



**Barnardo's NI response to the PHA/HSCB consultation on the
'Alcohol and Drug Commissioning Framework
for Northern Ireland 2013-16'**

Introduction and background

Barnardo's NI is the largest children's charity in Northern Ireland. We work with almost 11,000 children, young people and families in more than 40 different services and programmes, and in over 150 schools. Our services range from family support to work with looked after children, young carers, BME children and families, and children and young people affected by parental substance misuse. We believe that, where appropriate, individuals engaging in substance misuse should also be considered within the context of their family life, community and broader society.

Our work on the ground, at both policy and practice level, provides us with a clear overview of many of the issues currently impacting upon children and families affected by drug and alcohol misuse. In particular, Barnardo's NI PHAROS service uses a family focused approach to deliver a wide range of services to families where there is parental substance misuse and advocates interagency collaboration in order to provide an effective response. The service includes direct work with children; therapeutic family work; parenting support; group work; work with couples; and addiction recovery support for adults.

Barnardo's NI therefore welcomes this opportunity to comment on the proposed Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16. For the purposes of our response we have addressed those consultation questions where we think we can bring added value.

Consultation questions

1. Do you agree with the approach being proposed by the PHA/HSCB in the development of a Drug and Alcohol Commissioning Framework for Northern Ireland as outlined in section 3 of this document?

Barnardo's NI generally agrees with the proposed approach which builds on the progress achieved by the forerunning New Strategic Direction (NSD) Strategies. In our view the new Framework provides a base for clarity and direction

regarding commissioning; consistency in regional service provision; integration and partnership working; the development of evidence-based practice/service initiatives; and meaningful service user involvement.

However, Barnardo's NI does recommend that further consideration is given to a number of issues, as reflected by our comments in each Section below. In addition, we would like to draw particular attention to:

- Children's needs are not adequately expressed in terms of the outcome goals in each Section. In our view a family focused approach which recognises the interdependency of individual family members and considers the welfare of children is essential across the proposed Framework. We would therefore suggest the outcome 'Reduction of harm to children living with parental substance misuse' is integrated into outcomes goals across all Sections.
- A reliance on 'imported' programmes (e.g. Strengthening Families) is indicated. Barnardo's NI recommends that more emphasis is placed on applying the knowledge, experience and evidenced-based practice that has been developed locally and which recognises cultural mores.
- There is little reference and response to drug misuse and the misuse of prescribed medication; we would therefore recommend this is given due consideration in the Framework.

SECTION ONE: CHILDREN, YOUNG PEOPLE AND FAMILIES

Drugs and Alcohol

7.1 Education and Prevention

1. Do you agree with the commissioning priorities as laid out in this section?
2. Do you agree with the Service Aims and Role and Functions outlined in this section?
3. Do you agree with the outcomes listed in this section?

Barnardo's NI recommends that the focus should be on the provision of parenting '**support**', rather than the development of parenting '**skills**'. In our experience parenting skills are often not, and should not be presumed as, deficit in families affected by substance misuse.

Furthermore, in addition to 'Strengthening Families', which is a more resource-intensive programme, there are other effective and locally proven methods of intervention which we recommend are included, e.g. Systemic Family Therapy, Family Group Conferencing and Group Work.

Barnardo's NI also suggests that outcome goals in this Section should include reduction in harm to young people who drink and/or use drugs; and increased resilience in children and young people.

7.9 Early Intervention and Treatment

Early intervention

4. Do you agree with the commissioning priorities as laid out in this section?
5. Do you agree with the Service Aims and Role and Functions outlined in this section?
6. Do you agree with the outcomes listed in this section?

Barnardo's NI strongly agrees with the need to have a full range of services available to children, young people and families that range from early intervention through to complex cases. Substantial resources will be required to adequately equip a workforce that can effectively respond to service users' needs and to realise the 'shift left' approach detailed in 'Transforming Your Care'. We would recommend a menu of resources is linked to the application of RIAT to enable the needs of children/young people to be appropriately actioned.

Young people's treatment services including CAMHS

7. Do you agree with the commissioning priorities as laid out in this section?
8. Do you agree with the Service Aims and Role and Functions outlined in this section?
9. Do you agree with the outcomes listed in this section?

Barnardo's NI agrees with the CAMHS initiative but would have some serious concerns about capacity, particularly as this service already appears to be considerably stretched. We are unsure of the role DAMHS will play in the future and would welcome some clarification about this. Given the time and general resource constraints on CAMHS, other professionals/agencies are often better placed than CAMHS to undertake ongoing work with children and young people. Barnardo's NI therefore recommends there should be increased accessibility/opportunity for other professionals to formally liaise/consult with CAMHS in relation to children affected by parental substance misuse.

7.21 Hidden Harm

Early Intervention

10. Do you agree with the commissioning priorities as laid out in this section?
11. Do you agree with the Service Aims and Role and Functions outlined in this section?
12. Do you agree with the outcomes listed in this section?

Barnardo's NI recommends that commissioning priorities should include initiatives (that accommodate liaison) working between schools, addictions services and children's services.

Treatment and Support

Do you agree with the commissioning priorities as laid out in this section?

13. Do you agree with the Service Aims and Role and Functions outlined in this section?
14. Do you agree with the outcomes listed in this section?

Barnardo's NI strongly recommends that there should be greater emphasis in this Section on providing a range of therapeutic work for children impacted by parental substance misuse. This should include therapeutic group work which is proving to be an extremely effective and resource-efficient method of intervention. In our experience, group work creates unique opportunities to increase children's resilience; enhance coping strategies; reduce isolation; actualise peer support; and engage children/families who are otherwise reluctant service users.

In our view holistic approaches such as Systemic Family Practice and Family Group Conferencing should also be prioritised, as they have been shown to be effective at a local level and are readily applicable methods of intervention. There is also clear evidence to suggest that holistic approaches are more successful, preferred by families (particularly children), and experienced as more palatable by service users.

Currently, the professional support offered to extended family members/carers/ foster carers is negligible, in spite of the vital and pivotal role they play in caring for and protecting children affected by parental substance misuse. Barnardo's NI urges that this 'unseen' service user group is given consideration and accordingly recognised in commissioning priorities. This move would be in line with contemporary research findings, local evidenced-based practice and emerging developments in policy and practice across the UK.

Barnardo's NI recommends that the outcomes in this Section include 'Ensure children/young people affected by parental substance misuse are protected and supported' and/or 'minimise the harm to children affected by parental substance misuse'. We believe sufficient resources must be made available to enable Family Support Hubs to refer on to services that can offer/provide support to children affected by parental substance misuse, and to action children's needs following the application of RIAT.

Barnardo's NI welcomes and commends the inclusion of support for Young Carers in this Section (7.29).

SECTION TWO: ADULTS AND THE GENERAL PUBLIC

8.1 Education and Prevention

15. Do you agree with the commissioning priorities as laid out in this section?
16. Do you agree with the Service Aims and Role and Functions outlined in this section?
17. Do you agree with the outcomes listed in this section?

Barnardo's NI recommends that the outcome 'Reduced harm to children and young people affected by parental substance misuse' is also included in each of the sections below relating to 'Section Two'.

8.11 Substance Misuse Liaison Services

18. Do you agree with the commissioning priorities as laid out in this section?
19. Do you agree with the Service Aims and Role and Functions outlined in this section?
20. Do you agree with the outcomes listed in this section?

Improved interagency liaison, and communication and partnership working between F&CC Services and Addiction teams are essential if children are to be afforded adequate protection. Barnardo's NI suggests that Substance Misuse Liaison workers should have a 'Hidden Harm' brief and corresponding staff training should be provided.

8.20 Low Threshold Services

21. Do you agree with the commissioning priorities as laid out in this section?
22. Do you agree with the Service Aims and Role and Functions outlined in this section?
23. Do you agree with the outcomes listed in this section?

Barnardo's NI agrees with the proposed role of CAMHS but would have some concerns about the services' capacity to fulfil this remit.

8.28 Community Based Treatment and Support

24. Do you agree with the commissioning priorities as laid out in this section?
25. Do you agree with the Service Aims and Role and Functions outlined in this section?
26. Do you agree with the outcomes listed in this section?

Barnardo's NI believes that building community-based workers' knowledge/ awareness of drugs and alcohol is essential. However, we strongly recommend this includes development of their understanding of Hidden Harm issues and the impact of parental substance misuse on children, families and parenting.

We also recommend that a more proactive stance is taken in addressing DNA levels by employing more effective ways to successfully engage, and maintain the attendance of, service users involved in community-based treatment and support.

8.41 Inpatient and Residential Rehabilitation Provision

27. Do you agree with the commissioning priorities as laid out in this section?
28. Do you agree with the Service Aims and Role and Functions outlined in this section?
29. Do you agree with the outcomes listed in this section?

Barnardo's NI agrees that the increased, and consistent availability of, regional inpatient and residential programmes is a positive move. We believe these are key treatments in supporting those with chronic substance misuse problems, particularly as these service users are often amongst the most isolated and least

well off in terms of family and/or community support. In our experience however, some BME groups and those with learning disabilities have limited access to inpatient/residential support, and also some community treatment programmes. Barnardo's NI therefore recommends that staff teams across the range of addiction services and programmes are suitably equipped to accommodate their needs.

SECTION THREE: CAPACITY

9.1 Service User and Family Involvement

- 36. Do you agree with the commissioning priorities as laid out in this section?
- 37. Do you agree with the Service Aims and Role and Functions outlined in this section?
- 38. Do you agree with the outcomes listed in this section?

Barnardo's NI agrees there are advantages in including adult family members in the treatment process/professional interventions in order to improve outcomes for substance misusers and the wider family; this is very evident in practice but grossly under-represented in literature. However, we are very concerned that the Framework does not acknowledge the vital role that adult/extended family members/carers play in caring for and protecting children. This can often be at the expense of their family life; physical and psychological health; and emotional and economic well-being.

The range of negative implications can sometimes include the development of a reliance on substances themselves. Barnardo's NI therefore recommends that adult/extended family members/carers should also be given high priority in this Section; and, as well as being included in treatments/services for the identified substance misuser, they should, where appropriate, be offered services in their own right.

Barnardo's NI supports the idea of 'experiential experts' with regards service user involvement. We strongly recommend that children and young people are included in the initiatives to promote meaningful service user involvement. We would again highlight the importance of listening to and involving all those connected to substance misusers in services e.g. extended family members, partners and children.

Again, we recommend that the outcome 'Reduction in harm to children and young people affected by parental substance misuse' should be included in this Section.

9.7 Workforce Development

The workforce development commissioning priorities are designed to ensure that those working in the field of alcohol and drugs as commissioned by PHA/HSCB are competent and confident to deliver all aspects of this work commensurate with their role and function.

- 39. Do you agree with the commissioning priorities as laid out in this section?
- 40. Do you agree with the Service Aims and Role and Functions outlined in this

section?

41. Do you agree with the outcomes listed in this section?

Barnardo's NI generally agrees; however we feel that training for staff should be much broader than that stated, both in terms of content (e.g. it should include 'impacts of Hidden Harm' and not just training on the protocol) and scope (e.g. it should include a wider range of professionals who could potentially come across substance misuse and Hidden Harm issues).

42. Do you agree with the findings of the Equality, Good Relations and Human Rights Template that accompanied this document?

We would reiterate the issues highlighted above regarding the need for:

- Improved access to residential and in-patient treatments; and community treatment for BME groups and those with a learning disability;
- The inclusion of children in service user involvement initiatives; and
- The provision of services available for adult/extended family members/carers in their own right.

43. Are there any priorities for commissioning that are not reflected in this framework?

There is an increasingly strong evidence base for bridging the gap between adult and children's services in favour of a more family focused approach that considers the needs of dependant children and other family members, e.g. the Think Child, Think Parent, Think Family model. It is therefore disappointing that the Framework makes no real reference to the importance and effectiveness of whole family approaches in responding to parental substance misuse, including Family Group Conferences.

Again, we would highlight there are no specific services initiatives outlined in the Framework to support adult/extended family members/carers of substance misusers who have a vital role in the care and/or protection of children.

Summary of key recommendations

- A family focused approach recognising the interdependency of individual family members, and considering the welfare of children, should be an integral component across the Framework.
- The outcome 'Reduction of harm to children living with parental substance misuse' should be integrated into outcomes goals across all Sections.
- More emphasis should be placed on applying the knowledge, experience and evidenced-based practice that has been developed locally and which recognises cultural mores.
- Greater consideration should be given in the Framework to drug misuse and the misuse of prescribed medication.
- The focus should be on the provision of parenting '**support**', rather than the development of parenting '**skills**'.

- The provision of suitable resources to adequately equip a workforce that can effectively respond to service users' needs and to realise the 'shift left' approach detailed in 'Transforming Your Care'.
- The provision of a menu of resources linked to the application of RIAT to enable the needs of children/young people to be appropriately actioned.
- Increased accessibility/opportunity for other professionals to formally liaise/consult with CAMHS in relation to children affected by parental substance misuse.
- Hidden Harm initiatives should include working between schools, addictions services and children's services.
- There should be greater emphasis on providing a range of therapeutic work for children impacted by parental substance misuse.
- Sufficient resources must be made available to enable Family Support Hubs to refer on to services that can offer/provide support to children affected by parental substance misuse, and to action children's needs following the application of RIAT.
- The needs of extended family members/carers must also be given priority in the Framework.
- Substance Misuse Liaison workers should have a 'Hidden Harm' brief and corresponding staff training should be provided.
- Training for staff should be much broader than that stated both in terms of content and scope; training and awareness-raising for community-based workers must include Hidden Harm issues and the impact of parental substance misuse on children, families and parenting.
- More effective ways must be explored to successfully engage, and maintain the attendance of, service users involved in community-based treatment and support.
- Staff teams across the range of addiction services and programmes must be suitably equipped to accommodate the needs of BME groups and people with learning disabilities.
- Children and young people should be included in the initiatives to promote meaningful service user involvement.

Further information:

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