

## Parents who are Problematic Users of Substances (including Alcohol) – Parenting Capacity

### Quick Links:

1. [Introduction](#)
2. [Scope](#)
3. [Definition](#)
4. [Risks](#)
5. [Indicators](#)
6. [Impacts](#)
7. [Actions](#)
8. [Issues](#)
9. [Supervision](#)
10. [Resolving Professional Difference/Escalation](#)

### Further Information

### Amendments to this Chapter

#### 1. Introduction

Most parents and carers who drink alcohol or use drugs do so in moderation, which does not present with an increased risk of harm for their children, (Cleaver, Unell and Aldgate, 2011 cited in [NSPCC](#)). However, [parents and carers who have substance use problems](#) can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children’s needs. Living in a household where a parent or carer has a substance use problem does not mean a child will experience abuse, but it does make it more difficult for parents to provide safe and loving care and this can lead to abuse or neglect. It is more often chaotic substance use that cause most issues with parenting.

All agencies must work together when working with parents/carers who face issues caused by substance use. The needs of children remain paramount, and services must work together to promote children's, (including the unborn child) and young people's wellbeing, health and development whilst safeguarding their welfare.

## 2. Scope

This guidance is for all practitioners (paid or unpaid) who work with children (including the unborn child), those who work with adults who are parents/carers and who therefore hold responsibility for safeguarding and promoting the welfare of children. It is intended to be read alongside the [Children and Young People \(Jersey\) Law 2022](#), the commensurate [Statutory Guidance](#) and the Jersey Children's First Framework ([JCF](#)). Practitioners must follow the [Statutory Guidance](#) on sharing information which follows [Data Protection \(Jersey\) Law 2018](#). (See also [SPB Child Protection Procedures](#) and the [SPB Children and Young Person Safeguarding Referrals Procedure](#).)

This chapter contains information about the approaches and legal frameworks which can be used to support children and young people who live with parents who have problematic substance use. Whilst supporting children practitioners will also and without doubt be required to support their main parents/carers who are have problematic substance use.

## 3. Definition

Substance use refers to the abuse of drugs and/or alcohol. Whilst there may be different treatments for adults with these problems, they are considered together because the consequences for the child are similar. We use the term *substance use* to refer to illicit drugs and alcohol use in harmful amounts (drinking and substance use leading to alcohol or drug-related health issues, this includes prescription drugs and solvent use). The consumption of which is regular and/or excessive, and/or dependent use, or use which has a harmful effect on the individual or the community where they live. The Advisory Council on the Misuse of Drugs defined problem drug use in [Hidden Harm \(2003\)](#) as any drug use

which has serious negative consequences of a physical, psychological, social, interpersonal, financial or legal nature for users or those around them.

Many substance using adults also suffer from enduring mental health issues classed as **Dual Diagnosis** and there may be several agencies, from both Adult and Children's Social Care, who are working with the family.

**Local and National Serious Case Reviews** and **Domestic Homicide Reviews** have identified domestic abuse, parental mental ill health and drug and alcohol use as significant factors in families where children have died or been seriously harmed. Where all three issues are present, this significantly increases the risk for children living in this environment.

#### 4. Risks

Persistent Substance use can consume a great deal of a parent/carers time, money and emotional energy, which will unavoidably impact on the capacity to parent a child. This behaviour also puts the child at an increased risk of neglect, emotional, physical or sexual abuse. Where children can suffer from multiple forms of abuse at one time, either by their parent/carer or because the child becomes more vulnerable to abuse by others.'

Children's physical, emotional, social, intellectual and developmental needs can be adversely affected by their parent's use of substances. These effects may be through acts of omission or commission, which have an impact on the child's health, development, wellbeing and welfare.

Children may be introduced to substance use at an early age by the behaviour of the parents and the availability of the substances within the home.

**Children with Alcohol Dependant Parents** tend to become aware of their parents' drinking from an early age, this can cause lifelong problems.

Parents dependant alcohol and drug use can negatively impact on children's physical and emotional wellbeing, their development and their safety. Which impacts on the child including:

- physical maltreatment and neglect
- Parental emotional unavailability to their children
- poor physical and mental health
- development of health harming behaviours in later life, for example using alcohol and drugs at an early age, which predicts more entrenched future use.
- poor school attendance due to inappropriate caring responsibilities
- low educational attainment
- involvement in anti-social or criminal behaviour

As we understand more about the impacts of parental problem substance use on children, it becomes more important that all support agencies take a whole family approach.

## 5. Indicators

It is important not to generalise or make assumptions about the impact on a child of their parent/carers drug and/or alcohol use. It is, however, important the implications for the child are accurately assessed having full regard to the parents/carers ability to maintain consistent and adequate care. Equal regard must be given to the child's level of dependency, vulnerability and any special needs and the impact this may have on the child or young person's social and emotional development and access to education.

Capturing the child's words, listening to their voice and viewing them as experts in their experience, working in a child centred way to understand their lived experience is crucial.

## 6. Impacts

### Neglect

Neglect is one of the most common forms of abuse, it can take a wide range of forms, tends to be cumulative and can have a significant impact on the physical, emotional, educational and social wellbeing of children and young people. For more information on Neglect please see the islands Multi Agency Neglect Strategy [here](#)

**While living with parents who persistently use substances** parental neglect in the context of substance misuse can mean children and young people are: -

- adversely effected.
- living in an unorganised home.
- living in substandard living conditions.
- exposed to a lack of effective and consistent support.
- living in a home with chaotic finances, where their parent/carer prioritises income on alcohol or drugs rather than food, clothing or bills.
- not kept clean or warm
- exposed to parents/carers who do not recognise or respond appropriately to their health, development wellbeing or welfare needs.
- exposed to harmful substances and equipment such as needles and syringes are not kept safely away from them, increasing the likelihood of ingestion of substances or accidental injury.
- exposed to chronic neglect, from before birth and throughout childhood.
- their normal daily routines are disrupted, for example getting to school or college, seeing their friends.
- Children are particularly vulnerable when parents are withdrawing from drugs and/or alcohol.

Some parents who use substances may lose consciousness, leaving no other responsible adult present to care for their child and ensure their safety (**Cleaver, Unell and Aldgate, 2011**). This increases the risks of significant harm and death happening to children from neglect who are dependent on their parents for their full care.

### **Emotional abuse**

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It is sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child. Parents who misuse substances can be emotionally unavailable to their children (Cleaver, Unell and Aldgate, 2011) meaning they are:

- less responsive and attuned to their children.
- less willing to engage in meaningful play.
- less able to respond in ways which encourage further interaction.

### Physical and Sexual Abuse

Parents with substance use problems can behave in a way that are irrational, unpredictable or withdrawn, which may frighten their children (Cleaver, Unell and Aldgate, 2011). They can have poor impulse control and may be unable to effectively manage or control their own emotions. Cleaver et al (2011) **research has found that Parental substance use can lead to physical abuse and sexual abuse.** Where 66% of children reported physical abuse and 26% sexual abuse.

- Harmful and excessive drinking can contribute to children and young people being exposed to physical and sexual abuse (Cleaver, Unell and Aldgate, 2011)
- There are at increased risks of exposure to domestic abuse.
- The child's physical safety when the parent is under the influence of drugs and/or alcohol is compromised (age and ability dependant).
- The unborn baby is at risk of the lifelong adverse brain development from alcohol or substances exposure in utero e.g., foetal alcohol spectrum disorder (**FASD**) and/or Neonatal Abstinence Syndrome (**NAS**)
- The impact on the child of being in a household where illegal activity is taking place, if the home is used for drug dealing and the children come in to contact with risky adults, they are at risk of exposure to adults who pose risk to them from extra-familial abuse, physical, emotional, sexual abuse.
- They can experience dangerously inadequate supervision.
- Increased risk of extra-familial harm, criminal and sexual exploitation.
- Intermittent and permanent separation and being in the care of different carers.
- Inadequate accommodation and frequent changes in residence.

The circumstances surrounding dependent, heavy or chaotic substance use may inhibit responsible childcare, for example, drug and / or alcohol use may lead to poor physical

health or to mental health problems, financial problems and a breakdown in family support networks.

Ultimately, parents with alcohol and/or drug use issues need practitioners to take responsibility for their children's welfare when they are no longer able to care for them adequately. That may mean intervening against their wishes. The responsibility to provide supports to vulnerable children and families affected by concerning drug and/or alcohol use will rarely sit with just one child or adult service. All services – whether adult or children focused – must always consider the individual child or adult within the wider context of the family.

Parents may be aware that their behaviour has a negative impact on their child (including the unborn child); there is a risk in focusing on the adult's difficulty and in supporting their attempts to control their behaviour. The impact on the child must not be overlooked or seen as a secondary consideration, the child's needs are paramount.

To be healthy and to develop normally, children must have their basic needs met. If a parent is more concerned with funding an addiction, or is under the influence of drugs or alcohol, they are unlikely to be able to achieve this consistently. A disorganised lifestyle is a frequent consequence of persistent substance use. Parents may fail to shop, cook, wash, clean, pay bills, attend appointments etc. Substance use may affect a parent's ability to engage with their child. It may also affect a parent's ability to control their emotions. Severe mood swings and angry outbursts may confuse and frighten a child, hindering healthy development and control of their own emotions. Such parents may even become dependent on their own child for support. This can put stress on a child and mean they miss the experiences of a normal childhood.

Other consequences of substance use – lost jobs, unsafe homes (with access to half empty bottles of alcohol and drug paraphernalia), broken marriages, severed family ties and friendships, and disruption of efforts made by an Island/authority to help – are also likely to negatively affect a child.

Any practitioners, carers, volunteers, families and friends who are in contact with a child in a persistent substance using environment must ask themselves “What is it like for a child in this environment?”

Children become traumatised by their parent’s mood or behaviour changes, including exposure to violence, and the lower tolerance levels in their parents to care for them. They are likely to take on a caring role or feel they have the responsibility to solve their parent’s, alcohol and drug problems or are the cause of it.

The **Continuum of Children’s Needs** provides practitioners with clear direction and advice about what to do and how to respond if a child and family need extra help and support.

## 7. Actions

Where there are concerns a child is living in an environment and their parent(s) are problematic substance users, agencies must work together and practitioners must assess their needs and make practice decisions on if the child has wellbeing, health and development or safeguarding needs.

Any practitioner who is working with or has contact with a parent(s) (including expectant parents) whose degree of substance use indicates their parenting capacity is likely to be impaired, must make a referral to the **Children and Families Hub**.

Where a child (including an unborn child) or young person presents with a health or development need) or where there is a safeguarding Need (see Statutory Guidance – **Levels of Need**) practitioners must:-

- Follow the **SPB Child Protection Procedures, the SPB Children and Young Person Safeguarding Referrals Procedure**
- Refer to the **Children and Families Hub**.
- As well as referral to the Children and Families HUB, referral should be considered (with the adult substance users consent) for support from services, such as **Alcohol and Drug Services**.



- Where there is immediate risk of harm, practitioners must call the police on 999.

Practitioners should use The [Continuum of Children's Needs](#) to support their practice decisions. The Continuum of Need will help practitioner decision making on which service level intervention is required.

An assessment of the parent's capacity must take place to establish the impact on the child of the parent's lifestyle and their ability to place the child's needs before those of their own.

Any person who presents with substance use in pregnancy must be offered a supportive multi-agency response. Parent(s) to be, should be encouraged to contact the Alcohol & Drug Service for assessment and advice on the treatment options available to them or referral should be made on their behalf. It is particularly important the pregnant person is supported as Pregnancy (and pre-conception) are the earliest and most critical stages at which services can put in place effective interventions to prevent long-term harm to babies. Services should follow the [Multi-Agency Pre-Birth Protocol for Unborn Babies](#). Pregnant women (and their partners) who have substance use concerns will be supported by a multi-agency of practitioners, offered universal and targeted health services and antenatal care where their cases will be discussed at the antenatal multi-agency meeting to ensure their ongoing needs are being met.

Where a new born child presents with symptoms of withdrawal from substances, ([Neonatal Abstinence Syndrome](#)) and parental substance use has previously not been considered, a Child and Family HUB Enquiry must be placed (if this has not already been considered) for assessment and pre-discharge planning.

There is a clear need to assess the impact of parents/carer(s) behaviour on the child as well as the wider family and community context. Some adult services may be reluctant to share information because of concern about confidentiality. However, the need to safeguard children is paramount and agencies with information regarding the parent/carer who have a valuable contribution to make must do so.

The **Statutory Guidance** gives practitioners advice on information sharing, practitioners should also seek advice from their single agency Safeguarding Lead, if they are unsure as to what information should/must be shared, or what action should/must be taken.

When practitioners decide to end their involvement with a parent/carer with substance use issues, or a child who is living with a parent/carer with substance use issues, they should always discuss their plans with the other services who are working with the family before the case is closed. This is to ensure that any on-going needs can be addressed.

## 8. Issues

Parents' own needs will need to be addressed and supported. Sometimes access to appropriate treatment resources is limited which may cause delays in providing services however the child's needs must not be put on hold without a contingency plan. Pregnant women (and their partners) and clients who have children will be fast tracked into drug and alcohol services and into treatment where required as they are seen as a priority for treatment within Drug and Alcohol Services.

Confidentiality is important in developing trust between drug using parents and staff in agencies working with them in relation to their substance misuse, however, practitioners must always act in the best interests of the child and not prioritise their therapeutic relationship with the adult.

## 9. Supervision

Practitioners should have access to regular **Internal agency safeguarding supervision**.

Agencies should consider multi-agency reflective supervision where cases are complex, stuck or drifting.

## 10. Resolving Professional Difference/Escalation

SPB Jersey Parents who are Problematic Users of Substances (including Alcohol) – Parenting Capacity 2024.

Professional challenge should be welcomed and partnership working depends on resolving professional difference and conflict as soon as possible. Where staff experience professional differences, they must follow the [SPB Resolving Professional Difference/Escalation Policy](#).

### [Further Information](#)

[Alcohol Change UK Parents who drink too much](#)

[Adult Substance misuse treatment statistics 2012 – 2022 report](#)

[Advisory Council on The Misuse of Drugs](#)

[Dual Diagnosis - A Good Practice Handbook](#)

[Getting our priorities right: Good Practice Guidance](#)

[NHS Choices Care Programme Approach](#)

[Hidden Harm - Responding to the Needs of Children of Problem Drug Users](#)

[Neonatal abstinence syndrome: management and current concepts - Kurup and Merchant October 2021](#)

[NSPCC Learning from Serious Case Reviews](#)

[Think Child, Think Parent, Think Family](#)

[Understanding Dual Diagnosis](#)

[Parents who drink too much | Alcohol Change UK](#)

[Children's Needs – Parenting Capacity](#) Cleaver, Unell and Aldgate (2011)

### [Amendments to this Chapter](#)

In March 2024, this chapter was updated to align with Children and Young People (Jersey) Law 2022, the commensurate Statutory Guidance and the Jersey Children’s First Framework. This chapter includes advice for practitioners to use The Continuum of Children’s Needs to support decision making in practice. Re-written with thanks to multi-agency oversight from Alcohol and Drug Services and to the NSPCC to use recommended terminology - problematic substance use as opposed to misuse.