

Identifying Young Carers in Substance Misuse Households in Brent

A consultation with substance users to identify better ways of working with families and supporting children within their families



March 2018

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Background Information

The staff at Brent Carers Centre were concerned about the low numbers of young carers being identified as living in substance misuse families, particularly in a borough where it is known that drug use is prevalent in the community. Our efforts to work collaboratively with Addaction to engage with services users in order to identify young carers were positively received. This involved Brent Carers Centre:

- Delivering an onsite Carers Advice Surgery
- Delivering two Carers Awareness Briefings with the Addaction Staff team.

Whilst staff reported that they knew of service users where there were children in the family, it was acknowledged that over a two year period, no referrals were received. Over the same period, of the 102 referrals received from Brent Children Services, none were because parents had been identified as having an addiction. However, following the implementation of Whole Family assessments undertaken by Brent Young Carers Service, we discovered that substance misuse was a key factor in the issues faced by three families where young carers were identified.

Brent Carers Centre was keen to understand the barriers to engagement with young carers living in substance misuse households. Particularly as the 2011 census revealed Brent is a borough with the second highest number of young carers in London with over 3,243 young carers reported.

Brent Carers Centre & Addaction are working in partnership to seek the views of people who are or have been substance users and who may have children in their households. We were thankful that Health Watch Brent awarded resources for this research survey, which enabled us to carry it out. This survey is a non-judgmental and confidential consultation to identify better ways of working with families and supporting children within their families.

Conclusions & Recommendations

Young Carers in substance misuse households have been overlooked for far too long in the borough. To quote The Rt Hon Professor Paul Burstow, (Chair, Tavistock and Portman NHS FT Minister of State for Care Service 2010-2012) *“The right support at the right time can make all the difference. By identifying young carers we can ensure they are not exploited or made ill by their caring responsibilities.”*

Fear of the label of being identified as having an addiction may be a barrier to self-reporting or seeking help. Services must work collaboratively in order to ensure services users are well advised and supported when addressing the needs of young Carers in substance misuse households. If we do not get this right, then young carers themselves are very likely to become in need of mental health and addiction services in the future.

Brent Carers Centre would like to recommend the following as a way forward to improve engagement:

1. All ‘Substance Misuse Workers’ to attend Young Carer Awareness Training, as they are trusted by their clients and are best placed to communicate with service users in a non-judgmental and confidential way.
2. The Job descriptions of ‘Substance Misuse Workers’ to be modified to include their role in identifying, signposting and making referrals to young support services.

3. More publicity and promotion within Alcohol Services and Schools of young carer issues and support services available for both staff, service users as well as young people.
4. Improve the referral pathways from children services & schools where it is known that a parent or adults living in the household has an addiction.
5. Agencies to identify a Carers Champion as a lead in all Schools and Substance Misuse Support Services in the borough.
6. Young Carer Services to appoint a designated Specialist Young Carers Outreach Worker assigned to work with Addiction Services in the borough.
7. A dedicated phone line for young people in substance abuse families to call or increased promotion of Childline.

In 2016, Carers Trust produced a report entitled, *'Invisible and in distress: prioritising the mental health of England's young carers'* this report gave the following recommendation:

- Local Authority Commissioners should increase the sustainability and stability of Young Carers Services and support partnership working between young care services and mental health services.
- National and local government should ensure that they meet their duties to support young carers under the Children and Families Act 2014 and Care Act 2014.

Brent Carers Centre would like to revise and include the point above to read:

8. Local Authority Commissioners and Clinical Commissioning Groups should jointly commission to increase the sustainability and stability of Young Carers Services and support partnership working between young carer services, mental health services and substance misuse services.

Existing Data & Research

The Brent JSNA Substance misuse report for 2015 reported that:

- Numbers in treatment have risen slightly with 1,739 adults accessing structured treatment in Brent in 2014/15.
- The number of young people accessing treatment services increased on the previous year by 47% to 157.
- In Brent, 26.8% people who were in contact with mental health services were in concurrent contact with substance misuse services for drug misuse in 2013/14. This was higher than the average in England of 17.5% (NDTMS)

There is extensive research available on the adverse effects of children living in substance misuse households. **The Addaction/Young Minds Briefing Report** on: Childhood adversity, substance misuse and young people's mental health, in 2017 highlights:

- 1 in 10 adults lived at some point during their childhood with someone who misused alcohol, and 1 in 25 with someone misusing or dependent on drugs.

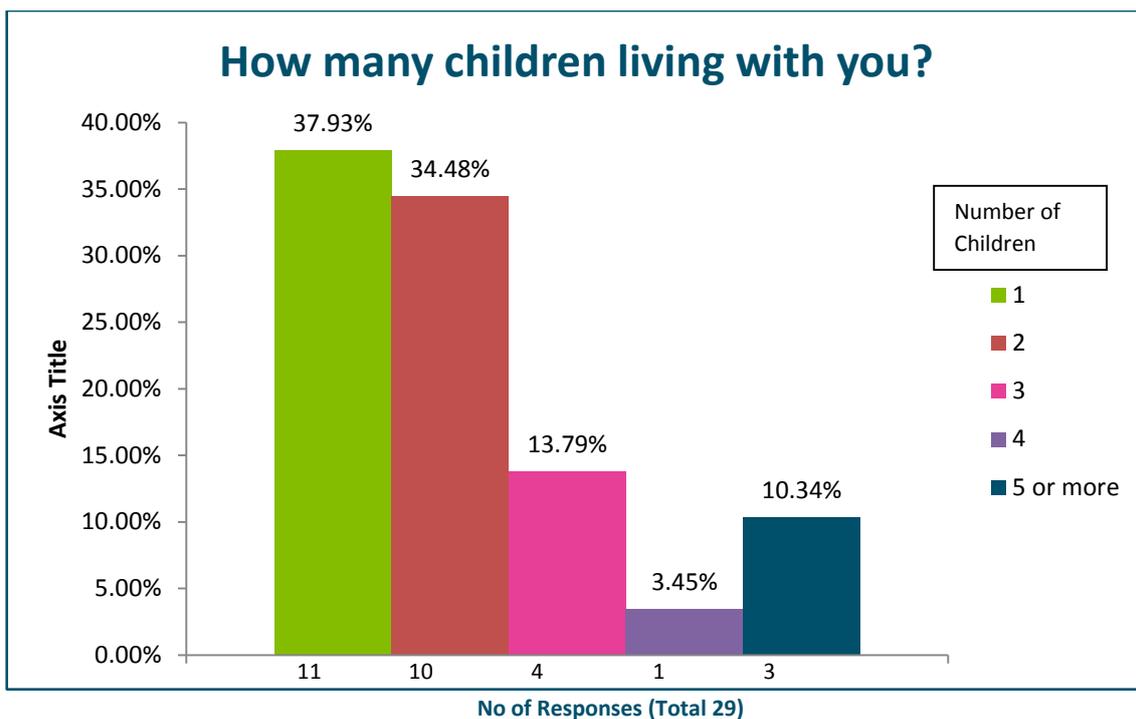
- Today over 200,000 children in England live with at least one parent, carer or adult who is alcohol dependent.
- Children who experience four or more adversities, are twice as likely to binge drink, and eleven times more likely to go on to use crack cocaine or heroin.

The 2004 Joseph Rowntree Report; ‘The effect of parental substance abuse on young people’ found that:

- Parental drug and alcohol misuse created considerable problems for most of the young people. Many felt that their parents were unable to provide consistent practical or emotional care. While the effects of drug and alcohol abuse were similar, the former brought with it more anxiety and social stigma and the latter was more associated with violence and parental absence.
- Many of the young people felt their childhood was shortened through having to assume early responsibility for their own and others' wellbeing.
- Although the young people in this study lived in a range of circumstances, they showed resilience and adaptation in finding ways to deal with their difficulties.
- A sense that others, especially parents, cared about them even when they did not care for them helped them keep going.
- Informal relationships - with extended family members, neighbours, friends and friends' families - were very important. But such support was seldom either reliable or unconditional.
- Where experienced, a strong personal relationship with a service worker was highly valued.
- The young people shared similar goals and dreams - of jobs, houses and families - but not all were on the way to achieving this.

Survey Responses: Survey

- 29 respondents to the survey and 21 participated in two consultations group.
- Over 65% of respondents have been using substances for over 10 years with 45% over 15 years.
- 93% were regular substance users whilst parenting children in their household, with 100% reporting that they lived with one or more children.



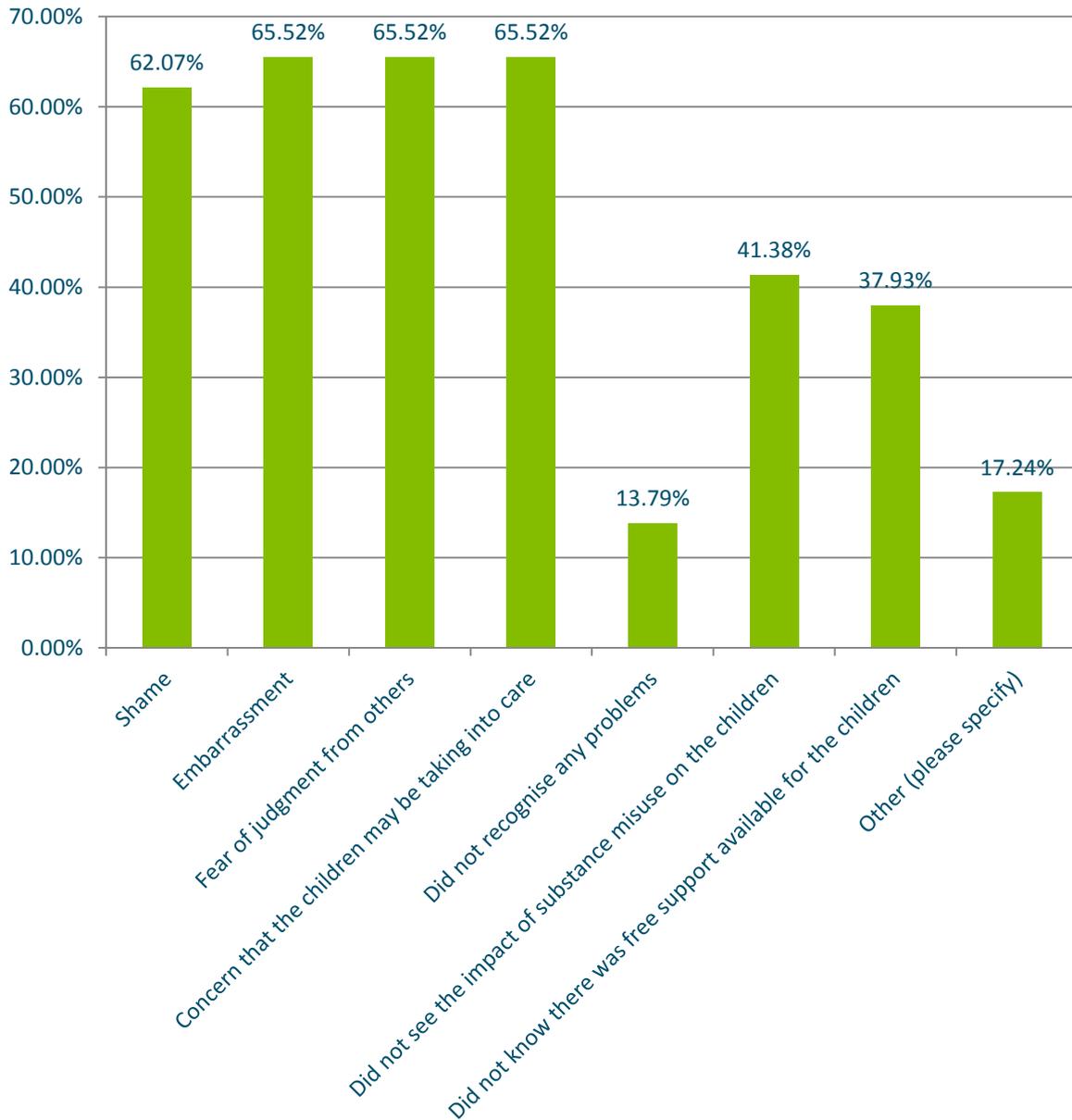
All respondents reported that the children helped out in the home regularly. The range of tasks were wide and varied with many children undertaking more than one task. Our findings from the responses below indicates that over 30% of children may be undertaking inappropriate levels of caring.

Regular Chores by Young People	Responses	
Bathing/Washing	31.03%	9
Dressing	34.48%	10
Going to the toilet	24.14%	7
Getting in/out of bed	20.69%	6
Walking	17.24%	5
Medication	13.79%	4
Interpreting	10.34%	3
Shopping	37.93%	11
Cooking	41.38%	12
Laundry	24.14%	7
Helping someone to eat or drink	13.79%	4
Cleaning/household chores	44.83%	13
Preventing someone from hurting themselves or others	34.48%	10
Emotional Support	62.07%	18
Other		2

The age range of the children helping out at home was very interesting with children as young as 5 helping out regularly. The survey found that 24% of children helping out regularly were aged 7-8. This proved to be significantly higher than all the other age ranges.

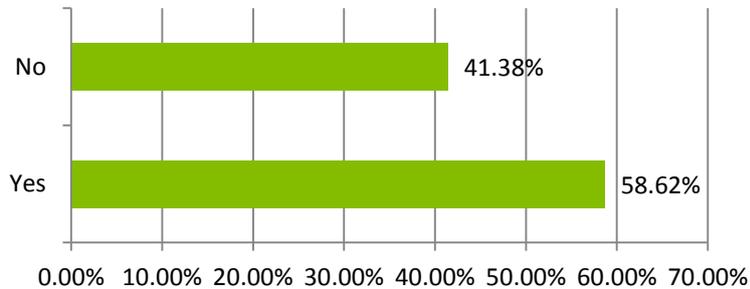
Age Range	Responses	
5-6	13.79%	4
7-8	24.14%	7
9-10	6.90%	2
11-12	13.79%	4
13-14	10.34%	3
15-16	10.34%	3
17-18	13.79%	4
19-20	0.00%	0
21-25	6.90%	2

What might be some of the issues that may prevent someone with an addiction accessing support for the young person in the household?



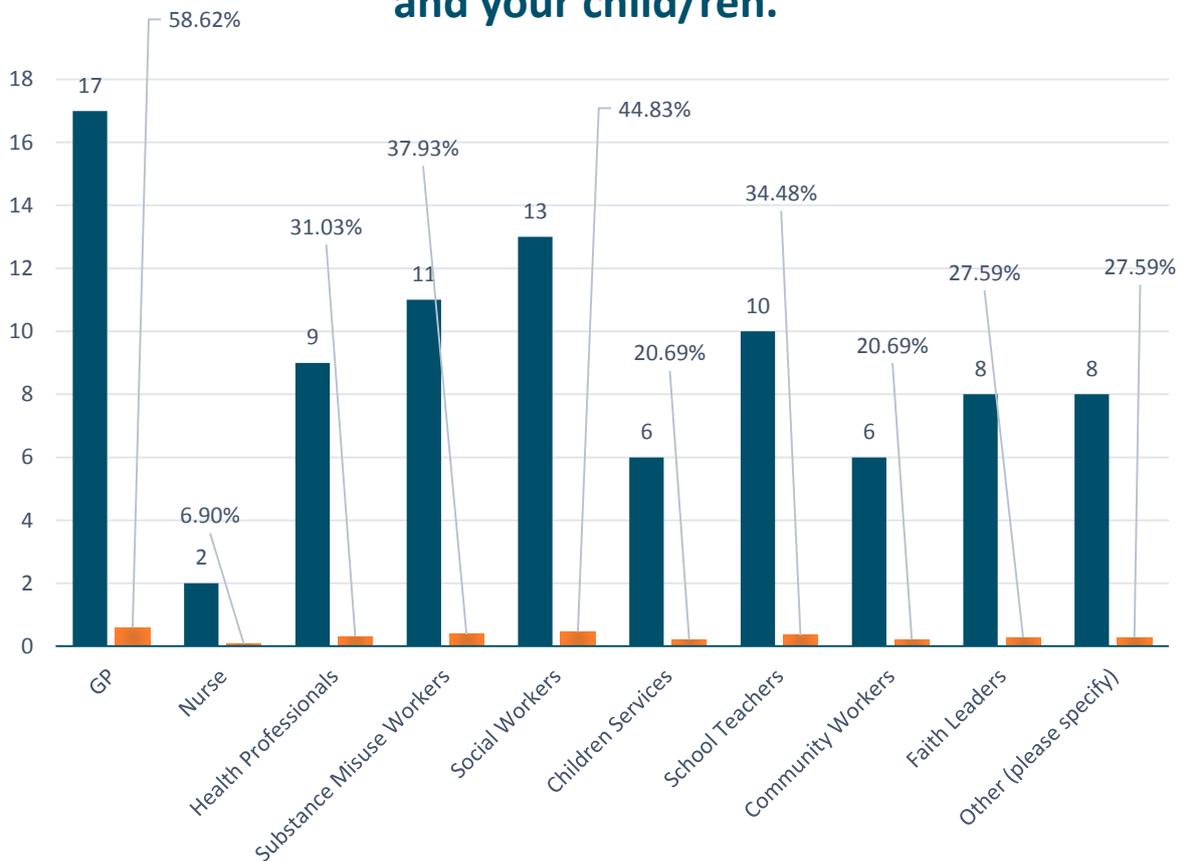
Embarrassment; fear of judgment from others and concern that the children may be taking into care were the top three reasons given that would prevent one from accessing support for the children; this was followed closely behind by shame. Interestingly nearly 14% did not recognise that they had a problem.

Before this survey did you know about young carers and who they were?



Surprisingly nearly 59% were aware of who young carers are yet none of them had accessed support for the young people.

Which professionals that you or your child engage with, do you think could have made you aware of what support is available to you and your child/ren.



Supporting Young Carers

Emotional support & counselling were the number one choice of support with 72% of respondents thinking it would have been helpful to the child/ren in their household, followed closely behind with fun activities and daytrips at 65.52%.

When asked, “How best do you think, we can promote our Young Carers Services to families that may find it difficult to engage?” Respondents gave the following suggestions:

advertising & promotion in schools, youth groups, libraries, GP practices and hospitals	B-3-B-SAFE	billboard
care & love	drug and alcohol services	engaging with the community
media	outreach	provide support to the parents
reassurance that children would not be taken away	talking therapy	through substance misuse workers

Emotional support, counselling and group work with other young carers.	72.41%	21
Fun activities and day trips so they have more opportunities enjoying their childhood.	65.52%	19
Access to support & possible assistance to help them cope with their caring responsibilities.	44.83%	13
Whole Family Support on benefits advice, housing issues, grants for equipment replacement/repairs etc.	41.38%	12
Free health & care related training e.g: Emergency First Aid, and other useful topics.	41.38%	12
The opportunity to meet with other young carers who understand – Peer support meetings.	41.38%	12
Liaison with schools to help support young carers to keep on track with their educational progress.	37.93%	11
Access to small grants for young carers to cover the costs of items or support that meeting their learning or social needs.	34.48%	10
Information and advice on what young carers are entitled to.	31.03%	9

When asked, “What can we do to highlight our Non-judgmental support to families going through difficult issues?” respondents gave the following suggestions: (I assume the below responses are verbatim, so have not interfered with grammar etc.

More group discussions on how substance use can affect a child's need to be a carer for other family members	Home Visitors	reassurance
To stress that it is a very common place and there is not stigma attached and that it is confidential.	Make interaction as easy as possible and highlight confidentiality.	Just listening
My ESA and my benefits	Build trust patience and understanding how powerful addiction can show individual that you understand and want to help	Highlight that the service is to promote fun side of children not just about the caring role
Explain immediately, either through literature or verbally that you are not social services and that you genuinely have help for kids to offer	Don't judge the parent	Re- assure them the importance of confidentiality
Let them know everything confidential	A newsletter or brochure	Good question
Just been supportive and listen	Try to really non-judgemental	Government + Community awareness
	Just current support	

Consultation Meetings

Two group meetings were held with the client group, Group one was a female only meeting and group two was mixed. Time was spent in the meeting introducing myself, the work of my charity and my reason for being there. Notes were written up after the meeting in order to promote an environment where people felt comfortable to talk freely.

1st Consultation Meeting

In the first group meeting there were 12 female substance users in attendance of which 84% were parents. Discussion took place around support services available, how helpful they found Addaction. Participants had little knowledge of support services available in the community. Several participants expressed their concern and complete distrust of social services. Two had first-hand experience of having lost their children to social services, one of whom had recently had her children returned to her. This resulted in a complete lack of trust and respect in the work of social services. Whilst in discussion they acknowledge the risks or concerns for children in the household, they did not believe taking the children away as helpful. One participant (having recently got her children back) was so anti-establishment that despite seeing the benefits of Brent Young Carers Services, did not want to engage with any organisation. "I'm sorry, but I don't want anyone calling my phone, emailing me or coming to my house, I've had enough of you people, I just want to be left alone."

One parent discussed the emotional support her school had provided which mum appreciated as her daughter had witnessed domestic violence, they had to move house and school and daughter was now quite withdrawn.

Discussion took place around safeguarding, many members could not understand why children would need to be taken from their parents. A real case where it was necessary to report safeguarding to social services was explained to them. This case did not result in the child being taken away but instead a care support package was put in place to release the child from the inappropriate levels of care which was required. Whilst everyone agreed that social services was needed, there was still a level of distrust and reluctance to have them involved.

Another parent shared her story and the battle she had with her husband who now has the children. She sees them regularly at agreed visits and has them for sleepover weekends. She was honest in that she was happy for them to go home to dad after a weekend. It wasn't clear if this was because she was still struggling with her substance misuse problems or the responsibility, although she appeared not to be a current user of any substances.

In general most participants agreed that BCC should come more frequently to meet with people at Addaction. They were happy to learn about the support services we provide and have a better understanding of carers and young carers. Addaction Staff and schools staff were their preferred information source points. When prompted, members agreed that GP's could also be helpful signposting people to support services.

None of the participants had heard of Brent Carers Centre and the work we undertook prior to this meeting. During the meeting several members thought it would be helpful for their children to engage with the service. However none of the follow up calls were successful, as all those who expressed an interest, declined the service when offered.

2nd Consultation Meeting

There were 9 people in attendance of which four were male; 100% were parents.

Members present welcomed me and were happy to hear about the work of Brent Carers Centre. Eight out of the nine members present had not heard of Brent Carers Centre. The one member that had, had previously participated in the Substance Misuse Survey and had completed this. Members present at the meeting appeared a little more reserved and reluctant to talk in detail about any personal experiences. One member, (a father) was not living with his child and was disappointed about this, but saw the child whenever possible. Other members' children had all grown up and most had left home.

When discussing the role and chores that children were doing, many seemed to minimise the involvement of children in household chores, and mentioned only one or two roles their children undertake. One parent did acknowledge that his/her child cooked, as well as cleaned and took a sibling to school and felt proud that their child had done this.

Discussion took place on what children may be exposed to in substance misuse households and what support should be available. Most felt that children had been protected from the worst of the problem. However, when asked what their preference would be for support for the children; fun activities, emotional support, and the chance to meet with other children going through similar circumstances were the top suggestions, along with more support services in schools.

There was a general consensus that support services like Brent Carers Centre should be publicised more widely to families to support the children; advertising on TV; at bus stops and newspapers where suggested.

Members present all agreed that their substance misuse workers were well placed to promote services such as Brent Carers Centre, because they knew and trusted them. They also acknowledged that their partners would have found support helpful from Brent Carers Centre, had they known of its existence.

Response to Recommendations

The Young Carers Champions group discussed the Identifying Young Carers in Substance Misuse Households report at the meeting on 20 April 2018. Draft minutes from the meeting are available upon request and an update against the recommendations made, on page 2, in the report are detailed below.

1. Officers from the Early Help Service have briefed managers and staff from the substance misuse services: Addaction, B3 and the Addiction Recovery and Clinical Centre (ARCC). Brent Carers Centre jointly delivered the briefing to staff at B3. The referral pathway to access support from BCC and the LA was clarified with an overview of what support services are available.

Public Health: The new Integrated Substance Misuse Treatment and Recovery Service is now provided by WDP and is now called New Beginnings with a separate rebrand for the specialist young people's services previously provided by Addaction and a refresh will be beneficial given the turnover and recruitment of new staff.

Substance misuse services were sent details of YC training hosted in Brent and are on the circulation list to be informed of future training dates.

2. Officers from the Early Help services met with managers from Addaction, B3 and the ARCC and discussed:

- A whole agency approach to identifying and referring YC to support services.
- Changing their assessment systems to identify YC within families they are supporting.
- Identifying YC champions within their agencies.
- Training staff to raise awareness of YC issues.
- Promoting national carers events i.e. YC awareness day (January), National Carers week (June), Carers Rights Day (November)

Officers did not discuss changing staff JDs, but this will be picked up with Head of Substance Misuse, Public Health, to ensure YC are addressed through commissioning and contract management arrangements.

Public Health: There should be a young carers champion nominated within the service logically through the Young Persons Specialist leads.

3. A promotional campaign took place during the autumn term 2017 and posters and leaflets were sent to partner agencies to raise the profile of YCs. Posters are displayed in reception/foyer areas in LA, Schools, Health and Community Voluntary Sector partners. The promotion also included Facebook, Twitter and the Brent resident's e-newsletter. An editorial piece on YC is scheduled for the next edition of the Brent magazine.

EH Officers have been briefing partners on YCs issues via various forums/ networks/ meetings and ongoing multi-agency training is available.

The LA celebrated and promoted national carers events YC awareness day (January), National Carers week (June), Carers Rights Day (November).

EH Officers have been meeting with senior leaders from schools to raise awareness of YC and to encourage sign-up to the YC in Schools Award. The award is a quality kite mark, similar to the Healthy Schools award, to promote and raise awareness of YC issues in schools.

Work continues with schools to allow Brent Carers Centre to facilitate assemblies promoting YC issues. After the assembly pupils are asked to self-identify if they are a YC. We are targeting and working with schools to take forward this model of self-identification.

4. The referral pathway is in place for substance misuse/ all services to refer YC to CYP for targeted support (threshold level 2 and above) and BCC for universal support. However more training is required to ensure all partners are YC aware, know how to make a referral and know what support services are available.

Public Health: <http://www.wdp.org.uk/find-us/brent> has details of the new service and referral forms these need to be highlighted with key stakeholders and BCC in particular.

Public Health: This is key role for the WDP New Beginnings service and the role of the Team Leader or the new social work practitioner role that has been recently recruited to the service.

5. BCC have a YC Champion scheme and this is promoted to partners as part of the ongoing engagement work. Further clarification on how the scheme works needs to be discussed with BCC to ensure it is effective.

Public Health: To be raised at the next contract mobilisation meeting with WDP and when all the newly recruited staff are in post. Ideally this will be covered by the young people's team at the New Beginnings service.

6. All of the Family Solutions service have had training on YC issues and support families using a multi-agency Team Around the Family (TAF) approach. There are links in place with substance misuse services and the EH Project Officer and partnership working will be strengthened to ensure there are close working relationships across the services. There are insufficient resources in EH to appoint a specialist YC Outreach Worker.

Public Health: This may be an area for a joint bid from BCC and WDP to access funding from those funding streams which support young people and substance misuse projects such as Comic Relief.

7. The number for the Children and Family Information services is currently listed on the promotional materials. Existing national and local resources for CYP will be better promoted such as Child-line, Babble (online peer chat group for YC) and Brent Centre for Young People.
8. Joint commissioning opportunities with Adult Social Care are currently being explored with the aim of joint commissioning carers support services, including young carers, later in the year. Market engagement activities with local and national providers are underway and this will help shape the service delivery model.

There has been some engagement with Mental Health services such as Brent Mind and Brent Centre for Young People. Further work is needed in this area to make links and develop partnership working.

Public Health: Formally request that the young people's specialist service from New Beginnings service make contact with Brent Mind and Brent Centre for Young People. CNWL provide clinical prescribing services.

9. The Carers Strategy has been refreshed and will be signed off by the Health and Wellbeing Board. The strategy has a number of key priorities for LA, Health, and CVS partners to take forward and once agreed a linked action plan will be created. The Adults Carers assessment form has been refreshed to identify YC and will be introduced later in the year.

The CCG are involved with the joint commissioning process with Adult Social Care outlined above.

Next Steps

Meet with the Head of Substance Misuse, Public Health, to ensure YC are addressed through commissioning and contract management arrangements with substance misuse services. There is a new substance misuse treatment, recovery and well-being service in Brent, New Beginnings, and EH Officers are to ensure links are in place to promote the YC agenda.

Ongoing training/ promotion is required to ensure all partners are YC aware, know how to make a referral and know what support services are available.

Further information on how the YC Champion scheme works is required and needs to be discussed with BCC to review how effective it is.

Existing resources for CYP will be better promoted such as Child-line and local services such as Brent Centre for Young People and other substance misuse services.

Further work is needed to establish links with Community Mental Health services and develop partnership working.

Acknowledgements

Brent Carers Centre would like to acknowledge the contributions of Healthwatch Brent, Addaction Brent and in particular Martel Johnson, and the staff team at the Recovery Day Programme based at Willesden Centre for Health & Care; for the support and co-operation in making this research possible.

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