PRACTICE TIPS – PARENTAL SUBSTANCE MISUSE

This set of documents have been put together to assist SW in the daily WHAT and HOW of their work.

The aim being to provide a quick overview of a topic with signposts to links that may help if you are unsure.

This Document is in draft form, as the views and comments of practitioners is being sought prior to document finalisation.

These Documents will be reviewed in Feb 2019 and finalised in March 2019.

These documents set out some ideas for SG to consider in terms of Guidance for practitioners which will -

* standardise practice, - consistency and quality
* develop learning culture on what works and why
* Develop the ability to look at impact – better understanding of the childs experience
* Provide an evidence-based tool
* Enable decision making to be more timely
* Children’s outcomes to be more specific in terms of their experiences

What is Parental Substance Misuse?

Parental substance misuse refers to the misuse of alcohol, prescribed medication or drug use

The problem arises when the misuse affects parenting, health and wellbeing. More importantly when this misuse impacts on the ability to prioritise the child’s needs, safety and welfare.

Why Worry about Parental Misuse?

Whilst substance use may not present as an initial problem for a family there are some key facts to consider – what is the context and degree of use? – this highlights frequency and intensity. Once this is understood the assessment of risk/ worries is possible.

Substance misuse affects parenting. The assessment needs to determine to what degree?

Inconsistent, unpredictable, absent parenting severely affects a child’s safety and welfare. AND will have consequences for the future in terms of development, emotional security and resilience, risk taking behaviour and learnt behaviour, difficulties with relationships and following social norms. In conclusion it can compromise a child’s future outcomes.

Parental Substance use when pregnant can have serious consequences for the child. – Foetal Alcohol Syndrome or Affect. Substance Addiction, Developmental Delay. – This impacts on the child’s actual and potential outcomes

SCR highlight time and again how the context of substance use was not understood – children have died from consumption – both accidentally in terms of eating/drinking some, but also as a result of it being given to the child. – Deliberate action.

The parents needs and secrets often take priority over those needs of the child, this means children get lost amidst their parents chaos, behaviour and demands. – SCR highlight loss of focus on the child

Practitioners can fall into the trap of over optimism and belief in what is said by the parent, often substance use distorts memories or perceptions therefore always triangulate the information provided by the parent.

Remember no parent sets out to misuse drugs, the sad fact is when it happens it can become a crutch, a habit and a naughty delight – this can make it difficult to change. – In turn this will impact on the child’s needs and welfare.

Must

SW Must keep the focus on the child – what is one day in the life like for this child?

SW Must discuss safe storage of substance and see where it is stored – this needs to be part of the safety plan

Assessments Must contain a multi-agency perspective – this ensures consistency in information and also of service provided to family

Families must have a safety plan which outlines what will happen when…. Plus a contingency plan should things not change

SW need to work with families and their support systems to develop a contingency plan

SW Must be cautious and sceptical – substance use may be part of behaviour that includes secrets and deception

SW must be aware of the risk of over optimism and be open to challenge the family as well as have their hypothesis and assessments challenged within supervision

Top tips

The use of the 5W’s gives you factual information that can be analysed in terms of impact and risk to the child –

* What ? – what is being misused? – type and name. If the what cannot be obtained What else might be used instead?
* Where? - where is it used? Where is it stored in the home? Where is the child when it is purchased? Where is the child when it is used?
* Who ? – who is it used with? Who else uses? Who doesn’t use? – this helps identify strength and safety as well as information around network and culture
* When? – when is it used? When is it purchased? When did it start? Are there specific triggers?
* Why ? – reasons for use, are there any past traumas? Triggers and behaviour strategies?
* How? – how is it used – smoke or inject? Drink with what?
* How is it purchased? How does this affect the family finances? How is it stored?

Remember age and stage of the child and the sensory experience of before, during and after. – Parenting is likely to be different at these times depending on where the parent is in terms of their daily substance use cycle. – a small child may experience multiple mood swings from a parent – consider Impact of the unpredictable nature of this.

Consider difference for the child, and what its like at its worse and best .

Signs of Safety works really well with substance misuse, the danger statement helps to highlight to parents the nature and depth of the worries, the focus is kept on the child, the process seeks to build strengths, planning to address this needs to be SMART

Triangulate the information provided to you by the parent, - often misuse can distort the facts and the parents perception of an event.

Healthy Scepticism is important as it keeps over optimism in check.

Substance misuse can sit alongside other trauma or events in the parents life – parental history is important

Understanding family culture is important, if the extended family view substance use as the norm affecting change will be difficult.

Obtain support for the child - they are not on their own with this responsibility.

Safety planning is important, the child should have their own words and pictures plan so they know what will happen when ….

Identifying a safe person who can intervene is important

Planning needs to be SMART and contain a contingency plan

Share outcomes of SCR and gather their thoughts on these – children die from ingesting drugs either by accident when adults are intoxicated or have fallen asleep, or deliberately as a result of being fed substances to keep them quiet or to follow the myth of –‘ it never did me any harm’.

If a child’s presentation concerns you seek medical attention immediately, besides receiving medical treatment as needed, a toxicology test can be requested which will inform your assessment in terms of risk from ingesting.

Often substance use sits alongside some other issue, be wary of ‘Trigger Trio’ – substance use, Mental Health and Domestic Abuse. The escalation of risk in these cases is significant and should not be ignored or minimised.

**Refer to the South Glos Safeguarding Site**