

NORTH EAST LINCOLNSHIRE SAFEGUARDING CHILDREN BOARD  
**CHILDREN OF PARENTS WHO MISUSE SUBSTANCES**

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## 1. DEFINITION

Mental Substance misuse refers to the abuse of drugs and/or alcohol. Whilst there may be different treatment methodologies for adults with these problems, they are considered together because the consequences for the child are quite similar. Substance misuse refers to both illicit drugs, alcohol, prescription drugs and solvents, the consumption of which is either dependent use, or use associated with having harmful effect on the individual or the community.

Many substance misusing adults also suffer from mental health problems, which is described as Dual Diagnosis and there may be several agencies, from both Adult and Children's social care, who are working with the family.

National Serious Case Reviews and Domestic Homicide Reviews have identified Domestic Abuse, parental mental ill health and drug and alcohol misuse as significant factors in families where children have died or been seriously harmed. Where all three issues are present, they have been described as the 'toxic trio'.

## 2. RISKS

Where Substance misuse can consume a great deal of time, money and emotional energy, which will unavoidably impact on the capacity to parent a child. This behaviour also puts the child at an increased risk of Neglect and Emotional, Physical or Sexual Abuse, either by the parent or because the child becomes more vulnerable to abuse by others.'

Children's physical, emotional, social, intellectual and developmental needs can be adversely affected by their parent's misuse of substances. These effects may be through acts of omission or commission, which have an impact on the child's welfare and protection.

Children may be introduced to drug and alcohol misuse at an early age by the behaviour of the parents and the availability of the substances within the home.

All agencies need to work together in tackling the problems caused by substance misuse in families in order to safeguard children and promote their well-being. Parents who misuse drugs and/or alcohol may be good enough parents who do not abuse or neglect their children. It is important not to generalise or make assumptions about the impact on a child of parental/carer drug and/or alcohol use. It is, however, important that the implications for the child are properly assessed having full regard to the parents/carers ability to maintain consistent and adequate care. Equal regard should be given to each and every child's level of dependence, vulnerability and any special needs.

Where there is concern that a parent is involved in substance misuse, the impact on the child needs to be considered, including:

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- The child's physical safety when the parent is under the influence of drugs and/or alcohol;
- Children can suffer chronic neglect, from before birth and throughout childhood;
- Possible trauma to the child resulting from changes in the parent's mood or behaviour, including exposure to violence and lower tolerance levels in the parent;
- The impact of the parent's behaviour on the child's development including the emotional and psychological well-being, education and friendships;
- The impact on new-born babies who may experience foetal alcohol syndrome or other drug withdrawal symptoms;
- The extent to which the parent's substance misuse disrupts the child's normal daily routines and prejudices the child's physical and emotional development;
- The impact on the child of being in a household where illegal activity is taking place particularly if the home is used for drug dealing and the children may come in to contact with risky adults;
- How safely the parent's alcohol and/or drugs and equipment are stored as children can be at risk of ingesting substances or injuring themselves on drug paraphernalia;
- Children are particularly vulnerable when parents are withdrawing from drugs;
- Dangerously inadequate supervision and other inappropriate parenting practices;
- Intermittent and permanent separation;
- Inadequate accommodation and frequent changes in residence;
- Children being forced to take on a caring role and feeling they have the responsibility to solve their parent's, alcohol and drug problems;
- Parents showing an altered emotion state including an detached emotional thinking with lack of responsiveness to the child's emotional needs;
- Children accepting drug and alcohol use as normal and themselves becoming young persons who are taking substances;
- Co sleeping;
- Safe storage to avoid accidental ingestion or illicit or prescribed drugs.

The circumstances surrounding dependent, heavy or chaotic substance misuse may inhibit responsible childcare, for example, drug and / or alcohol use may lead to poor physical health or to mental health problems, financial problems and a breakdown in family support networks. The team around the family need to Think Family.

### 3. INDICATORS

There are many reasons why adults take drugs or drink alcohol. If doing so has negative consequences then it may be regarded as misuse. Parents may be aware that their behaviour has a negative impact on their child; there is a risk in focusing on the adult's difficulty and in supporting their attempts to control their behaviour. The real impact on the child can be overlooked or seen as a secondary consideration.

To be healthy and to develop normally, children must have their basic needs met. If a parent is more concerned with funding an addiction, or is under the influence of drugs or alcohol, they are unlikely to be able to achieve this consistently. A disorganised lifestyle is a frequent consequence of substance misuse. Parents may fail to shop, cook, wash, clean, pay bills, attend appointments etc.

Substance misuse may affect a parent's ability to engage with their child. It may also affect a parent's ability to control their emotions. Severe mood swings and angry outbursts may confuse and frighten a child, hindering healthy development and control of their own emotions. Such parents may even become dependent on their own child for support. This can put stress on a child and mean they miss out on the experiences of a normal childhood.

Children who are inadequately cared, and emotional vulnerable for are at higher risk of CSE.

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Other consequences of substance misuse - lost jobs, unsafe homes (littered with half empty bottles or drug using paraphernalia), broken marriages, severed family ties and friendships, and disruption of efforts made by a local authority to help - are also likely to negatively affect a child.

Any professionals, carers, volunteers, families and friends who are in contact with a child in a drug / alcohol-misusing environment must ask themselves "What is it like for a child in this environment?"

Professional need to be mindful of disguised compliance, self-reported information and avoid over optimism about the progress as this removes the focus from the child. Failure to engage, deflecting attention, missed contacts, deflecting criticism and avoiding professional contacts are all risks that may result from a lack of timely intervention due to disguised compliance.

### 4. PROTECTION AND ACTION TO BE TAKEN

Where there are concerns by practitioners involved with a family about a child living in the environment of substance misuse an assessment of the parent's capacity to meet the child's needs must take place to establish the impact on the child of the parent's lifestyle and capacity to place the child's needs before those of their own. A referral to Children's social care in line with the Referrals Procedure should be made and the practitioners from adult services, or other relevant agencies, should work in collaboration with Children's social care.

Young people themselves can need support for substance misuse and cases should be referred at the earliest opportunity to the Foundations young person's team who will support each case based on the individual needs of the young person.

Where any agency encounters a substance user who is pregnant and whose degree of substance misuse indicates that their parenting capacity is likely to be seriously impaired, they must make a referral to Children's social care.

The Prevention and Early Help pathway encourages the assessment by multi-agency professionals of children and families where worries may be raised but there is no substantiated evidence or risk of significant harm. This will ensure that children and families will receive the right support at the right time to attempt to prevent escalation to statutory social care. This includes pre-birth.

The majority of pregnant substance misusing women will have been identified by maternity services and referred to the Substance Misuse Team. The pregnancy pathway approach will apply including input from the link midwives and a social worker from Children's social care, who will be invited to any meetings taking place in respect of the child/ren.

Where a newly born child is found to need treatment to withdraw from substances at birth, an assessment and a pre-discharge discussion should take place and consideration should be given to making a referral to Children's social care in line with the Referrals Procedure and will be assessed through a Early Help Assessment by CSC before the child is discharged home.

Specialist Substance misuse services should be invited to and must attend and provide information to any meeting concerning the implications of the parent/carer's substance misuse problems for the child. These include Universal plus and Early Help cluster meetings, FFAP, panels at CIN/CP/LAC and step down within CSC and RAM panel to aid decision making.

There is a clear need to assess the impact of the behaviour on the child as well as the wider family and community context. Some adult services may be reluctant to share information because of concern about confidentiality. However, the needs to safeguard children must be paramount and agencies with information regarding the parent will have a valuable contribution to make. In these circumstances, practitioners should seek advice from the Safeguarding leads in their organisation, if they are unsure as to what information should be shared, or what action should be taken.

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When practitioners make a decision to end their involvement with a parent/carer with substance misuse problems, or a child who is living with a parent/carer with substance misuse problems, they must always discuss their plans with the other services who are working with the family, before the case is closed. This is to ensure that any on-going needs can be addressed and is to ensure that professionals and communities have a clear guide to thresholds and step up and step down, are supported in their work and so that we can work pro-actively with children and their families to prevent escalation and statutory intervention where this may not be necessary.

Where escalation is not preventable these systems allow rapid escalation of cases through clear information gathering and analysis using the Signs of Safety Approach to ensure decision making is evidence based.

### 5. ISSUES

Child Parents' own needs will need to be addressed and supported. Sometimes access to appropriate treatment resources is limited which may cause delays in providing services however the child's needs must not be put on hold without a contingency plan.

If a parent/carer disengages from substance use services/ does not attend for review appointments, or is non-compliant with Treatment, the impact of this on the child must be assessed and professional judgment used as to the level of risk to the child. Where there is on-going risk to the child, this should be referred to Children's social care.

Confidentiality is important in developing trust between drug using parents and staff in agencies working with them in relation to their substance misuse, however, practitioners must always act in the best interests of the child and not prioritise their therapeutic relationship with the adult.

The LSCB Child Concern and Threshold Document has been revised and launched and is an important guide for all professionals working with children and families to aid conversations and appropriate challenge.

The above systems are in place to ensure that professionals and communities have a clear guide to thresholds and step up and step down, are supported in their work and so that we can work pro-actively with children and their families to prevent escalation and statutory intervention where this may not be necessary. Where escalation is not preventable these systems allow rapid escalation of cases through clear information gathering and analysis using the Signs of Safety Approach to ensure decision making is evidence based.

When a woman with a substance misuse and/or problem attends for antenatal care, she should be encouraged to contact the Substance Misuse Team for assessment and advice on the treatment options available to her. If she does not agree to a referral, this should be discussed with a safeguarding lead or CSC. Those children pre-birth where new concerns are expressed and evidenced will be assessed through a Early Help Assessment by CSC.

Contact details for Foundations:

Direct Access 9.30 - 4.00 Monday to Friday;  
Queen Street,  
Grimsby  
DN31 1JA.

01472 571200 Or use the referral link: [cpg.substancemisuseservicereferrals@nhs.uk](mailto:cpg.substancemisuseservicereferrals@nhs.uk)

### 6. FURTHER INFORMATION

**Adfam** - support to families affected by drugs and alcohol.

**Coap** - children of addicted parents and people - the young people living with a family member with an addiction.

**FedUp Group, Grimsby NSPCC**

Whole family intervention to protect children who live with a parent who misuses drugs or alcohol.

**NHS Choices Care Programme Approach**

**Hidden Harm - Responding to the Needs of Children of Problem Drug Users**

**NSPCC Learning from Serious Case Reviews**

Cleaver, H., Unell, I. & Aldgate, J. (2011) **“Children's needs-parenting capacity: child abuse, parental mental illness, learning disability, substance misuse, and domestic violence.”** 2nd Edition. The Stationary Office.