

## PROCEDURES AND GUIDANCE

### **Working with Substance Misusing Parents and those who come into Regular Contact with Children and Young People**

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## **Introduction**

The aim of this guidance is to assist practitioners from all agencies in identifying situations where children and young people may be affected by substance misuse in their household.

*\*(Please note: throughout this document the term 'substance misuse' is understood to include alcohol use and/or drug misuse.)*

Although there are some parents who are able to care for and safeguard their child/ren despite their substance misuse, parental substance dependence can cause significant harm to children and all stages of development. The long-term effect of substance misuse may not be immediately apparent, but the continued emotional or physical unavailability of a parent, through substance misuse, can be detrimental to children and young people in different ways and at different times. An assessment is therefore required in order to determine the extent of need and the level of risk of harm for each child within the family.

Children and young people can best be safeguarded by Adult Services and Children's Services working together to determine the needs of the whole family. By working together and putting the family at the centre of their shared work, the risks can be reduced and the family supported to make choices and take control of their lives individually and as a family.

Attached as appendices to these procedures are the Alcohol Use Disorders Identification Test (AUDIT) screening tool and the Framework for Assessing Problem Drug Use and Impact on Parenting, which practitioners are expected to use if they are concerned about an adult's alcohol use or substance misuse and the impact this may be having on any children within the household.

## **Principles**

Children's vulnerability may stem from the impact of substance misuse on parenting capacity as parents may have difficulty in organizing their lives. Excessive alcohol intake or drug misuse may mean that parents are less attentive to a baby or child's needs and the preoccupation with getting and using drugs could result in parents placing their own needs above those of their children. Therefore, children are likely to be at increased risk of, or experiencing, significant harm through emotional abuse and/or neglect. There may also be a reduced protective factor leading to increased risk of physical or sexual abuse.

## **Issues to consider when undertaking an assessment regarding the impact of parental substance misuse**

The short-term and long-term impact on children will depend on a range of factors, including their age, level of understanding, personality, circumstances, coping strategies and degree of external support. There should also be awareness that a child's response may alter over time as circumstances change and they develop alternative coping strategies. Research has demonstrated a strong relationship between adverse childhood experiences (ACEs) substance use, excessive alcohol use, domestic abuse, neglect. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.

Professionals in all agencies must recognize their primary duty to safeguard and promote the welfare of the child/ren. Working Together 2015 highlights that all professionals should be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence
- Has returned home to their family from care, and/or
- Is showing early signs of abuse and/or neglect.

Practitioners working in both Adult and Children's Services must adopt a proactive approach to routinely enquiring about drug and/or alcohol misuse and consider how this may impact upon any children within the family. Practitioners should consider, in particular, that babies may be suffering from withdrawal symptoms themselves if parent was using/misusing during pregnancy and, as such may be difficult to care for. Open questions such as 'can you tell me about your use of alcohol or drugs?' may prompt a more open discussion rather than a closed question such as 'do you use illegal drugs?'

Practitioners should be aware that parents may try to minimize their drug and/or alcohol use and its impact on their lifestyle. It is important that judgments are based on evidence and not a desire to be optimistic about the family resilience, and should therefore be prepared to challenge an individual's account of their drug/alcohol misuse.

Assessments should be based on a consideration of the impact of the parental drug/alcohol misuse on the child/ren within the family. Practitioners must also be mindful of the relationship between drug/alcohol misuse and mental health and domestic abuse.

### **Determining the level and impact of the parent's substance use/misuse**

If substance misuse is identified within a practitioner's own agency assessment, in order to determine the extent and impact of a parent's alcohol and/or substance misuse use the Hidden Harm Tool kit at Appendix One.

A video which it sets out the impact of parental/carer alcohol and substance misuse and adverse childhood experiences (ACE) can be accessed via <https://vimeo.com/189604325>

### **What to do if you have concerns regarding the impact of parental substance misuse on the child/ren in the home**

This section should be read in conjunction with the ERSCB Threshold Guidance document - [Effective Support for Children, Young People and Families in the East Riding](#).

The Early Help and Safeguarding Hub (01482) 395500 supports activity at all levels. Information, advice and guidance will be available to advise practitioners on the services available and to offer the opportunity to discuss the best course of action or signpost to available help. EHASH will apply the Signs of Safety methodology to consider all contacts and in deciding the most appropriate response or service.

Where there are child protection concerns, services should work together to undertake a joint assessment to determine whether or not the parents are able to adequately care for the child/ren within their family. Such assessments should include whether they are willing and able to lower or cease their substance misuse, and what support is needed to achieve this; and, if such action would be likely to impact favourably on parenting.

Multi agency intervention planning should be realistic and document all practitioner involvement and their responsibilities. It should identify who the lead professional is and their contact details. The plan should outline immediate and long term needs, risks and goals. Care should be taken to recognize that abstinence from drugs may be a goal shared by all but a substance misuser's health and previous treatment may indicate this would be harmful or difficult to achieve. A wide range of approaches to tackle substance misuse should be considered on a case-by-case basis, from attaining controlled, non-dependent or non-problematic drug use to abstinence. Achievable outcomes around reducing risks, safeguarding children, dependency and improving health and wellbeing as part of recovery should be explored and discussed. Effective intervention planning should include frequent reviews by the Key worker, with the parent/care, family members and all other professionals involved in the plan. Any current risks identified should be clarified and reflected in a safety plan to ensure the child's needs are met.

### **Support for Adults where there is a concern about substance misuse including alcohol**

The role of the substance misuse social worker is to undertake assessments with adults who use drugs and/or alcohol to establish eligibility using The Care Act 2014. This social worker works in partnership with the service user to identify the most appropriate rehabilitation pathway and reviews the support to ensure it continues to meet the identified outcomes.

Referrals ideally come from partner agencies (East Riding Partnership/ Addictions services) who are already working with the individual and who are in the process of identifying when an individual is ready to consider rehabilitation. Referrals are made via the East Riding of Yorkshire Council's Customer Service Network on 01482 393939.

### **Referrals to Adult Drug Treatment Services**

The East Riding Partnership (ERP) is a formal partnership between Humber NHS Foundation Trust and the Alcohol and Drug Service (ADS). The ERP provides a range of substance misuse services to adults across the East Riding of Yorkshire that are delivered through the Open Access Service, the Shared Care Service, and the Community Drug and Alcohol Teams (CDAT).

The Open Access Service provides immediate access points to treatment and help and advice. Those concerned about drug or alcohol use can access the service at a number of venues across the East Riding.

Contact: East Riding Partnership Open Access Service: Tel. 01482 344690

### **Maternal substance misuse in pregnancy**

Maternal substance misuse in pregnancy can have serious effects on the health and development of the child before and after birth. Many factors affect pregnancy outcomes, including poverty, poor housing, poor maternal health and nutrition, domestic violence and mental health. Assessing the impact of parental substance misuse must take account of such factors.

Pregnant women (and their partners) must be encouraged to seek early antenatal care and treatment to minimize the risks to themselves and their unborn child.

When there are concerns regarding maternal substance misuse in pregnancy, a referral should be made via EHASH at the earliest opportunity in pregnancy, where a decision will be made regarding if a pre-birth assessment is needed by a specialist Pre-Birth Social Worker. It is important this is not delayed to allow time for assessment, support and planning prior to the birth. Practitioners concerned about maternal substance misuse in pregnancy should consider and encourage a referral to the East Riding Partnership Addictions Service in order to ensure support for the pregnant woman.

## **Appendix ONE provides process summary guidance to assist practitioners.**

### **Training**

It is important that all practitioners working with children and families have an awareness and understanding of substance misuse issues so that intervention is timely and effective. Areas to be covered include: -

- Recognition of when a parent or person in regular contact with a child is using substances that might impact on the child
- Exploration of the barriers to working with parents where substance misuse is an issue including practitioners own attitudes and assumptions about substance use and behaviours by parents such as denial, disguised compliance, hostility, erratic and possibly violent behaviour often resulting from their fears that children will be removed.
- Training in how to use assessment tools such as AUDIT and Framework for Assessing Problem Drug Use and Impact on Parenting.
- Understanding of the range of treatment and support available in East Riding and how to support parents etc to access this. Often people who use substance are doing so to cope with difficulties in their lives and so may be resistant to seeking treatment without support to manage the underlying difficulties.

East Riding Safeguarding Children Board provide a range of training for partners, including Substance Misuse Awareness and Impact on Children of Parental Mental Illness/Substance Use Details of the training courses provided, including dates, can be accessed here: [ERSCB Training Diary](#).

## **BIBLIOGRAPHY**

Further reading regarding Hidden Harm can be found at the following:

Adamson, J and Templeton, L. (2013) **Silent Voices: Supporting Children and Young People Affected by Parental Alcohol Misuse**. Children's Commissioner for England.  
[www.childrenscommissioner.gov.uk](http://www.childrenscommissioner.gov.uk)

**Hidden Harm – Responding to the needs of children of problem drug users**. UK Government.

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**Hidden Harm – Three Years On**. UK Government.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/119104/HiddenHarm1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/119104/HiddenHarm1.pdf)

Felitti, Vincent J et al. (1998) **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults**. American Journal of Preventive Medicine , Volume 14 , Issue 4 , 245 - 258

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# Appendix ONE

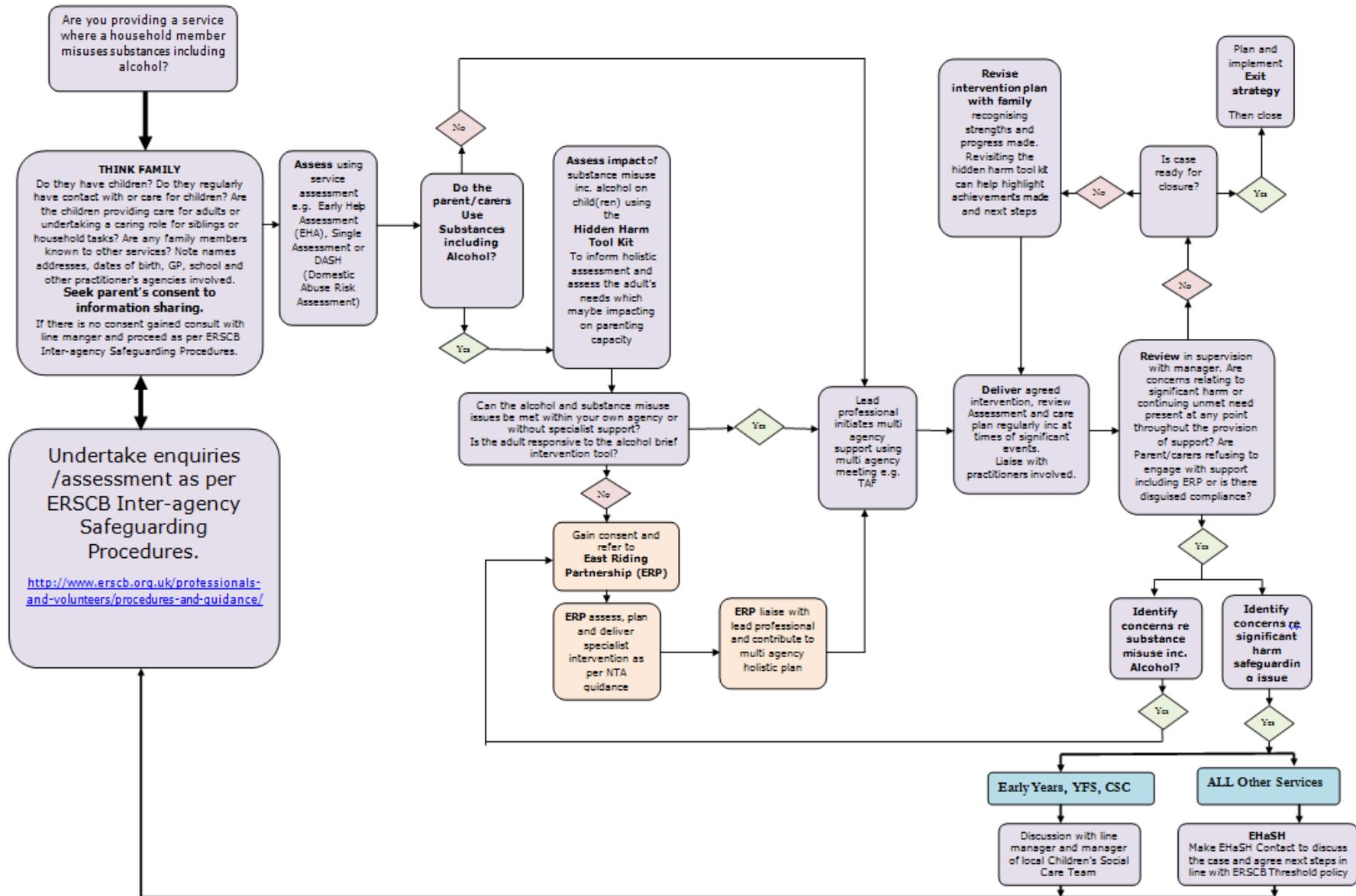


# Hidden Harm Tool Kit for Practitioners

December 2017



# HIDDEN HARM PATHWAY



## ERSCP FULL TOOK KIT:



Hidden Harm TOOL  
KIT 2018.pdf