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[Inquiry into alcohol and substance misuse / Ymchwiliad i  
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Evidence from The Fostering Network – ASM 04 / Tystiolaeth gan Y  
Rhwydwaith Maethu – ASM 04

# The Fostering Network

**The National Assembly for Wales' Health and Social Care  
Committee inquiry into alcohol and substance misuse.**

December 2014

**EVERY CHILD • EVERY CARER • EVERY DAY**

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## **The National Assembly for Wales' Health and Social Care Committee inquiry into alcohol and substance misuse.**

### **1. Introduction**

The Fostering Network was established in 1974 and is the UK's leading charity for everyone involved in fostering, bringing together all those who provide, plan and deliver foster care. Our UK membership includes almost all local authorities and Health and Social Services Trusts, over 57,000 foster carers, and 188 independent fostering providers. The Fostering Network Wales, based in Cardiff, was established in 2002 and works with foster carers, fostering services and care-experienced young people across Wales. We have a strong membership base in Wales with over 5,400 foster carers, all local authorities fostering services and the majority of independent fostering agencies.

All of our work is designed to improve the lives of children in foster care. We provide an extensive range of publications, training, information and advice on all fostering issues. We work with our members to implement good practice, informed by our research and experience, to ensure foster care is improved for children. We campaign to improve the support that foster carers receive and work with fostering services to address the shortage of foster carers. We also ensure that the voices of fostered children are heard at the heart of the foster care system. Our staff includes foster carers, registered social workers and other experts from across the spectrum of foster care, including those that have been fostered themselves. Together we have many years' experience and unrivalled expertise. That is why we are the voice of foster care.

The Fostering Network welcomes the opportunity to provide evidence to the National Assembly for Wales' Health and Social Care Committee inquiry into alcohol and substance misuse, and to highlight the need to focus on looked after children and care leavers, as part of this inquiry.

### **2. Children and young people in care and care leavers are a vulnerable group who are more likely to be affected by drugs and excessive drinking.**

Looked after children and Care Leavers remain one of the most vulnerable groups of children and young people, their outcomes in terms of educational achievement, independent living and stable employment remain of acute concern. It is well evidenced that the first few years after leaving care are extremely problematic for many young people and that care leavers are disproportionately disadvantaged, including experiencing homelessness, poor education and employment outcomes, mental health problems, early parenting and contact with the criminal justice system.

Home Office research suggests that children and young people in care are more likely to use alcohol and drugs than many of their peers. It is important to note that a minority will be

completely adverse to drug and substance misuse because of the problems that may have been caused by such use in their homes.

### **Drugs and substance misuse -Statistics for Looked after children and young people**

Looked after young people tend to start using drugs at an earlier age, at higher levels and more regularly than their peers. Thus, drug use may become more established and dangerous (Big Step Partnership, 2002), (Newman and Pearson, 2002), (Ward, 1998) and (Save the Children, 1995).

Some studies indicate that they are 4 times more likely than young people who are not looked after to smoke, drink and take drugs (Meltzer and others 2003) and (Williams and others ,2001).

Looked after young people who have experienced parental drug/alcohol misuse may view excessive use as 'normal' (Ward and others 2003), (Newburn and Pearson 2002).

Recent research (FRANK) shows that a significant number of older children of substance misusing parents regularly use cannabis but don't regard it as a drug because their experience of drugs is of class A and Opiates.

In the December 2005 report for the [Joseph Rowntree Foundation](#), researchers interviewed 68 dealers in four neighbourhoods in England and found that over half of them had lived in local authority care or secure accommodation.

When children and young people are abused through sexual exploitation, alcohol and other drugs are often involved in the grooming and enticement process. One study for example found that 78 per cent of sex workers who were also problematic drug users had been in care (Cusick et al, 2004).

### **Transition to independent living**

- 73% of care leavers had smoked cannabis compared to 31% of the general population.
- 29% had taken ecstasy compared to 6% of the general population.
- 26% had taken cocaine compared to 4% of the general population.
- 21% had used solvents compared to 7% of the general population.
- 14% had taken crack compared to 2% of the general population.
- 9% had taken heroin compared to 0.6% of the general population<sup>1</sup>.

**Researchers from Goldsmith College carried out a survey of 400 young people in residential**

**and foster care<sup>2</sup>, the research found that:**

- Young people in care used drugs more regularly compared with the general youth population, reporting more frequent use of cannabis, cocaine, crack and heroin.
- In a number of cases, young people had grown up in families where heavy drinking or drug use led to parental neglect.
- Many young people in the study had experienced loss, bereavement and rejection. Some young people had turned to drugs to compensate for these negative experiences and to combat depression.
- Despite the somewhat bleak data, many young people in care perceived drug use as a minor problem compared to the difficulties they had already experienced.

The Fostering Network Wales is concerned that there is a lack of emphasis for the specific and unique needs of children and young people in care and care leavers. Their needs and circumstances are unique and require tailored intervention and support.

They require a more targeted approach based on need rather than age- a set of interventions and support that recognises of their lack of family support, and vulnerability.

Further, it is critical that statutory services working in partnership with the voluntary sector are able to prioritise, to support and to enable this unique and vulnerable group.

### **3. The stages of looked after children and young people in care and care leavers where the likelihood of taking drugs or drinking excessively might increase.**

Evidence states that some looked after children and young people are using alcohol and substances more than their peers who are not in care. They start at an earlier age and are more likely to continue into later life – consequently affecting their future health and well-being.

A small percentage of looked after young people will go on to have serious alcohol or drug problems in their adult lives. Many will start experimenting with cigarettes, alcohol, cannabis and ecstasy earlier than their peer group.

The instability of their personal situation may also increase the risk of experimental or recreational drug use becoming challenging.

#### **3.1 Looked after children risk factors associated with drug and substance misuse.**

There are social issues behind problematic drug use i.e. social exclusion:

- Family breakdown and poor parenting.
- Developmental delay.
- Learning disability.
- Communication/ relationship difficulties.
- Failure at School and disrupted education.
- Low self-esteem.
- Separation and loss.
- Multiple fostering or residential placements.

### **3.2 Looked after children risks associated with family factors**

- Abuse.
- Parental conflict and/or family breakdown.
- Rejection/neglect.
- Mental illness.
- Substance use.
- Violence.

### **3.3 Looked after children risks associated with environmental factors (socio-economic disadvantage)**

- Crime.
- Poor accommodation.
- Homelessness.
- Discrimination.
- Chaotic lifestyle.

Many children and young people in care have experienced difficulties in their lives, and are unable to live with their birth family for a variety of reasons. Some will have lacked care and support from an early age. Being placed in to public care adds to this instability and insecurity. Many will have moved around several times between their family home and different foster homes or residential care- more than one in 10 children in care had three or more placements in the year ending March 2011. This compounds vulnerability. Many feel let down by adults and may find it difficult to trust and talk openly and immediately about alcohol and substances.

Some children and young people will be in foster care because of substance misuse in their family, and this will shape their knowledge and feelings regarding drug use. They may have grown up in homes or neighbourhoods where drug or excessive alcohol use is common.

As with all young people, the reasons for taking drugs include peer pressure and the enjoyment that taking drugs gives. However, it is important to consider that young people in foster care may take drugs for additional reasons including:

- To rebel against the 'system' that has taken them away from their parents and family.

- Easy access to drugs and substances.
- Because drugs help individuals to forget the difficulties and circumstances that led to them being placed in public care.
- Because drugs can help individuals to relax, sleep, and normalise their feelings caused by being in care.
- Because drugs can help relieve the stress associated with constantly moving and a sense of not sense of belonging.

It is not surprising that young people in foster care may need additional support to make informed and positive life choices about a whole range of things, including drugs and substance misuse.

Many young people experiment with drugs. Those in care have no wish to be singled out. However, they do need consistent support as early as possible to help them make informed and positive choices.

### **3.4 Case Studies**

#### **Sabrina**

*Sabrina is 15 and has been looked after by you since she was 9 years old. She was told 2 months ago that her mother had died from a heroin overdose. Sabrina was removed from her mother's care because of severe neglect and emotional abuse. Since hearing about her mother's death Sabrina has been drinking very heavily.*

*You suspect that she starts to drink as soon as she wakes up. She is also taking antidepressants prescribed her GP. Sabrina drinks alone in her room or in the local park, where she was recently found passed-out and bought home by the police.*

#### **Mark**

*Mark, who is 15, came to live with you 6 weeks ago on a short-term placement as his parents were finding it harder to cope with his behaviour. It is hoped that he will be able to go home to his parents when his behaviour improves. Mark has displayed challenging behaviour since he was 10 years old. The family went to Family Therapy Sessions for a while but these were not successful. Mark has been excluded from school because of his behaviour and attends alternative curriculum classes.*

*Mark has admitted that he smokes heroin to 'calm him down' but you suspect that his friends, who are mostly older than him, inject the drug.*

#### **Cassie**

*Cassie is 13 and initially came to live with you on a short-term placement when she was 10 years old. It was hoped that she would return home quickly, but her mother's relationship with her partner is still violent and abusive. Cassie's younger brother is placed with foster carer in the*

*next county and they see each other every couple of months.*

*Cassie is often out in the evening with her friends, who include boys, and goes to the youth disco every weekend. You overheard her and her best friend talking about 'weed' and 'pills' and getting 'off their faces' this week.*

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#### **4. Where efforts should be targeted to address the issue of alcohol and substance misuse amongst children and young people in care Wales -recommendations from The Fostering Network Wales:**

4.1. A focus on prevention- targeted effective alcohol and drug education. For children in care. Specialist health workers are ideally placed to provide alcohol and drug education. However, drug education is an important role that foster carers undertake in caring for a child or young person.

Foster carers are well placed to provide drug education and support to Looked after children and young people around drug use and other related risky activity. They are more likely to pick up on the signs that a young person might be using drugs, as they are with them 24/7 and will be familiar with their routines. They are very often the only stable adult in some young people's lives.

The Fostering Network recommends that foster carers receive, as part of their core training as to how to recognise, identify and support signs of misuse; the concerns for young people; How to go about discussing issues and developing trust; the services and support that could be accessed; what other support is needed and providing up-to-date information about substances used by young people and the terminology they use to talk about it.

It is crucial that children and people in foster care receive accurate information on drugs and substance misuse alongside the opportunity to talk about drugs. Developing trust and discussing issues around drugs is not always easy, but children and young people who talk openly about drugs are able to make more informed choices with regard to their use. Foster carers should be supported in this role.

There is also a call to offer this training and support to Looked after Children nurses.

4.2. Clarify the legal position for foster carers and fostering team staff in supporting young people.

4.3. Identifying the 'early warning signs' of care leavers who are most likely to have extreme outcomes, and targeting support to help them through the process of leaving care. We are currently missing crucial opportunities to intervene before many of these care leavers embark on paths that will, in the long term, be extremely costly both in financial and human terms.

4.4. Addressing the extreme loneliness and isolation felt by some care leavers, by finding

ways to support enduring and supportive relationships, with birth families, siblings, former foster carers and children's services that last beyond leaving care.

4.5. Screening and assessment for substance use should be part of core planning for young people in care, as they are more likely to use than their peers.

4.6. Utilising the ability of the voluntary sector to deliver support, especially where young people feel most alienated from their local authority and have the most complex needs.

4.7. Consider parental drug and substance misuse and the effect on children who are subsequently placed in care.

4.8. Foster carers need, clear policy guidelines on alcohol, substances and other drugs in order to undertake support young people competently and confidently. Some areas have developed policies for all children and young people's services to enable a consistent approach by professionals and staff. Other authorities have developed specific policies for looked after children and young people's services and have consulted carers, staff, and children and young people about what the policies should cover.<sup>3</sup>

4.9. Consult with foster carers, staff, and children and young people about what the policies should cover.

4.10. Our recommendations listed here would increase the support given to children and young people in care around alcohol and substance misuse and provide vital opportunities for this vulnerable group.

Supporting children and young people from care should be an important element of the government's agenda and The Fostering Network are keen to support ongoing improvement work to this vital agenda.

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