

# Protocol and Toolkit for Working with Parents and Carers Who Misuse Substances

Cwm Taf Morgannwg Safeguarding Board	Date: October 2020	Status: Approved
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## 1. PURPOSE

The purpose of this document is to help agencies in their varied roles to identify indicators of substance misuse and to understand the impact on the care of the unborn/children prior to and after their birth. It acts as a starting point in understanding fully the family's situation whilst recognising both the strengths and the difficulties of the family's lifestyle. It also identifies risk to unborn/children and indicates the points at which referrals to other agencies may be required.

The risk assessment tool provided does not specify how information is best obtained, as this is very much a matter of professional judgement. It is to be used in conjunction with individual agencies assessment procedures.

## 2. DEFINITION

Substance misuse involves drug misuse which is considered by professionals or family members to be having an adverse impact not just on the health and behaviour of parents, but on the lives of their children also, and alcohol consumption which warrants attention because it seriously and repeatedly affects the drinkers behaviour.

Substances misused can include: list may change

- Alcohol
- Illicit drugs
- Prescribed medication
- Volatile substances
- Over the counter medication
- Poly drug use (any of the above)
- Novel Psychoactive Substances (NPS)

***NB: Appendix 2 refers to drug use (The National Children's Bureau Assessment Framework and Tables). Please note that this is to be understood to include alcohol use. Appendices need to have numbers***

## 3. SUBSTANCE MISUSING PARENTS/CARERS:

Substance use or misuse by parents or carers does not automatically indicate that children are at risk of abuse or neglect, although it is essential that workers recognise that this is a high risk group. When substance misuse is suspected information that is already held about the family should be reviewed. Other incidents or behaviour that on their own may not previously have indicated substance misuse may now seem more important and relevant.

If you have identified that substance misuse may be affecting family function the following questions can be asked to try to inform assessment of the child and family circumstances:

## **1. Parenting Capacity**

- Who is the substance misuser and what is their role in the family?
- Does the substance misuser(s) have complex needs?
- Are the parents/carers currently in treatment and/or receiving support offered?
- How does substance misuse impact on the quality of care of the unborn/children?
- Are the children expected to undertake inappropriate roles/tasks?
- What substance misuse activities are the unborn/children exposed to?
- Is there another person who is substance free supporting the children?
- Is there a relevant offending history?
- Is there any history of domestic abuse?
- Are the parents/carers willing and able to accept any support offered

## **2. Environmental Factors**

- Do the family feel isolated or stigmatised within their community?
- What are the social networks that extend beyond the family unit?
- What is the financial impact of substance misuse on the family?
- Where is any alcohol, drugs/drug paraphernalia stored? Disposal of drugs/needle sharing etc
- What is the housing situation? i.e. current property, frequency of moves, home conditions

## **3. Provision of the needs of each child - Link to the relevant risk assessment for neglect**

**(In cases of the unborn child: assess compliance with antenatal care in relation to monitoring of fetal wellbeing e.g. antenatal appointments, scans, risk assessments etc.)**

- Are there unmet needs?
- Are there unmet physical needs?
- Are there unmet emotional needs?
- Are there unmet educational needs?
- Who does the child speak to if they are upset or worried?
- What boundaries are in place for the child?  
i.e. supervision, boundaries, safety.
- Social Presentation, e.g. hygiene, interactions
- Are there any identified resilience factors?

## **4. PATHWAY FOR PARENTS/CARERS WHO MISUSE SUBSTANCES**

The Pathway Flowchart (Appendix 2) indicates the key stages for action when a parent/carer who misuses substances is pregnant and/or has a young child.

The trigger points for action are:

- Disclosure of pregnancy
- 16 weeks
- 30 weeks
- Birth and discharge from hospital
- Post discharge

The chart is a visual aid and the details of the processes and the responsibility of each agency/professionals are contained in this protocol.

The Pathway does not mean that these dates are exclusive and any professional with concerns at any stage should discuss those concerns with their Line Manager.

## **5. MULTI - AGENCY RISK ASSESSMENT TOOL**

The multi-agency assessment tool has been devised so that it can be used by all agencies when a parent/carer discloses or the professional believes that they are misusing substances. It is important to consult with other agencies when completing the risk assessment tool. If a risk assessment tool has already been completed or is in the process of being completed by another agency it is expected that agencies will collaborate to ensure that all available information is included in a timely manner (review timescales) Maternity services will complete this risk assessment when the pregnant substance misuser is 16 weeks or as soon as she presents for maternity care after this gestational age. Please note this gestational age needs to link to timing of C1 referral which is due to be agreed in the pre-birth guideline meeting on the 26/1/18.

The completed risk assessment is to be shared with all key agencies involved

### **Sharing Information:**

Agencies need to gain parental consent to share information. If parental consent is not gained professionals will need to come to a judgement as to whether the level of risk apparent is such that it should be passed on without consent. If necessary, professionals should consult managers/named professionals for child protection for advice and support. A written record must be kept of any agencies/ professionals consulted.

### **Reviewing the Assessment:**

Review dates for the risk assessment are not intended to be prescriptive. However an account may have to be taken of the review cycles set down within each agency. In agencies where there is no specified review cycle it may be necessary for professional judgement to be used to identify change, either as single events or cumulatively, and to review the document accordingly. It is important that when a review takes place the date of the review is recorded.

### **Assessment and Supervision:**

This tool should be used as the basis of discussion during the supervisory processes within agencies.

## **Supporting Documentation:**

The National Children's Bureau Assessment Framework and Tables (Appendix 2)

## **6. CONCLUSION:**

This Protocol provides a basis for agencies and professionals to assess the impact and the risks associated with parental substance misuse on unborn babies and children. It is essential that when involved with parents/carers who misuse substances that individual staff share their concerns with their managers who may provide a different perspective or reinforce concerns. Managers can also provide the individual with the relevant supports. Sharing information with other agencies may also clarify clear areas of concern and provide a fuller picture.

For more information on substance misuse and parenting please consult the website on [www.substancemisuserct.co.uk](http://www.substancemisuserct.co.uk) or the Safeguarding Board website at: [www.ctmsb.co.uk](http://www.ctmsb.co.uk)

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## **RISK ASSESSMENT TOOL Appendix 1**

**NAME:**

**DOB:**

**ADDRESS:**

**UNBORN: Gravida Para**

**EDD:**

**Gestation at time of Assessment: weeks**

<b>Date carried out:</b>	<b>Carried out by:</b>	<b>Date for Review:</b>
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<b>Risk Assessment for significant harm due to parent/carer substance misuse</b>	<b>Source(s) of Information:</b>			
<b>CRITERIA: Parenting</b>	<b>Is this a Risk Factor?</b>	<b>Evidence</b>	<b>Is this a Protective Factor?</b>	<b>Evidence</b>
1. Who is the substance misuser(s) and what is their role with the children in the family?	Risk		Protective	
What substances are misused:  Method How often	Risk		Protective	

<p>2. Does the substance misuser(s) have complex health needs?</p> <p>Due to physical, mental or poor obstetric history? If yes, describe</p>	Risk		Protective	
<p>3. Are the parents/carers currently in treatment and/or receiving support offered? If yes, describe</p>	Risk		Protective	
<p>4. How does substance misuse impact on the quality of care of the children? Describe</p> <p>For unborn maternal compliance with antenatal care</p>	Risk		Protective	
<p>5. Are the children expected to undertake inappropriate roles/tasks? If yes, what are they?</p>	Risk		Protective	
<p>6. What substance misuse activities are the children exposed to?</p>	Risk		Protective	

7. Is there another person who is substance free supporting the children? If yes, specify who, where they live and the type of support provided?	Risk		Protective	
8. Is there a relevant offending history? If yes, describe	Risk		Protective	
9. Is there any history of domestic abuse? If yes, describe	Risk		Protective	
10. Are the parents/carers willing and able to accept any support Offered?	Risk		Protective	

**Considering all risks and protective factors, how likely is the risk of significant harm to the child**

Please circle                      UNLIKELY                      LIKELY                      HIGHLY LIKELY

**Would the consequences of the harm to the child be: -**

Please circle                      MILD                      MODERATE                      SEVERE



<b>CRITERIA: Environmental Factors</b>	<b>Is this a risk factor?</b>	<b>Evidence</b>	<b>Is this a protective factor?</b>	<b>Evidence</b>
1. Do the family feel isolated or stigmatised within their community? If yes, describe	Risk		Protective	
2. What are the social networks that extend beyond the family unit?	Risk		Protective	
3. What is the financial impact of substance misuse on the family?	Risk		Protective	

4. Where is any alcohol, drugs/drug paraphernalia stored? Disposal of drugs/needle sharing etc	Risk		Protective	
5. What is the housing situation? i.e. current property, frequency of moves, home conditions  For Unborn: preparation for baby	Risk		Protective	

**Considering all risks and protective factors, how likely is the risk of significant harm to the child**

Please circle                      UNLIKELY                      LIKELY                      HIGHLY LIKELY

**Would the consequences of the harm to the child be: -**

Please circle                      MILD                      MODERATE                      SEVERE

**IF THIS IS THE FIRST PREGNANCY, PLEASE GO TO ‘SAFEGUARDS TO MINIMISE RISK’, Page 8**

<b>CRITERIA: Child's Needs (Separate for each child)</b>	<b>Is this a risk factor?</b>	<b>Evidence</b>	<b>Is this a protective factor?</b>	<b>Evidence</b>
1. Are there unmet physical needs?	Risk		Protective	
2. Are there unmet emotional needs?	Risk		Protective	
3. Are there unmet educational needs?	Risk		Protective	
4. Who does the child speak to if they are upset or worried?	Risk		Protective	

5. What boundaries are in place for the child? i.e. supervision, behavioural boundaries, safety	Risk		Protective	
6. Social Presentation, e.g. hygiene, interactions	Risk		Protective	
7. Are there any identified resilience factors? i.e. intrinsic traits, environmental influences. If yes, describe.	Risk		Protective	

**Considering all risks and protective factors, how likely is the risk of significant harm to the child**

Please circle                      UNLIKELY                      LIKELY                      HIGHLY LIKELY

**Would the consequences of the harm to the child be: -**

Please circle                      MILD                      MODERATE                      SEVERE

<b>CRITERIA: Safeguards to Minimise Risk</b>	<b>Comments/Evidence</b>
1. Safeguards needed to minimise/eliminate risk:  <b>Unborn:</b> Compliance with antenatal plan of care Preparation for baby Safe sleeping arrangements etc	
2. Feasibility of implementing identified safeguards:	

### **Recommendation**

Please circle

No additional  
support needs

Refer to  
Support  
Services

Refer to  
Children's  
Services

(Care and Support)

Refer to  
Children's  
Services  
(Child Protection)

**Reason(s) for Recommendation:**

**Outcome of assessment and action taken:**

**Signatures:** .....

**Names:** .....

**Job titles:** .....

**Date:** .....

# Substance Misuse Multi-Disciplinary Flowchart

**12 Weeks**

**Level Of Intervention**

**16 Weeks**

## Initial Disclosure To:

### Health

Ante-natal booking interview  
(Plan for antenatal care)  
Referral to Substance Misuse  
agencies.  
If Previous concerns/removal  
re previous children. Referral  
to children's services.  
Consent gained to share info?  
FAQ1.

## Substance Misuse

### Services

Referral to Ante-natal care.  
If Previous concerns/removal  
re previous children. Referral  
to children's services.  
Receive referral and exchange  
info and prioritise on waiting  
list.

## Children's Services

Referral to Ante-natal care.  
Referral to Substance Misuse  
agencies.  
If Previous concerns/removal  
re previous children receive  
info and note as contact.  
Carry out process 2 see  
frequently asked questions  
(FAQ's).

**Multi-disciplinary  
Health Planning**



Antenatal contact by midwife Multi-  
disciplinary risk assessment and  
additional pregnancy assessment  
completed.

**Child in Need of  
Care and Support**



Decision to refer to Children  
Services?

**Child Protection**



**Late Bookings or concerns –  
Frequently asked questions  
(FAQ1)**

	20 Weeks	30 Weeks	32 Weeks
	Multi-disciplinary planning meeting co-ordinated by the Midwife to include Health Visitor and Substance Misuse Service	Finalise birth plan (for 32 week contact)	
NO	Refer as Child in Need of Care and Support. Child in Need of care and support meeting convened by Children's Services.	Follow on Child in Need of Care and Support and every 6 weeks thereafter.	
YES	<p>Refer as Child Protection referral will be raised and a Multi-agency child protection Strategy Meeting will be convened. Resulting decisions could be:</p> <ul style="list-style-type: none"> <li>▪ Child Protection Enquiry leading to case conference particularly for mothers who deliver early or court proceedings are envisaged</li> <li>▪ A follow on strategy meeting is needed at a later date because there is not sufficient evidence to convene conference</li> <li>▪ No further Child Protection issues but a multi-agency planning meeting (Child in Need of Care and Support) has to be convened and follow Child in Need of Care and Support procedures.</li> </ul>	<p>Follow on Strategy Meeting needs to happen at this point – Possible conference at 32 weeks.</p> <p>If pre-birth plan for registration by this point – follow set procedures and agreement from conference.</p> <p>(Core assessments must be completed by this point in absence of late bookings).</p>	Pre-birth Child Protection Conference.



**BIRTH****PRE-DISCHARGE****AT BIRTH OR  
SUBSEQUENTLY**

Implement agreed birth plan

Midwifery inform other health professionals of delivery and progress of plan. Any concerns see FAQ1.

Implement agreed Child in Need of Care and Support plan.

Post discharge meeting as matter of course.

If unexpected Neonatal Abstinence Syndrome of disclosure of substance misuse for the 1<sup>st</sup> time take specialist advice 1 and consider referral to Children's Services. Any new disclosures – multi-disciplinary risk assessment will be carried out by Health Visitor.

Implement Child Protection Plan

Core Group Meeting as matter of course.

Multi-disciplinary risk assessment carried out by any other agency presented to by means of specific agency assessment combined with multi-agency tool (see guidance). If concerns – Wales Safeguarding Procedures. If no concerns – Referral to relevant agencies for ongoing support.

## APPENDIX TWO – The National Children's Bureau Assessment Framework and Tables)

### Applying the Assessment Framework



- Effect of prenatal exposure drugs
- Subsequent special health needs as a result of above
- Access or exposure to drugs/equipment
- Effect on school attendance and ability to learn
- Impact on quality of attachment(s) and feeling valued
- Attitudes to drug use and offending behaviour
- Experience of loss/bereavement
- Sibling relationships and sibling drug use
- Other caring relationships and 'lifelines'
- Secrecy, stigma and social exclusion
- Impact on friendships
- Level of caring for self, parents and siblings

- Details of drug use and impact on parental health/behaviour/mood
- Physical availability to child and impairment of ability to provide care
- Emotional availability to child
- Strategies to protect child from impact of drugs
- Role of drugs within parental relationship/partnership
- Consistency and reliability
- Priorities – drugs or child?
- Messages to child about drug use and offending behaviour
- Previous parenting capacity

- Past drug treatment/engagement
- Offending behaviour and convictions
- Who knows about drug use? and implications for wider family relationships
- Extended family able to act as carers
- Adequacy of material resources – money and housing
- Home is exposed to risky adults or activities
- Community attitudes and stigma
- Support network outside the home

Child's Development Needs			
Dimension	Factor	Rationale	Sources of Information
Health	Effect of prenatal exposure to drugs	Exposure to drugs during the pregnancy may have an effect on the child's health before and after birth. It is important to consider whether the mother has attended for antenatal care and followed advice to reduce the potential risk to the baby. The baby may suffer from withdrawal syndrome at birth, requiring treatment in special care, which may in turn affect attachment relationships.	Substance Misuse Service Obstetrician Midwife Paediatrician Special Care Unit Primary Care
	Subsequent Special health needs as a result of above	The child may need follow-up for any special health needs. These may not be obvious immediately and will only become evident as the child develops. It will be important to consider both the child's needs and parents' ability to meet them.	Paediatrician Midwifery and Neonatal Staff Substance Misuse Service Primary Care
Educational	Access or exposure to drugs/ equipment	Drugs and needles are a potential serious hazard to young children. A number of babies die every year from taking their parents Methadone. It is vital to establish what drugs are used, whether needles are used and whether they are kept safely.	Substance Misuse Service Primary Care Parents
	Effect on school attendance and ability to learn	Attendance at school and nursery may be adversely affected if parents are under pressure as a result of drug use. Alternatively, children may attend but be hindered from learning because of problems at home. For other children, school is a vital factor in developing self-esteem and resilience. It may be difficult for them to talk about parents' drug use.	School/Nursery School Nurse Child
Emotional and Behavioural Development	Impact on quality of attachment(s) and feeling valued	For secure attachments to be developed with caregivers, they need to be consistently responsive to the child. Parents also need to be attentive to make the child feel loved and important. This process may be impaired if drug use has an effect on parents' availability or mood and behaviour.	Child School/Nursery CAMHS
	Experience of loss/ Bereavement	Children of drug misuse parents are at an increased risk of loss, bereavement and separation. Parent may die or develop serious health problems; they may spend time in hospital or prison. Because the family is under stress, there is also greater risk of parental separation or family breakdown. It is important to explore such losses – or fear of loss in the future – and to understand the impact on the child.	Child Parents Family CAMHS

<p><b>Identity</b></p> <p><b>Family and Social Relationships</b></p> <p><b>Social Presentation</b></p> <p><b>Self care Skills</b></p>	<p>Attitudes drug use and offending behaviour</p>	<p>The children of drug users may be receiving confusing and potentially harmful messages about the acceptability of drug use and offending. Loyalty towards parents may be at odds with drug education or media portrayals of drug users. This is a potential challenge to the child's identity.</p>	<p>Child Parents Teacher (s) Support Services</p>	
	<p>Sibling relationships and sibling drug use</p>	<p>Children living with parents who use drugs are increased risk of becoming drug users themselves. This means children may be living with siblings who are using and there are indications that they may become involved in turn. Alternatively, siblings may have close and protective relationships, or become isolated from each other.</p>	<p>Parents Children Family CAMHS Youth Services Substance Misuse Service</p>	
	<p>Other caring relationships and 'lifelines'</p>	<p>Children will have a network of relationships, some of which may be compensating for parental problems. It will be important to explore and understand the roles filled by these relationships and particularly whether anyone serves as a lifeline for the child at times of crisis.</p>	<p>Substance Misuse Service Primary Care Parents</p>	
	<p>Impact on friendships</p>	<p>Children may be inhibited from developing supportive peer relationships by parental drug use. They may be embarrassed by their parents' behaviour or other children may be told not to play with them. Friendship could also be a vital source of support, particularly if they are able to share their experiences or friends' homes provide a sanctuary.</p>	<p>Children Families School/Nursery Support Services Housing Agencies</p>	
	<p>Parental Associations</p>		<p>Children Families School/Nursery Support Services Housing Agencies</p>	
	<p>Secrecy Stigma and Social exclusion</p>	<p>Serious drug use is not acceptable and users could worry about being judged 'bad' parents. They may also worry about other adverse consequences if their drug use is exposed. In turn, children may be worried about being taken into care or their parents getting into trouble if they talk about it. Drug users may be shunned within the community and their children may share in this social exclusion.</p>	<p>Children Families School/Nursery Support Services Housing Agencies</p>	

	<p>Level of caring responsibility for self, parents and siblings</p>	<p>Children may become 'young carers' because of their parents' problems. They may have to take on an excessive responsibility for themselves, siblings and parents. This may be apparent in terms of physical caring, but the extent to which children also feel emotionally responsible should also be considered. For example, some children feel responsible for helping parents tackle their drug problem or for protecting them from stress so that they do not relapse.</p>	<p>Children Parents Family School Support Services CAMHS</p>
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Parenting Capacity (NB: It is important to consider all those with parental/ caring responsibility towards the child. Research indicates a tendency to focus on mothers)			
Dimension	Factor	Rationale	Sources of Information
Ensuring Safety	Details on drug use and impact on parental health/behaviour/mood	It is important to understand the nature and pattern of parental drug use in order to make judgements about the impact this will have on parenting (see elsewhere on your Local Authorities' Substance Misuse intranet site / Local Safeguarding Website?). For example, Crack use will lead to volatile behaviour whereas Heroin use is more likely to lead to drowsiness. Other relevant information will be how the drugs are obtained and funded, whether there are associated health problems, particular times of day when parents are likely to be affected by their use. <i>Is there anything "new" that needs to be included? Need to be advised by Expert. Jean Harrington?</i>	Parents Substance Misuse Service GP Police/Probation
	Physical availability to child and impairment of ability to provide care	Drug use may reduce parents' ability to provide physical care to the child. They may be absent from the home raising the money for buying drugs or in prison/hospital. Alternatively the effects of drugs may mean they can't handle the child safely or react to protect them from danger.	Parents Substance Misuse Service Primary Care School/Nursery
Emotional Warmth	Emotional availability to child	Similarly, the problems caused by drug use may reduce the amount of attention parents can give to their child. They may also be distracted, drowsy or bad-tempered, depending on the drugs used and unable to make the child feel loved or valued.	Parents Substance Misuse Service Primary Care School/Nursery
	Priorities – drugs or child?	The use of drugs, particularly if there is a physical dependency, can be an all-consuming activity that leaves little space for parenting. This may result in children feeling that their parents care more about the drugs than them. When assessing parenting capacity, it needs to be considered whether this is supported by an examination of their behaviour. Do they miss events at school or birthday celebrations because of drugs?	Parents Children School/Nursery
Stimulation			
	Strategies to protect child from impact of drugs	Parents may be well aware of the possible impairment to their parenting capacity and have developed ways of compensating for this. For example, they may draw on support from the extended family, or limit their drug use to times when the child is in bed.	Parents Family Support Services
Basic Care			

Dimension	Factor	Rationale	Sources of Information
Ensuring Safety	Details on drug use and impact on parental health/behaviour/mood	It is important to understand the nature and pattern of parental drug use in order to make judgements about the impact this will have on parenting (see elsewhere on your Local Authorities' Substance Misuse intranet site / Local Safeguarding Website?). For example, Crack use will lead to volatile behaviour whereas Heroin use is more likely to lead to drowsiness. Other relevant information will be how the drugs are obtained and funded, whether there are associated health problems, particular times of day when parents are likely to be affected by their use. <i>Is there anything "new" that needs to be included? Need to be advised by Expert. Jean Harrington?</i>	Parents Substance Misuse Service GP Police/Probation
	Emotional Warmth		
Emotional Warmth	Physical availability to child and impairment of ability to provide care	Drug use may reduce parents' ability to provide physical care to the child. They may be absent from the home raising the money for buying drugs or in prison/hospital. Alternatively the effects of drugs may mean they can't handle the child safely or react to protect them from danger.	Parents Substance Misuse Service Primary Care School/Nursery
	Emotional availability to child	Similarly, the problems caused by drug use may reduce the amount of attention parents can give to their child. They may also be distracted, drowsy or bad-tempered, depending on the drugs used and unable to make the child feel loved or valued.	Parents Substance Misuse Service Primary Care School/Nursery
Stimulation	Priorities – drugs or child?	The use of drugs, particularly if there is a physical dependency, can be an all-consuming activity that leaves little space for parenting. This may result in children feeling that their parents care more about the drugs than them. When assessing parenting capacity, it needs to be considered whether this is supported by an examination of their behaviour. Do they miss events at school or birthday celebrations because of drugs?	Parents Children School/Nursery
	Basic Care		
Basic Care	Strategies to protect child from impact of drugs	Parents may be well aware of the possible impairment to their parenting capacity and have developed ways of compensating for this. For example, they may draw on support from the extended family, or limit their drug use to times when the child is in bed.	Parents Family Support Services

	<p>Consistency and reliability</p> <p>One of the difficulties of assessing the impact of drug use is its fluctuating nature. Parents may be loving most of the time, but aggressive or irritable after stimulant use. They may make promises to the child when stable in treatment but break them when they relapse. It is important to understand these variations because of their disruptive impact on a child of having parents they cannot rely on to be there for them.</p>	<p>Substance Misuse Service Parents Family Child</p>
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<b>Guidance and Boundaries</b>	Role of drugs within parental relationship/partnership	It is likely, though not universal, both parents will be involved to some extent in drug use. If so, drugs will play a central part in the relationship. One partner may rely on the other to raise money or procure the drugs. This may be problematic if one partner is motivated to stop. Whatever the dynamic, it needs to be understood if assessing parents' ability to work together to look after the children.	Child Parents Family CAMHS
	Messages to child about drug use and offending behaviour	Most drug use is illegal in itself and parents often need to engage in illegal activity in order to fund it. They may be involved with the criminal justice system as a result. Meanwhile children will be receiving messages outside the home about the fact that such behaviour is wrong. Parents will need to help their children make sense of this potential confusion.	Parents Children School Youth Services
<b>Stability</b>	Previous parenting capacity	A high proportion of drug users do not have their children living with them. Such children are also more likely to be on the Child Protection Register. It is important to obtain full information about the well-being of any previous child that either parent had cared for and to consider whether there are any lessons to be learned.	Parents Family Other Social Service departments



## Family and Environmental Factors

Dimension	Factor	Rationale	Sources of Information
Family History and Functioning	Past drug treatment/engagement	If assessing the capacity for parents to change, it will be important to consider the parent's drug history and the effectiveness of previous treatment. Relapse is common, but overall may tend to indicate whether the drug problems are getting better or worse. The motivating factors that prompted treatment, the level of engagement, the nature of the treatment and the outcome will all be relevant in assessing the likelihood of future treatment being effective.	Parents Substance Misuse Service Primary Care Probation
	Offending behaviour and convictions	Many drug users will have become involved with criminal behaviour, either directly through the possession or selling of illegal substances or indirectly through crime to fund drug use. They may be facing new or unresolved charges. It is important to know about the types of crime committed and any outstanding charges, particularly if there is any likelihood of custody, in order to assess the likely impact on the children. Children may be harmed by certain types of offending behaviour or they may be facing the loss of parents to a prison sentence.	Police/Probation Substance Misuse Service Parents
	Who knows about drug use? and implications for wider family relationship	Because of the level of secrecy and stigma attached to drug use, it is important to establish who knows about it. Parents may think that no one knows, particularly their children, but this may not be the reality. If the drug is not openly acknowledged, the children may be hampered from discussing their experiences and from seeking help. Family and friends may find it difficult to offer support if the problem is denied. On the other hand, if everyone knows, the family may be stereotyped unfairly.	Family Parents Child Support services Family group conferences
Wider Family	Extended family able to act as carers	Many families are able to meet the needs of children because of support from extended family. Children may live with family members some or all of the time, or family may intervene behind the scenes to make sure children get extra help practically and emotionally. This may be complicated, however, with parents feeling judged and undermined. Children may feel confused, or have conflicts of loyalty as a result. Services may also have unrealistic expectations about the role of extended family and provide some inadequate support. Assessments should recognise that potential for extended family, but realise heavy demands and difficult dynamics this may cause.	Parents Children School/Nursery

<b>Income, Employment, Housing</b>	Adequacy of material resources – money and housing	Drug use is a major drain on family's resources. Money might be diverted from essentials such as food to buy drugs, or it may mean that there is nothing left to give the children outings and the same standard of living as their peers. This may be felt more acutely by older children and adolescents. Parents may also be too compromised by their drug problem to maintain the home or to make it a good environment for the children to be in. Drug users tend to have less stable housing than others and may lose tenancies because of their problems.	Parents Family Support Services
	Home is exposed to risky adults or activities	Parents may have few contacts except other drug users. If compelled to engage in crime to fund their drug use, they may be selling drugs or become involved in the sex industry. This may result in visitors to the home who pose a risk to the children, or adults being unable to control what goes on in the home.  Children may be exposed to other persons using / selling / dealing drugs and could be introduced to substance misuse related behaviour from an early age.....Professionals visiting homes need to be vigilant and take details of persons and their relationships.	Housing agencies Police/Probation Neighbours
	Community attitudes to stigma	If the family have been labelled as drug users within their community they may be demonised and rejected. This rejection may extend to the children and they may be hurt by their parents' social exclusion. On the other hand, some communities contain a high proportion of drug users and the children may experience a subculture that exposes them to drug use as a way of life. It is important to understand how the family fit into their particular community.	Housing Agencies
<b>Family's Social Integration</b>	Support network outside the home	Communities, schools and support services may be able to support the child and their family in a variety of ways. A school with good pastoral support may have breakfast or after school clubs and in-school interventions that provide stimulation and a nurturing environment. Youth services may be able to help children have some fun and develop their skills and self-esteem. There may be specific services such as young carers' groups or family support that help the family build on their strengths. Or there may be a degree of empathy and acceptance from neighbours or the parents of school friends. All of these may help the family to cope.	Schools Youth services Voluntary sector Targeted services
<b>Community Resources</b>			

Source NCB 2006

