

Guidelines for gathering information and assessing the needs of children whose parents have drug/alcohol issues

1. Introduction

This document seeks to provide guidance for all practitioners to use when collating and analysing information concerning parental alcohol/drug use and its impact on children.

Practitioners working in both adult and children services working under the “Think Family” approach and should use these guidelines to supplement any standard assessments held within the various multiagency partner services when coming into contact with children and their families which is in line with Framework for the Assessment of Children in Need and their Families (Working Together to Safeguard Children 2018) and the DDSCP Working with Parents who are Misusing Substances These guidelines are not absolute and should not replace good practice and professional judgement.

The guidelines have been developed as a response to the growing recognition of the needs of children and young people who are living with parents with drug and alcohol misuse as outlined in What about the Children? (Ofsted 2013); “Getting Our Priorities Right: Good Practice guidelines for working with Children and Families affected by Substance Misuse (2003); Hidden Harm (2003) and Hidden Harm – Next Steps (2006). They also take into account recommendations following a number of national and local Serious Case Reviews.

2. Definitions

- **Child:** someone who has not yet reached their 18th Birthday.
- **Parent:** parent for the purpose of these guidelines is any person acting as a father, mother or carer for a child, who may include the child’s birth mother or father, a step-parent, a parent’s partner, a foster or adoptive parent, or a relative or other person acting as a carer for the child.
- **Drug/alcohol misuse:** the drug/alcohol consumption is such that it is having serious consequences of a physical, psychological, emotional, social and interpersonal, financial or legal nature for users and those around them.

3. Parental Drug/alcohol Misuse and Effects on Children

Heavy usage of illicit drugs and alcohol almost inevitably impairs parenting capacity through:

- Impairment of parenting skills when in a state of intoxication or withdrawal
- The undue priority given to obtaining and using alcohol/drugs rather than attending to the child’s needs
- Mood disturbances and unconsciousness
- Often features distributive lifestyles

Drug or alcohol misuse will affect the individual user in several ways, with consequences of a physical, psychological, emotional, social/interpersonal, financial and/or legal nature. This in turn despite the parents efforts to maintain a good level of parenting capacity can and does cause harm to children at every age from conception to adulthood, including physical and emotional abuse and neglect.

In order to illustrate that parental drug/alcohol misuse can adversely impact on several aspects of a child's health and development needs; a summary of the evidence is presented in **Appendix A**.

How parental drug and alcohol misuse impacts on the health and development of a child depends on complex interaction of factors and relates to the journey of the parents through pregnancy, parenting capacity following the birth and into the future and the wider family support and environment. The efforts of parents and other factors may also serve to protect children from any adverse effects and impact of parental behaviours.

These guidelines offer a means of incorporating parental drug and alcohol misuse into an Early Help Assessment as follows:

- Child's profile and story (child's health and developmental needs) – highlighting those areas most vulnerable to adverse impact as a result of parental drug/alcohol problems
- Parents and carers profile and how they look after the children (parenting capacity, preoccupation and motivation) – building in an assessment of drug/alcohol use itself and linking this to areas of potential concern in relation to parenting skills and arrangements.
- Family, home, community and support networks (family and environmental factors) – highlighting factors which may influence levels of stress on the family, and the availability of support
- Parent's perceptions – exploring levels of awareness, insight and responsibility in relation to drug/alcohol problems and their impact on parenting and children
- Child's perceptions – exploring what the child knows and understands about parental drug/alcohol problems and their perceptions about the quality of their life and level support required to keep them safe and with minimum stress.

4. Methods of Information Gathering

These guidelines offer advice on what information needs to be gathered in order to understand the needs of children whose parents have drug and or alcohol misuse. How this information is gathered requires information from a variety of sources, including previous reports and the views of professionals with whom the family may be involved, for example treatment agencies and 0-19 health services. When gathering information directly from parents or children, thought will need to be given both to the kinds of questions that will elicit useful information, and to the use of home visits and observation as sources of information about the realities of daily life and family interaction.

5. Assessment Domains

5.1 Child's profile and story (child's health and developmental needs)

Pregnancy and the first two years of life are a particularly important developmental phase, with a strong evidence base pointing to the central importance of a relationship with a primary carer that is sensitive and responsive to the infant's needs.

Extensive research indicates that prenatal alcohol abuse is clearly linked to brain development. Foetal Alcohol Syndrome (FAS) is a direct consequence of prenatal exposure to alcohol. Illicit drug use during pregnancy affects both mother and the developing foetus, including spontaneous abortion, congenital malformations, low birth weight, poor growth and premature delivery. Neonatal Abstinence Syndrome (NAS) is the most commonly reported adverse effect and refers to drug withdrawal symptoms displayed by the babies exposed in utero to certain drugs that cause physical dependence.

This domain focuses on how the child is progressing in terms of his or her overall health and development. Particular risk factors include the provision of basic needs for children who are physically dependent on their parent for care e.g. babies and younger children, problems which result in children being neglected or emotionally isolated, children who are missing or struggling at school, and children/young people who have problematic relationships with parents and/or peers.

The following areas should be given particular consideration:

- Is the prospective mother able to work effectively with services to abstain/significantly reduce their alcohol use during the pregnancy to reduce risk of Foetal Alcohol Syndrome (FAS)?
- Is the prospective mother able to work effectively with service to reduce/modify their drug use during pregnancy to reduce the risk of Neonatal Abstinence Syndrome (NAS)?
- Is the child experiencing withdrawal or the effects of maternal substance use?
- Is the child meeting expected milestones with regard to the Health Visitor "Ages and Stages" assessments?
- Is the child up to date with immunisations, health and dental checks?
- Does the child experience many accidental injuries?
- Does the child have several care givers? Are there any concerns about these people?
- Is the child exhibiting any signs of anxiety about their situation? Is a self-harm feature?
- For older children/young people, what is their understanding and experience in relation to issues such as smoking, drinking, drug use and sexual activity?

- Is the child/young person making expected progress with speech and language/reasonable educational progress?
- Is the child/young person attending school regularly and on time? Does the child go missing?
- Does lack of concentration impede the child/young person's learning?
- Is the child/young person excluded from school?
- Is the child/young person showing any signs of emotional distress through their behaviour?
- Is the child/young person affected by poor self-image/low self-esteem?
- What is the quality of the child/young person's relationship with parents/carers?
- What is the quality of the child/young person's relationship with peers?
- Does the child/young person have friends?
- Are there concerns about the way that the child/young person presents? Are they unkempt, tired, hungry or distressed?
- Are there any indications that the child is taking on a parenting role within the family (e.g. caring for parents or other children, excessive household responsibilities etc.)?
- Is there any risk of contact with drug paraphernalia used for injection – or close contact with any persons who have injected? If so, would it be appropriate to request screening for blood borne infection, or Hepatitis B vaccine?

Please read in conjunction with the DDSCP Threshold Document and the DDSCP Pre-Birth Protocol found in the [Documents Library](#)

5.2 Parents and carers profile and how they look after the children (parenting capacity)

This domain focuses on the pattern of parental drug/alcohol use and the extent to which this affects their capacity to effectively meet the child's needs. Risks to children may be greater where a partner also has drug/alcohol problems, or refuses to acknowledge the parent's problems. Risks may be heightened where the drug/alcohol use results in periods of severe intoxication and withdrawal, depending on the physical and psychological consequences for the parent and how this impacts on parenting tasks, and where the pattern of use is chaotic, as this may lead to dramatic changes in parental behaviour. Risks will also be heightened where drugs/alcohol/equipment are left around the house, where social contact involves others with drug/alcohol problems, dealers and unsafe environments and where children witness drug/alcohol use and other inappropriate or frightening behaviour.

5.2.1 Patterns of parental drug/alcohol use

- Is there a parent or supportive partner without drug/alcohol problems?
- Are they aware of the drug/alcohol problems and able to talk about them? How involved are they in childcare?
- What drugs are being used? Are different drugs and/or alcohol being used together? What are the physical and emotional effects on the parent?
- Are parents aware of the need to keep alcohol and drug use away from children?
- Is the drug/alcohol use experimental, recreational, binge using, chaotic or dependent? Does the parent move between categories at different times? What influences this?
- Are there any changed outcomes which can be negotiated e.g. reduction in consumption, change from injecting to oral use, reduction in frequency of injecting, move from buying drugs to substitute prescribing?
- Has the pattern of drug/alcohol increased or decreased in stability over the last few months?
- Is there any evidence of coexistent mental health problems? If there is, does drugs/alcohol cause these problems, or have these problems led to drug/alcohol use?
- Is there an environment of domestic abuse or criminal activity?

5.2.2 Effects of drug/alcohol use on capacity to meet child's needs

- Does drug/alcohol use compromise the ability of parents to meet their children's basic needs for healthy food, regular bed time routines, clothing, warmth and access to a range of safe appropriate toys/learning materials? If so, how?
- Does the child have access to regular health checks and immunisations?
- Does the parent support regular attendance at school and encourage school-related activity and work?
- Does the parent accompany the child to school/ensure a safe journey to school?
- Does the parent drive whilst under the influence of alcohol or drugs?
- Who looks after the children whilst parents obtain drugs/alcohol or funding for drugs/alcohol? Are the children being taken to places where they could be at risk, or are they left alone or with strangers?
- What arrangements are there for the child's safety during drug/alcohol use?
- If drugs/alcohol and/or injecting equipment are kept on the premises, are they kept securely? Safe storage boxes are available from local treatment centres.

- Are the children aware of where drugs/alcohol/injecting equipment is kept?
- If parents are intravenous drug users, do they share injecting equipment? Do they use a needle exchange scheme? How do they dispose of syringes? Are parents aware of the health risks of injecting drugs?
- If parents are on a substitute-prescribing program, such as methadone, are they aware of the dangers of children accessing this medication? Do they take adequate precautions to ensure this doesn't happen? Do they have a safe storage box?
- Does drug/alcohol use affect the parent's ability to offer emotional warmth e.g. does it result in insensitive, unresponsive or critical interactions with the child?
- Does drug/alcohol use compromise the parent's ability to offer stimulation and supervision e.g. does the parent regularly read and play with the child? Is the child supervised when undertaking activities/playing?
- Does parental drug/alcohol use limit the child's opportunities for encouragement and stimulation e.g. by alienating the family?
- What models of behaviour is the child observing? Does the child witness drug use, conflict or criminal behaviour?
- Does tension and conflict exist between parents? How is this resolved?
- Does the parent attempt to shield the child/young person from family problems?
- Does the parent ensure that the child knows what is expected of them in terms of behaviour?
- Is life for the child unpredictable, depending upon how successful parents have been at acquiring their drugs/alcohol and keeping out of trouble?
- Are levels of childcare different when a parent is using drugs/alcohol and when not using? How?

5.3 Family, home, community and support networks (family support and environmental factors)

This domain focuses on the family within a wider family and socio-economic context. Particular risk factors include contact with social networks consisting of alcohol/drug users and dealers, unemployment and isolation from extended family/local community.

- What is the adult's experience or history of being parented? Is there a history of drug/alcohol problems or other adverse childhood experiences (ACEs) in the family? How does the parent perceive any effects?
- How do drug/alcohol problems affect family functioning?
- Are relatives aware of drug/alcohol problems? Are they supportive? How involved are they with childcare?

- Is the accommodation adequate for children? Is it hygienic?
- Are the parents ensuring that there is food and rent and bills are paid? Is there a risk of eviction?
- Does the family remain in one area or move frequently, if the latter, why?
- What is the effect of this on children e.g. has it disrupted relationships or the provision of health services and education?
- Is the home used for dealing or for drug/alcohol use by others? Are relationships harmonious, or is there conflict? How do parents ensure safety for the child?
- How much is the drug/alcohol use costing? Is family income being diverted and what problems is this causing?
- Is the family living in a drug using community? How does this affect them?
- Do parents associate primarily with other drug/alcohol users, non-users, or both?
- Is the family socially isolated? How does this affect children?
- Are parents aware of, and in touch with, local specialist agencies who can advise on such issues as needle exchanges, substitute-prescribing programmes, detox and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?

5.4 Parent's perceptions

This aspect of the assessment is extremely important. Parents who demonstrate awareness and insight into their problems are more likely to attempt change. Care should be taken to emphasise the importance of stability, and any decisions regarding treatment e.g. detoxification should be considered in terms of their potential impact on parenting and childcare.

- Is the parent able to identify any factors that underpin or trigger their drug/alcohol use?
- To what extent does the parent see their drug use as harmful to themselves or to their children?
- To what extent do parents feel able to place their children's needs before their own? What strategies do they currently employ to protect their child?
- How does the parent explain their drug/alcohol use to their child?
- What do they think they might need to change?
- Are they willing and able to work towards change? What barriers exist?
- What kinds of support would they require and from whom would they accept it?

- Have there been previous attempts to change? What factors helped or hindered these attempts?
- Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. child protection procedures, statutory powers)?
- Are the parents aware of the worker's responsibility for the protection of children?

5.5 Child's perceptions

The ability of those practitioners working in children services to gather information from children is important and will depend on their age and stage of development of the child. This is an important aspect which will help to keep children at the centre of the assessment process.

- What does the child know and understand about the parent's drug/alcohol use?
- How their daily life is affected, both when the parent is under the influence of drugs/alcohol and when they are not?
- Do they have fears, anxieties or hopes for themselves and/or about their parent's behaviour?
- What, if any, changes would the child like to see?
- Does the child want information about parental drug/alcohol problems?
- What, if any, support does the child want and from whom?
- Is the child in contact, or would like contact with specialist support services for children affected by someone else's alcohol and/or drug use (commissioned service available in Derbyshire).

6. Multi-agency Assessment and Analysis

It is best practice for agencies to NOT work in isolation with children and families where there are parents with drug/alcohol misuse. No one agency can manage and analyse difficult and complex family situations on their own. The gathering of information plays a vital role in any assessment process and allows judgements to be made and decisions to be taken in the best interest of the child. Analysis also underpins the formulation of an appropriate agreed plan of action for the child and family, which is an important step to securing the best possible outcomes for children.

Key questions then need to be answered as part of the analysis as follows:

- Do patterns of drug/alcohol use adversely impact on parenting capacity?
- How is this affecting/likely to affect the health and development of children?
- What strengths and supports are available to the family?
- What is the capacity for change?
- Can any positive change be maintained and sustained over a long period?

Multi-agency discussions through the Early Help Assessment and Team around the Child (TAF) meetings involving all practitioners involved with family members may help in the process of considering and clarifying concerns. Ultimately, professional judgement needs to establish whether concerns justify intervention under child protection or child in need procedures, and what services/responses are required.

Practitioners are advised that they should refer to the DSCBs Threshold Document in order to support decision making about the child's needs and the appropriate levels of intervention and support.

All the above must be in line with Derby and Derbyshire Safeguarding Children Partnership Procedures. See <https://www.ddscp.org.uk/>.

Appendix A: Main Areas of Potential Impact on Child Health and Development

The impact of parental substance misuse on an individual child will of course depend on a variety of factors. The following is a summary of its potential impact, drawing heavily on the work of Cleaver et al. (1999). It is intended to highlight that many aspects of a child's health and development may be affected, at every stage from conception onwards. Many of the examples given are not confined to that particular age group and may continue to jeopardise a child's development at other ages.

Age 0-2 years

Potential problems

- Substance use during pregnancy may affect growth and development.
- Excessive alcohol use may cause foetal alcohol syndrome. The newborn may experience neonatal abstinence syndrome.
- Injecting drug use carries the risk of exposure to blood-borne viruses.
- Hygiene and availability of food, warmth and clothing may be affected e.g. due to the amount of time, energy and finance put into acquiring/using substances.
- Immunisation and developmental checks may be missed.
- Safety may be compromised e.g. due to poor supervision or being left alone whilst finance or substances are acquired/used.
- A child's cognitive development may be affected where parental preoccupation with problematic substance use reduces their engagement in play and other stimulating activities.
- Inconsistent and unpredictable parental behaviour, and unplanned separation due e.g. to imprisonment or hospitalisation may affect a child's emotional security.

Protective factors

- Presence of another caring adult who can respond to the baby's needs.
- Sufficient financial resources.
- Good physical standards in the home.
- Regular supportive help from a primary health care team and social services.

Age 3-4 years

Potential problems

- Levels of hygiene and the availability of food, warmth and clothing may be affected, as above.

Protective factors

- Presence of another caring adult who can respond to the child's needs.

Potential problems

- Children may miss medical and dental checks.
- Safety may be compromised, as above. A child may also be placed in physical danger by the availability of substances/ injecting equipment within their environment.
- Children may be exposed to direct physical violence, or put at risk where this occurs in the home or elsewhere e.g. between parents or parent and dealer.
- A child's cognitive development may be affected e.g. through lack of stimulation, or where parental disorganisation/a lack of self-esteem leads to irregular or non-attendance at pre-school activities.
- Attachment problems may arise e.g. as a result of inconsistent parenting including children being cared for by different people at different times.
- Even at this young age, children may take on responsibilities beyond their years because of parental incapacity.
- Inconsistent and unpredictable parental behaviour, and unplanned separation due, for example, to imprisonment and hospitalisation, may affect a child's emotional security, with hyperactivity inattention, impulsiveness and aggression more common.

Protective factors

- Sufficient financial resources.
- Good physical standards in the home.
- Regular supportive help from a primary health care team and social services.
- Regular attendance at pre-school activities.

Age 5-9 years

Potential problems

- Children may exhibit symptoms of anxiety.
- Children may miss medical and dental checks.
- A lack of organisation within the home may lead to poor school attendance.
- A child's preoccupation and the demands of coping with family problems may affect their concentration and performance at school.

Protective factors

- Presence of another caring adult who can respond to the child's needs.
- Sufficient financial resources.
- Good physical standards in the home.
- Regular supportive help from a primary health care team and social services.

Potential problems

- Children may be required to take on excessive responsibility for themselves, parents or siblings.
- Children may be cautious about exposing family life to outside scrutiny and this may restrict friendships.
- Emotional distress manifesting externally through antisocial acts or internally, through depression, anxiety and withdrawal.

Protective factors

- Regular attendance at school.
- A supportive older sibling.
- Having at least one good friend.
- Social networks outside the family.
- Belonging to organised out-of-school activities.
- Being taught different ways of coping and knowing what to do if a parent is incapacitated.

Age 10-14 years

Potential problems

- An absence of support whilst coping with puberty, which in combination with other factors such as low self-esteem may lead to early experimentation with smoking, drinking and drug use, and early sexual activity.
- Feelings of fear and anxiety e.g. about being hurt when a parent drinks to excess, or about the impact of drug/alcohol use on the provision of basic needs.
- Poor academic performance e.g. if looking after parents or siblings.
- Higher risk of school exclusion if emotional distress manifested through antisocial behaviour.
- Restricted friendships e.g. as a result of efforts to keep family difficulties secret.
- Poor self-image, low self-esteem.
- Emotional disturbance, conduct disorders e.g. bullying, sexual abuse more common, higher risk of offending/criminality.

Protective Factors

- Sufficient income and good physical standards in the home.
- Practical and domestic help.
- Regular medical and dental checks.
- Factual information about drugs/ alcohol, sex and contraception.
- Regular attendance at school.
- Sympathetic, empathetic, and vigilant teachers.
- Belonging to organised out of school activities.
- Having a mentor or trusted adult with whom the child is able to discuss sensitive issues.
- A mutual friend.
- The acquisition of a range of coping strategies and knowing what to do if a parent is incapacitated.
- Non-stigmatised support from relevant professionals.
- Information about who to contact in a crisis.

Age 15+ years

Potential problems

- Increased risk of problematic drug/alcohol use which itself increases the likelihood of offending and of early sexual activity and therefore, pregnancy and sexually transmitted infections.
- Increased likelihood of engaging in inappropriate relationships with adults.
- Educational progress affected e.g. by the stress of coping with parental problems, or the care of siblings.
- Long term life chances affected by lack of educational attainment.
- A young person affected by unpredictable family life may experience low self-esteem and believe they have little control over what happens to them.
- Isolation from friends and adults outside the family e.g. as a result of attempts to hide the problem or avoid burdening others.
- Greater risk of self-blame, guilt, increased suicide risk.

Protective Factors

- Sufficient income support and good physical standards in the home.
- Practical and domestic help.
- Regular medical and dental checks.
- Factual information about drugs/ alcohol, sex and contraception.
- Regular attendance at school, further education, or employment
- Sympathetic, empathetic and vigilant teachers.
- Sympathetic, empathetic and vigilant teachers.
- A relationship with a trusted adult in whom the young person can confide.
- A mutual friend.
- Non-stigmatised support from relevant professionals.
- Information about who to contact in a crisis.

References

- *Hidden Harm Strategy (2003) Advisory Council Misuse Drugs*
- *Getting Our Priorities Right: Good Practice guidelines for working with Children and Families affected by Substance Misuse (2003) Scottish Executive*
- *Hidden Harm – Government response (2005) DFES*
- *National treatment Agency (2012) Parents with drug problems: How treatment helps families.*
- *All Babies Count – Spotlight on drugs and alcohol (2013) NSPCC*
- *What about the children? (2013) Ofsted*
- *Working Together to Safeguard Children (2015) HM Government*

Version Control

Guidance to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures					
Version	Author/s	Updated by	Signed off by	Date	Review Date

1.	Substance Misusing Parents Aids Resource Team (2004)	-		Oct 2004	
2.	-	Multi-agency Task and Finish group	DSCB Policy and Procedures Group	Nov 2015	Nov 2020
3.		Multi-agency Task & finish Group	DDSCP Policy and Procedures Group	Nov 2020	