



## Section 4Q (Staffordshire) Section F07 (Stoke-on-Trent)

# Working with Parents who Misuse Substances

### 1. Introduction

1.1 This document is to enable staff working across children's services and adults health and social care to effectively work in partnership to prevent significant harm occurring to children and young people as a result of parental substance misuse, a key theme from local serious case reviews.

1.2 For the purposes of this policy, substance misuse is the use of or dependence on a substance leading to social, psychological, physical or legal effects that are detrimental to the individual or others. Substance use includes prescribed and non-prescribed, legal and illegal substances including alcohol.

### 2. Legal and policy framework

- [Children Acts 1989 and 2004](#);
- [Hidden Harm \(ACMD\) 2003](#);
- [Framework for Assessment of Children In Need and Their Families \(DoH2000\)](#);
- [Working together to safeguard children 2015](#);
- [Supporting information for developing local joint protocols between drug and alcohol partnerships and children and family services PHE Dec 2013](#);
- [Silent voices - Supporting children and young people affected by parental alcohol misuse \(Sep 2012\)](#);
- [Munro review of child protection: final report - a child centred system 2011](#);

- [What about the children? Joint working between adult and children's services when parents or carers have mental ill health and/or drug and alcohol problems \(Ofsted 2013\);](#)
- [Children's Needs-Parenting Capacity: Child Abuse-Parental Mental Illness, Learning Disability, Substance Misuse and Domestic Violence.](#)

### 3. Local Context

- 3.1 A total of 225,000<sup>1</sup> children under 18 live across Staffordshire and Stoke on Trent, most of whom are happy, healthy and well-supported by their parents and carers. They access universal services<sup>2</sup> such as schools, GPs, dentists, opticians as well as those provided by voluntary and community services.
- 3.2 Some children require additional support<sup>3</sup> and this is known as early help or early intervention (Staffordshire 2,800–3,500 (1.6-2.0%) Stoke-on-Trent 1,500–1,800 (2.6–3.3%). The typical characteristics include parental substance misuse, domestic abuse and concerns regarding mental health and well-being.
- 3.3 There are also a small number of children and their families who face more complex challenges and require specialist support, Staffordshire 2,800–3,500 (1.6-2.0%) Stoke-on-Trent 1,500–1,800 (2.6–3.3%). The typical characteristics include increased likelihood of one parent in prison, parental substance misuse, domestic abuse is common and parental education ability is low.
- 3.4 In Staffordshire and Stoke-on-Trent there have been a number of significant cases which have resulted in consideration for either a Serious Case Review (if the criteria had been met) or a review of a different type e.g. a multi-agency learning review. It is interesting to note, that each case had elements of either one or all of the toxic trio.

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<sup>1</sup> Joint Strategic Needs Assessment 2017

<sup>2</sup> <https://www.staffsscb.org.uk/Professionals/Staffordshire-Early-Help-Strategy/Staffordshire-Early-Help-Strategy.aspx>  
[Stoke-on-Trent http://www.safeguardingchildren.stoke.gov.uk/ccm/navigation/category.jsp?categoryID=667337](http://www.safeguardingchildren.stoke.gov.uk/ccm/navigation/category.jsp?categoryID=667337)

<sup>3</sup> <https://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-One-Docs/Section-1E-SSCB-Threshold-document.pdf>  
[Stoke-on-Trent http://webapps.stoke.gov.uk/uploadedfiles/Final\\_Full\\_Guide\\_Level\\_Need\\_16\\_October\\_2017.pdf](http://webapps.stoke.gov.uk/uploadedfiles/Final_Full_Guide_Level_Need_16_October_2017.pdf)

3.5 National research such as the [Pathways to harm; pathways to protection: a triennial analysis of serious case reviews 2011-2014](#) identify the cumulative risk of harm to a child when different parental and environmental risk factors are present in combination or over periods of time, particularly in relation to domestic abuse, parental mental ill-health, and substance misuse. A total of 175 SCR final reports showed that parental alcohol and drug misuse were both recorded as present in over a third of reviews (37% and 38% respectively), with at least one of these in 47% of cases. In 48 cases (27%) both factors were present.

#### **4. Principles**

4.1 Drug and/or alcohol using parents are entitled to expect that they will be treated in just the same way as other parents whose personal circumstances lead them to seek help. Parents and carers need to be encouraged to seek help, support and treatment to address their drug and/or alcohol use and to reduce the harm it causes to them, their children, family, and society. Assessments must focus on the needs and strengths of children and their parents' and carers' ability to provide for them. Each family should be assessed individually and non-judgmentally, and offered appropriate support and service provision – with safeguarding/child protection referrals made where necessary.

The children of such parents are entitled to help, support and protection within their own families wherever possible.

#### **5. Parental substance misuse and child development**

5.1 Whilst there is no suggestion that all children of parents who misuse substances are automatically going to experience developmental problems, this type of behaviour can affect the extent to which children's needs, across the developmental domain, are met.

5.2 The main impact of parental substance misuse (PSM) on child development can be summarised as follows:

- In utero exposure to drugs and alcohol may affect bonding, health and development (short and long term).
- PSM adversely affects attachment, family dynamics and relationships.
- PSM significantly increases the risk of physical and emotional neglect.
- PSM is implicated in behavioural and mental health problems in children and young people.
- PSM often undermines school performance and academic attainment.
- PSM can erode self-esteem, self-worth and confidence.
- PSM reduces levels of safety and oversight – inside and outside the home.
- PSM can provide a problematic model for problem-solving.

- There are a range of protective factors that can promote resilience and reduce risk

Further information can be found in the [Foetal Alcohol Spectrum Disorder](#) leaflet.

### **The role of adult services and children's services**

Alcohol/substance misuse professionals must identify those adults who are parents/carers, or who have regular care giving access to children. Where there are safeguarding concerns they should routinely share the information with key professionals in universal services as early as possible (e.g. midwife, school or GP). Routine communication with universal services is an essential part of good interagency working, safeguarding practice and promoting early help. There is also evidence that when service users are disengaging from alcohol/substance misuse treatment there may be an increased risk to children.

Early identification of parental alcohol/drug use by frontline staff working with children and families will also greatly assist in providing support for children. Some areas promote the use of drug and alcohol screening questionnaires for frontline staff to incorporate into their assessments with parents/carers to support early identification and intervention.

Local authority children's social care, alcohol/substance treatment services and other agency services must undertake a multi-disciplinary assessment using the **Assessment Framework** including specialist alcohol/substance misuse and other assessments, to determine whether or not parents/carers with alcohol/substance misuse problems can care adequately for their child(ren). Such assessment should include whether they are willing and able to lower or cease their alcohol/substance misuse, and what support they need to achieve this. (See Appendix A)

Professionals in all agencies including adult services must recognise that their primary duty is to safeguard and promote the welfare of the child(ren).

All care programme meetings for adults who are a parent/carer must include ongoing assessment of the needs or risk factors for the child(ren) concerned. Local authority children's social care should be invited to such meetings if appropriate and contribute.

Strategy meetings/discussions, child protection conferences and core group meetings, must include professionals from any drug and alcohol service involved with the subject child and their family. (At the very minimum, the professional working with the adult who is a parent/carer and receiving services from the substance misuse team, **must** submit a report detailing their involvement if not appearing in person. The report should highlight any concerns, progression or issues needed to be considered in terms of decision making at the strategy meeting/discussion, child protection conference or core group meetings.)

## **Information Sharing**

Information sharing is vital to safeguarding and promoting the welfare of children effectively. Every practitioner working with children and families should be able to share information about vulnerable children consistently and with confidence. Please refer to the LSCB respective web sites for further information and guidance:

Staffordshire: [Section 1J Information sharing guidance for professionals](#)

Stoke-on-Trent: [Procedure A07 Information sharing guidance for professionals](#)

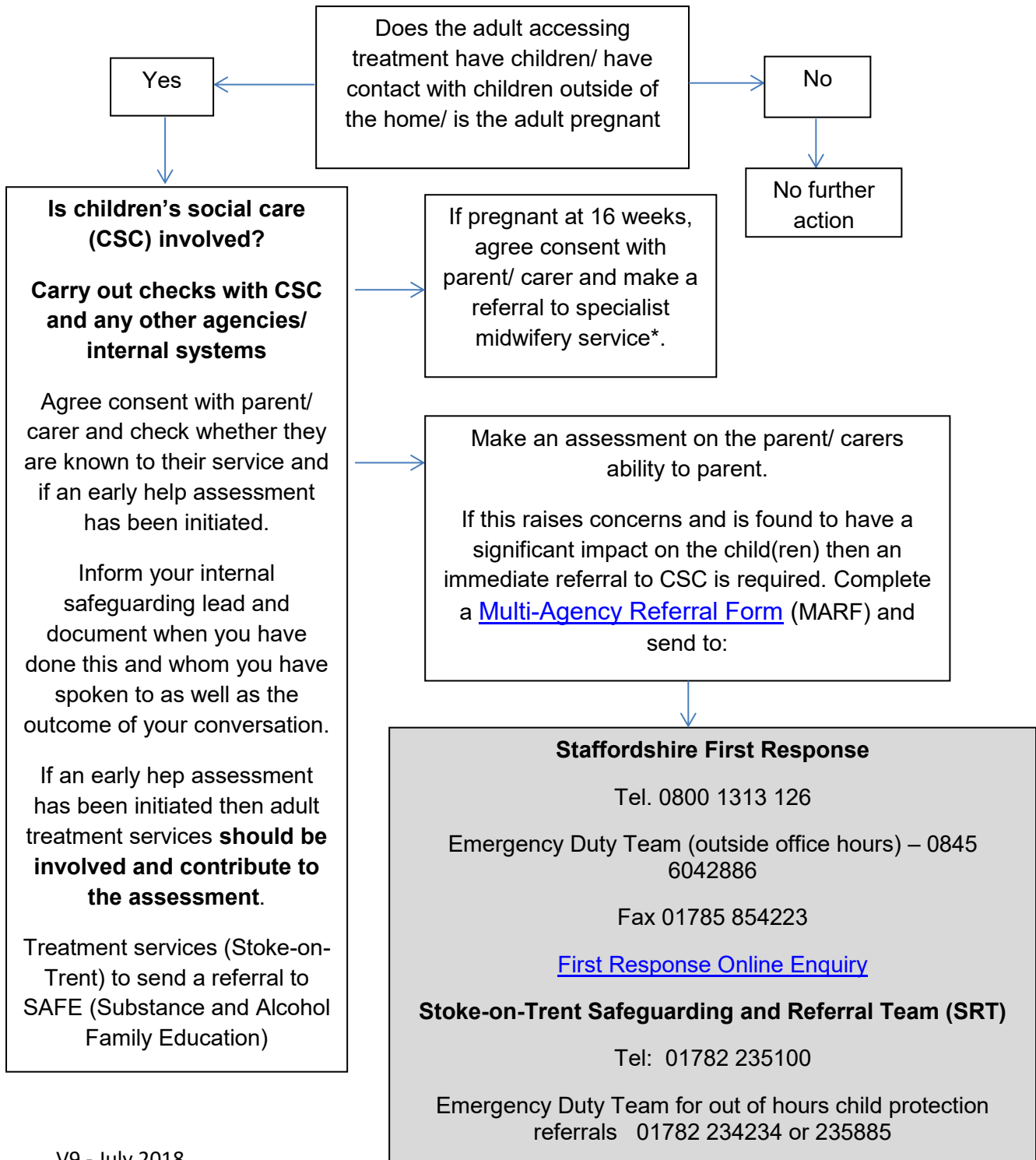
To find out more about Government guidance see:

[Information Sharing Advice for Practitioners](#)

This guide includes a myth busting section that helps to dispel mistaken beliefs that prevent effective information sharing.

## Referral pathways

Referrals from drug and alcohol treatment services to children's social care

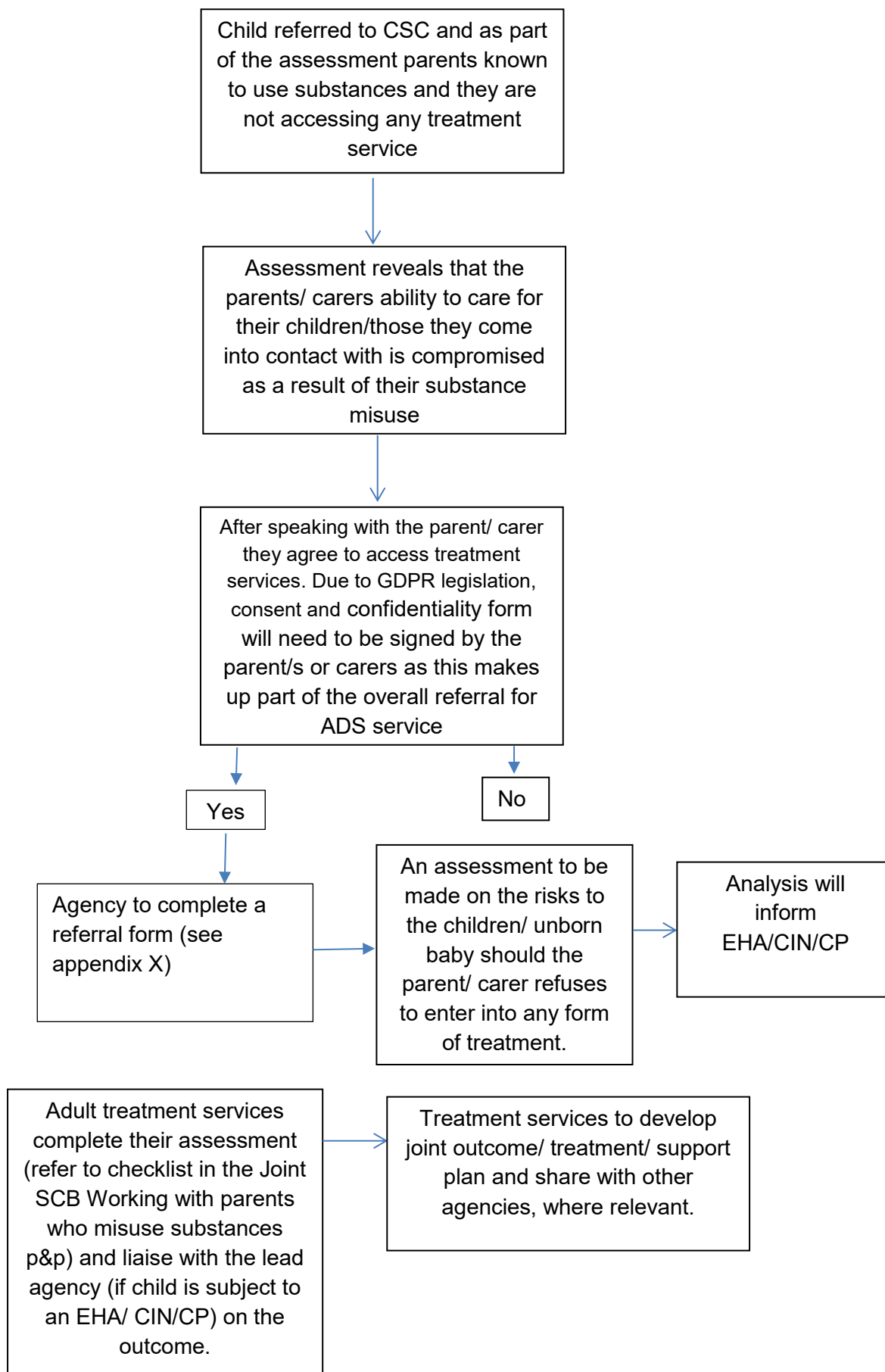


\*Refer to LSCB policy and procedure **Responding to concerns about unborn children unborn baby**

Staffordshire: [Section 4C](#)

Stoke-on-Trent: [D10](#)

## Referral from Children's social care (CSC) to adult treatment services





## Appendix A

### Assessment of Children's Needs where there is Parental Substance Misuse

#### 1. Parental substance misuse

##### All staff should be able to answer the following questions:

- Are children usually present during home visits, clinic or office appointments during normal school or nursery hours?
- What reason has been given for the child being absent from school?
- Is the child attending school/nursery regularly?
- Is the child punctual for school/nursery?
- Do parents think that their child knows about their drug use?
- How do they know?
- What arrangements have been made for the children when the parent goes to get illegal drugs or attends for supervised dispensing of prescription drugs?
- How much money does the family spend on drug use? What % of the weekly income does this come to?
- Is the income from sources presently sufficient to feed, clothe and provide for children in addition to obtaining substances?
- Who will look after the children if the parent is arrested or is unable to care for them?
- What arrangements are made for storing any drugs or prescription medication?
- Is the mother pregnant and attending ante natal care?

#### 2. When deciding whether a child may need help, agencies should consider the following questions:

- Are there any factors which make the children particularly vulnerable, e.g. very young child, other special needs such as physical illness, behavioural and emotional problems, psychological illness or learning difficulty, threatened or actual loss of accommodation?
- Have the needs of the unborn child been considered?
- Are there any protective factors that may reduce risk to the child? (It may be necessary to consult with specialist children's service workers to determine this)
- How does the child's health and development compare to that of other children of the same age and in similar situations?
- What kind of help do you think the child needs?
- Do the parents perceive any difficulties and how willing are they to accept help and work with professionals?
- What do you think might happen to the child? What would make it more or less likely?
- Is there suspicion of neglect, injury or abuse, now or in the past? What happened? What effect did/does that have on the child? Is it likely to recur?
- Is the concern the result of a single incident, a series of incidents or a culmination of concerns over a period of time?
- What does the child think? What do other family members think?
- How do you know?

### **3. Children in the Family? Provision of Good Basic Care**

- How many children are in this family?
- What are their names and ages (wherever possible, include dates of birth)?
- Are there any children living outside the family home and, if so, where? why? and with whom?
- Do the parents see any of the children as being particularly demanding
- Are there any other special circumstances such as illness, disability which need to be considered

#### **For each child:**

- Is there adequate food, clothing and warmth for the child? Are height and weight normal for the child's age and stage of development?
- Is the child receiving appropriate nutrition and exercise?
- Is the child's health and development consistent with their age and stage of development? Has the child received necessary immunisations? Is the child registered with a GP and a dentist? Do the parents seek health care for the child appropriately?
- Does the child attend nursery or school regularly? If not, why not? Is s/he achieving appropriate academic attainment?
- Does the child present any behavioural or emotional problems? Does the parent manage the child's distress or challenging behaviour appropriately?
- Who normally looks after the child?
- Is the child engaged in age-appropriate activities?
- Are there any indications that any of the children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities, etc)?
- Is the care for the child consistent and reliable? Are the child's emotional needs being adequately met?
- Is there a risk of repeated separation for example because of periods of imprisonment (e.g. short custodial sentences for fine default)?
- How does the child relate to unfamiliar adults?
- Are there non-substance using adults in the family readily accessible to the child who can provide appropriate care and support when necessary?
- Does the child know about his/her parents substance use?
- Is there evidence of drug/alcohol use by the child?

### **4. Describing Parental Substance Use**

(Identify sources of information, including conflicting reports, give consideration to negative impact on the child).

- Specify drug of choice and how this is used, e.g. method, frequency quantity.
- Is the drug use by parent:
  - Experimental? i.e. only used on a few occasions maybe number of different drugs.
  - Recreational? i.e. not using every day may be at weekends only on pay day or on nights out. (Some agencies are getting away from using this term, gives a feel of safety)
  - Chaotic? i.e. usually variety of substances and in varying amounts frequent periods of intoxication and withdrawal.

- Dependent? i.e. using substance or substances every day. Experiences withdrawal when not using however may be controlled and not chaotic use
- Identify whether the drug used is illicit or prescribed and whether use is regularly supplemented / 'topping up'
- Does the user move between these types of drug use at different times?
- Does the parent misuse alcohol?
- What patterns of drinking does the parent have?
- Is the parent a binge drinker with periods of sobriety? Are there patterns to their bingeing? i.e. weekends or at times of stress
- Is the parent a daily heavy drinker?
- Does the parent use alcohol concurrently with other drugs?
- How reliable is current information about the parent's drug use?
- Is there a drug-free parent/non-problematic drinker, supportive partner or relative?
- Is the quality of parenting or childcare different when a parent is using drugs and when not using?
- Does the parent have any mental health problems alongside substance use? If so, how are mental health problems affected by the parent's substance use?  
Are mental health problems directly related to substance use?
- Is there any history of self harm
- Is there any history of sexual abuse
- Is there any history of domestic abuse
- Are there known learning difficulties

## **5. Accommodation and Home Environment**

- Is the family's living accommodation suitable for children? Is it adequately equipped and furnished? Are there appropriate sleeping arrangements for each child, for example does each child have a bed or cot, with sufficient bedding?
- Are rent and bills paid? Does the family have any arrears or significant debts?
- How long have the family lived in their current home/current area? Does the family move frequently? If so, why? Are there problems with neighbours, landlords or dealers?
- Is the household at risk of losing their accommodation? If yes, what action has been taken by the landlord?
- Do other drug users / problem drinkers share or use the accommodation? If so, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug-using / heavy drinking community?
- If parents are using drugs, do children witness the taking of the drugs, or other substances?
- Have the parent/s ever overdosed intentionally or accidentally?
- Have any of the children witnessed their parents or other users having "overdosed"?
- Are children exposed to intoxicated behaviour/group drinking?
- Could other aspects of drug use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?

## **6. Procurement of drugs**

- Where are the children when their parents are procuring drugs or getting supervised methadone? Are they left alone? Are they taken to unsuitable

places where they might be at risk such as street meeting places, flats, needle exchanges, adult clinics?

- How much do the parents spend on drugs (per day? per week?) How is the money obtained?
- Is this causing financial problems?
- Do the parents sell drugs in the family home?
- Are the parents allowing their premises to be used by other drug users?
- Is/are the child/ren involved in the procurement of drugs?

## **7. Health risks**

- Where in the household do parents store drugs / alcohol?
- What precautions do parents take to prevent their children getting hold of their drug / alcohol? Are these adequate? Do they use methadone storage boxes appropriately?
- Do the children know where the drugs / alcohol are kept?
- Does the child/ren witness the parent/s taking their medication either at home or at the pharmacy? (Risk of young children copying their parents)
- What do parent/s know about the risks of children ingesting methadone and other harmful substances?
- Do parents know what to do if a child has or they suspect has consumed methadone or other drugs
- Do parents know what to do if a child has consumed a large amount of alcohol?
- Are they in touch with local agencies that can advise on issues such as needle exchanges, substitute prescribing programmes, detoxification and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?
- Is there a risk of HIV, Hepatitis B or Hepatitis C infection?
- Are parents aware of increased risk of cot death if baby is co-sleeping when parents are using substances including prescribed or illicit drugs and alcohol [NB This also applies if sleeping on sofa or chair etc]

## **8. If the Parent(s) inject**

- Where is the injecting equipment kept? In the family home? Are works kept securely?
- Is injecting equipment shared? Is a needle exchange scheme used?
- How are syringes disposed of?
- What do parent/s know about the health risks of injecting or using drugs?
- If pregnant, are they aware of screening tests for blood borne viruses and appropriate immunisations

## **9. Family and Social Supports**

- Do the parents primarily associate with other substance users, non-substance users or both?
- Are relatives aware of parent(s) problem alcohol/drug use? Are they supportive of the parent(s) and/or/child(ren)?
- Will parents accept help from relatives, friends or professional agencies?
- Is social isolation a problem for the family?
- How does the community perceive the family? Do neighbours know about the parents drug use? Are neighbours supportive or hostile?
- Have you considered the support of the Senior Parenting Practitioner

[NB post primarily linked to Anti Social Behaviour (ASB) and referrals accepted where there are ASB concerns as well as other issues i.e. drugs/alcohol/mental health/domestic abuse] or family support services.

#### **10. Parent's perception of the situation**

- What do parents think of the impact of the substance misuse on their children?
- Is there evidence that the parents place their own needs and procurement of alcohol or drugs before the care and welfare of their children?
- Do the parents know what responsibilities and power agencies have to support and protect children at risk?

#### **11. Child centred assessment**

In working with and assessing the needs of children with drug or alcohol using parents, the work that is undertaken with them should aim to establish what it feels like for the child(ren) to live in that household and to establish whether the child(ren) need information and/or support in dealing with the issues that impact upon and affect them.

In doing so, the worker should approach the child(ren) in a way which is appropriate to their age and development which enables the child to tell a story without putting them on the spot and forcing them to "tell tales". The worker should attempt to establish the child's level of awareness and understanding about substance misuse and the willingness of the child to provide information or answer questions. It is also important for the worker to try and establish what support the child(ren) needs and who might be an acceptable source for that help e.g. a friend or friend's parent, family member, concerned other and so on.

#### **12. Key areas that could be explored include the following:**

- What they do on a daily basis
- Whether or not they feel safe
- Where do they turn for help, protection and comfort
- What it is like when their parents are under the influence of drugs and/or alcohol
- What it is like when they are not
- What fears, hopes and anxieties they have about their parents' behaviour
- What they would most like to change
- What they would most like to stay the same
- Is there violence in the home
- Does anything else happen that frightens them
- Extent of caring responsibilities they might assume because of parental drug/alcohol use
- The extent to which developmental milestones are being met
- Are they being bullied at school?

#### **13. Analysis: making sense of the information**

This is the **most important part** of the assessment process as a poor analysis of the information that has been collated will invariably lead to poor decision making and

care planning. In making sense of the information that has been gathered, where that information should take the worker is framed in terms of the following questions:

- Is the parents' drug or alcohol use significantly affecting parenting capacity?
- Is the parents' drug or alcohol use and associated behaviour significantly impacting upon the child's health and safety, social, emotional and educational development?
- What are the resources and strengths in this family and how might they impact on the care of the child?
- What is the parents' understanding and attitude on the need for change?
- What change might be acceptable and attainable?
- What types of professional intervention will help reduce the harm to the children?
- Consider the use of universal provision as the preferred option as this is often less stigmatising for the children
- Where, on the continuum of children in need/children in need of protection, does this particular family sit?

Outlined below are some suggestions which may assist the analysis component of the assessment:

- A chronology of significant events
- Who else is involved and why? a synthesis of current information, observations and any other assessments
- The views and perspectives of all interested parties, including children, parents, family and other professionals/agencies
- Checks to test the reliability of information/evidence and its sources
- Identify any other factors that may influence the assessment e.g. values of individual worker; parental attitudes and level of co-operation and honesty
- Evidence based judgements underpinned by research and theory relating to drug and/or alcohol use, child welfare and parenting
- Identify and utilise pooled knowledge, skills, resources and support networks