

Role of the Specialist Health Visitor for Substance Misuse.

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- Working within the Windmill Clinic identified gaps in service provision for pregnant substance misusers and their families.
- Recognition that substance misuse has much wider implications than the affect on the adult.
- Implications for public health.
- Proposal accepted by KDAAT.
- Hosted by Eastern and Coastal Kent PCT
- Post started July 2005.
- Cover the whole of the county.

Role of the Specialist Health Visitor.

- Reduce health inequalities among the drug using population.
- Address the wider needs of those involved with drug users e.g. children, extended family and the community.
- Early engagement.
- Assessment of need, unique to concerns with drug and alcohol misuse.
- Working in partnership with all agencies to improve the outcome for children. Develop resilience in children.
- Strategic Role.
- Training and development role.

Aims of Specialist Health Visitor For Substance Misuse Service

Overall Aim

To reduce health inequalities
among drug using parents and
their children

Specific Aims

Promote accessible non stigmatising support to
socially exclude drug/ alcohol misusing
families.

To identify and reduce risk to children living
within these families.

To develop an integrated care pathway which
provides early assessment and identification of
concerns.

Objectives

Supporting parents.

Maximise Opportunity, Minimise Risk.

Promote and Safeguard the welfare of children

Governmental legislation, strategies and guidance.

- The Children Act 2004.
- NSF for Children, Young People and Maternity Services.
- Every Child Matters: Change for Children.
- CAF for Children and Young People.
- Working Together to Safeguard Children.

Reports

- Hidden Harm. [2003]
- Getting Our Priorities Right. [2003]
- Mind The Gaps. [2003]
- Reaching Out: An Action Plan on Social Exclusion.[2006]

Universal Message.

- Integration of Services.
- Multidisciplinary teams working together, sharing practice and information.
- Early assessment and intervention, with targeted focused outcomes.
- Specialist services to maximise opportunity, minimise risk.
- Support parents.
- Multi-professional training and support.

- Parental PROBLEMATIC drug use can and does cause serious harm to children at any age from conception to adulthood.

[Hidden Harm, ACMD, 2003].

- Alcoholism affects the adult alcoholics entire family, particularly his or her children.

[Suffer the Children, Adult Children of Alcoholics, The Priory Group, 2006].

Consequences on child development

- Following birth the process of brain development depends on the demands the environment makes on the baby.
- Final brain development can be increased / decreased by 25% depending on the level of stimulation.
- Early traumatic experiences lead to adaptive, hyper arousal responses.

- Critical window for emotional development in the first 2 years of life.
- Early, often pre verbal experiences provide the foundation for later relationships.
- If early experience fear: stress hormones wash over the brain like acid. [Hosking, CPHVA, 2007]
- ? Whether there is an ability to fully recover from early trauma.

Main areas of potential impact on health and development of parental problematic substance misuse.

0 – 2 YEARS

Health

- NAS
- Poor hygiene
- Failure to thrive
- Routine health checks missed
- Incomplete Immunisations
- Safety issues due to neglect

Education

- Lack of stimulation

Relationships and identity

- Problematic attachments to main carer
- Separation from parents

Emotional / behavioural development

- Insecurity due to unstable parental behaviour / absence
- Inattention
- Impulsivity / aggression more common

3 – 4 years

Health

- Medical / dental health checks missed
- Poor diet
- Physical dangers
- Physical violence

Education and cognitive ability

- Lack of stimulation
- Irregular / non attendance of pre – school.

Relationships / identity

- Poor attachment
- May be required to take on excessive responsibility for others

Emotional / behavioural

- Hyperactive
- Inattention
- Aggression
- Depression
- Anxiety
- Fear of separation
- Inappropriate learnt responses

- Direct links between early childhood experiences and subsequent adulthood.

[Sinclair, 2006]

**“If a community values its
children it must cherish its
parents”**

[Bowlby, 1951]

Parental Support

- Help parents understand the importance of stable consistent parenting on future emotional and social development.
- To achieve this parents must have the ability to develop empathy to respond to the child's needs and signals to provide comfort and well being.

- Every parent brings their own personality, life experience and expectations to their role as parent.
- Look at experience of being parented.
- Help prepare fathers to be.
- Effective early identification of concerns needed to help develop effective parental support.
- Raise awareness of the impact of substance misuse on parenting ability.

Support Parents

- Parental anxiety is often high.
- Most want to be good parents.
- Expectations are often too high.
- Unrealistic goals, often built around guilt.
- Stability rather than abstinence.

BUT

- How important is the drug of choice?
- How does the drug of choice effect parenting ability.
- How is the family coping with treatment/abstinence?
- Act on the evidence of the assessment not on personal optimism.

- The childs needs are paramount.

But be aware

Parental drug and alcohol misuse may only be one of several factors affecting parenting capacity.

Professional Support

- Provided through consultation with various agencies.
- Multi-agency training around parental substance misuse.
- Support for health visitors within their practice.
- The aim being to develop confident professionals within this area of practice.

Working Together

- Bring together all agencies involved with the family.
- Bridge the gap between agencies.
- Allows addiction services to understand family and childrens needs.
- Allows childrens services to understand addiction.
- Integration of services reduces both professional and client anxiety.
- Planning outcomes.
- Develop resilience in children.

- Early prevention works.
- Resources need to be targeted to provide support for “at risk families”.
- These families should be supported by specialised, non stigmatising health visiting services.
- High rate of return 12% - 16% for every £1 spent. [Sinclair 2006]

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