******Working with Parental Substance Misuse**

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**Accessibility**

[Accessibility statement - Kent County Council](https://www.kent.gov.uk/about-the-council/about-the-website/accessibility-statement)

# Introduction

Kent practitioners have described challenges when addressing parental substance misuse and in particular, cannabis, as there has been global cannabis law reform and values and beliefs about cannabis vary greatly. This guidance helps practitioners understand and assess the impact of all substance misuse. It challenges personal judgments and biases which may impact on work with families and encourages open and reflective discussions.

According to the Children's Commissioner for England's data on childhood vulnerability, there were 478,000 children living with a parental substance misuse in 2019 to 2020, a rate of 40 per 1,000. Information collected by the Department for Education indicates that 10.9% and 10.4% of social work assessments involved parental alcohol or parental drug misuse respectively (Department for Education, 2023). However, research indicates that far more children who have a social worker are affected by parental substance misuse. A recent analysis of Child Safeguarding Practice Reviews found that parental alcohol or drug misuse was present in 34% of cases where a child died or suffered serious injury (Flood and Wilkinson, 2022).

People tend to under-report their use of alcohol and drugs (Livingstone and Callinan, 2015) due to shame, stigma and fear of consequences such as prosecution or social work involvement. Parents are often unwilling to openly discuss alcohol or drug use with professionals, and this can be a key challenge.

# Definition and Language

There are multiple definitions of substance misuse, depending on the model and focus of the professional. From a social care perspective, parental substance misuse refers to a person’s repeated use of drugs or alcohol that causes harm to them, and/or the people around them. ‘Parental’ substance misuse refers to a parent or a carer who misuses substances and has care of a child, either partially or fully.

Practitioners should adopt a strengths-based inclusive approach which includes the use of non-shaming or blaming language. Terms to describe substance use and misuse are varied, often used interchangeably by professionals, but can label and have wider implications. Using ‘addiction’ or ‘addict’ are linked to the Medical Model and define the misuse of drugs or alcohol as a psychological or biological illness that an individual permanently lives with, similar to a physical illness.

There is consensus that substance misuse is caused, affected, and influenced by numerous factors including individual psychology, experiences of physical and emotional trauma, as well as social and cultural expectations and pressures.

# Values, Beliefs and Societal Norms

People who experience alcohol or drug problems, through use or by association, often experience negative stereotyping and stigma. They can be marginalised as a group, and their anxiety and feelings of shame are likely to affect how parents work with us. They may minimise or deny their substance misuse; be defensive or deny that their children are aware of, or affected by, their substance misuse; be upset or angry that a referral has been made.

Attitudes have shifted in recent years towards a more open and less punitive approach to substance use (particularly cannabis use), but it is a subject that can evoke strong emotions across society and professionals, negatively affecting the support individuals and families may receive. Research shows that one of the most important elements of a person changing their substance use is the relationship with their professional and their willingness to listen and not judge. Practitioners need to be authoritative not authoritarian, as confrontational approaches rarely work. Some of the most successful ways of working with substance misuse are based on [motivational interviewing](https://www.delta-learning.com/course/view.php?id=3231) (MI) approaches which aim to build empathetic, constructive relationships which are directive but supportive. Practitioners need to be open, honest and transparent about risk, expectations and the impact on the child.

Some practitioners have described uncertainty when working with families and cannabis use, particularly when parents may openly describe regularly using small amounts. This is an area when practitioners’ own values and beliefs may be in contrast to general acceptance of cannabis use as ‘normal’. It can prove challenging to discuss with parents the impact on children, and getting a balance between appearing to collude or being overly critical or judgemental can be difficult.

Some practitioners may have used cannabis themselves and face internal struggles when addressing use with parents. Practitioners may also feel unable to discuss these challenges with managers and colleagues for fear of judgement or consequences professionally.

Working with this area of practice requires practitioners to:

* Keep the child at the centre of practice and always consider impact on the child.
* Critically reflect on their own views and experiences in relation to substance use and how they could impact on their practice.
* Be mindful about language and challenge others. Terms such as ‘druggie’, ‘junkie’ and ‘a drunk’ are dehumanising and dismissive. These terms should not be used.
* Be willing to learn and fill gaps in substance use knowledge and skills through CPD (continuing professional development).
* Demonstrate a commitment to routinely raise and discuss substance use in supervision and management roles.
* Encourage staff to reflect on risks, ethics of care, and attitudes relating to substance misuse.
* Challenge stigma or prejudice in society and professionals.

# Types of substance use and its effects

New substances, specifically modifications of drugs and ‘legal’ highs, come onto the market frequently. The most common substances parents misuse are alcohol, cannabis, cocaine, and heroin. The table in the appendix presents an overview of how these substances might affect people’s behaviours and presentation. Included are also Ketamine and ‘spice’ (synthetic cannabinoids) due to their increased use.

Some parents may form an addiction to prescription medications, for example opiate based painkillers or sleeping tablets, and these may be prescribed or purchased illegally. These medications can impact on the care a parent may give, their lethargy, their mood and their ability/inability to sleep.

With all substances, it can be challenging to know if someone is using or at a point when it is negatively impacting on their ability to care for their child, as many people are able to hide it well and carry out day-to-day tasks.

[TalktoFrank](http://www.talktofrank.com./) and [DrugWise](https://www.drugwise.org.uk/drugsearch-encyclopedia/) are helpful websites with up-to-date information about drugs and alcohol, including their effect on people, legal status and how these are consumed. The use of slang or ‘street’ names for different substances changes constantly. Keeping up to date with this knowledge is helpful, particularly if working with adolescents.

# Cannabis use and Parenting

As [Cannabis](https://www.talktofrank.com/drug/cannabis) is the most widely used illegal drug in the UK, it is use of this substance which practitioners may come across the most, but practitioners report difficulties in evidencing the impact on parenting.

Cannabis may not have the same impact as other drugs on behaviour but it can affect a parent by:

* Acting as a depressant, increasing anxiety and paranoia
* Affecting the brain, memory and clarity of thought
* Impacting on decision-making
* Causing mild hallucinogenic effects
* Affecting sleep patterns, routines or leading to heavy sleeping

Some individuals report cannabis has a calming effect and they use it as a form of ant-depressant or anti-anxiety medication, often citing it as a benefit to them individually and on their parenting as a result. They feel they cannot function or sleep without it, so feel unable to break the cycle of use.

There is evidence linking cannabis and passive smoking to [Sudden Infant Death Syndrome](https://sway.cloud.microsoft/ZzwJRKVIT2rpRTT8?ref=Link) and cannabis can be a feature when parents co-sleep with their babies. All professionals, not just health professionals, should discuss these risks with parents so they understand and can use [safe sleeping practice](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-saving-lives-a-guide-for-professionals-web.pdf).

# Effects during pregnancy

Substances and alcohol use can impact on menstruation cycles, so some women may continue to use substances before knowing they are pregnant and some may feel they cannot address their substance misuse during pregnancy.

The foetus is highly susceptible to substances due to its inability to filter these in their forming body. The impact post-birth on development, and outcomes as the child grows is well [documented](https://www.tommys.org/pregnancy-information/im-pregnant/illegal-or-recreational-drugs-and-pregnancy). Affects include low birth weight and learning, behavioural and mental health issues as the child grows.

[Research](https://www.rehab4addiction.co.uk/guides/health-risks-cannabis-breastfeeding) has also highlighted the negative impact of cannabis in pregnancy and whilst breastfeeding and [recent research](https://www.sciencedirect.com/science/article/abs/pii/S0920996418304110?via%3Dihub) also suggests that paternal cannabis use during the preconception period (the month’s leading up to conceiving a child) can cause congenital diseases and other problems among newborns. According to the study, when a father-to-be regularly uses cannabis in the months leading up to conception, his offspring’s risk for psychotic experiences and other mental issues almost doubles. The research also highlights cannabis use and its effects on fertility – for men and women.

The role of the practitioner and health professionals is to educate parents on the impact of drugs and alcohol on the foetus, both biologically and in terms of risks from lifestyle choices, drug paraphernalia and drug associates. Early engagement with reduction services is needed to help mitigate risk, as well as consideration to post-birth issues for the baby in pre-birth planning. Practitioners should work alongside substance reduction agencies to educate parents and monitor progress.

# Which is more harmful: parental alcohol or drug misuse?

There is some evidence to suggest that drug misuse increases the risk of child abuse or neglect when compared to alcohol misuse (Canfield et al, 2017). This may be because of the method of use (e.g., intravenously), paraphernalia (e.g., needles), or from exposure to associates or situations within the drug community (e.g., other drug users coming to the home). Inhalation of smoke (particularly cannabis) can impact on children’s health and development. Use of cocaine and other stimulants have a significant and sudden impact on parent’s behaviour and responses to the child. However, it should not be assumed that parental drug misuse presents a greater risk to children than parental alcohol misuse. As alcohol is socially acceptable and is normalised in society, there is risk that parental alcohol misuse and its impact is underestimated by social workers.

# Assessing parental substance misuse

It is important that assessments with children and families affected by parental substance misuse are informed by evidence, research, and risk and protective factors. When assessing parents and carers, key factors to consider include:

# The impact on children

It is important to disentangle the impact on the parent, from the impact on the child. Understanding the child’s lived experience and what their day to day life is like with a parent who uses substances is central to understanding the risks and impact. Children may know a great deal about their parent’s use of substances, despite parents’ best efforts to keep things hidden. Understanding children’s knowledge of this and their coping strategies will help a practitioner to build protective factors for that child. Children are their own experts on their life and we need to hear what they think and say. The below table provides an overview of the impact of substance misuse on parents and the impact of substance misuse on children.



Voices of children affected by parental substance misuse:

*"My mum is up and down – sometimes she’s fine and sober – but it can quickly change and she becomes worse again…[she] gets abusive when she’s drunk and gets angry at me and my sisters. I don’t like being at home* **Childline counselling session with a girl aged 15 (NSPCC, 2023)**

*It was such a relief to talk to someone who was sympathetic to my situation and who didn’t judge me for having the feelings I had. Talking to someone about how I was feeling gave me the strength to cope with things better* **Adfam***.*

Children value professionals who are non-confrontational in their approach and do not ‘quiz’ them about their parent’s substance misuse. They want to be listened to and respected but want space and flexibility to talk when they want to. Ask them what they would like to happen and what works well for them and their parents.

The long-term impact on children into adulthood is varied. Research (2012) has found that by young adulthood 53% of children from these backgrounds experienced substance misuse, compared with 25% of their peers but it is a nuanced picture. Non-genetic factors, such as environmental factors, play a part and can alter the risk. For some, childhood experiences have made them much less likely to use substances because they have seen first-hand the problems it can cause.

# Neglect

Neglect is the most common form of abuse suffered by children living with parental substance misuse (Roy, 2021) due to parental intoxication and withdrawal, and subsequent inability to identify or meet children’s needs. Research has found that children living with parental alcohol misuse often suffer abuse and neglect for longer periods of time (Lutman and Farmer, 2013), possibly due to the lack of identification and assessment of the issue and [impact](https://www.proceduresonline.com/trixcms2/media/12844/neglect-tool-kit.docx).

# Stability and consistency

When talking to the child, parent/carer and other relevant people, as well as when observing family life, assessments should focus on understanding the stability and consistency in the child’s life. That is, the child knows what to expect from parents emotionally and physically; that family routines are in place to ensure that the child can attend school, nursery or other activities on a regular basis; and that the child has reliable, safe and consistent caregivers. It is also important to explore who lives in the household and whether the household composition changes frequently (e.g., with different adults or children moving in and out at different times).

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| **Questions to consider:*** How consistent and reliable are parents at meeting child’s need and in emotionally responding to the child?
* Do the parents see their substance misuse as harmful to themselves or to their children?
* How stable and consistent is household composition (who is living in the house, who is looking after the child)?
* Does the family unit have relatively consistent routines or day-to-day lives that are organised in such a way so that the child’s needs can be met? Does the child know what to expect on a day-to-day basis?

**Practice Point –** As part of your conversation with children, talk to them about their daily life, how they feel, what they do daily, what a typical weekend looks like, or what normally happens when they come home from school. Don’t question them as they will want to be protective of parents.**Include fathers and father figures –** [‘The Myth of Invisible Men’ (2021)](https://assets.publishing.service.gov.uk/media/6141e34f8fa8f503bc665895/The_myth_of_invisible_men_safeguarding_children_under_1_from_non-accidental_injury_caused_by_male_carers.pdf)highlights the importance of engaging with fathers to understand their substance use. The review examined safeguarding children under age 1 from non-accidental injury (NAI) caused by male carers. It highlighted details about males’ levels of misuse not being asked about or captured.  |

# Safety

There are some environmental risks arising from substance misuse which should be considered in assessments. This includes how drugs and alcohol are stored, prepared, used and disposed of. A lockable cabinet or box should be used, which is outside of a child’s reach and not accessible to them. While many households often have alcohol, it is important this is stored outside of children’s reach to prevent accidental or experimental ingestion, particularly because some alcohol and drugs (e.g., pills) are brightly coloured or have designs on them which may be appealing to young children.

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| **Questions to consider:*** Where are drugs stored?
* When and where are drugs prepared, used and disposed of?
* Is the household environment safe and free from hazards?
* Is the family living in a drug using community?
* Do other aspects of the drug use constitute a risk to children (e.g., conflict with or between dealers, exposure to criminal activities related to drug use)?
* Are the children being left alone while their parents are procuring drugs?
* Because of their parent's drug use, are the children being taken to places where they could be "at risk"?
* Are the premises being used to sell drugs?
* Are the parents allowing their premises to be used by other drug users?
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Assessments should also consider where and when drugs and alcohol are used and how risks can be reduced. For example, drug paraphernalia and alcohol containers should always be kept out of children’s reach and disposed of safely (e.g., needles into a sharps bin). Children should never be left unattended with drugs or with drug equipment or alcohol within reach.

In research, parents often talk about using drugs or alcohol away from their children or when their children have gone to bed or are out of the house. Children might not always be present but parents may still be under the influence afterwards. Having open conversations about how a particular substance affects that parent straight after use and sometime later will help to consider safety planning and bring about more collaborative conversations. Practitioners will need to be realistic and understand that for many reasons, some parents may not be able to abstain from using and consideration to risk, impact and safety must be continually reviewed.

# Support from another parent or carer

Children who have more than one parent/carer misusing are more likely to suffer abuse and neglect (De Bortoli et al, 2013). Therefore, assessments should consider the impact of parents using together, separately and the impact if only one parent uses.

To be a protective factor, the non-using care giver should be able to provide safe and consistent care for the child(ren) while the parent who is misusing is unable to do safely. Protection increases with the quality of the relationships between the parent who is misusing and the non-using adult, and the non-using adult and the child. Having another adult in the house is only protective if that relationship is not abusive, violent or conditional on other aspects of family life. The child should know that this other person is a safe adult to go to if they need help.

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| **Questions to consider:*** Are both parents/carers misusing substances?
* Does the child have a parent or carer who does not misuse substances?
* Is the non-using person resident or non-resident?
* Does the non-using person know about the substance misuse?
* Does the child know?
* Is the non-using person able to offer safe and consistent care for the child if the parent who is misusing is unable to?
* Does the child trust and feel safe with the non-using parent or carer?

**Practice Point -** The aim is to work collaboratively with parents enabling openness and honesty so both parents recognise and understand the risk. Safety planning relies on honesty about substance misuse and a parent who is misusing substances should be encouraged to be open with a partner or family members, so that the whole family can be part of the protective plan. [AdFam](https://adfam.org.uk/help-for-families/) has additional information about understanding alcohol use, and [DrugFam](https://www.drugfam.co.uk/active-addiction/) offers information for people who are affected by someone else’s drug misuse; both of which may be useful to share with the family. |

# Pattern and Severity of Substance Misuse

Parents may be unwilling to disclose the extent of their substance misuse; they might be scared, ashamed or possibly in denial.

Repeatedly requesting information from, or challenging parents about, the specifics of their substance misuse is likely to create adversarial situations.

While these questions need to be asked, the specifics of how much a parent is taking is not a vital piece of information. It is not necessarily the case that ‘more’ substance misuse (quantities) means that parenting will be more compromised. People can often develop a high tolerance for substances, particularly opioids, and may use increasing amounts to feel ‘normal’ rather than to gain a particular high. The impact of those substances is more important.

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| **Questions to consider:*** How often does the parent use?
* When and where does the parent use?
* How does the parent source the substances (particularly relevant for illicit drug use)
* What is the impact of use on the parent’s behaviour and emotions?
* How long do the effects last (including periods of withdrawal or recovery)?
* Does the parent take more than one substance?
* Is there any evidence of coexistence of mental health problems alongside the drug use? If there is, what is understood about this?

**Practice Point -** What, when and how substances are being misused is important but also how this affects them and for how long, including periods of withdrawal or recovery. |

Finding out whether a parent misuses more than one substance is also relevant; studies have shown that this can lead to poorer outcomes for children (Canfield et al, 2017). This may be a result of the combined effects of the different substances on the parent, such as using some to gain a ‘high’ and others to manage the ‘down’. Use of multiple substances is not uncommon; people may use one substance to alleviate withdrawals or unpleasant side effects of another.

It is incorrect to assume that abstinence from drugs or alcohol will lead to a better life for children. Reducing or abstaining may present challenges for parenting capacity and family life, and families who have had a chaotic lifestyle may need significant levels of support before they can effectively care for their children. Some children have reported not liking it when their parents abstain or reduce, because it can make parental behaviours inconsistent and destabilising, and report feeling on edge waiting for a relapse to occur (Muir et al, 2022). Any changes in drug and / or alcohol use should trigger a re-assessment of the children's needs.

# Substance Misuse Treatment Services

Substance misuse treatment may act as a protective factor for children because parents in treatment may be more aware of the impact of their substance misuse on their parenting and may be ready to make changes to their life. Through services, parents may be prescribed medication or substitute opioids to support manage their substance misuse (see below).

It is important to be clear about what the purpose or motivation is behind engagement with substance misuse treatment. Sometimes treatment programmes are mandated as part of probation or criminal sentencing.

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| **Questions to consider:*** Is the parent in substance misuse treatment and do they feel it is beneficial? What does this involve (e.g., group work, 1:1 support)?
* Is there a shared understanding between substance misuse and social work professionals about the potential for risk to children?
* Does the substance misuse treatment service know about the children and do they have any service to offer for children?
* What support and services will the parent receive?
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# History of Substance Use and Professional Involvement

Research has shown that children who are the subject of repeated referrals to children’s social care often have the poorest outcomes in the short and long term (Roy, 2022). Assessments should consider previous referrals; what action was taken and how this affected the child and family. Repeated referrals or contacts indicate unresolved ongoing issues in family life and assessments need to focus on this.

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| **Questions to consider:*** What was the nature of previous referrals and what were the outcomes of previous interventions or assessments?
* What worked well/ did not work well for the child and parents?
* What is the pattern and chronology of substance misuse? Can you identify triggers and stressors?
* Are there episodes of reduction and/or abstinence? What do you understand about these episodes? – how long for? What changed? What professionals were involved? What is the child’s view of these episodes?
* What is the wider family’s knowledge and what support could they offer?
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# Domestic Violence and Abuse

Domestic violence and parental substance misuse frequently co-occur. There could be many reasons for this but one is the trauma of surviving domestic abuse can lead to substance misuse. Substance misuse may be used as a weapon against the victim/survivor within an abusive relationship such as being encouraged to inject substances/share needles and being threatened about child removal. Such threats can make women stay in abusive relationships.

Perpetrators of violence and abuse may claim their behaviour is caused by substance misuse. However, domestic violence and the coercive controlling behaviour that underpins it, is not ‘caused’ by alcohol or drug use. Violence and abuse can indicate that there is an element of control at play. As per the cycle of abuse, there may be temporary ‘honeymoon’ periods once substance misuse has stopped where violence and abuse also stop, but this does not necessarily indicate that the issues are resolved.

Domestic violence can escalate quickly into life threatening and dangerous situations, even if there have never been previous physical incidents. If both domestic violence and substance misuse are present, ensuring the physical safety of the non-abusive parent and the child should be a priority.

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| **Questions to consider:*** Does the child/non-abusive parent feel safe?
* Does the child/non-abusive parent feel scared of someone at home?
* Is the victim or perpetrator misusing substances? Is substance misuse used as an excuse for violence? Is substance misuse being used to control or coerce the victim?

**Practice Point -** Consider how substance misuse and mental health problems interact with one another. For example, does the use of certain substances trigger episodes of poor mental health or do episodes of poor mental health trigger substance use? While difficult to unpick, the answers to these questions will help inform how best to support the parent and child. **Be mindful of parental conflict –** [A report by the Department of Work & Pensions (2021)](https://www.gov.uk/government/publications/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes#introduction) highlighted the link between parental conflict and substance misuse on outcomes for children. The review highlighted that interventions which enhance communication between a couple, and with the family as a whole, help develop emotional coping strategies, help parents to take responsibility for their actions and to understand the impact of their actions on their families, can improve outcomes.  |

See KCC’s [Domestic Abuse Assessment Tool](https://sway.office.com/4KETDuC7IHHGtVq2?ref=Link)

# Support outside the home and family circles

Assessments should explore the extent to which children have extended family or friends to provide support for them, whether that be practical or emotional support. It is important to consider the quality and stability of those support networks. Assessments and work with children should explore how they are supported to attend school and engage with activities, and what barriers might be preventing this.

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| **Questions to consider:*** What do the wider family /friends know and understand about the parental substance misuse? What information and support do they need to understand better and provide support?
* Does the child have a good support network outside of the home (friends, family)? How can this support network be increased or stabilised?
* Does the child have access to community resources (e.g., extra-curricular activities, support groups)?
* Does the child have a key adult who they speak to?
* If there is a non-resident parent, what is their relationship like with the child? What support can they offer?
* What do the family and friends network need to be able to help with the child and parent?
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# Poverty awareness

Attention should be given to the family’s financial situation as well as local community resources and safety. If family resources are stretched due to substance misuse, health may be further undermined by poverty. Children may be living in poor housing conditions, with limited availability of food, warmth and clothing, including school uniforms. This can increase feelings of shame and social exclusion. Parents who have financial resources may be able to shield their child from some of the impacts of substance misuse. This kind of socioeconomic advantage can reduce or prevent children being stigmatised as a result of parental substance misuse.

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| **Questions to consider:*** Does the family have financial and practical resources to meet their needs for food, housing and everyday items?
* What impact do financial problems have on the child’s day to day life?
* Are the family in debt, if so, how is this being managed?
* Are there issues with gambling? (Research has shown a link with alcohol misuse and problem gambling) Ask about parents’ attitude and feelings towards gambling, to open up conversations.
* Do the family regularly access food banks?
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# Assessing the impact of cannabis use

Although all the above areas of focus are important, practitioners state they find it difficult to assess parents who use cannabis. Assessments should keep the focus on the child’s lived experience and what needs to change for the child. It is important to educate parents about the impact of cannabis and direct them to resources and information. Continue to discuss and reflect on your values and beliefs and bring discussions to supervision and team discussions.

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| **Questions to consider:*** Do you know which types of cannabis the parent uses and what is the impact of this on them?
* How often do parents buy cannabis and how are they funding this?
* Why do parents use cannabis? Explore why they started and what keeps them using?
* What’s the impact on family budget and what does this mean for the child?
* Where is the child when parents are using cannabis?
* Where is the cannabis kept?
* What does the child understand about this, if anything? What do they say?
* Do you fully understand the child’s daily life and routines, and any impact on them?
* Do the parents use cannabis with their child/purchase cannabis for their child?
* How honest do you think parents are about their use? What are the signs they are not being honest?
* Do your personal attitudes have an impact on your assessment?
* How can the risks be reduced? Who can help with this?
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# Pre-birth Assessment

A Pre-birth Assessment should include questions about the use of all substances and prescribed/ non-prescribed drugs. Part of that assessment will be understanding the impact of substances taken during pregnancy on a baby following birth, as some babies impacted by pre-birth drug or alcohol use can be fractious, have medical problems, or behaviour which is challenging to manage as they grow.

Fathers and/or resident/non-resident partners should be considered and encouraged to work with practitioners to understand their level of involvement and how best to work together with Children’s Services. Sometimes they can find it difficult to understand the impact of their own drug or alcohol use on their children.

Substance misuse is not in itself a contra-indication that a parent will not be able to care for the baby safely. Factors to consider include:

* Pattern of drug or alcohol misuse and history of use
* Interplay between prescribed/non-prescribed medication with illegal substances
* Consequence or risk to child
* Parents’ willingness to engage in treatment

Kent and Medway Pre-birth Procedures state that referrals to the local authority about an unborn child should be made **as soon as concerns have been identified** and ideally, **no later than 18 weeks** into the pregnancy. It may be that concerns are not known until later in the pregnancy or the pregnancy has been concealed, at which point a Request for Support should be made **immediately**. Where identified concerns indicate risk of significant harm at any point during the pregnancy, a Request for Support should be made to the Front Door Service **immediately**.

See also [pre-birth guidance](https://www.proceduresonline.com/trixcms2/media/18922/pre-birth-practice-guidance.doc)

# The importance of working with other agencies

Strong multi-agency and multi-disciplinary working is vital to identifying and responding to the needs of children and families. Effective and timely information sharing will help ensure relevant professionals are able to assess risks to an unborn baby or child, and ensure appropriate plans are put in place. Practitioners must challenge when information is not available or is not of the kind which is helpful. For example, methadone levels may be shared but not the impact of taking the level of methadone or whether reduction of use is moving at the expected pace.

Strategy Discussions, Child Protection Conferences and Core Group Meetings must include workers from any drug and alcohol service involved with the subject child and their family. Joint home visits should be completed and multi-agency attendance at review meetings, including health professionals and substance misuse services, which can provide specialist input for assessments when required.

 Multi-agency expectations for practice are as follows:

**Collaborate**: practitioners working with the same child and family share information to get a complete picture of what life is like for the child. Collectively, they ensure the child’s voice is at the centre and the right support is provided

**Learn**: practitioners learn together by drawing on the best available evidence from their individual fields and sharing their diverse perspectives during regular shared reflection on a child’s development, experiences, and outcomes

**Resource**: practitioners build strong relationships across agencies and disciplines to ensure they support and protect the children with whom they work

**Include**: practitioners recognise the differences between, and are confident to respond to, circumstances where children experience adversity due to economic and social circumstances and acute family stress, and situations where children face harm due to parental abuse and neglect

**Mutual challenge**: practitioners challenge themselves and each other, question each other’s assumptions, and seek to resolve differences of opinion in a restorative and respectful way.

**See** [Working Together to Safeguarding Children, 2023](https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf)

It is clear this substance misuse can have an impact on the health and development of children, from before the baby is born all the way through to when they are an adult themselves. Children may experience ongoing emotional distress because they do not feel safe or able to talk to adults or professionals about what is happening to them. Parental substance misuse is often an indication that a family may be experiencing other issues, such as poor mental or physical health, domestic and family violence, poverty and have limited social support. Parental substance misuse can be difficult to assess but remaining focussed on the lived experience and impact on the child, can help.

# Printable short guide to working with Parental Substance Misuse

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| **Theme**  | **Practitioner**  | **Parent**  | **Child**  |
| **Language** | Avoid blaming, shaming, judgemental language and ‘labels’ e.g., addict, alcoholic. Be prepared to challenge others language about substance use.  | Even if parents refer to themselves as an addict/alcoholic, do not use and explain why.  | As with parents avoid terminology that labels and blaming/shaming language. Aim to understand their feelings, thoughts and lived experience.  |
| **Values, Beliefs and Societal Norms** | Critically reflect how owns views and experiences impact on practice. Challenge others negative views and stigma, increase knowledge of substances, discuss in supervision/with colleagues.  | Remain aware and conscious of the stigma and shame that parents may feel and have experienced. Demonstrate empathy, encouragement and a non-judgemental approach.  | Be aware of the shame, embarrassment and negative judgement the child may have experienced/be experiencing. Aim to understand the impact. What can you/parents/network do to minimise the impact?  |
| **Substance use & its effects** | Increase knowledge of substances, their effects and ‘street’ name.  | Remember substances affect people differently. What, how and where do they use?  | Aim to understand what the child sees and experiences. Use child friendly resources to explain effects.  |
| **Pregnancy & the unborn**  | All pregnant women should be asked about their use of prescribed and non-prescribed drugs (legal and illegal) during any assessment. Pre-birth assessment may be required.  | Be open and honest about worries and risks – be alert to DA. Involve fathers/partners. Don’t assume they know and understand the risks.  | Liaise and work together with professionals re: pre-birth/post birth planning to mitigate risks.  |
| **The impact on children**  | What is the child’s lived experience? Involve wider family/develop supportive network. What is the child exposed to? – consider risks inside/outside the home.  | Educate parent and wider family to understand and mitigate impact on child(ren).  | Aim to establish a supportive, trusting relationship. Work with school and consider M-PACT referral (see tools and resources). What strategies has the child developed/can you help develop, to protect themselves and siblings?  |
| **Assessing parental substance misuse** | Analyse and explain why there is (or is not) a risk of harm to the child. See ‘questions to consider’ in main guidance document. Cannabis use – is this considered and understood?  | Work collaboratively whilst remaining open and honest about risks and what will happen.  | Be mindful to retain focus on impact to the child. Ensure their voice is heard and recorded.  |
| **Working with families**  | Ensure collaborative approach – not authoritarian/punitive. Consider own values and beliefs, use respectful language, be mindful of parental conflict and include fathers/father figures.  | Consider and understand previous contact with services. What has worked before with the family? What is the history of substance use – what do you know about periods of reduction and abstinence?  | Focus on lived experience – they may know a great deal, despite best efforts to keep things hidden. However, do not ‘quiz’ them about their parents use. Listen, respect, and believe. |
| **Working with other agencies**  | Effective and timely information sharing. Strategy Discussions, CP Conferences and Core Group Meetings must include workers from any drug and alcohol service involved with the child and family. | Be open and honest about referral to, communication with and involvement of other services. Which individual/professional works best with the parent/family?  | What professional/organisation work/could work best with the child? Would an advocate ensure their voice is heard and understood? Have you explained what and why information is shared?  |

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| **Substance** | **Legal status** | **Consumed**  | **Signs – what to look for** | **Effect on individual**  | **Other relevant information**  |
| **Alcohol** | Over 18+ | Drink  | Slurred speech/vision, lack of inhibition, poor co-ordination, increased risk-taking behaviour.  | Alcohol is a depressant but may temporarily heighten mood. Drinking a lot may lead to intoxication and blackout. After effects include physical symptoms such as headache, stomach-ache and low mood. | Alcohol is very commonly used. It’s risk to children can be overlooked due to social familiarity with the substance. |
| **Cannabis**  | Class B | Smoked, ingested | Bloodshot eyes, dilated pupils, dry mouth, increased appetite, excessive sleepiness, impaired balance, poor coordination, lack of hygiene, holes in clothes (from hot ash), smell on clothing/hair  | Cannabis is a psychoactive drug often smoked with tobacco. Some feel relaxed and happy others paranoid and anxious. Can cause hallucinations. [Cannabis comes in different forms](https://www.drugwise.org.uk/cannabis/#:~:text=There%20are%20three%20varieties%20of,are%20the%20tetrahydrocannabinols%20(THC).) which includes herbal ‘grass’, resin ‘hash’, cannabis oil and ‘skunk’ - a strong form of herbal cannabis. Some use to manage health conditions. | Second hand smoke inhalation is a particular risk in relation to babies and children - there is evidence linking cannabis and passive smoking to sudden infant death syndrome. |
| **Cocaine****Crack-cocaine** (powerful addictive form of cocaine) | Class A  | Smoked, injected, snorted  | Weight loss, dilated pupils, nosebleeds, high blood pressure, sweats, insomnia, restlessness, agitation and increased energy.  | Cocaine is a stimulant. Can make people feel excited, happy, confident and increase risk-taking behaviour. Some feel anxious, on edge and agitated. | Cocaine can be particularly dangerous and potentially fatal when taken with other substances, most notably heroin. |
| **Heroin**  | Class A drug | Smoked, injected, snorted  | Flushed skin, dry mouth, nausea/vomiting, constricted pupils, watering eyes, itching, speech incoherence, extreme drowsiness, slow reactions, clouded thinking, puncture wounds from needles, collapsed veins, lesions and abscesses.  | Can make people feel euphoric, relaxed and sleepy (acts as a sedative on the body). Those taking may not have quick responses to risky situations. People may fall asleep or be in a stupor, and in extreme cases a coma. Accidental overdose of heroin is a significant risk, especially when injected or when someone has not taken for a few days or more.  | Parents may use other types of opiates (e.g., methadone, opiate painkillers). They will have similar but less pronounced effects. Opiate painkillers such as codeine and tramadol can be prescribed by doctors for pain relief, but they can also be obtained illegally. They are at risk of becoming addictive.  |
| **Ketamine**  | Class B  | Snorted, injecting, tablet, ‘bombing’ (swallowing powder wrapped in cigarette paper) | Incoherent speech, poor coordination, irritable, insomnia, ‘spaced out’ as if in a trance, swift eye movement | Detached, happy, chilled and/or anxious, confused, ‘tripped out’. Memory loss, nausea, depression, numb so you can’t feel pain. | Sold as a grainy white or light brown powder. Looks similar to cocaine but is a very different drug and its use is becoming more common.  |
| **Synthetic cannabinoids ‘spice’**  | Psychoactive Substances Act 2016 – illegal to give away or sell  | Smoked, ingested (similar to cannabis) | Similar to cannabis also: anxiety, confused, poor short-term memory, incoherent speech, ‘spaced out’- unsteady movement, pale skin and pink eyes. Consider – has the parent recently been released from prison?  | Since synthetic cannabinoids act like [**cannabis**](https://www.talktofrank.com/drug/cannabis), the effects - good and bad - are similar. Some will feel happy and relaxed, may get the giggles, feel hunger pangs and become very talkative. Others mainly feel ill or paranoid. The ‘high’ is usually induced more quickly and intense but the effect is unpredictable.  | Synthetic cannabinoids react more strongly with the brain's cannabis receptors they're more potent than natural cannabis. This means it's easier to use too much and experience unpleasant and harmful effects. ‘Prison drug of choice’.  |

# Tools and further resources

[The Children's Society](https://www.childrenssociety.org.uk/)  - This[booklet](https://www.childrenssociety.org.uk/sites/default/files/2020-11/You-are-not-on-your-own-booklet.pdf) can help children, young people and adults talk about a parent’s drinking. This [booklet](https://www.childrenssociety.org.uk/sites/default/files/2020-11/help-me-understand.pdf) focuses on children who may have a parent going through drug or alcohol treatment and has information for professionals at the back to read before working with a child.

[The National Association for Children of Alcoholics (NACOA)](https://nacoa.org.uk/) - This [leaflet](https://nacoa.org.uk/wp-content/uploads/2020/12/Some-mums-and-dads-drink-too-much.pdf) lists NACOAs free support services for children and young people, and highlights issues some children face when affected by parental substance misuse. This could be helpful to share with young people who may be more reluctant to talk, but would like information about what help that is available.

You can access frequently asked questions from children about parental substance misuse, [here](https://nacoa.org.uk/support-advice/for-children/faqs-2/). This may be helpful for professionals, children and young people to refer to.

[Barnardo’s](https://www.barnardos.org.uk/) - This [booklet](https://www.tusla.ie/uploads/content/Teenagers_coping_parents_Drug_abuse_d4.pdf) was created by [Tulsa](https://www.tusla.ie/services/child-protection-welfare/) and Barnardo’s in Ireland. This guide is aimed at parents who may be taking drugs or whose partner may be taking drugs. It addresses the potential impacts on the child and what they might be able to do to alleviate them. See also [Alcohol and other drug misuse | Barnardo's (barnardos.org.uk)](https://www.barnardos.org.uk/get-support/support-for-parents-and-carers/child-abuse-and-harm/alcohol-and-other-drug-misuse)

[BASW - Supporting School Age Children](https://new.basw.co.uk/policy-and-practice/resources/parental-substance-use-supporting-school-aged-children)

[The Forward Trust](https://www.forwardtrust.org.uk/) - Deliver the [M-PACT programme](https://www.forwardtrust.org.uk/service/m-pact-programme/) nationally which includes Kent. Moving Parents and Children Together Programme (M-PACT) is a whole family, structured support programme which aims to improve the well-being of children and families affected by substance misuse.

[Change Grow Live](https://www.changegrowlive.org/) (CGL) - A national health and social care charity with services in [Kent](https://www.changegrowlive.org/westkent/help), including M-PACT. Help with challenges including drugs and alcohol, housing, justice, health and wellbeing.

[We Are With You](https://www.wearewithyou.org.uk/) - Provide support to adults and children experiencing issues with drugs, alcohol or mental health. Practitioners also support the M-PACT programme.

[Adfam](https://adfam.org.uk/) - Advice and support for families affected by drugs and alcohol.

[Families Anonymous](http://famanon.org.uk/meetings/meetings-in-the-uk/) – run online and face to face support groups for families affected by drugs.

[FRANK -](https://www.talktofrank.com/) confidential advice on drugs and details of local and national services.

[Drug Fam](https://www.drugfam.co.uk/)– offer support to families affected by substance misuse.

[Action on Addiction](https://www.actiononaddiction.org.uk/)  provide support to families who are affected by addiction.

**Childline** – [parents and drugs](https://www.childline.org.uk/info-advice/home-families/family-relationships/parental-drug-misuse/)

[Alateen](https://www.al-anonuk.org.uk/alateen/) - Alateen is for teenage relatives and friends of alcoholics. Alateen is part of Al-Anon.

**Alcohol Education Trust guide:** [Alcohol and Cannabis – Facts, Effects, Support – workshop implementation guide for facilitators](https://www.ghll.org.uk/RTK_implementation_guide.pdf)

**Information for schools:** [Parental substance misuse : Mentally Healthy Schools](https://mentallyhealthyschools.org.uk/factors-that-impact-mental-health/home-based-risk-factors/parental-substance-misuse/#:~:text=Not%20all%20parents%20who%20drink,mental%20health%20and%20life%20chances.)

**Communities of Practice (CoPs)** see links the files ‘tab’ on the Communities of Practice Teams channel for recording and presentation documents. [Cannabis Use](https://kentcountycouncil.sharepoint.com/%3Af%3A/r/sites/CY-communitiesofpractice/Shared%20Documents/General/Resources%20%26%20Recordings/2023/11.%20November/16.11.2023-%20Cannabis%20Use-%20A%20suicide%20Prevention?csf=1&web=1&e=2ev1gk) and [Working with children impacted by parental substance misuse](https://kentcountycouncil.sharepoint.com/%3Af%3A/r/sites/CY-communitiesofpractice/Shared%20Documents/General/Resources%20%26%20Recordings/2023/1.%20January/05.01.2023-%20Working%20with%20children%20impacted%20by%20parental%20substance%20misuse?csf=1&web=1&e=VgqxxN)

**Kent Academy Resources - Issues Affecting Families –** [**parental substance misuse**](https://www.delta-learning.com/course/view.php?id=2021)