

CORPORATE PARENTING BOARD

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**CARE PLANNING FOR CHILDREN – RISK ASSESSMENTS
AND PACKAGES OF SUPPORT ARISING FROM PROBLEM
PARENTAL DRUG USE**

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PURPOSE OF THE REPORT

1. To present to Members some of the work of the Neighbourhood Enabling Team (NET) that focuses on the impact of problem parental drug use upon children.

BACKGROUND AND EXTERNAL CONSULTATION

2. NET is a Neighbourhood Renewal funded Family Support Team set up in March 2003, it has continued through extended funding which will expire on 31 March 2006. The Team operates in a deprived area of central Middlesbrough, is based in the locality and covers some '113 streets'. (See Appendix 1)
3. NET was set up to meet an identified gap in service provisions with families, children and young people at level 3, whose wellbeing was seen to be 'compromised and likely to deteriorate unless some service is provided'.
4. The focus of the work in the Team is early intervention and preventative work, working collaboratively with partner agencies and holding cases at a high threshold of Child Protection. The plan was to establish on a pilot basis a community based, multi-disciplinary family support service to address the needs of vulnerable children, young people and their families.

5. The aims of the project are:

- To reduce the number of Children Looked After
- To reduce the number of children of the Child Protection Register
- To promote healthy living and social inclusion
- To develop close links with community services.

PROJECT EVALUATION REPORT – 20 APRIL 2005

6. The project was evaluated over an 18-month period by the University of Durham. A promotional event to publicise its findings is to be held on 12 September 2005. Learning from the evaluation will be incorporated into Children Families and Learning services as they move to locality working.
7. During the period of the evaluation, the Team has seen an increase in its work with substance misusing parents and where referred problems coincide with drugs. For example 45% of referrals indicated more than one area of concern (subsequent cost and number of interventions) where drugs issues were noted as the referred reason. The other most reported concerns were parenting, behavioural problems and unborn and new-born children at risk.

PRIMARY PROTOCOL FOR PREGNANT SUBSTANCE MISUSING PARENTS

8. Middlesbrough has developed good working practice between Health and Children, Families and Learning in the development and implementation of a multi-agency protocol for professionals involved in the care of substance using women or parents, by early identification of these mothers. A further initiative has been developed by Children Families and Learning Social Workers, which facilitates a Pre-Birth Assessment to assess the risks and make plans before the baby is born.

PREVALENCE

9. The team has seen an increase in referrals under the Primary Pregnancy Protocol. Whilst this is happening across Middlesbrough and Redcar & Cleveland, the Team received 26% of all Middlesbrough's cases in a 12 month period. This is significant not only because the Team covers a small geographical area but also because of the nature of these referrals, i.e. they represented some of the most chaotic and chronic problematic drug users. Consequently a significant proportion of these resulted in alternative permanency plans – with extended family or via adoption.

CARE PLANNING FOR CHILDREN – RISK ASSESSMENTS AND PACKAGES OF SUPPORT

10. During this period the Team has responded to these issues by developing intensive assessments and family support packages for a small but growing number of high risk families. These attempted to consider and respond to the specific child(ren) of these families within the context of their parents' particular needs and difficulties. Given the age of the children we were dealing with

(mainly unborn or new-born), assessments of the children and parenting capacity needed to be intrinsically linked to clear and effective care planning. This entailed 'Twin Tracking' and 'Concurrent Planning' to achieve successful outcomes for these children.

11. Successful outcomes are based on thorough assessments and a clear understanding of the complex issues involved. Any interventions and support packages must be multi-agency and carefully co-ordinated. Many of these parents may have basically good parenting skills but are unable to carry them out effectively because of their own overwhelming problems and needs. Professionals are required to make difficult and life-changing decisions about the quality of parenting now, predict how it will develop in the future and more significantly, whether this is likely to be maintained alongside thorough assessments of the child's needs.
12. Intensive assessment work developed in the Team with small numbers of high risk cases to assess and make recommendations about the likelihood of these babies being placed in their parents' care. A model of practise developed that enabled these assessments to be undertaken, alongside packages of support for the parent within the family home.
13. Typically:
 - The parents do not engage with the Pre-Birth Assessment or the risks are assessed as too high for the baby to be safely placed in parents' care without further assessment.
 - Housing problems are prevalent and chaotic.
 - Parental drug use is chaotic, behaviour is unpredictable, denial and criminality feature.
 - Protection measures were needed for discharge following delivery of the baby – Child Protection and/or Family Plans (often Family Group Conferences).
 - Baby was discharged to foster care or family members.
 - Babies showing signs of neo-natal abstinence syndrome and needing medication.
 - Birth of baby and / or initiation of Care Proceedings galvanises parents into seeking treatment and engaging with professionals. (Crisis Intervention).
 - Commencement of Core Assessment
 - Extended periods of contact and parenting skills in family home promoted.
 - Treatment plans for the parents' drug use.
 - Practical support and skills / advice needed at all levels.
 - Multi-agency plans progressed / Legal proceedings initiated (Twin Tracking / Concurrent Planning).
14. Our aim was to give some of our more problematic families the best opportunity to make and sustain the necessary changes to enable them to care and meet their child(ren)'s needs. Whilst clearly recognising that some parents cannot – despite the support – make and sustain the necessary changes, and that some children may simply need to be 'rescued'.

15. Once the family engage, an intensive assessment can commence. Whilst the Team has been able to offer intensive assessment and support packages, it became clear that the parents' needs around treatment and therapeutic / emotional support is vital for their ability to make and sustain any positive changes. It also required fully co-ordinated multi-agency practice and an identified person to take on this role.

HIDDEN HARM

16. The practise in the Team reflects some of the key findings and recommendations of the Hidden Harm Report (2003, Home Office), specifically:-
 - Parental problem drug use can and does cause serious harm to children at any age from conception to adulthood.
 - Reducing harm to children from parental drug use should become a main feature of policy and practice.
 - By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
17. The Hidden Harm agenda makes a number of recommendations to key agencies about the negative impact upon children of problem parental drug use. It recognises that until relatively recently the harm to these children (conservative estimate 2-3% of all children under 16) was just that – hidden. Specialist and adult services were attempting to meet the needs of their growing client group but the adverse impact upon children's development remains relatively unknown. There are developing projects and initiatives that focus on children's needs (for example there was a project for a short time in Middlesbrough: Action Together), however most specialist services continue to focus on the adults' treatment needs.

FINANCIAL, LEGAL AND WARD IMPLICATIONS

Financial

18. The cost of the development of the current model of practice has been met within the NET NRF funded project. Funding for the NET project will cease at the end of March 2006 and therefore any development of further work will require additional funding.
19. The costs of any initiative would be directly related to the nature and number of referrals and whether it remains specific to a defined locality.
20. If the project is targeted it would be able to apply for NRF funding specific to the locality and project.
21. Further costs could be met – via the Hidden Harm Agenda – where specialist posts and/or responsibilities could be identified by Adult Services, Children, Families and Learning and specialist Health Services.

Legal

22. The principals and guidance of the 1989 Children Act direct that the Local Authority, Health Services, housing agents and other agencies in contact with families have a range of responsibilities for promoting the welfare of 'Children in Need' and protecting them from harm. It gives clear guidance, Working Together to Safeguard Children (1999) and the Framework for the Assessment of Children and their Families (2000), about assessment, protection and planning. The recent Children's Act (Every Child Matters) guides Authorities to develop policies to improve the life and chances of young people aged 0 – 18 at risk of a wide range of negative outcomes.

Ward Implications

23. The NET Team is based in central Middlesbrough, covering Gresham Ward. Whilst the immediate physical environment maybe undergoing change, some of the features of this socio-economically deprived area can be found across other areas of Middlesbrough where problematic drug use is a characteristic. The number of children on the Child Protection Register by Ward reflects some of these factors. Consequently this report will be of interest to all members.

RECOMMENDATIONS

24. The Corporate Parenting Board advises the Executive to consider:
 - i) The development of a multi-agency service – incorporating adult services and specialist professionals across Health and Children Families and Learning – to offer a comprehensive assessment, drug treatment and family support package to parents with problematic drug use were there is a likelihood of the baby / children being removed. The aims of such a project would be to enable parent(s) with significant problematic drug use to make and sustain the necessary changes to care for their child(ren).
 - ii) The application of the model of practice developed in the NET Team across agencies, to be robustly co-ordinated in line with good practice and established protocols. Such a model of working is innovative, combining research led practice and theories and models of good practice that are evidence based.

REASONS

25. Parental problem drug use can and often does compromise children's health and development from conception through to adulthood.
26. The Hidden Harm Report (2003) highlighted research concerning the impact of parental drug misuse upon children and parenting and it estimated prevalence.
27. Middlesbrough has a significant drug problem and this has both short and long term policy and service implications.
28. A small, pilot family support project in central Middlesbrough identified high levels of substance misusing parents. Significantly it also identified a higher

than expected number of unborn and new born children being born into chaotic drug misusing households.

29. Such an initiative would support and demonstrate good practice and outcomes for some of our most vulnerable children to be given a realistic and protected opportunity to be cared for by their birth parents. One overall aim being to reduce the numbers of children looked after by the local authority.

BACKGROUND PAPERS

30. The following papers were used in the preparation of this Report:-

- Home Office Hidden Harm Responding to the Needs of Children of Problem Drug Users (2003)
- Department of Health, Department for Education and Employment, Home Office (2000) Framework for the Assessment of Children and their Families.
- Department for Education and Skills (2003) Every Child Matters.
- Rena Phillips (ed) (2004) Adoption and Fostering Children Exposed to Parental Substance Misuse, Implications for Family Placement.
- South Tees Area Child Protection: Multi Agency Protocol for Professionals in Middlesbrough, Redcar and Cleveland involved in the Care of Substance Using Pregnant Women or Parents.
- Pre-Birth Assessment and Questionnaire devised by A. Peacock, L. Wise. Social Workers (2003).
- Department of Health (1999) Working Together to Safeguard Children.
- Durham University. Neighbourhood Enabling Team Evaluation. Final Report, J. Tidmarsh April 2005.
- Review and Development Unit Middlesbrough Child Protection figures by Ward. Internal stats.
- Cleaver et al (1999) Children's Needs Parenting Capacity. The Impact of Parental Mental Illness Problem Alcohol and Drug Use and Domestic Violence. A Children's Development. The Stationery Office.
- Neighbourhood Renewal Funding Proposal: Multi Disciplinary, Community Based Family Support Service for Vulnerable Children and Young People. Jan Douglas & Jenni Cooke (2002)

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Area covered by Neighbourhood Enabling Team

