working among ex-mining communities in the Welsh valleys, one organisation has been trailblazing a path which others would do well to follow. By **Niall Casserly** and **Michael Waite**

Hidden Harm, the government report into children affected by parental drug use published five years ago, opened up a Pandora's box of problems. It identified a an overlapping of two major issues – child protection and drug use – and a whole spectrum of needs that had been overlooked.

In Rhondda Cynon Taff, an ex-mining area with some of the highest levels of deprivation in the UK, substance misuse has become an inter-generational issue and so, by definition, parenting becomes central. This has led to a concerted effort by services in the area to identify the main types of need and to respond coherently to each one.

The local response was – even before *Hidden Harm* was published in 2003 – to create an organisation that addressed both substance misuse and parenting. More recently the service has expanded to become responsible for a greater range of related issues, and by co-locating all the interventions. What we have is Families First – a partnership between Rhondda Cynon Taf children's services, Cwm Taf NHS Trust and TEDS, a local voluntary sector substance misuse agency.

The valleys have what are known as 'ribbon settlements' – long roads following the hills, mostly turn of the century stock with occasional small 1960s estates. In any one of the valleys, perhaps at the higher end, you might find Family A.

Their nine-year-old and 18-month-old daughters have just been placed on the child protection register under the category of 'neglect' and are living with their grandparents in agreement with the local authority's children's services department. The girls' mum has been opiate dependent for five years and this is their first registration. She is appalled at the situation, but stresses that her relationship with heroin is not straightforward – 'its only when I don't have to worry about my drugs that I can get my head round being a good mother' she says.

In the next valley, an 18-year-old has returned to live with her parents in Family B. She is pregnant and was referred to social services by her midwife at 24 weeks because of ongoing amphetamine use. Her return to the family home was due to domestic abuse.

Not far away is Family C struggling with the strains of bringing up two boys, 11 and 13, in an environment where binge drinking, cannabis and pills could impinge on the life of their children. The parent's reaction to what they see as a threat to their children is causing friction and risks undermining relationships within the family.

These issues are no more pronounced in this part of Rhondda than in other areas of similar socio-economic profile. What there is here, however, is the acknowledgement that all these scenarios feed into one another, and that if we are to successfully address any single one, we have to address them all.

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Families First comprises a team manager, social workers, a specialist health visitor, childcare workers and a parenting programme/training co-ordinator. It was developed with substantial investment from Fframwaith, the area's Children and Young People's Partnership. The interventions, from preventative to intensive, are not individually unique. However, they are unusually combined so that they allow consistency and joined-up working, as well as embedded relationships with the statutory sector and, crucially, an organisational overview of the general *Hidden Harm* agenda.

So, what do the parents and children get out of it? A referral has been received from children's services for Families First to engage intensively with the mother in Family A, to assess the impact of substance misuse on her parenting and to carry out direct work as indicated. Using the increased motivation resulting from this crisis, the mother engaged with a Families First social worker, who was then able to work with her around her heroin use and her children. To achieve this, motivational interviewing techniques were used. For the older daughter, a child assessment, devised by Families First, was completed and direct work regarding her thoughts, feelings and beliefs regarding her mother's substance misuse was undertaken. Some mothers and daughters attend group activities with Families First such as sports days and a trips to the beach – all designed to provide shared experiences and build positive change.

This intervention resulted in improved stabilisation with regard to medication. An eight-week multi-agency child protection plan (CPP) of rehabilitation was formulated to return the children to the care of their mother. The CPP was successfully completed and thereafter the intensity of the intervention was reduced from near daily to weekly contact. The children will receive ongoing services from the Families First childcare worker, reducing gradually as progress continues.

For pregnant users it was felt that Families First needed input at those stages in a parent's life where there is the most potential for change, but that this needed specialist health knowledge – hence Families First's specialist health visitor. In the case of Family B, she formed the continuous link in the pathways between treatment midwifery and health visiting services after birth. Direct work was undertaken, highlighting the risk to the baby as well as the resources available to ensure mother and baby were cared for.

In relation to Family C, Families First offers the strengthening families programme (SFP), one of the few of its kind to be positively reviewed by the Cochrane Collaboration, an independent group which analyses the effects of healthcare interventions (www.cochrane.org/reviews).

SFP focuses on building strengths within the family. In the local context this has three advantages: it complements other functions in terms of knowing families and offering other support services, it offers integration of all Families First's services into wider areas of service delivery and it involves the training of non-substance misuse specialists, thus building capacity in relation to frontline substance misuse work.

All four members of the family attended the programme and mother and father enjoyed the opportunity to share their experiences in the parent sessions with other adults in a similar situation to themselves. Similarly, the boys made new friends in the young people sessions and all four found the chance to spend quality time together in the family sessions. All family members learned new skills in dealing with family and peer issues.

Families First is just one way of devising and organising services. It has distinct advantages and we will doubtless come across drawbacks. To establish an initiative of this type, there seem to be several preconditions that are necessary: the establishment of need, high level support from the participating organisations, cross sector working and a culture of evaluation and improvement.

In Rhondda we have mapped the prevalence of substance misuse need across the range of children's services interventions – children in need, the child protection register, local authority placements and care orders. Not all of these can be investigated equally thoroughly, but we are in a position with the child protection register to monitor rates of substance misuse and to identify prevalence, for example, by ward.

The cohesiveness of this approach has been made easier by a historically high level of local prioritisation of the issue, from within both statutory and voluntary agencies. This has meant that senior staff within children's services have good knowledge of, and high levels of commitment to, substance misuse issues. It follows that when investment in such services takes place, then care pathways and inter-agency agreements need to be robust and clear, to cope with both the volume of referrals, as well as the potential scrutiny the subject understandably attracts. In this respect, the children's service has been able to build on lessons learnt from past mistakes to establish strong safeguarding and risk-assessment processes.

Historically, drug and alcohol services have excelled at working with marginalized adults whereas children's services have orientated themselves around the child. *Hidden Harm* challenged these old boundaries, but it is only quite recently that substance misuse services and children's services have started working together consistently. Cross-placement of skills is seen as a way forward in many areas. In our case it was felt that, although Families First was a free-standing agency, joint management was necessary. It was also important to have a developmental substance misuse presence within children's services.

By mapping the trends and patterns evident from systematic statistical trawls, Rhondda Cynon Taff can examine, highlight and respond to factors relating to substance misuse across the local authority. The range and nature of interventions provided by Families First is proof of this. Ours is just one way of working – but we would argue that it is a model which is worthy of close scrutiny.

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