



CHILDREN OF SUBSTANCE MISUSING PARENTS April 2008

1. Introduction

1.1 It is important not to generalise or make assumptions about the impact on a child of parental drug and alcohol misuse. As with the general population, some parents who misuse drugs and alcohol are good parents whilst others are not. However, parental substance misuse can cause significant harm to children at all stages of development. (Hidden Harm ACMD 2003). Effects on children are complex and require a thorough assessment to determine the extent of need and the level of risk of harm, *including significant harm*, in every case.

1.2 Consideration must be given to the increased risk of significant harm if other difficulties are also present in the family particularly, domestic violence, mental health issues or parental learning disability.

1.3 Equal weight should be accorded to parental alcohol misuse as the use of illegal drugs when assessing the risk of significant harm. Parents who misuse alcohol should not be stigmatised, but we know that there is a strong association between parental alcohol misuse and domestic violence, mental illness and child abuse.

1.4 A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family.

1.5 Where a parent has enduring and / or severe substance misuse problems, children in the household are likely to be at risk of, or experiencing, significant harm primarily through emotional abuse and neglect. The child/ren may also not be well protected from physical or sexual abuse.

2. Maternal substance misuse in pregnancy

2.1 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.

2.2 Early attendance at ante-natal services should be actively promoted. Research suggests that failure to engage with ante-natal services is not due to a lack of motivation but to both practical problems and fear of a hostile and judgemental response.

2.3 Health professionals in contact with pregnant women should routinely assess the needs of the mother and the unborn baby.

2.4 It is important not to make generalisations and to consider the nature, type and frequency of the drug or /and alcohol use and the stage of pregnancy.

2.5 If the pregnant woman or her partner is known to be a chaotic substance misuser living in an unstable environment the risks to the unborn baby will be high and an immediate referral to children's Social Care is required.

2.6 Advice should be sought from drug treatment agencies. They aim for stability in the mother rather than abstinence and objectives should be achievable and realistic e.g. It is medically contra-indicated to detoxify heroin dependent women in the first and third trimester

2.7 Key engagement with other critical services via the CAF should be facilitated e.g. referral to the health visiting service by 24 weeks gestation.

2.8 At any stage professionals may wish to consult Children's Social Care about the appropriateness of a referral.

2.9 Delay must be avoided when making referrals in order to:

- Ensure that maternity services can provide appropriate ante-natal services and liaise with drug and/or alcohol treatment agencies
- Provide sufficient time to make adequate plans for the baby's protection
- Provide sufficient time for a full and informed assessment
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth
- Identify significant family members who might be able to provide support and consider the use of a family group conference to facilitate this
- Concerns should be shared with prospective parent/s and consent obtained to refer to Children's Social Care unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact

2.10 When a professional is aware a pregnant woman or her partner is involved in significant substance misuse a referral **must** be made to Children's Social Care if 1 or more of the following criteria are met:

- A previous child has been removed or is living permanently with another carer
- The woman has been using heroin, methadone, cocaine or comparable substances for a significant period
- The woman is continuing to use heroin or misuse methadone and making insufficient preparations for her baby's arrival
- The woman's use is characterised by use of multiple drugs / drugs and alcohol
- The family's lifestyle is known or reported to be chaotic and / or unhygienic
- Another household member is known or reported to be involved in significant substance misuse
- The absence of extended family / friends able to provide extensive support to the substance misusing prospective parent/s

- The midwifery service must initiate a phone and written referral as soon as it becomes aware of any of the above circumstances
- The midwife should ensure Hep B and HIV screening has been recommended to all drug abusers (Hep C screening is also recommended for intravenous users or for those who are Hep B or HIB+) and that the results are available in the hospital notes

3. Babies withdrawing from substances

3.1 The birth of a baby with neo-natal abstinence syndrome or evidence of drug toxicity should be anticipated and expected. There should be a Child in Need Plan or a Child Protection plan in place

3.2 Where a baby is born suffering from withdrawal symptoms and this is unexpected the midwives must refer the baby to Children's Social Care immediately.

3.3 The baby has suffered significant harm and normal child protection procedures apply.

3.4 Unless the baby is already the subject of a child protection plan, a strategy discussion should be held with CAIU, medical professionals and any other relevant professionals.

3.5 This discussion will need to decide and plan:

- The assessments to be initiated, including whether or not to initiate s.47 enquiries
- If it is safe for the baby to be discharged / remain at home
- Health and Children's Social Care plans to provide support and monitor progress
- Arrangements for notification of discharge from hospital
- Children's Social Care should be informed by hospital staff as early as possible prior to discharge

4. Newborn babies and children

4.1 Again there is a need to avoid generalisations and to understand the implications of this individual's drug or alcohol use on the parenting of this child. In light of this, the following are aspects that should be taken into account when looking at the risks and needs for babies and children:

- Newborn babies may experience withdrawal symptoms (e.g. high pitched crying and difficulties feeding), which may interfere with the parent / child bonding process. Babies may also experience a lack of basic health care, poor stimulation and be at risk of accidental injury.

4.2 Risks to child/ren may arise from:

- Substance misuse affecting their parent/s' practical caring skills: perceptions, attention to basic physical needs and supervision which may place the child in danger (e.g. getting out of the home unsupervised);
- Substance misuse may also affect control of emotion, judgement and quality of attachment to, or separation from, the child;
- Parents experiencing mental states or behaviour that put children at risk of injury, psychological distress (e.g. absence of consistent emotional and physical

availability), inappropriate sexual and / or aggressive behaviour, or neglect (e.g. no stability and routine, lack of medical treatment or irregular school attendance);

- Children are particularly vulnerable when parents are withdrawing from drugs;
- The risk is also greater where there is evidence of mental ill health, domestic violence and when both parents are misusing substances;
- There being reduced money available to the household to meet basic needs (e.g. inadequate food, heat and clothing, problems with paying rent [that may lead to household instability and mobility of the family from one temporary home to another]);
- Exposing children to unsuitable friends, customers or dealers;
- Normalising substance use and offending behaviour, including children being introduced to using substances themselves;
- Unsafe storage of injecting equipment, drugs and alcohol (e.g. methadone stored in a fridge or in an infant feeding bottle).
- Where a child has been exposed to contaminated needles and syringes
- Children having caring responsibilities inappropriate to their years placed upon them
- Parents becoming involved in criminal activities, and children at possible risk of separation (e.g. parents receiving custodial sentences)
- Children experiencing loss and bereavement associated with parental ill health and death, parents attending inpatient hospital treatment and rehab programmes;
- Children being socially isolated (e.g. impact on friendships), and at risk of increased social exclusion (e.g. living in a drug using community);
- Children may be in danger if they are a passenger in a car whilst a drug / alcohol misusing carer is driving.
- Children whose parent/s are misusing substances may suffer impaired growth and development or problems in terms of behaviour and / or mental / physical health, including alcohol / substance misuse and self-harming behaviour.

5. Importance of working in partnership

5.1 All partners must recognise that their primary duty is to safeguard and promote the welfare of the child/ren.

5.2 The CAF should be initiated as early as possible and is the vehicle for ensuring sensitive and appropriate information sharing.

5.3 Where there are concerns, drug and alcohol services should exchange information with child care social workers, GPs, health visitors, schools, midwives and other professionals so as to be able to assess risks for the unborn baby, child/ren and young people.

5.4 Substance misuse professionals must identify those adults who are parents, or who have regular care giving access to children, and share the information with Children's Social Care as early as possible.

5.5 Children's Social Care, substance misuse services and other agency services must undertake a multi-disciplinary assessment using the Assessment Framework including specialist substance misuse and other assessments, to determine whether or not parents with substance misuse problems can care adequately for their child/ren. Such assessments should include whether they are willing and able to lower or cease their substance misuse, and what support they need to achieve this.

5.6 Meetings in adult (drug) services regarding drug or alcohol misusing parents must include consideration of any needs or risk factors for the children concerned. Children's Social Care must be given the opportunity and should contribute to such discussions.

5.7 All care programme meetings for adults who are a parent must include ongoing assessment of the needs or risk factors for the child/ren concerned.

5.8 Children's Social Care should be invited to such meetings if appropriate and contribute.

5.9 Strategy meetings / discussions, child protection conferences and core group meetings, must include workers from any drug and alcohol service involved with the subject child and their family.

5.10 Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring that interdisciplinary / agency protocols and training are in place for the co-ordination of assessment and support and for close collaboration between all local children's and adult's services.