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HSC Public Health Agency  
Project supported by the PHA

# Foundation Module: Children, Young People, and Families


Day One



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## Housekeeping


- Breaks
- Microphones
- Internet connections
- Confidentiality
- Questions/comments



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## Housekeeping

- Breaks
- Toilets and exits
- Fire drills
- Mobile phones
- Confidentiality




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## Course Objectives

By the end of today, you will have an increased understanding of:

- A systems approach to understanding substance misuse
- How substance misuse impacts on family structure, such as roles, rules, communication and relationships
- The parent-child relationship and children's attachment behaviour




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**Course Objectives**

By the end of today, you will have an increased understanding of:

- The impact of substance misuse on child development
- How parental substance misuse impacts extended family members
- Family based approaches

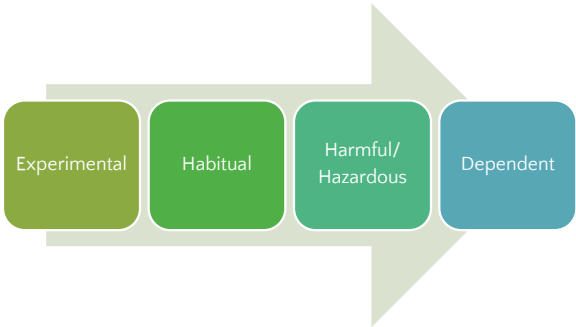


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**1 Introduction**

Why should we work with families, and what are the characteristics of family systems?

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Experimental   Habitual   Harmful/Hazardous   Dependent

What Is **Addiction**?

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**Language and Terminology**




- For the purposes of this course, drug and alcohol misuse will be referred to as **substance misuse**
- **Carers** will be used to refer to parents (including foster parents), extended family members, or others who have parental responsibility for a child

ASCERT Liddle et al., 2009; Sprenkle, 2002

**Why Work With Families?**

- Research tells us that:
  - During the pre-treatment phase, family involvement significantly improves **engagement** of users in treatment
  - Involvement of family improves **retention** in treatment
  - Long-term outcomes are more positive when families and/or social networks are components of the treatment process
  - A whole-family approach gives voice to each family member impacted by substance misuse




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**Who Does Substance Misuse Affect?**

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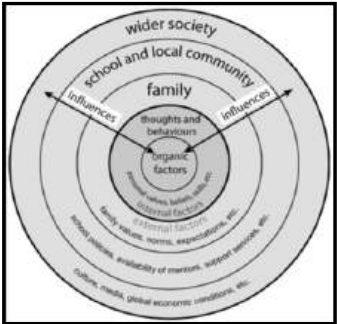
**What are your attitudes towards substance misuse and families?**

Take a look at the Attitudes Questionnaire and see what your thoughts are on substance misuse and families.

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**A Systemic Approach**

- Substance misuse cannot be fully understood in isolation
- A systemic approach helps us to understand how:
  - People develop substance misuse issues
  - How it impacts the functioning of users and family
  - How to treat it



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**Families as Systems**



- Families are systems of interconnected and interdependent individuals
- A basic premise of systemic practice is that the change occurring with an individual is influenced by the relationships that that person has with others

*"Family Therapy: First Steps Towards a Systemic Approach", John Burnham, 1986*

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**What is a family for?**

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**Characteristics of Systems**


- A system is composed of sub-systems, and is also part of wider systems
- Systems are more than the sum of their parts
  - The "whole" that's formed includes the dynamic relationship that exists between family members
- What are some subsystems in families?



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**Characteristics of Family Systems**

- Families carry out their functions through their subsystems and as part of wider systems
- Each subsystem has
  - Different subsystems within it
  - A boundary around it



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**Characteristics of Family Systems: Boundaries**




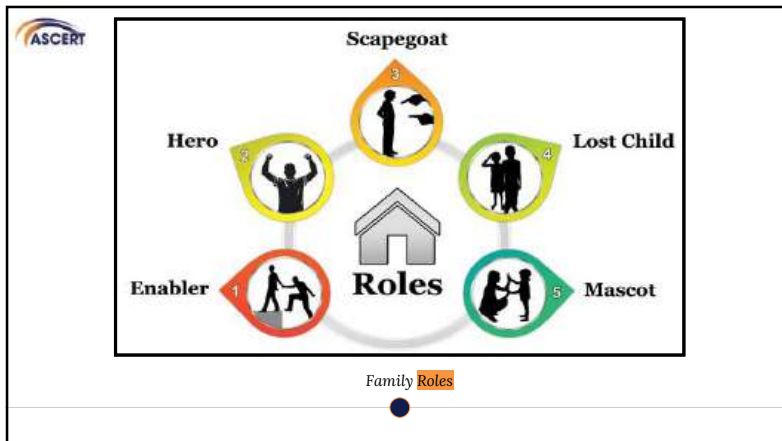
- Boundary: the conceptual social border around a system or subsystem which regulates the flow of information and energy in and out of the system or subsystem
  - Should be clear
  - Semi-permeable
  - Properties change from time to time

"Family Therapy: Concepts, Process, and Practice", Alan Carr, 2000

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**Characteristics of Family Systems: Rules and Roles**

- There are general rules governing the behaviour of systems
- Some rules are spoken and others are not
- Family members have roles
- How are rules or patterns impacted in a family with someone misusing substances?

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**Characteristics of Family Systems: Homeostasis**



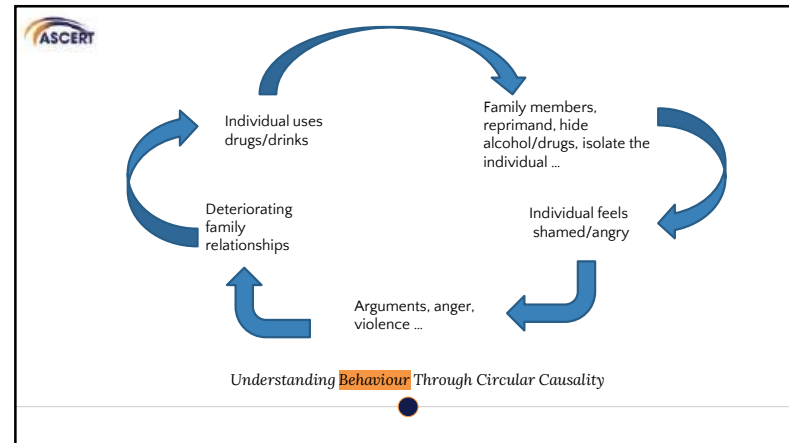
- Tendency for families to develop recurrent patterns of interaction which help them to maintain stability
  - Functional homeostasis – patterns of interaction that promote development and wellbeing of family members
  - Dysfunctional homeostasis – patterns of interaction that lead to the creation and maintenance of problems

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## The Impact of Substance Misuse on Families: Introduction


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How does drug and alcohol misuse affect families?



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### How Does Substance Misuse Impact Families?




- The primary relationship for a person with drug/alcohol issues is their relationship with the substance
- Family members come to organise themselves around the person with the addiction

*"Integrating Couples and Family Therapy Into a Community Alcohol Service: A Pantheoretical Approach" (Vetere & Henley, 2001)*

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### Communication



Rituals

Roles

Routines

Finances


Relationships and interactions

What Family Functions Can Be Affected by Addiction?

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**Impact of Substance Misuse on Families: Rules**

- Common unspoken rules in these families
  - Don't talk, don't trust, don't feel
- Some rules are developed to protect current organisation of the family
- Rules are often characterised by inconsistency and uncertainty (e.g. might apply in one situation, but not another)
  - Example: Promises made when parent is sober may not be made (or kept) when parent is under the influence



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**Impact of Substance Misuse on Families**



- Family structure may be more open due to a lack of consistent rules and supervision
- Inconsistent expression of love and warmth
- Children
  - May be parentified
  - Often physically and or/emotionally neglected
  - Basic needs may not be met
  - Environment may not support child learning

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**3 The Impact of Substance Misuse on Families: Children**

How does parent/carer drug and alcohol misuse affect children specifically?

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The term 'hidden harm' is commonly used to describe parental/carer substance misuse and its effect on children and other family members.


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Barnardo's Northern Ireland

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**Impact of Substance Use on Children: Hidden Harm in NI**


- Limited information on the exact impact of problem parental drug use (PPDU)/parental alcohol misuse (PAM) in NI
- In 2010, the Public Health Agency reported that
  - An estimated 40,000 young people in NI are living with PAM
  - 40% of children on the Child Protection Register and 70% of Looked After Children are there due to PAM



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**Impact of Substance Use on Children: Hidden Harm in NI**

- In 2020, 7.4% of clients on the NI Substance Misuse Database said they lived with children (either dependent or non-dependent)
  - SMD only looks at people who present to services (1) for the first time or (2) for the first time in 6 months
  - Approximately 315 households



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**Impact of Substance Use on Children: Parent-Child Relationship**



- Attachment theory (Bowlby, 1969) says that strong affective bonds with at least one parent/carer are vitally important in the development and nurturing of infants and young people
- The attachment figure (e.g. parent) provides a secure base, literally or symbolically, from where to explore the world

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**Impact of Substance Use on Children: Parent-Child Relationship**




- Attachment behaviour is “any behaviour designed to get children into a close, protective relationship with their attachment figures whenever they experience anxiety” (Howe et al., 1999, p. 21)
- If a parent’s primary attachment is to a substance, this has implications for attachments to others, including their child (Kroll and Taylor, 2000)

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**Impact of Substance Use on Children: "Inner World" of the Child**

- Within the attachment relationship, a child will develop an "internal working model", which can determine:
  - Beliefs about themselves
  - Beliefs about the world around them
  - How they experience themselves as being in the world
- These beliefs govern social interaction and relationships with others



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VEED.IO

**GABOR MATÉ**

Dr Gabor Maté – Inner World

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**Impact of Substance Use on Children: "Inner World" of the Child**



- Children who experience hidden harm may believe:
  - Adults won't provide for me
  - I can't expect love or warmth
  - I have to monitor people's moods very closely
  - Things usually go badly

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**Impact of Substance Use on Children: "Inner World" of the Child**




- Children who experience hidden harm may believe:
  - I can't trust adults to be fair, reasonable, or consistent
  - Things are entirely my fault or totally out of my control
- If a child has an adverse and frightening experience, this will be reflected in a negative working model

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**Impact of Substance Use on Children: Child Development**

- Research in neurodevelopment has enriched our understanding of how the attachment relationship directly contributes to healthy brain development
- Differences between the brains of children and adults who experienced a neglectful and abusive environment and those from a more emotionally positive one



3 Year Old Children  
Normal Extreme Neglect

*"Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture" (Perry, 2002, p. 93)*

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**Impact of Substance Use on Children: Responding to Stress**

<p><b>Positive Stress</b></p> <ul style="list-style-type: none"> <li>Normal and important for child development</li> <li>Infrequent, mild, and brief stress responses</li> <li>Children learn to cope with these stressors when supported by caring adults</li> <li>Going to a new school; learning a task</li> </ul>	<p><b>Tolerable Stress</b></p> <ul style="list-style-type: none"> <li>Caused by more significant, but typically limited, events with stronger stress responses</li> <li>Child can learn to cope with the support of caring adults, which decreases the likelihood of potentially harmful consequences</li> <li>Death of a loved one, suffering an injury</li> </ul>	<p><b>Toxic Stress</b></p> <ul style="list-style-type: none"> <li>Strong, frequent, and prolonged stress responses</li> <li>Caused by stressors which are severe, chronic, and/or are experienced without the support of caring adults</li> <li>Can negatively impact brain development</li> <li>Abuse, parental substance misuse/hidden harm</li> </ul>
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Three Core Concepts in Early Development

**3 Toxic Stress Derails Healthy Development**


NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD  
Center on the Developing Child HARVARD UNIVERSITY

Toxic Stress and Brain Development

Center on the Developing Child at Harvard University; <https://youtu.be/rVwFkcOZHJw>

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**Impact of Substance Use on Children: Dimensions of Child Development**



- Physical health
- Education and cognitive ability
- Emotional and behavioural development
- Identity and social presentation

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**Impact of Substance Use on Children: Dimensions of Child Development**



- A child's needs and capabilities change over time, as do potentially harmful experiences/consequent harm and protective factors. Examples:
  - Ages 0 – 4: need for stimulation and attachment → emotional development and resilience
  - Ages 5 – 11: can have problems with attendance, concentration, and social skills
  - Ages 12+: sometimes internalise feelings and withdraw, or externalise feelings through negative behaviours

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**Hidden Harm's Effects on Children**



In groups, look at the Child Development table handout and consider the potential effects of hidden harm during the following 3 phases: ages 0-4; ages 5-11; and the teenage years.

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**4 Working With Families: Introduction**


How does parent/carer drug and alcohol misuse affect children specifically?

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*"Tolerate, Engage or Withdraw: A Study of The Structure of Families Coping With Alcohol and Drug Problems in South West England And Mexico City" (Orford et al., 1998)*

**Working With Families: Coping Perspectives**

- This approach focuses on the partner(s), carer(s), and children without the substance misuse problem
- Underpinned by 3 working assumptions
  - Substance misuse is highly stressful for family members
  - Family members are often unprepared for this stress
  - Coping with substance misuse in the family will involve many struggles and dilemmas



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- **Stress-Strain-Coping-Support Model**
- Used to highlight the impact of substance misuse on family members → improve coping responses
- Theoretical foundation for two evidence-based interventions focused on family members: 5 Step Method (adults) and Steps to Cope (children)

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**Working With Families: Family-Centered/ Systemic Model**

- Aim is not to blame the family, but to meet the needs of the *whole* family
- Also aims to manage the substance misuse problem whilst acknowledging needs of children and others
- Involves harm reduction strategies and child protection

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**Working With Families: Family-Centered/ Systemic Model**

- Transtheoretical Model combines the Cycle of Change Model within systemic understanding of the family's functioning
  - Vetere and Henly, 2001; Prochaska et al., 1992
- Use of tools like genograms, ecomaps, lifelines, and family sculptures to enable the worker to see the family as a whole and make the child more visible

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**Working With Families: What Is a Genogram?**

- A family tree that contains clinical information about people in a family and their pattern of organisation (Carr, 2000)
- Parker and Bradley (2003) definition
  - Visual representation of a family
  - Snapshot and historical picture demonstrating a variety of patterns regularly occurring within the family unit and influencing the way the family operates
- They can show:
  - Who's who (positions)
  - Who does what (roles)
  - How they do it (rules)

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"Practice Supervisor Development Programme – Resources and Tools: Drawing a Genogram", Cohen & Domakin, 2019, p. 4

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### Working With Families: Why Do We Use Genograms?

- A way of taking a family history and gathering information about the family structure
- Allow us to ask questions about important events and people
- Identify gaps in family members' knowledge of the family history
- Make complex information more accessible → eliciting themes, beliefs, secrets, and myths

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### Working With Families: Why Do We Use Genograms?

- Show us how patterns are handed down the generations
- Give us information about relationships, intimacy, and distance


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## Foundation Module: Children, Young People, and Families

### Day Two


 **Housekeeping**


- Breaks
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- Questions/comments



 **Housekeeping**


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 **Course Objectives**

By the end of today, you will have an increased understanding of:


- Impact of substance misuse on the extended family
- How families respond to youth substance misuse
- How youth substance misuse impacts parents and siblings
- Risk and protective factors for young people




 **Course Objectives**

By the end of today, you will have an increased understanding of:


- How to identify problematic substance misuse in young people
- Know how to engage and support children and young people affected by substance misuse
- Interventions used to treat young people and families




 **Course Objectives**

By the end of today, you will have an increased understanding of:


- Role of universal and specialist services for young people and families
- Know how to identify when a young person needs specialist care



 **1 Working With Families Continued**

**How can substance misuse impact the extended family?**

 **Working With Families: Extended Family**



- No way of knowing just how many drug-affected children live with extended family in Northern Ireland
  - 2021: 1,457 Looked After Children were living in kinship foster care (Department of Health, 2021)
  - 2010: 70% of Looked After Children were there as a direct result of parental substance misuse (PHA/HSCB, 2010)
- Cultural belief: family is the best place to raise children
  - Do you agree or disagree?

 **How does substance misuse impact the extended family?**




In groups, discuss the above question.

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**Working With Families:  
Possible Impact on Extended Family**


- Financial implications
- If grandparents – may be elderly and have health problems
- Difficulties caring for children who may have been abused or neglected
  - They may feel abandoned
  - Anger, negative emotions
- Difficulties establishing parenting roles



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**Working With Families:  
Possible Impact on Extended Family**

- Functioning
- Family strain
- Conflict
- Overcrowding
- Resentment of children already in the home



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**2 Young People Misusing Substances: Introduction**

What if the individual misusing substances in the family is a child or young person?


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**Prevalence of Substance Use in NI Youth (11-16)**

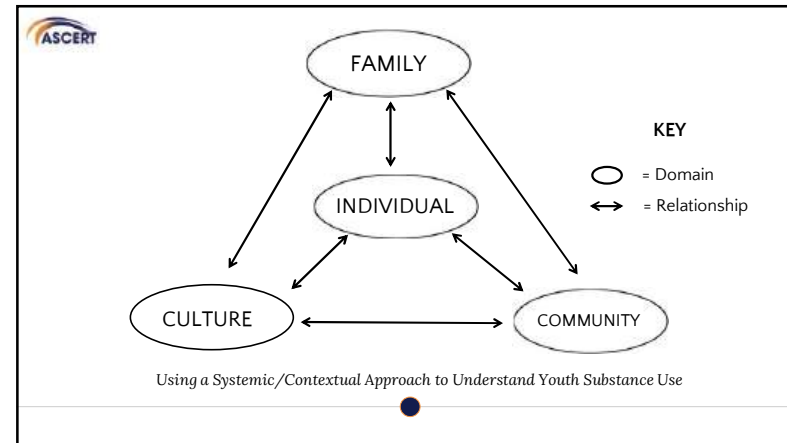
<p><b>Alcohol</b></p> <ul style="list-style-type: none"> <li>○ 29% have ever drank</li> <li>○ Boys were more likely to have ever taken a drink (32%) than girls (26%)</li> <li>○ Year 12 pupils were more likely to report having ever taken a drink (56%) than those in Year 8 (9%)</li> </ul>	<p><b>Other Drugs</b></p> <ul style="list-style-type: none"> <li>○ 5% have ever used drugs</li> <li>○ Boys were more likely to report having ever used drugs (6%) compared to girls (3%)</li> <li>○ Year 12 pupils were more likely to report having ever used drugs (10%) than those in Year 8 (2%)</li> </ul>
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Source: Young Persons Behaviour and Attitudes Survey (2019)

**Trends in Substance Use Among NI Youth**




- Overall – substance use is decreasing or holding steady
- Alcohol and cannabis are the most popular
  - Vaping cannabis oil and synthetic cannabinoids (“spice”)
- Xanax and other street benzodiazepines



**Youth Substance Misuse: Context**


- Substance misuse during adolescence is strongly associated with other problem behaviours such as delinquency, precocious sexual behaviour, and school drop out
- Looking at the issue in context: looking at teen life as whole



**Discovering Your Child Is Using Drugs**

In groups, discuss:

- What might a family’s initial response be when they find out their child has a problem with drugs?
- How might a family try to “solve” this problem?



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**Out of their depth**

Panic

Shock

Denial



Shame

Guilt

Confusion

**Anger**

How Might Families **Feel** When They Discover That Their Child Is Misusing Drugs?

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She was about **15**. I started to see a wee **change** in her, and I was putting it down to her age and hormones and all this. But she started just **defying** everything that was said, like, "You've got to be in at 9 pm". There was no way and you would be out looking for her.


One day she came in and I said, "What's wrong with you?" It was her eyes. "Nothing, I just had a wee **drink**, mum." And I wouldn't leave it alone – but it wasn't the drink.

Parent

“

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**Early Family Response to Youth Substance Misuse**



- A very common response is to try to contain the problem in the family
- The often-felt shame of having a child with a drug problem further cements the impulse to contain the problem

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I **never** ever spoke to anybody about Ben, never. It's only this year, and you can ask anybody, never once did I mention Ben to anybody...or the drugs, or anything. I was just too **embarrassed**. I think for 10 years it was building up...


Parent

“

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**Why Do Young People Use Substances?**

- To feel good
- To feel better
  - Lessen feelings of distress (e.g. anxiety, depression)
- To perform better
  - Academic or sport/athletic performance
- Curiosity and peer pressure



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**Why Do Young People Use Substances?: Adolescent Brain Development**



- By the age of 6, the brain is about 95% of its maximum size
- Females' brains are fully grown (in size) at 11.5 years
- Males' brains are fully grown (in size) at 14.5 years
  - Larger on average than females' brains

Source: Gledd et al., 1999

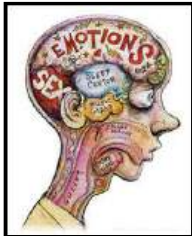
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**Why Do Young People Use Substances?: Adolescent Brain Development**

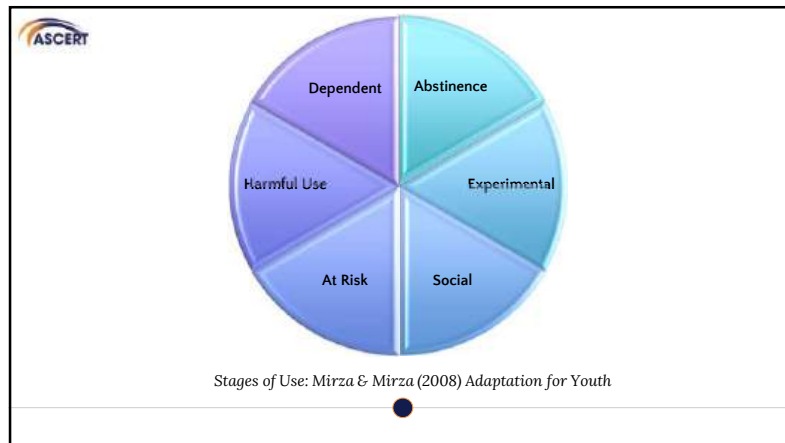
- Significant brain growth and development occurs during adolescence and continues into the twenties
- Some studies show this growth/development extends to age 30
- The adolescent's brain is in a constant state of development
- Some areas of the brain mature faster than others
  - Areas associated with reward, motivation, and impulsivity mature earlier

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**Why Do Young People Use Substances?: Adolescent Brain Development**



- Your prefrontal cortex, which thinks about things logically, weighs the pros and cons, and restrains you matures later
- This means teenagers may be more prone to riskier and impulsive behaviours, and less likely to consider consequences compared to adults



Stage	Purported motive	Setting	Frequency	Emotional impact	Behaviour	Impact on functioning	Suggested interventions [3]
Experimental stage	Curiosity and risk taking	Alone or with peer group	Occasional at best	Mind-altering effects of drugs are less relevant	No active drug-seeking behaviour	Relatively little, but rarely results in dangerous outcome	Universal prevention (drug education) by Tier 1 services
Social stage	Social acceptance	Usually facilitated by peer group	Occasional but variable, depending on peer group	Mind-altering effects of drugs are clearly recognized and appreciated	No active drug-seeking behaviour	Usually a normative experience. May be associated with significant dangers in rare instances	Universal prevention (drug education) by Tier 1 services
At risk or prodromal stage	Cope with negative emotions or enhance pleasure	Alone or with peer group; mostly on their own	Frequent use	Uses drugs purportedly to alter mood or behaviour	Active drug-seeking behaviour	Impairment in functioning in some areas, but able to hide them by and large	Targeted intervention/treatment by Tier 2-3 agencies

Source: Mirza, Sudesh, & Mirza (2011)


Stage	Purported motive	Setting	Frequency	Emotional impact	Behaviour	Impact on functioning	Suggested interventions [3]
Stage of harmful use (similar to ICD-10)	Drug use is the primary means of recreation, coping with stress or both	Alone or with an altered peer group	Regular use, despite negative consequences	Very important	Active drug-seeking behaviour	Impairment in almost all areas of life and or distress in near and dear	Treatment by Tier 3 agencies
Stage of dependence (similar to ICD-10)	To deal with withdrawal symptoms, and stop craving	Alone	Compulsive use, tolerance and loss of control of use	Very important especially dealing with dysphoria and other withdrawal symptoms	Compulsive drug-seeking behaviour; may engage in acquisitive crimes	Physical and psychological complications; impairment in all spheres of life	Treatment and habilitation by Tier 3 and Tier 4 agencies

Source: Mirza, Sudesh, & Mirza (2011)

**Why Do Young People Use Substances?: Risk and Protective Factors**

- J. David Hawkins, Richard F. Catalano, and Janet Y. Miller
- Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance prevention.*
- Psychological Bulletin 1992. Vol. 112, No.1, pg 64-105

**Why Do Young People Use Substances?: Risk and Protective Factors**



- Hawkins's domains that risk and protective factors occur in
  - Individual
  - Family
  - School
  - Community

**Risk and Protective Factors for Youth Substance Use: Individual**

<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>○ Rebellious</li> <li>○ Alienated/isolated</li> <li>○ Early anti-social behaviour</li> <li>○ Positive attitude to drug use</li> <li>○ Poor self-esteem/expectations for success</li> <li>○ Friends who use</li> </ul>	<p><b>Protective Factors</b></p> <ul style="list-style-type: none"> <li>○ Strong bond/attachment to at least one parent</li> <li>○ Strong bond with friends</li> <li>○ Conventionality (follow the rules)</li> <li>○ Child's temperament</li> <li>○ Good repertoire of helpful coping mechanisms</li> </ul>
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Source: Hawkins et al., 1992

**Risk and Protective Factors for Youth Substance Use: Family**

<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>○ Family history of drug use</li> <li>○ Poor family management of problems                     <ul style="list-style-type: none"> <li>○ Parental drug use</li> </ul> </li> <li>○ Positive attitude to drug use by parents</li> <li>○ Unstable home environments</li> </ul>	<p><b>Protective Factors</b></p> <ul style="list-style-type: none"> <li>○ Strong bond/attachment to at least one parent                     <ul style="list-style-type: none"> <li>○ Marital harmony</li> <li>○ Supportive family</li> </ul> </li> <li>○ Good management of problems</li> <li>○ Consistent discipline</li> </ul>
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Source: Hawkins et al., 1992

**Risk and Protective Factors for Youth Substance Use: School**

<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>○ Academic difficulties</li> <li>○ Low attendance</li> <li>○ Anti-social behaviour</li> <li>○ Friends/peers who use</li> <li>○ Unrealistically high expectations</li> </ul>	<p><b>Protective Factors</b></p> <ul style="list-style-type: none"> <li>○ Academic success</li> <li>○ Good attendance</li> <li>○ Follow the rules/social norms                     <ul style="list-style-type: none"> <li>○ Bonds with friends</li> </ul> </li> <li>○ Friends/peers who don't use</li> <li>○ Positive school climate</li> </ul>
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Source: Hawkins et al., 1992

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**Risk and Protective Factors for Youth Substance Use: **Community****


<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>● Economic/social deprivation</li> <li>● Community norms for drug use             <ul style="list-style-type: none"> <li>● Drugs easily available</li> </ul> </li> <li>● Low attachment or few links in the community</li> <li>● Community violence/disruption</li> </ul>	<p><b>Protective Factors</b></p> <ul style="list-style-type: none"> <li>● Involvement in church/other groups</li> <li>● Anti-drug attitude in community (values/norms)</li> <li>● Difficult to access drugs</li> <li>● Area promotes sense of belonging</li> <li>● External support system</li> </ul>
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Source: Hawkins et al., 1992

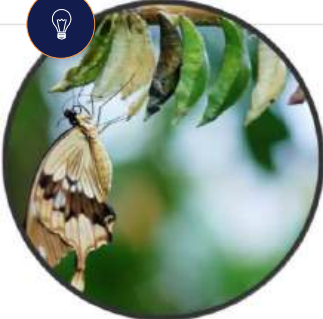
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**Why Do Young People Use Substances?: **Transitions****

- Families, like individuals, go through transitional points in life
- Each stage requires an adjustment
- Significant transitions for children/young people are
  - Childhood → adolescence
  - Adolescence → adulthood



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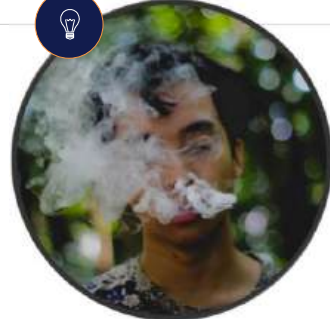


**What **adjustments** do children and families have to make at major transitional points?**

In groups, discuss the above question in relation to:

- The childhood → adolescent transitional point
- The adolescent → adulthood transitional point

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****Case Studies: Youth Substance Misuse****

In groups, read each of the 6 vignettes and determine what stage of drug use the young person is at.

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## 2 Young People Misusing Substances: Working With the Family

What do you have to consider when working with a family in which the individual misusing substances is a young person?

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### Youth Substance Misuse: Key Ingredients of Therapeutic Alliance

- Empathy
- Knowledge of adolescent development
- Non-judgemental approach
- Goal oriented



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### Youth Substance Misuse: Key Ingredients of Therapeutic Alliance

- Family factors can influence or exacerbate the onset of adolescent drug use – **not** to blame
- Family factors (e.g. positive parent-child relationship in a healthy family environment) are among the strongest protective influences
- Three major aspects of family interaction are critical in preventing and treating adolescent drug use
  - Family relationship
  - Guidance through supervision and support in making good friends
  - Transmission of skills and norms through discussion and role modelling

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### What would be some of the **benefits and challenges** of **engaging families in work with young people who are misusing substances?**

In groups, discuss the above question.

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**Youth Substance Misuse Impact on the Family: Whole Family**

- Distorted roles and strained relationships
- Parent and sibling roles across and between generations affected
- Little time left for other relationships
- Widespread disagreement amongst family members about how to respond

The process of adapting to a child's drug problem is one of meeting the needs of the child whilst also trying to maintain the family

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**Youth Substance Misuse Impact on the Family: Relationship Between Parents**




- Mothers and fathers often hold conflicting views on how to respond to their child\*
  - Mothers more likely to emphasise responsibility to the child ("enabling"); want to keep children close; protect from harm
    - Also more likely to struggle with keeping everyone happy
  - Fathers more inclined to distance themselves
- Strain on parental relationships

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**Youth Substance Misuse Impact on the Family: Siblings**

- Siblings often feel pushed to the side
  - View themselves as receiving disproportionate care
  - Drug using sibling seen as favourite
- Source of discord
- Lamented loss of the valued role of older sibling
- Risk of being initiated into drug use by older sibling
- Younger siblings often exposed to violence/family conflict created by sibling drug use





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*They are **not** really my most major, immediate concern...because siblings are not always that close, are they? And there's conflict there, perhaps. Siblings just have to learn to **adapt** and **live** with it, not let it dominate your life, survival, or something.*

GP

“

Impact of Youth Substance Misuse on the Family





Children, individuals and families will be at the **centre** of our approach to address this issue...

Northern Ireland Strategic Framework to Tackle the Harm from Substance Use (2021-31)


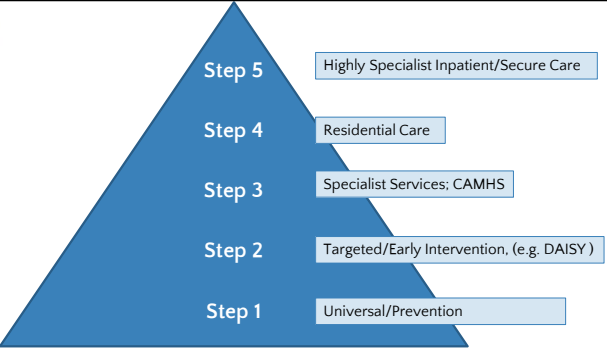
The evidence ... indicates the need for **integration** of substance misuse services for families, children and young people into all systems that serve **family and youth**.

Drug and Alcohol Commissioning Framework for NI (2013)

**Working With the Family:**  
**Early Intervention**

1. Screening and assessment
  1. Talk with the young person about their substance misuse
  2. Screen for alcohol and drug misuse problems using RIAT (Regional Initial Assessment Tool) in conjunction with UNOCINI
2. Brief/early intervention
3. Referral to specialist youth treatment service
4. Key working/coordination role with respect to the range of services

Step 5: Highly Specialist Inpatient/Secure Care


Step 4: Residential Care


Step 3: Specialist Services: CAMHS

Step 2: Targeted/Early Intervention, (e.g. DAISY)


Step 1: Universal/Prevention

Stepped Model of Care


 **The Importance of Engagement**




- The success of any therapeutic approach depends on its capacity to engage and retain clients
- One study found that only 27% of adolescents completed a standard 3 month outpatient treatment programme
  - This means 7/10 teens quit
- We know that developmentally inappropriate or “get tough” approaches don't work


 **Interviewing Young People: Clinical Guidelines**


- Assessments should be undertaken by staff competent in talking to YP and their parents/carers
- The purpose is not just to estimate substance misuse, but to generate some indication of whether the YP is more generally in need
- This should be complemented by views of parents/carers




 **Interviewing Young People: Clinical Guidelines**

- Begin with non-intrusive, rapport-building questions
  - Where do you go to school? Is it good or bad?
  - What sports team do you support?
  - What music do you like?
  - Who do you live with?



 **Interviewing Young People: Clinical Guidelines**


- Continue to use appropriate language and elicit more detail on:
  - Do you attend school?
  - What are your hobbies? (e.g. reading, social media, video games, etc.)
  - Do you consider yourself a happy person or not?
    - If not – do you ever think of harming yourself?
  - Are the people you live with nice to you? What is your relationship like with the people you live with?



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**Interviewing Young People: Clinical Guidelines**

- Proceed to open-ended questions concerning substances:
  - Do you drink alcohol? What do you like to drink?
    - Keep it light – “What does that taste like?”
  - Do you drink alone or with friends? How long have you known them? Are they nice or nasty to you?
  - How much do you drink/use cannabis/etc.?
    - Give prompts such as “twenty cans” or “twenty bong/buckets/joints”
- Make sure to include questions that go over what they’re good at, skills they have, hopes for the future



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**Interviewing Young People: Roleplay**

In groups of 3, use the interview guidelines, your skills, and imagination to interview a young person you come into contact with in your work role who may be misusing substances.


1 “young person”, one worker, one observer



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**Working With Young People and Families: Approaches**

- Brief intervention/Motivational Interviewing
- Cognitive Behavioural Therapy (CBT)
- Family therapy – several models exist and have good evidence of being effective
  - Multi-systemic Therapy (MST)
  - Functional Family Therapy (FFT)
  - Multi-dimensional Family Therapy (MDFT)



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**Working With Young People and Families: Multi-Dimensional Family Therapy**


- Developed by Howard Liddle
- Works with young people in the context of their lives, influencing change in the domains of:
  - Adolescent
    - e.g. improving self-awareness; developing goals
  - Parents
    - e.g. improving parental teamwork; rebuilding bonds
  - Family
    - e.g. improving communication; strengthening emotional attachments
  - School/community
    - e.g. improving working relationships with social systems such as schools, courts

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**HSC Public Health Agency**  
Project supported by the PHA

# Foundation Module: Children, Young People, and Families


Day Three



**ASCERT**

## Housekeeping


- Breaks
- Microphones
- Internet connections
- Confidentiality
- Questions/comments



**ASCERT**

## Housekeeping

- Breaks
- Toilets and exits
- Fire drills
- Mobile phones
- Confidentiality





**ASCERT**

## Course Objectives

By the end of today, you will:


- Have more tools to engage family members affected by substance misuse
- Be in a better position to safeguard children and young people
- Be more aware of the role of universal and specialist care




 **Course Objectives**


By the end of today, you will:

- Have more knowledge about when to refer children, young people and families for specialist treatment
- Know what services are available regionally





 **1 Engaging Families Continued**


What are some barriers to engagement, and what can we do to help improve engagement?

 **Refreshers: What are some of the barriers/challenges of engaging young people and families in your work?**

In groups, discuss the above question.




 **Fear of being removed from parent's care/having children removed**

Stigma		Isolation
Fear of judgement/blame		Previous negative experiences with agencies
Betraying parents or other family		Fear of exposing family secrets
Discrimination or fear of discrimination (e.g. gender identity, sexual orientation, ethnicity)		

What Are Some of the Barriers/Challenges of Engaging Young People and Families in Your Work?

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**Working With a Client: Engagement and Barriers**  
 In groups of 3, role play with a worker, client, and observer.

Imagine you are attending a support service because of a family member's substance misuse issue. Decide on a problem presentation and role play it with your partner (the worker you meet in your initial appointment).


Think about: engagement; barriers; biases; challenges

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**Families Are More Likely to Engage If They:**

- Have clear information about what to expect
- Have a positive, welcoming experience from staff
- Feel comfortable and at ease – not pre-judged
- Understand the role of the professional they are working with
- Are working in partnership with the organisation/agency



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**2 Safeguarding**

What role does safeguarding play in our work with young people and families?

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**Working With Children and Families: Safeguarding**




- It is important to remember that not all children whose parents use drugs/alcohol are at risk, or will be adversely affected by their use
- However, agencies and professionals should be alert to the possibility that substance misuse by a parent may be a contributing factor to abuse and/or neglect where a child may be at risk

**ASCERT**

**Safeguarding in Context**

- Safeguarding is intended to be used in the widest sense, encompassing the full range of promotion, prevention and protection activity
- Effective safeguarding activity will:
  - Promote the welfare for the child/young person
  - Prevent harm occurring through early identification of risk and appropriate, timely intervention
  - Protect children and young people from harm when it is required



**ASCERT**

**Safeguarding: Legislative Framework**

**United Nations Convention on the Rights of the Child**

- Provides overarching framework to guide development of local laws and policies
- Article 3: "The best interests of the child must be a primary consideration by public or private social welfare institutions...this includes ensuring the child is given protection and care necessary for their wellbeing"

**The Children (Northern Ireland) Order 1995**

- Principle statute governing care and protection of children in NI
- Places a duty on statutory child and family agencies to provide services where "a child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by a local authority"

**ASCERT**

**Safeguarding: Legislative Framework**

**The Children's Services Cooperation Act (NI) 2015**


- Places a requirement on individuals and organisations providing children's services to cooperate with each other so that services are integrated and provide better outcomes

**Hidden Harm Action Plan (PHA/HSCB 2009)**

- Recommends "clear communication between services and agencies in regard to supporting children affected by hidden harm, and more effective joint working"

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**Safeguarding: What Is Meant by Harm?**




- The Children Order defines the following terms as:
  - Health
    - Physical or mental
  - Development:
    - Physical, intellectual, emotional, social, or behavioural
  - Harm
    - Ill treatment or impairment of health or development
  - Ill treatment
    - Forms of treatment which are physical and forms that are not physical
    - Sexual abuse

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**Safeguarding: What Is Meant by Significant Harm?**

- No absolute definition – assessed on a case-by-case basis
- Article 50(3) of the Children Order states that:
  - “Where the question of whether harm suffered by a child is significant turns on the child’s health or development; his health or development shall be compared with that which could be reasonably expected of a similar child”



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**Safeguarding: Aims of the Regional Joint Service Agreement**



- To ensure that children living in families affected by substance misuse have access to appropriate support services
- To increase understanding among staff of the impact of a parent’s/carer’s substance use on the lives of children
- To ensure professionals can identify when support is needed to children living with parental substance misuse and where it can be sought

**ASCERT**

**Safeguarding: Aims of the Regional Joint Service Agreement**



- To ensure effective cooperation and collaborative decision making between services
- To promote effective management of risk whilst providing services which are responsive to the needs of families

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*In circumstances where parents or carers are abusing and/or misusing substances such as alcohol or drugs, including illegal or prescribed drugs and ‘legal highs’ [NPS], and their ability to care for a child is impaired, consideration should be given to the need for a child protection response.*

*All agencies, organisations and professionals must take into consideration any substance and alcohol misuse by parents when assessing parenting competence and the needs of, or risks to, any child.*


**Cooperating to Safeguard Children and Young People in Northern Ireland (Department of Health, 2017)**

“

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**Safeguarding: Siblings**

- Important to remember that siblings of substance misusing young people (particularly when an older sibling is using) may also be at risk and require safeguarding
  - Increased risk of initiation into substance misuse
  - Exposure to conflict in the home



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**Barriers to Safeguarding Children Impacted by Substance Misuse**

In groups, discuss some possible barriers to safeguarding children affected by substance misuse. Consider how your particular work role may have an impact on this.



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**Safeguarding: Barriers Identified by Professionals**




- Nature of the problem
  - Drugs are illegal
  - Stigma surrounding drug use/misuse
  - Fear of children being removed
- Anxieties over the right time to intervene
- Lack of coordinated services

*Buchanan & Corby (2005)*

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**Safeguarding: Barriers Identified by Professionals**




- Service agenda (adult vs. child services)
- Process of deciding if what they hear/witness is abuse or not
- Risk of jeopardising relationship with the parent
  - Voluntary drug workers found this the most difficult

*Buchanan & Corby (2005)*

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**Safeguarding: Risk and Vulnerability**

- Risk is not a single circumstance
  - Critical variables relate to what substance misuse does to the parent-child relationship, attachment, lifestyle, etc.
  - The dynamic that occurs between individual, structural, and environmental factors



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**Safeguarding: Risk and Vulnerability**

- Potential areas of risk for children whose parents/carers misuse substances
  - Substance-induced behaviour and mental state of the parent
  - Physical environment (accidental access to substances)
  - Social environment
    - Contact with social world of drug use
    - Witnessing drug use
    - Contact with criminal world
    - Adult carelessness



*Klee et al., 1998*


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**3 Assessing Families Affected by Substance Misuse**

What should we consider when assessing families affected by substance misuse?

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Social or structural disadvantage/discrimination

Poverty		Anxiety
Oppression		Emotional pain
Environment		Domestic violence
Culture		Hopelessness

Mental (ill) health and trauma

The **Impact** of Parental Substance Misuse on Children/Families Can Be **Influenced** By:


ASCERT



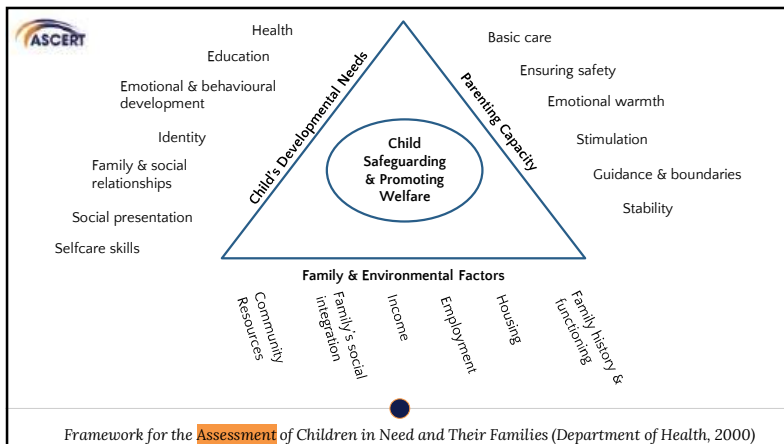
What does it mean to be a **good** parent?

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**Assessment Framework: The Role of Parenting**



- “Good enough” parenting?
  - No such thing as a perfect parent – instead, there is a level of care that is “good enough”
  - Standards of “good enough” may veer dramatically where there is evidence of substance misuse
  - A range of values and beliefs come into play



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**Assessment Framework: Components**

<p><b>Parenting Capacity</b></p> <ul style="list-style-type: none"> <li>Basic care</li> <li>Ensuring safety</li> <li>Emotional warmth</li> <li>Stimulation</li> <li>Guidance and boundaries</li> <li>Stability</li> </ul>	<p><b>Family and Environmental Factors</b></p> <ul style="list-style-type: none"> <li>Family history and functioning</li> <li>Wider family</li> <li>Housing</li> <li>Employment</li> <li>Income</li> <li>Family's social integration</li> <li>Community resources</li> </ul>	<p><b>Child Developmental Needs</b></p> <ul style="list-style-type: none"> <li>Health</li> <li>Education</li> <li>Emotional and behavioural development</li> <li>Identity</li> <li>Family and social relationships</li> <li>Self-care skills</li> </ul>
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**Family Functioning and Relationships**

- In studies of parental drug misuse, 3 themes emerged as significant in terms of parenting capacity and family functioning:
  - Parents have less involvement with children
  - Increased irritability with children
  - The atmosphere of secrecy



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**Resilience and Protective Factors**



- “The counterparts to the constructs of vulnerability and risk” (Werner 1990, p.7)
- Assessing risk involves the dynamic between risk, resilience and protective factors
- Resilience has been described as the ability to ‘bounce back’
- Risk and protective factors are found in the individual, family, community

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**What are some resilience/protective factors for children living with parental substance misuse?**

In groups, consider protective factors for the individual, family, and community.


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**4 Intervention and Support**


**What support is available to families affected by substance misuse?**

 **Role and Function of Early Intervention**


- The *Strategic Framework to Tackle the Harm from Substance Use (2021 – 31)* stresses prevention, early intervention, and a greater integration of care
- Prevention, early intervention and greater integration are key parts of the 'shift left' agenda under *Transforming Your Care/Health and Wellbeing 2026: Delivering Together*




 **Early Intervention for Youth Misusing Substances**




1. Screening and assessment
  1. Talk with young person about their substance use
  2. Screen for alcohol and drug misuse problems using a tool such as RIAT (Regional Initial Assessment Tool) in conjunction with UNOCINI
2. Brief/early intervention
3. Referral to specialist youth treatment service
4. Key working/coordination role with respect to the range of services

 **Regional Initial Assessment Tool**

- Three age specific assessment tools – 12 and under, 13-15 and 16-18
  - Identify a child of YP's substance misuse
  - Assess impact and extent of use
  - Identify substance misuse needs
  - Decide on nature of intervention, i.e. specialist service
  - Identify resources/staff to meet need
  - Decide if there are child protection issues



 **What Are Family Support Hubs?**

- A network of agencies (voluntary/community and statutory) who work directly with parents and children in a local area
  - Engage with families who do not meet the threshold for statutory social work support
  - Aim to avoid duplication and improve coordination of service delivery to individuals and families
  - Draw on expertise of community and voluntary groups
  - Develop clear links with statutory social services to manage child protection concerns

**Role of Family Support Hubs**

- Provide early intervention family support services to vulnerable families and children aged 0-18
  - Type of services depends on what is available in local area
- Signpost families to other services

Refer all children and young people aged 10–15 years to a specialist child and adolescent mental health service (CAMHS) for a comprehensive assessment of their needs, if their alcohol misuse is associated with physical, psychological, educational and social problems and/or comorbid drug misuse.

NICE Guidance (2011)

**Step 5** Highly Specialist Inpatient/Secure Care

**Step 4** Residential Care

**Step 3** Specialist Services, CAMHS, DAMHS

**Step 2** Targeted/Early Intervention, e.g. DAISY, Steps to Change

**Step 1** Universal/Prevention

Stepped Model of Care

**LEVEL 1** All Children & Young People

**LEVEL 2** Children who are Vulnerable

**LEVEL 3** Children in Need in the Community

**LEVEL 4** Children in Need of Rehabilitation

The Family Support Model, initially developed by Pauline Hardiker, maps the range of family support services

Northern Ireland Family Support Model





Figure 2: The Areas and Domains of the UNOCINI Assessment Framework



**Child or Young Person's Needs**  
 Health and Development  
 Education and Learning  
 Identity, Self-Esteem and Self-Care  
 Family and Social Relationships

**Parents' or Carers' Capacity to Meet the Child's Needs**  
 Basic Care and Ensuring Safety  
 Emotional Wellbeing  
 Guidance, Boundaries and Discipline  
 Stability

**Family and Environmental Factors**  
 Family History, Functioning and Well-Being  
 Extended Family and Social & Community Resources  
 Housing  
 Employment and Income

UNOCINI: Understanding the Needs of Children in NI

Assessment Framework to identify children's and YP's needs at an early stage







**Stepped Model of Care**  
 Refer to the 6 vignettes we used earlier in the course. Indicate which Step (Stepped Model of Care) that would best fit the needs of each young person.






**Support Services for Young People and Families**  
 In your groups, list the services/projects that you know, have worked with, or used to refer young people and families affected by substance misuse.

**Support Services for Young People and Families**

<p><b>Adult Treatment</b></p> <ul style="list-style-type: none"> <li>Various – Visit Drugs and Alcohol NI Treatment directory page or scan QR code below</li> </ul>	<p><b>Youth Treatment</b></p> <ul style="list-style-type: none"> <li>DA-FACTS (Dunlewey – Southern Trust)</li> <li>DAISY (ASCERT/Start 360 – all other Trust areas)</li> <li>CAMHS and DAMHS</li> </ul>	<p><b>Hidden Harm</b></p> <ul style="list-style-type: none"> <li>Steps to Cope (ASCERT – regional)</li> <li>Pharos (Barnardos – Belfast, SE, and Southern Trusts)</li> <li>VOICES (Start360 – Northern and Western Trusts)</li> </ul>
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  **NIDACTS**

Northern Ireland Drug and Alcohol Coordination Teams

drugsandalcoholni.info



  **Family Support NI**

familysupportni.gov.uk

A directory of various support services (e.g. mental health, finances) and registered childcare services in NI





  **Steps to Cope Online Intervention**

A self-guided, evidence-based intervention for young people living with hidden harm

stepstocope.co.uk



  **Thanks!**

**Any questions?**

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