

PARENTAL | DRUG AND ALCOHOL USE



LEARNING | OBJECTIVES



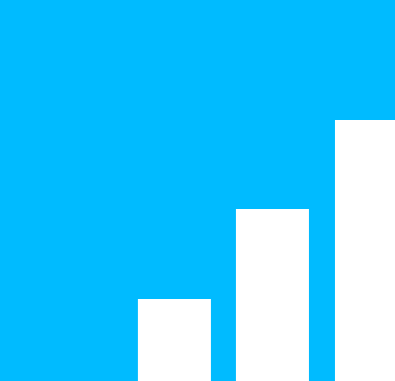
BACKGROUND | PARENTAL DRUG USE

There are estimated to be 250,000 & 350,000 children of problematic drug users in the UK & between 780,000 & 1.3 million children of problematic alcohol users.

However, the problem, according to the researchers, is that "these estimates are based on drug users in treatment or derive from problem drinking estimates in other countries."

A study, found new figures indicate that approximately:

- 3.4 million children in the UK live with at least one binge drinking parent
- 2.6 million live with a hazardous drinker
- Around 1 million live with a parent who uses illicit drugs
- Around 335,000 children were estimated to be living with a drug dependent user
- 72,000 children living with an injecting drug user
- 108,000 children live with an adult who has overdosed



HIDDEN HARM | SUBSTANCE MISUSE

Research shows that there are some factors associated with a parent's / carer's drug / alcohol misuse which have the potential to increase the risk to children living in these households. (Hidden Harm, 2003 and 2007). The more risk factors are present the higher the risk of negative outcomes.

- Both parents being poly drug / alcohol misuser's and misusing substances together at the same time;
- Parents using illicit drugs or drinking alcohol in addition to their prescribed medication;
- Drug / alcohol misuse taking place in the home and the house being used by other drug / alcohol misuser's;
- The family not engaging with services, a pattern of not attending appointments;
- Parent believing that their drug / alcohol misuse doesn't affect their children;
- The absence of extended family support;
- Child care arrangements being adhoc, child being cared for by other substance misuser's;
- The presence of the child (though not necessarily in the same room) when substances are being used;
- Children witnessing drug use and the dangers associated with the drug using paraphernalia;
- Domestic abuse and / or mental health issues in the household (Toxic Triangle)



PROTECTIVE FACTORS | PARENTAL DRUG USE

At the same time as recognising the potential risk factors, it is important to identify what protective factors are present in the home environment and how to build on these strengths. (Adult Drug Problems, Children's Needs. Assessing the impact of parental drug use. Hart and Powell 2006) These include:

- Parents' recognising the true extent of the affect of their drug and alcohol misuse on their family life and wanting to make appropriate changes;
- Parents/carers putting in place safeguards for the child;
- Parents' engaged with services and complying with drug / alcohol treatment;
- The extended family are fully aware of the drug / alcohol problem and offer support to the children;
- For the child to develop a close positive bond with at least one adult in a caring role (including parents, siblings and grandparents) who can provide them with consistent attention and support and ensure that family activities are maintained;
- The family to maintain contact with the universal services that can provide support;
- For the child to be engaged in a wide range of activities, within which they can recognise that they are separate from their parents' problems and therefore develop their own sense of self and self-esteem.
- The family have good support networks outside of the nuclear family;
- The children have regular attendance at school / nursery.



ASSESSMENT | PARENTAL DRUG USE

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. Let's break this down into three categories.



ASKING THE RIGHT QUESTIONS | PARENTAL DRUG USE



Parental 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 children?
- Are the children expected to undertake inappropriate roles/tasks?
- What substance misuse activities are the 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?

ASKING THE RIGHT QUESTIONS | PARENTAL DRUG USE



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 and disposed of?
- What is the housing situation? i.e. current property, frequency of moves, home conditions.

ASKING THE RIGHT QUESTIONS | PARENTAL DRUG USE



Provision of need

- 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?

CASE STUDY | PARENTAL DRUG USE

Can you identify any risks? Protective factors? what questions might you need to ask in this case?



Emma is a mother to two children and each of them go to a local school. Emma was abused as a child; had been in care as a young girl; married young and had a child but subsequently divorced and had the further three children with other partners. She has suffered violence in varying degrees from her partner, the father of the two children. She has taken illegal drugs in the past, and over time has developed an alcohol problem. She moves addresses frequently (because of her husband's profession).

Emma has good relations with her foster mother and father who is a stable external presence in the lives of Emma and her children. Emma has been very difficult to engage with but has accessed services on numerous occasions in the past eight years and has been reported to be aggressive to professionals. Emma also has been self-harming as a coping mechanism. Emma states that the children can look after themselves and are looked after and do well at school.

9 RULES TO FOLLOW DURING ASSESSMENT | PARENTAL DRUG USE

- Remember - initial hypothesis maybe be incomplete. Do not stick too rigidly for an assessment made too quickly.
- Check the facts, record the details, feedback the risks
- Be responsive - both to visible and pressing issues, but the smaller details and history too
- Give sufficient weight to information from family, friends and neighbors.
- Pay attention to what children say, how they look and how they behave.
- Engage as fully as possible with fathers and other family carers
- Focusing on age categories can result in older children being let down by professionals
- Ensure you explore the issues fully in your supervision and seek support from managers and colleagues.
- Don't assume that information shared is information understood.
- Make sure that roles and responsibilities are clearly understood in multi-agency working.

