Camden Safeguarding Children Partnership

Working with substance misusing parents: multi-agency guidance

Contents

1 Introduction and purpose of guidance

Use of alcohol or drugs can affect a parent's ability to care for their children depending on the level and nature of the misuse, and this may subsequently affect their children's welfare and development.

Although parental substance misuse in itself does not automatically indicate that children's welfare will be adversely affected, professionals should be aware that these children may be at a higher risk of poor outcomes than their peers.

This guidance has been written to help professionals working with families where there is parental substance misuse so that they are able to assess the impact of this on the child and make timely and appropriate referrals for help and support for the child and the parent.

Early intervention can be crucial for families affected by substance misuse and research shows that often help is only offered once the family reach crisis point. Substance misuse can escalate quickly so it is important that the network is able to identify families where misuse is increasing as early as possible.

2 Scope of guidance and definitions

This guidance is for all members of the children's workforce who are working with children affected by parental substance misuse and where a young person's own substance misuse causes concern.

Where the term **parent or carer** is used this includes anyone who has parental responsibility for the child or anyone who is involved in the care of the child, including members of the extended family.

The term **children** refers to children and young people aged 0-18 although the term **young person** is used where this is more appropriate.

Substance misuse covers a range of usages of drugs and alcohol, from minor recreational use to more serious and harmful use and physical and psychological dependency.

Drug misuse is the use of illegal drugs or prescription drugs in a way not recommended by a GP in a way that is harmful to health and/or causes harm to the individual or those around them.

Harmful drinking is a pattern of consumption leading to health problems including psychological or physical, including **alcohol dependence**, which is a craving, tolerance or pre-occupation with alcohol and continued drinking despite harmful consequences.

Dependence can involve **physical dependence** where the body is unable to function without the substance and shows physical symptoms of withdrawal and/or **psychological dependence** where the individual's sense of psychological wellbeing is dependent on taking the substance.

3 Impact on parenting and family life

Substance misuse, in particular drug use, is strongly associated with poverty and social deprivation, either as a cause or as an effect. Problem use of drugs or alcohol can affect parenting and family life in the following ways:

Physical: Substance misuse can lead to a range of health problems, and heavy drug users are at risk of a health problems relating to injecting, blood-borne viruses and overdose. Heavy alcohol use can cause physical problems such as cirrhosis. Substance misuse can also carry risks of accidental and non-accidental injury associated with the parent's lifestyle.

Psychological: Where substance misuse has reached dependency levels, parents may exhibit psychological problems including depression, anxiety or unpredictable behaviour linked to withdrawal, with daily life dominated by the need to use drugs or alcohol. Heavy use of substances, particularly poly use (ie: combination use of several substances) is strongly linked to mental health problems.

Social and interpersonal: Heavy substance misuse can cause difficulties in personal and family relationships, sometimes leading to breakdown and rejection by extended family or community. Alcohol use in particular features strongly in domestic abuse and family violence incidents and in child protection cases. The misuse may lead to loss of employment, homelessness, and the need to engage in criminal activity in order to pay for drugs.

Financial: The financial cost of substance misuse can put family budgets under pressure, making it difficult for parents to pay for basics such as rent or food. Families are at risk of eviction for rent arrears or anti-social behaviour and may have difficulty holding down employment.

Legal: For drug users, there is a high risk of involvement in criminal activity related to the use, such as possession or dealing and the threat of imprisonment of one or both parents.

Each of these effects can impact on the parent's ability to meet their child's needs, and may affect parental capacity in the following ways:

Basic care	• inability to meet the child's basic needs for food or shelter as money is used for drugs; • daily care neglected due to pre-occupation with obtaining/being under the influence of substances, leading to poor diet/hygiene and poor home conditions; • children taking on caring responsibilities for younger siblings due to parental inability to provide basic care.
Ensuring safety	• parental intoxication leading to poor supervision; • children left alone or with unsuitable carers; • allowing access to the family home to other users who may pose a risk to the child; • risk from parent's volatile behaviour whilst under the influence/withdrawal; • higher risk of domestic abuse; • threat to younger children of unsafe storage of substances children being brought to unsafe places to obtain drugs, or witnessing violence, crime or sexual activity.
Emotional warmth	Parents whose lifestyle revolves around substance misuse are often "emotionally unavailable" to children and are unable to meet the child's emotional needs.
Stimulation	• inability to interact and play with child or ensure school/nursery attendance • takes little interest in the child's education • lack of toys or books due to financial constraints.
Guidance and boundaries	Parents' substance misuse may affect their ability to provide suitable boundaries for children, and their lifestyle may not provide a good role model for young people.
Stability	Substance misuse can affect stability on a spectrum depending on the level and nature of use. • Parent's may be able to provide some level of care but fail to maintain a routine for the child; • Where drug use is chaotic, and lifestyles are unstable, parents may be unable to provide even basic stability or security such as accommodation, and may have to move frequently. • Involvement in crime may mean the parent is frequently absent in prison, meaning children need alternative care.

4 Impact on the child

Parental substance misuse can affect children at all stages of their development, and key messages from children describe how their parent's substance misuse dominates their lives in the following ways:

- disruption to daily routines and education;
- exposure to parental drug or alcohol use and criminal activity;
- parents who were emotionally "unavailable";
- dealing with the stigma and secrecy surrounding their parent's problems;
- fear of being taken into care or their parents dying.

Children often know more about their parent's substance misuse than parents realise and research shows they are more likely than their peers to come into contact with statutory childcare services.

The following table indicates the ways in which parental substance misuse may affect each stage of children's development.

Age	**Impact on child's development**
Pre-birth	• Substance misuse can cause problems to the growth and development of the foetus because of the impact of the substance on development, or because of the mother's life-style, for example poor diet and exposure to stress during withdrawal and Foetal Alcohol Syndrome (FAS). • Where the mother has a blood-borne virus, this may be transmitted to the unborn child.
0-2	• New-born babies may experience withdrawal symptoms or Foetal Alcohol Syndrome (FAS) and may be more difficult to care for. • Contact with health visitors may be poor, resulting in incomplete immunisations and missed routine health checks. • The child's safety may be at risk due to poor supervision or neglect, or by being left with unsuitable carers. • Cognitive development may be delayed as a result of lack of stimulation. • Inconsistent care or a number of carers and separation from parents may lead to problematic attachments.

	• Instability of parental behaviour due to substance misuse, including withdrawal, and the possible presence of violence in the home, may lead to emotional insecurity indicated by hyperactivity and aggression.
3-4	• Children may receive an inadequate diet. • Poor contact with health agencies resulting in health issues not being addressed. • More vulnerable to accident or injury due to abuse, neglect and poor supervision, including the ingestion of dangerous substances kept in the home. • Children may be left with unsuitable carers, or be at risk from other substance misusing adults visiting the home. • Cognitive development may be delayed due to lack of stimulation. • Poor or non-attendance at pre-school facilities. • Children may exhibit poor attachments to parents and may be required to take on responsibilities for parents or younger siblings. • Instability of parental behaviour due to substance misuse, and the possible presence of violence in the home, may lead to emotional insecurity indicated by hyperactivity and aggression.
5-9	• Children may miss routine health and dental checks. • Children may be left unsupervised or with unsuitable carers, or be at risk from other substance misusing adults visiting the home. • Children may have poor school attendance and may exhibit behavioural problems in school due to instability at home. They may also avoid school as they are concerned about what will happen to their parents in their absence. • Children may become young carers and be unable to build and sustain friendships as a result of their responsibilities. They may feel shame and embarrassment regarding their parent's substance misuse and actively restrict friendships. • Children may exhibit disruptive or anti-social behaviour or depression and anxiety.
10-14	• Children may receive little support in puberty and research shows they are more likely to become involved in substance misuse themselves.

	• Children may be at risk of poor school attendance and attainment, particularly those taking on caring responsibilities. • Those out of school are more vulnerable to sexual and criminal exploitation and substance misuse. • Children may exhibit low self-esteem and have restricted friendships. • Children are at increased risk of emotional disturbance and conduct disorders, including bullying.
15+	• Young people are at increased risk of becoming involved in substance misuse and offending behaviour and of criminal and sexual exploitation as they spend more time away from home. • Lack of educational attainment may affect the young person's life-chances. • Young people may have inappropriate role models and a lack of parental support. • Emotional problems may result from self-blame and guilt, and lead to increased risk of mental health problems and self-harming.

5 Identification and assessment

Identification

About 20% of referrals to Children's Safeguarding and Social Work and 25% of child protection plans in Camden involve concerns about parental substance misuse.

Parents are likely to try to hide the extent of their substance misuse because of shame or because they fear their children being taken away from them. Professionals who work with families where substance misuse is an issue may notice the following indicators:

- parents under the influence of drugs or alcohol or exhibiting changes in mood or behaviour linked with withdrawal;

- signs of neglect and poor presentation of the child or a cycle of good care followed by neglectful care linked to changing patterns of substance misuse;

- children exhibiting emotional or behavioural difficulties due to the impact of difficult family relationships and may be living with domestic abuse or mental health difficulties;

- observing poor home conditions including drug paraphernalia or evidence of excessive drinking during home visits;

- disclosures from the child about the parent's substance misuse including going to places to buy drugs or witnessing drug use at home, being in pubs late at night or left alone inappropriately while parents go out.

Assessing the impact of parental substance misuse

Because of the wide-ranging effect substance misuse can have on children and parents, and particularly parenting capacity, and the importance of family and community support to provide positive factors, it is important that assessment of the impact of parental substance misuse is able to explore all these aspects.

It is important for professionals to recognise that because it is a legal substance, alcohol misuse is generally more difficult to identify than substance misuse and children affected by parental alcohol misuse are generally referred for services later than children of drug using parents.

When considering the impact of parental substance misuse on children's safety and welfare and the levels of risk to the child, professionals should consider the following:

- The nature of the substance use, for example level of consumption, type of substances used, patterns of use and whether different substances are used together.
- The known impact on the child's welfare and development.
- The presence of protective factors that mitigate the effects of use, for example a non-using partner or family member providing alternative care or patterns of use that ensure the child is not present at the time.
- The presence of associated risks such as domestic abuse or mental health issues that heighten the risk to the child.
- Whether the parent accepts there is a problem and is willing to change.
- The impact of parental substance misuse on the family's material wellbeing, ie; housing, finances etc.
- The impact of parental substance misuse on the family's relationships and their interaction with the community.

Professionals should also take into account how parental substance misuse will affect the child's ability to achieve good outcomes.

- Being healthy: to what extent does parental substance misuse affect the child's diet and lifestyle and their access to medical advice and treatment?

- Staying safe: is parental substance misuse putting children at risk of harm and how?

- Enjoying and achieving; is parental substance misuse negatively affecting children's ability to attend and achieve at school, pursue hobbies and interests and make and sustain friendships with peers?

- Making a positive contribution; are children experiencing a lack of boundaries and positive role modelling due to parental substance misuse that may lead them to become involved in anti-social or criminal behaviour?

- Achieving economic wellbeing; how may their parent's problems impact on the children's future prospects?

For further guidance on assessing parental drug and alcohol misuse, please refer to Appendices 1 & 2

6 Referral and thresholds of intervention

The impact of parental substance misuse on children's safety and welfare will occur across a wide spectrum of potential outcomes depending on the level and nature of the substance misuse. Camden aims to offer the right level of intervention based on assessed risk and need.

All referrals should be made to the Children and Families Contact Service by way of an e-CAF referral. The Contact Service manager will then decide on the level of need and pass the referral on to the most suitable service as set out below.

If professionals are unsure of whether the case meets the threshold for a service, they can get advice from the Contact Service social worker on a "no names" basis.

- Cases will be referred to **Early Help** where there are low level needs and the family requires an early help service to help improve outcomes for the child and prevent issues escalating.

- Cases will be referred to CSSW for a **statutory child in need service** where parental substance misuse is beginning to negatively affect parenting capacity and the child's health, development and wellbeing may be adversely affected.

- Cases will be referred to CSSW for a response under **child protection procedures** where parental substance misuse is chaotic and dependent and affecting parental capacity to the extent that children are at risk of significant harm. Camden follows the London Safeguarding Children Board child protection procedures. http://www.londoncp.co.uk/

Further details of thresholds and risk indicators can be found at appendix 3.

7 Action on referrals

Early Help Services

The case will be referred to the appropriate early help team and an assessment of the child and family will be carried out by an allocated early help worker.

All children receiving an Early Help service will have a family action plan that sets out what services and support will be put in place and the professionals working with the family (the team around the family) will regularly review this plan.

The service will escalate cases to CSSW for a statutory social work service where there is increasing use of substances and the consequences may mean the child meets the threshold for this service. Early Help may also provide a service for some cases that are being closed by CSSW, known as “stepping down”, where it has been agreed that ongoing and targeted early help input is required. .

Children’s Safeguarding and Social Work (CSSW)

CSSW provides a statutory service for children who meet the following criteria:

- Children in Need: children whose development is being impaired and who need services in order to meet a reasonable standard of development.

- Child protection: children who are at risk of significant harm requiring a statutory intervention.

The Children and Families Contact Service will pass child in need referrals on to CSSW directly but where there are child protection concerns the case will be passed to the MASH team for MASH information sharing under MASH procedures prior to being referred on to CSSW.

Where cases are accepted by CSSW, the family will be allocated a social worker who will carry out a child and family assessment to assess the level of harm and decide on the best intervention. This may be as a child in need or under child protection procedures. All children will have a plan that is regularly reviewed at statutory review meetings to which the professional network will be invited.

8 Signposting parents to help and support

Parents who misuse substances are often very aware of the potential impact on their children. It is very important that where parents want to change and are willing to engage with substance misuse services professionals are able to support them.

Substance misuse services are organised on a 4 tier system of intervention based on the nature and seriousness of substance misuse. Lower tier interventions are community based and generally accessed via self-referral. Parents can also approach their GPs for a referral and may be referred by other professionals such as health visitors with the parent's consent.

Tier 1	Open access services providing screening, advice and information within generic settings that are not substance misuse-focused agencies, ie: health, CSSW.
Tier 2	Open access specialist agencies providing brief interventions focusing on harm reduction, with referral to tier 3 services where required
Tier 3	Specialist services providing structured interventions based on a comprehensive assessment and care plan in a community setting.
Tier 4	Specialist in-patient residential services offering detoxification and rehabilitation based on a comprehensive assessment and care plan.

Further information on the various substance misuse services available in Camden visit: https://www.camden.gov.uk/ccm/content/social-care-and-health/mental-health-services/services-for-people-with-drug-or-alcohol-problems.en%20

Camden's Recovery Guide giving details of services in the borough can be found at: https://www.camden.gov.uk/ccm/cms-service/stream/asset/?asset_id=3665097&

9 Working with young people

Agencies and professionals working with young people may become concerned about the young person's substance misuse. Some young people may be vulnerable to substance misuse because of their circumstances, and young people who are affected by parental substance misuse are particularly vulnerable due to few boundaries, neglectful parenting and poor relationships with parents.

Substance misuse may also make young people more vulnerable to criminal and sexual exploitation; facilitating and encouraging substance misuse may be a method used by exploiters to groom young people prior to their exploitation. The grooming process is also facilitated by a lack of parental supervision or boundaries that can be a feature of parenting where parents have substance misuse issues themselves.

Young people who are experiencing substance misuse issues can be referred to FWD, the Camden' drug and alcohol service for young people. Workers should seek the young person's consent for referral in the first instance. The service can provide preventative, targeted and treatment services across a range of needs and incorporating voluntary, specialist and multi-agency support and interventions based on the young person's needs.

Further details about FWD can be found at:
https://www.camden.gov.uk/ccm/content/contacts/council-contacts/contact-fwd----drug-and-alcohol-services-for-young-people-in-camden/

10 Working with pregnant service users

Professionals who are in contact with pregnant service users who are using drugs and alcohol need to be aware of the importance of ensuring the mother engages with ante-natal services so that a full assessment of the impact of her substance use on the unborn child can be carried out. It will be important that professionals are able to reassure mothers, who may feel guilty about the harm they may be causing to their child and fear that the child may be removed from their care.

The key objective is to ensure the health and development of the mother and unborn child throughout the pregnancy and to plan any support the mother may need following the child's birth.

Midwives in ante-natal services should carry out an assessment of drug and alcohol use and a take a history of the mother's substance use, including any children who have been removed from her care due to substance misuse.

Midwives should also check if the mother is already engaging with substance misuse services and take advice on the best treatment plan, or otherwise refer the mother for a substance misuse service. Pregnancy is often a trigger for women to cease their substance misuse but sometimes it is not feasible for a woman to simply stop taking substances and advice should be sought from a substance misuse worker.

The following factors will increase the risk of harm to the unborn child and should be a trigger for a referral to CSSW for a pre-birth assessment:

- non-engagement with ante-natal services;
- a long history of substance misuse;
- a child already removed from the mother's care or a history of involvement with CSSW due to substance misuse
- heavy substance misuse with a chaotic lifestyle and a partner who is also misusing substances
- the presence of domestic abuse or mental ill health/dual diagnosis;
- lack of any support network or nothing known about them;
- no preparations being made for the child's birth.

Following the birth, it is recommended that professionals involved with the family hold a discharge meeting to ensure that suitable support and services are in place for the mother and baby once they leave hospital.

It may be the case that a woman does not disclose her substance misuse during pregnancy, or does not have ante-natal care, and it only comes to light when she is admitted in labour. In these cases the hospital will need to monitor the baby for withdrawal symptoms or signs of FAS, while an assessment is carried out by CSSW.

11 Mental health and dual diagnosis

Dual diagnosis describes the concurrent presence of substance misuse and mental health problems and is known to increase the risk of harm to children. The interaction between the two is complex and often difficult to discern, with symptoms of one sometimes masking the presence of the other.

Mental health issues may be a direct consequence of substance misuse, or the misuse may be a coping mechanism for mental health problems with alcohol being the main substance misused.

Research strongly suggests that mental health problems will increase the risk of substance misuse and that service users experiencing dual diagnosis are more likely to experience increased social exclusion and multiple social problems, with a higher incidence of suicide and relapse as well as posing a higher risk of violence to others.

The co-existence of a severe mental illness with substance misuse may aggravate issues of parental capacity and contribute to neglect or poor supervision of children and can increase inconsistency in levels of care, thus elevating the risk to the child.

It is essential that where professionals are aware of the possibility of dual diagnosis a timely referral to CSSW is made, particularly where:

- the child is involved in the parent's delusional thoughts
- the child is subject to intense hostility or rejection
- there is a high level of violence within the family
- there is poor engagement with all services.

12 Domestic abuse and substance misuse

Research has shown that whilst there is not a direct causal link between substance use and domestic abuse and family violence, there are links and where these are present the risk of serious violence is heightened. Alcohol use in particular tends to increase the frequency and severity of violence and the presence of both these factors features heavily in serious child protection incidents, highlighting the risk posed to children.

Victims of domestic abuse may use substances as a coping mechanism and may be more secretive about their use, especially if they are worried about the consequences of use or that their children may be removed from their care. Victims may also be stopped from engaging with substance misuse agencies by the perpetrator as part of the controlling element of the violence.

When working with potential domestic abuse victims, all workers should:

- use routine questioning at the early stages of contact with service users to encourage disclosure of domestic abuse; however, professionals should be aware that it often takes time for victims to disclose and it may not happen until later in the professional relationship;

- complete a domestic abuse risk assessment available on the CSCP website, in order to assess the current level of potential harm to the victim and children; https://cscp.org.uk/resources/domestic-violence-and-abuse/
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- keep colleagues informed of any incidents etc;

- consider the safety of victims at all times; this may mean only being able to contact them at certain times of the day or on certain phone numbers;

- make appropriate referrals to CSSW and Camden Safety Net so that victim and their children can get support;

Workers should also be aware that the risk of violence increases during pregnancy and shortly after the victim has left the perpetrator.

For more details, including the domestic abuse risk assessment, please see the CSCP multi-agency guidance on domestic abuse available at: https://cscp.org.uk/resources/domestic-violence-and-abuse/

13 Family Drug and Alcohol Court

Where parental substance misuse is significantly impacting on their ability to care for their children, CSSW may refer the family to the Family Drug and Alcohol court (FDAC) as an alternative to the standard Family court care proceedings but only in cases where parents are willing to address substance misuse issues and engage with the programme of work.

The FDAC aims to keep families together through direct work with parents to address substance misuse with quicker access to support and treatment and intensive interventions aimed to help them continue to continue to care for their children. around substance misuse and parenting.

A multi disciplinary, specialist team is attached to the court to provide speedy expert assessment, support to parents, links to local services and parent mentors.
The team will help parents access specialist drug and alcohol agencies and continually assess improvements to parenting capacity so that the eventual outcome is that children are able to return to their parent's care.

13 Confidentiality and information-sharing

The Children Act 2004 places a safeguarding duty on agencies working with children and young people and emphasises the need to share information in order to safeguard their welfare. The Act also provides agencies with a legal basis to share information in order to safeguard and promote the welfare of children and support multi-agency working.

However, agencies should aim to obtain parental consent to making a referral unless this puts the child at risk of harm. If consent is refused professionals should consider whether it is a proportionate response to make a referral in order to safeguard the child. If professionals are in any doubt, they can contact the MASH social worker for advice on a "no names" basis.

Parental consent to making a referral should not be sought where this would:

- place the child or young person at further risk
- interfere with a criminal investigation
- cause undue delay to safeguarding a child or young person.

When seeking consent to share information, the following should be taken into account:

- Where a child is under 12 years old, parents must consent to disclosure.
- Young people aged between 12 and 15 years old may be able to give their own consent if they are able to understand the issues and make an informed decision; otherwise, their parents must be asked to give consent.
- Young people aged over 16 are legally able to give consent to disclosure where they are judged to have mental capacity.
- Before sharing any information, professionals should consider the proportionality of disclosure against non-disclosure; is the duty of confidentiality overridden by the need to safeguard the child?
- When sharing information, professionals should only disclose relevant information to those professionals who need to know and for the purpose it is needed.

Government guidance on information sharing and safeguarding can be found at: https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

15 Training

Social workers, family support workers and members of the children's workforce should attend the **Parental alcohol & drug misuse and its impact on children** training provided by Camden to help workers develop their understanding of how parental substance misuse can impact on children.

16 Resolving professional differences

Parental substance misuse will occur across a spectrum ranging from controlled, recreational use to chaotic, dependent use and its impact will be different for each child depending on their age and circumstances. Therefore it will not be uncommon for professional differences to emerge during the course of working with these families. It is therefore important that there is an opportunity to discuss these differences and challenge assessments and decisions within a clear framework.

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the CSCP escalation policy available at: https://cscp.org.uk/professionals/escalation-policy/

Appendix 1

Guidance for assessing the impact of parental drug misuse

1 Impact on children

- What is impact on the child given their age and developmental stage?
- Is the child showing any signs of the impact of parental substance misuse through their behaviour? Does the parent/carer recognize this?
- Is the baby a healthy weight?
- Is there evidence of secure attachment?
- Does the child have support networks: relatives, friends, school?
- Is the child up to date with health checks/immunisations/dental checks etc?
- Is the child attending nursery or school regularly and making reasonable progress?
- Does the parents'/carers' drug misuse disrupt the child's daily routines? What is the effect of this?
- What is the child's understanding of the drug misuse and how it affects their parent's mood or behaviour?
- Is the child assuming responsibilities beyond their years: have they taken over a parenting role within the family?
- Does the child experience violence between their parents or between parents and other users etc?
- What arrangements are there for safeguarding the child during drug use?
- Does the child witness the taking of drugs? What effect does this have on them?
- Is the child left alone while the parents/carers are procuring drugs?
- Is the child taken to places where their safety is put at risk? If so, what are the risks to the child?

2 Parents' drug misuse and its impact on parenting capacity

- Is there a drug-free parent, supportive partner or relative?
- What is the nature of parental drug use? Has there been an increase or decrease in stability in the pattern of drug misuse over the previous six months?
- Does the drug use also involve alcohol or poly use?
- Is there any evidence of a mental health problem, including personality disorder, alongside the drug misuse? Does the drug misuse cause these problems, or are these problems the result of drug misuse?
- How does the parent/carer acquire drugs and what is the cost? Is criminal activity/drug dealing used to pay for drugs?
- Is the drug misuse causing financial problems?
- Is the parent/carer allowing the home to be used by other drug misusers? In what way does this happen while the child is there?

- Is the parent/carer aware of the legal implications associated with illegal drug misuse?
- How does the parent/carer demonstrate that they are safety conscious in respect of drug storage?
- Is the parent/carer aware of the health risks associated with drug use, particularly injecting/using drugs?
- If the parents/carers are intravenous drug users, do they share needles/syringes? Do they use a needle exchange scheme?
- If the parent/carer is on a substitute prescribing programme, such as methadone, are they using street drugs as well? Are they buying the substitute medication, or being prescribed? Are they using the medication as prescribed?
- Does the parent/carer see the drug misuse as being harmful to themselves or their children?
- Does the parent/carer place their own needs before those of their child? In what ways do they do this?
- What capacity does the parent/carer have to work towards change?

3 Accommodation and home environment

- Is the accommodation adequate for children?
- Are parents ensuring that rent and other bills are paid?
- Does the family remain in one area or move frequently? If the latter is the case, why is this?
- Is there adequate food, clothing and warmth for the child/ren?

4 Family, social network and support systems

- Does the parent/carer and child associate primarily with families who are also drug users? Non-users? Both?
- Does the parent/carer have relatives who are aware of their drug use? Are they supportive? Do they live nearby? Do they collude with the drug misuse?
- Will the parent/carer accept help from these relatives? Has communication within the family become disrupted?
- Is the parent/carer isolated? What effect does this have on the child? Is the child allowed to bring friends to the house?
- Has the parent/carer ever been admitted to hospital, or been in police custody/prison? If so, what happened to the child?

Appendix 2

Guidance for assessing the impact of parental alcohol misuse

1 Patterns of alcohol use

Who is using alcohol – one or both parents/carers? What category of use is being demonstrated?

- Every day drinking – how long for, how much, which drink?
- Binge drinking – pattern, how long for, how much?
- Is drinking hazardous/harmful/dependent?
- When was the last drink taken?
- Is there use of other substances or medications?
- For how long has this been the pattern of use?
- What situations trigger inappropriate use of alcohol?

2 The context of alcohol use

The child's view:

- What does the child know or understand about parental use of alcohol?
- Does the child require information about alcohol and parental misuse?
- Does the child need support to understand the consequences?
- Is there domestic abuse in this family?

Parental views about their alcohol use:

- Do they acknowledge their use?
- Do they see it as harmful to themselves or their child?
- Have any attempts been made to address the alcohol use? What helped/didn't help?
- Is the parent able to say why they drink?

3 Consequences of alcohol use

a) For the children:

- Is the child meeting growth and developmental milestones? What about unborn children?
- Does the child drink alcohol? If so, is it with/without parents' knowledge?

- Is s/he attending nursery or school regularly? Are there other school related issues, for example, changes in behaviour or achievement, absenteeism, bullying, racism?
- Is s/he engaged in age-appropriate activities?
- Are the child's emotional needs being adequately met?
- What is the relationship like between the parent(s)/carer(s) and the child? Are there any power issues?
- Is the child a young carer either for parent or siblings? If so, how often, and how old is the child?
- Is the child left alone? How frequently? Is s/he left with alternative carers? Who are they and how often does this occur? Are alternative arrangements suitable, safe and appropriate?

b) Parent/Carer

- Are there related health problems for parents who are drinking?
- Are these specific to the individual? Do they affect parenting responsibilities as well?
- Are they seeking medical advice, seeing to own needs adequately?
- Is there a consistency of care provided for the children?
- Are there indications that they are attempting to withdraw without medical assistance?

4 Social and support network

- Are relatives/friends aware of use and extent? Are they supportive?
- Do they assist in times of crisis?
- Do parents and child(ren) associate with other alcohol users? If so, how frequently, and where?
- Are parents/carers accepting help from relatives, statutory/non-statutory services?
- Do children have their own network, for example, friends, activities outside school?

5 Accommodation and home environment

- Do the parents/carers ensure that rent and other bills are paid?
- Does the family network subsidise the household budget in any way?
- Does the family stay in one locality or move frequently? If so, why?
- Do other alcohol users meet frequently in the home, or share the accommodation? Are the children adequately supervised in these circumstances?
- Is the home secure, i.e., tenancy or repossession?

- Are the basic necessities provided – adequate food, clothing and warmth for the children?
- Where is the alcohol kept? Is it out of reach of the children?

Appendix 3: Levels of risk and thresholds of intervention

	Low level concerns (Early Help)	Medium level of concerns (Child in Need)	High level of concerns (Child protection)
Parent	• Low levels of substance use that is beginning to impact on parenting capacity • Presence of a non-using partner • Acknowledgement of substance use and its impact on parenting • Generally engaging with services • Low levels of mental health difficulties and family conflict	• Substance misuse that is having an adverse effect on parenting capacity • Presence of a non-using partner • Some acknowledgement and insight into the issue but concerns not always shared • Erratic engagement with services • Moderate levels of mental health problems • Moderate levels of domestic abuse and family violence	• Chaotic substance misuse that greatly reduces parenting capacity • Partner also misusing substances • Denial of substance misuse and non-engagement with services • Presence of co-existing mental health problems • High levels of domestic abuse and family violence
Child	• Children's needs normally prioritised but evidence of poorer outcomes • Children requiring extra support to meet needs • Low levels of neglect and poor presentation • Children occasionally missing school/nursery • Children taking on a limited role as a young carer	• Children's needs not always prioritised • Signs of moderate neglect and poor presentation • Concerns about school/nursery attendance • Children aware of parental substance misuse • Children taking on role as a young carer • Children occasionally left unsupervised or with inappropriate carer	• Substance misuse prioritised above the children's needs • high levels of neglect • lack of supervision and boundaries • children engaging in anti-social/criminal behaviour • young people known to be using substances • poor school/nursery attendance • children witnessing parental substance misuse • Children taking on an excessive role as a young carer

			• Children frequently left unsupervised or with inappropriate carer
Environmental factors	• Home provides an adequate environment for children • Some issues with housing • Family struggling to budget and may need help to claim benefits/grants • Some support from extended family/friends	• Home does not always provide an adequate environment for children • Tenancy at risk due to anti-social behaviour/rent arrears • Pressure on family finances means occasionally unable to pay bills or buy food • Limited support from extended family/friends	• Home environment inadequate and hazardous • Unstable housing, frequent moves and/or homelessness • Family frequently in debt and unable to pay bills or buy food • No support from extended family/friends; conflict with family members • Family home used by other substance misusers who may be a risk to children • Parents fund substance misuse through criminal activity