Sheffield City Council

Children and Families Service

Supplementary Guidance for the Assessment Framework for Parental Drug and Alcohol Misuse

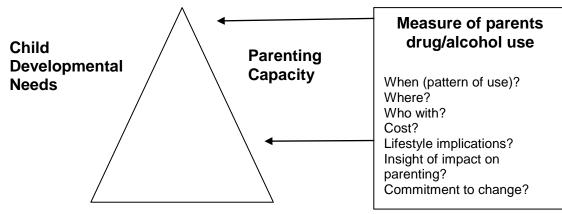
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About this Document

Title	Supplementary Guidance for the Assessment Framework for Parental Drug and Alcohol Misuse
Purpose	To assist in assessments of parents with drug and alcohol misuse
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Owners role	Director of Children and Families
Approved by	Victoria Horsefield
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Parental drug and alcohol misuse has the potential to impact on a child at every age, from conception to adulthood. It is therefore essential that the implications for each child in the family are carefully assessed and the parent's adherence to a drug or alcohol treatment plan is carefully monitored and a core feature of the social care assessment.



Family and Environmental Factors

A. Measuring the parent's drug / alcohol use. This should include:

- What drug / alcohol is being used? e.g. heroin, crack cocaine, cannabis, amphetamines, alcohol, prescribed medication, combination of drugs (*NB The alcohol screening tool must be used as part of the assessment*)
- How the drug / alcohol taken? e.g. injected, smoked, snorted, swallowed
- Is the use considered to be occasional, recreational, bingeing (large amounts in any one session, especially alcohol use), dependent (daily use), chaotic (poly drug use? Increasing drug use?) If the drugs are prescribed, are they being used as prescribed by doctor?
- Are there particular events or emotions that increase the amount used? (i.e. 'triggers')
- What is the financial cost? e.g. how much is being spent a day / week (compare this with the parent's income)
- How is it funded? e.g. how does the parent explain how they can afford drugs / alcohol and day-to-day living for themselves and their child?
- When is it being used? e.g. time of day (whilst the child is present or at school, throughout the day)
- Where? e.g. In the home/garden or elsewhere
- With whom? e.g. if using in the home are other users coming to the house? Is the partner a user or non-user?
- Lifestyle implications including risks associated with procurement of drug / alcohol? (Does the parent recognise risks to the child in association with sex working, shoplifting, etc?)
- Insight? Does the parent consider the impact of the drug/alcohol use on their parenting? Can they describe the affect?
- The parent's commitment to change? e.g. does the parent see their drug / alcohol misuse as a something they want to change? Are there changed outcomes that can be negotiated e.g. reduction in consumption, no use whilst child is in the house, move from buying drugs to receiving medication on prescription?

• Pattern of drug / alcohol misuse over past six months? has there been engagement with services? Has there been an increase or a decrease in the stability of the parent and child's family life?

B. The effect of the substance use on the user as a parent (Parenting Capacity)

This part of the assessment discovers the place of the drug / alcohol in the life of the parent and needs to take into account:

- Their parenting pattern when using, withdrawing, stabilising or reducing their use;
- The parent's perception of how their use affects their child (if they are unwilling to accept there is any affect, they need to be able to say what safeguards are in place i.e. family members on hand to look after children when parent using, suitable non-using partner / friends, adequate financial resources to fund use, pattern of use to fit around child e.g. so no use whilst child is in the house).
- The parent's capacity to change (parental insight into their own use, evidence of warmth in relationships towards children, adequate support network in place)
- Whether there is a history of Adverse Childhood Experiences including parental drug / alcohol misuse in their childhood?

Parenting capacity prompts:

- Does the parent drug / alcohol use disrupt daily family routines? If so, in what way?
- Is the child left alone while parent is procuring drugs / alcohol?
- Does the parent use appropriate baby sitters? And make arrangements prior to use?
- Is the child taken to areas of risk? e.g. shoplifting,
- Is the parent allowing their home to be used by other drug users / drinkers / to sell drugs? Does this happen while child is present?
- Is the parent aware of the dangers of the child accessing any illicit drugs, prescribed medication, alcohol? Are they stored safely? Do they have a Safer Storage Box?
- Does the family associate primarily with other drug users / drinkers?

C. Effects on the child of the style of parenting outlined above

This section relates to the effects on the child of the style of parenting, as outlined above, considers what the child needs from their parent, and measures how well the child's basic needs, need for protection, need for stimulation, need for love and affection and need for control are being met.

Things to consider from the child's point of view:

What is their day-to-day life like? What are the good parts? What are the bad parts? What is it like to wake up in their house every morning? If they are at home when their parent is using drug or drinking what changes do they see in their parents' behaviour / character? How do they feel about this? What does drug or alcohol misuse mean to them? What would they like to see change, and why? Is there anyone they like to talk to?

- Does the child miss appointments i.e. health / school? Are they arriving late at school? Are they reaching their developmental milestones?
- Does the child have adequate food, clothing, bedding and warmth?
- Does the child have good support networks? e.g. relatives, friends, and school?

- Has the child taken over a parenting role within the family (e.g. caring for parent and / or siblings; do they have excessive household responsibilities)? Is the child engaged in ageappropriate activities?
- Does the child experience violence between their parents or between their parents and others?
- Does the child witness the taking of the drugs or drinking by their parents or others in the house?
- Where is the child while the parent is procuring drug / alcohol (at school, with relatives, looked after by other users, accompanies parent?)

This needs to be considered in conjunction with:

C. Assessment of the level of childcare demand on the parent

The level of demand on the parent will go up and down. This is dependent on the number of children they are responsible for, developmental stages and personalities of the children (if a child is sick or has a disability, this will impact significantly on this demand). This part of the assessment should also include a consideration of who is available to share responsibility for the childcare (their support network), including other parents, grandparents, other relatives or significant family friends. If so, are they users or non users? Are they suitable carers? Are all family members aware of drug / alcohol misuse?

D. Family and Environmental factors

- Is the parent spending more on drug / alcohol than their income? Is money put aside to ensure the provision of basic needs? Essential bills paid?
- Is the accommodation suitable for the family? Sufficient furniture etc
- Is the family socially isolated? What is the effect of this on the child? Does the child have friends visit the house?
- Does the parent have relatives who are aware of the drug / alcohol use? Are they supportive? Do they live nearby? Do they collude with the drug / alcohol misuse? Will the parent accept help from these relatives?
- Does the family remain in one area or move frequently? If the latter, why?
- Are other drug / alcohol users sharing the accommodation? If they are, is there conflict? What impact does this have on the child? Do they take responsibility for the child?

E. Analysis

Due to the nature of drug / alcohol misuse and how quickly situations can change, close communication between all practitioners working with the family is essential. There needs to be a shared understanding, assessment and analysis of the situation.

- Is the drug / alcohol use significantly affecting the parenting capacity? If so how?
- Is the drug / alcohol use and associated behaviour significantly impacting on the child's health and safety, education, emotional and social development? If so how?
- What are the resources and strengths in this family? How might they impact on the care of the child?
- What is the parents understanding of, and attitude to, the need for change? What change might be acceptable and attainable?
- Is a substance misuse service involved to assess the parent drug / alcohol misuse? Ensure regular communication, so that any times of change can be planned for.

Additional factors to be considered:

- The person with the drug / alcohol problem in the situation where the child is living may be someone other than the parent. This person may adversely affect the child's welfare.
- Accessing drug / alcohol treatment is frequently seen as the solution to preventing continuing risk. However entering treatment for a variety of complex reasons can actually increase drug / alcohol misuse temporarily and / or increase the risk to the child. For similar reasons, leaving treatment even when abstinent and fully motivated is not necessarily a positive factor when the care of the child is considered.
- If a parent says that they are in contact with a substance misuse service, it is important to clarify what this contact entails by contacting the service i.e. a visit to the needle exchange, counselling, prescription for medication, or a combination of all

CONTACT DETAILS FOR SUBSTANCE MISUSE SERVICES IN SHEFFIELD

SHSC The Alcohol Service <u>sct-ctr.fitzwilliamcentrereferrals@nhs.net</u>

44 Sidney Street Sheffield S1 4RH Tel: 0114 3050500

Service provided: All clients needing specialist treatment and support in relation to alcohol misuse.

Alcohol Screening Tool – <u>www.alcoholscreeningsheffield.co.uk</u>

SHSC The Non-Opiate Service <u>sct-ctr.fitzwilliamcentrereferrals@nhs.net</u> 44 Sidney Street Sheffield S1 4RH Tel: 0114 3050500

Service provided: Drop in, harm reduction advice, Specialist needle exchange, Juice clinic (Steroids), complementary therapies, and assertive outreach for hard to reach groups. Psycho/Social Interventions (PSI) for clients who are ready to under-go up to 12 weeks of structured appointments to examine and change substance using patterns, working towards abstinence, controlled or less problematic use.

SHSC The Opiate Service sct-ctr.fitzwilliamcentrereferrals@nhs.net

Substance Misuse Service, Fitzwilliam Centre, 143 – 145 Fitzwilliam Street, Sheffield Tel: 0114 3050500

Service provided: All clients requiring specialist treatment, assessment or support for an opiate problem need to be referred to Fitzwilliam Centre for an assessment. Includes the specialist substance misuse pregnancy clinic and Psycho/Social Intervention service (PSI) for clients who are ready to under-go up to 12 weeks of structured appointments to examine and promote change to substance using patterns, working towards abstinence, controlled or less problematic use.

SHSC Criminal Justice Service

44 Sidney Street Sheffield S1 4RH Tel: 0114 3050500

Service provided: Part of the criminal justice system to enable offenders to address their drug and alcohol misuse. The programme facilitates treatment, harm reduction advice, support and provides a service for all adults either completing a statutory order or engaging on a voluntary basis.

Sheffield Alcohol Support Service (SASS) <u>www.sheffieldalcoholsupportservice.org.uk</u> 646 Abbeydale Road, Sheffield, S7 2BB Tel: 0114 2587553

Service Provided. SASS provide information, peer support for people at all stages of recovery (ARC – alcohol recovery community) and training.

The Corner, CGL (Young people's drug and alcohol project) <u>www.changegrowlive.org</u> 91 Division Street, Sheffield S1 4GE Tel: 0114 2752051

Service Provided: The Corner is the specialist substance misuse service for under 19s and provides specialist one-to-one education, advice and care planned support as appropriate for the needs of each young person as well as advice to their families.