

**BOARD MEETING ON 6 JULY 2010
ALNWICK ROOM, MARRIOTT SUNDERLAND HOTEL, QUEENS PARADE,
SEABURN, SUNDERLAND SR6 8DB**

FAMILIES AGENDA

Introduction

There is a commitment in the Coalition agreement to develop “a new approach to families with multiple problems” including substance misuse. Substance misuse by parents (and associated behaviour) is identified as a significant risk factor to children reaching their potential. There is a consequent emphasis on the need for adult treatment services and children/family services to collaborate in order to identify, assess, refer, support and treat adults with the aim of protecting children and improving their outcomes.

Having children is a motivating factor for adults to enter treatment and having parents in drug treatment is a protective factor for children. Parents enter, are retained and successfully complete treatment at a similar level or better than the whole treatment population. The Munro review into safeguarding has recently been announced by the Government and it is the intention that the NTA will offer evidence.

Issues

Location of the ongoing responsibility for the substance misusing families agenda within government is not yet clear, however, the NTA continues to work in partnership with the DfE, with jointly funded posts and shared work programmes.

There has been a general increase in child protection referrals over the past two years and the proportion from substance misuse services is described as significant. 1 in 3 of the treatment population have a child living with them at least some of the time and therefore working with this group is mainstream activity for treatment providers and commissioners. A cultural shift is in process to orientate services to “think child” rather than just the adult service user in front of them. There is a need to increase the confidence of the drug treatment workforce in this area to ensure the best targeting of resources to both strengthen families and protect children.

Thresholds for referral to children/family services and the range of those services provided are determined at a local level requiring excellent collaboration by frontline staff. Although substance misuse is a factor in a majority of Serious Case Reviews, often the parents have not accessed treatment, indicating a corresponding need for social care staff to be better able to identify need and refer into drug treatment. There are currently no specific metrics for substance misusing parents or outcome measures for them or their children.

Action

Joint Guidance (NTA/DH/DfE) on the development of local protocols between drug treatment and children/family services was launched in November 2009. A recent audit showed that 25% of partnerships had already developed a protocol, with another 44% to be completed by the end of 2010. NTA regional teams are working with the remainder to support acceleration of progress, to quality assure existing protocols and identify and spread best practice.

Further work with DfE to better understand the referral flows from drug treatment into childrens social care is planned.

Rosanna O'Connor
Director of Delivery
July 2010