

## **New approaches to parental substance misuse**

Parental substance misuse is a major social problem. No-one knows exactly how many children are growing up in families where one or both parents have a drug or alcohol problem, or misuse both substances. Hidden Harm, the report by the Advisory Council on the Misuse of Drugs (2003), [1] reported that at least 2-3% (200-300,000) of children under 16 in England and Wales live with one or two parents misusing illegal drugs. Up to 9% (1.3 million) children are estimated to be affected by parental alcohol misuse. [2] Recent figures paint a more troubling picture, reporting that almost 1 million children are living with drug users and 3.4 million with parents who are 'at least' binge drinking.[3]

Not all children who are exposed to parental substance misuse suffer harm. It is mediated by many factors that include parents' social and economic circumstances, the presence of violence and children's own resilience. Nevertheless, research shows that parental substance misuse is a major risk factor for child maltreatment, family separation and offending, and poor educational performance and substance misuse by children and young people. The parents' many difficulties create serious problems for their children and place major demands on health, welfare and criminal justice services. Parental substance misuse also carries significant, but poorly charted, economic costs to society. For all these reasons parental substance misuse is a cross-cutting government agenda, underpinned by national policies that aim to strengthen families through community-based early intervention and support programmes.

The interdisciplinary Centre for Child and Youth Research at Brunel University has been carrying out research into parental substance misuse for several years. Its focus has been particularly on its impact on children's services, the search for effective interventions and policy advice. Until about 10 years ago, it was not possible to indicate the scale, nature and impact of parental substance misuse on children's services. Our survey [4] of four London boroughs funded by the Nuffield Foundation helped address some of these gaps. It found that parental substance misuse was the most widespread parental problem that social workers were dealing with, affecting 34% of all cases requiring long-term social work.

Moreover, the more serious the child protection concern, the more likely the case was to involve parental misuse of drugs or alcohol. Two years after referral, 54% of the children were no longer living with their parents. Particularly troubling, those who remained at home were more likely to have poor outcomes, a fact that is likely to be attributable to

the children often remaining with parents still perpetrating violence and misusing alcohol. A major gap was found in social work capacity and skill to address this immensely complex problem, which is characterised by denial, minimisation, veiled threats, and occasionally, actual violence towards the worker.

More recently, Dr Pokhrel, an economist from the Health Economics Research Group (HERG), joined forces with Professor Harwin (Health Sciences and Social Care) and a team of researchers to evaluate new ways of working with families in crisis. They have just completed a 30 month study for the Nuffield Foundation and Home Office to evaluate a new approach to care proceedings when parental substance misuse is involved – a family drug and alcohol court (FDAC). [5] The court, the only one of its kind, runs for five years in Central London, with central and local government funding. It is based on a successful US model where specialist courts have achieved higher rates of family reunification than ordinary court and services because the parents have engaged with substance misuse services. Two-thirds of all care proceedings in the pilot authorities involve parental substance misuse, a figure that is in line with other surveys. There are no national figures on the proportion of care proceedings that involve parental substance misuse.

As in ordinary care proceedings, the central decision for FDAC is whether the child can remain with the birth family or whether the 'significant harm' to the child necessitates a move to an alternative family. But unlike most ordinary care proceedings, parents in FDAC see the same judge throughout and meet with him every fortnight. They also receive support from a multidisciplinary team, including fast access to substance misuse services and assistance with other issues, such as housing, domestic violence and financial hardship.

The evaluation has reported encouraging results. It found that more FDAC parents addressed their substance misuse successfully than parents going through ordinary care proceedings, leading to an 18% higher rate of family reunification. Just as important, children were placed more swiftly in permanent alternative homes when parents were unable to address their misuse, giving them the chance to put down permanent roots rather than drifting in the care system. Finally, the detailed financial costings, based on a bottom-up approach widely used in health service's research but rarely in children's social care, found that FDAC saved local authorities on the costs of out of home placements, of lawyers attending court and there were also potential savings to the Legal Services Commission.

At a time when there is profound concern about the purpose, efficacy and costs of the care system, FDAC offers a promising way forward – a fact that has been picked up by the Norgrove Family Justice Review and the Munro Child Protection Reviews. The study raises an intriguing question: if, as our figures appear to suggest, a majority of care proceedings involve parental substance misuse and if FDAC achieves better child and parent outcomes than ordinary care proceedings with potential cost savings, then is it a better way forward?

Brunel University has recently received further funding to continue the evaluation with larger case numbers and a longer follow-up period and its findings may help provide an answer to this important question. Already, on the back of the first stage evaluation, the DfE is commissioning work to examine how FDAC might be set up in other areas. Work is also under way to consider widening the remit of the FDAC prototype court to include domestic violence and mental health. Research shows that children of parents with mental illness or substance misuse have a 50% chance of developing mental health problems themselves over their life, increasing to 66% if both parents misuse drugs or have mental health problems.[6]

Addressing the problem of parental substance misuse effectively is of major importance to society. A troublesome finding from the FDAC research was that more parents continued to misuse than stopped, even when they received the FDAC extra support and services. There are surprisingly few robust studies evaluating the effectiveness of family interventions in this field. Most are small-scale, short-term, rarely use robust research designs and do not evaluate costs and cost effectiveness.

Our involvement (Professor Harwin and Professor Madge) in an 18 country EU ENCARE V programme on children affected by parental alcohol problems (ChAPAPs) [7] illustrates shared problems and promising ways ahead. Brunel University had the lead role in devising and analysing the survey instrument to map country level information on prevalence, research, service delivery, policy and training. The survey showed widespread gaps in information, particularly about health consequences to children and young people. It also revealed exciting innovations, such as the creation of e-chat rooms in Finland to encourage children to access peer support and professional guidance. Still at an early stage of development, this scheme addresses some key problems found across Europe. These children experience a profound sense of isolation and vulnerability, a lack of support and are often unable or unwilling to attend formal services, which are in short supply. e-Chat rooms and texting services permit children to access help swiftly, anonymously and in a medium that is second nature to them.

We are now considering how the 'Payback Framework', developed by Professors Martin Buxton and Stephen Hanney at Brunel University's Health Economics Research Group, could be applied to assessing the impact of substance misuse research on policy, practice and service development. The Payback Framework was developed to examine the impact of health research on health services and their costs, on policy formation and the nation's health. It is a multidimensional categorisation of benefits from research that starts with more traditional academic benefits of knowledge production and research capacity building, and then extends to gauging the wider benefits of research to society. Not only does this approach demonstrate how research has informed policy, it will allow researchers, research funders and policymakers to greater understand how to maximise the policy and societal impact of future research findings. [8] Breaking the cycle in intergenerational transmission of parental substance misuse is a priority for us all.

1. Advisory Council on the Misuse of Drugs (2003), 'Hidden Harm: Responding to the Needs of Children and Problem Drug Users', report of an inquiry by the Advisory Council on the Misuse of Drugs, London: Home Office

2. Turning Point (2006), 'Bottling it up: the effects of alcohol misuse on children, parents and families', London

3. Manning V et al (2009), 'New estimates of the number of children living with substance misusing parents: results from the UK national household survey', BMC Public Health 9:377

4. Forrester D and Harwin J (2011), Parents who Misuse Drugs and Alcohol: Effective Interventions in Social Work and Social Protection, Wiley & Sons Ltd., Chichester

5. Harwin J, Ryan M and Tunnard J with Pokhrel S, Matias C and Momenian-Schneider (2011), 'The Family Drug and Alcohol Court (FDAC) Evaluation Project Final Report', Brunel University, [www.brunel.ac.uk/fdacresearch](http://www.brunel.ac.uk/fdacresearch)

6. Woolderink et al (2010), BMC Public Health, 10:470

7. The full final report is available on the ENCARE V programme:  
[www.encare.info/Page/6b71acd4-5999-41f2-aa2f-655ecc72cafc.aspx](http://www.encare.info/Page/6b71acd4-5999-41f2-aa2f-655ecc72cafc.aspx)

8. Donovan C, (forthcoming) Special edition of Research Evaluation (2011), 'State of the Art in Assessing Research Impact', 20(3)