

APPENDIX 3

Protecting children whose parents misuse drugs alcohol or other substances

3.1 Introduction

The same criteria for assessing whether children are suffering or are likely to suffer harm must be applied to children of parents who misuse drugs, alcohol or other substances as to children of non-users. Substance misuse by parents does not, in itself, indicate child abuse or neglect. The fact that parents misuse substances means very little without an assessment of its effect on the level and quality of care provided to their children. Automatic convening of Child Protection Conferences is not appropriate where no suspicion of abuse or neglect is present. This approach would only serve to deter parents from approaching services for help. Practices that lead to drug misusers remaining hidden will undermine the effectiveness of measures aimed at ensuring children's safety.

The reasons for drug use are complex and it may arise from a variety of stresses. Due to this, it cannot be assumed that parents who give up drugs will automatically become better parents. In addition, withdrawal can severely impair people's capacity to tolerate stress and anxiety.

3.2 Duty To Refer

In situations where there is knowledge or suspicion that a child is being abused, there is a duty to refer immediately to one or more of the agencies with statutory powers to investigate or intervene (Section 4.1). In situations where emotional abuse or neglect is suspected, the three stage procedures (Sections 4.19 - 4.21) will be implemented. The allegation or concern that the child is being abused or neglected will then be assessed and investigated in accordance with procedures (Section 5). Each child should be assessed individually, taking proper account of all aspects of his/her life, not only the parental substance misuse. In cases where the parent/s or carer/s is a substance user or is substance dependent, this needs to be taken into account during the investigation or assessment.

3.3 Drug Use in Pregnancy

Special consideration is needed in relation to pregnant women who misuse drugs. Where professionals are in contact with a woman who misuses drugs, access to counselling should be offered as early as possible about the likely health risks and discomfort the drug misuse may pose to the baby. Current, relevant and factual information needs to be offered in a non-judgemental and supportive manner, rather than giving directive, subjective and uninformed advice. Specialist advice is available from The Community Drugs Team.

Many pregnant drug users do not attend for antenatal care, presenting instead in late pregnancy or even in labour. This should not automatically be regarded as indicating lack of co-operation, it may be that the woman did not realise she was pregnant or due to fear that the child may be taken from her. Experience or expectation of unsympathetic or hostile Health or Social Workers may deter women from attending for ante-natal or medical care. Many drug using women suffer low self-esteem, depression, anxiety states and guilt, therefore receiving a positive and supportive response when presenting for ante-natal care, is very important.

The woman should be offered every opportunity to reduce, stabilise or cease her drug use. Studies have shown that drug misuse during pregnancy can increase the risk of pre-term birth, intra-uterine growth retardation, cot death, neo-natal drug withdrawal syndrome and an increased risk of vertical transmission of HIV, where mother's are infected. Control of drug use and stabilisation of lifestyle should be the objective, not an expectation of detoxification. Prior to the baby's birth, an assessment should be completed to establish that there are no identifiable, significant risks to the baby arising from the arrangements for its care. Referral should be made to Social Services as early in the pregnancy as possible regarding the need for such an assessment. For women who are in current contact with a Social Worker from one of the Locality Teams or have had extensive previous involvement, the assessment will be co-ordinated by the Locality Social Worker. Women who present very late in pregnancy or in labour, or for whom the above criteria does not apply, will need to be referred to the Hospital Social Work Team, who will co-ordinate the assessment. The assessment, while co-ordinated by Social Services, will be largely based on information available from other agencies, particularly the Health professionals involved in the woman's ante natal care, including the General Practitioner, the Community Midwife and the Hospital staff. In cases where the woman's drug use is not known until the baby is born, an assessment will still be needed and must be carried out before the baby is discharged from hospital. Liaison or consultation with a specialist drugs worker is recommended in carrying out any such assessment.

3.4 Assessing the Impact of Substance Misuse

Substance misuse and child care are not incompatible. Adults who misuse substances may be faced with multiple problems, including homelessness, accommodation or financial problems, dysfunctional or destructive relationships, lack of effective social and support systems, legal problems and poor health. Assessment of the impact of these stresses on the child is as important as the substance misuse itself.

In all cases where a child is either identified as suffering or likely to suffer significant harm and the parent or carer misuses drugs, alcohol or other substances, the investigation or assessment needs to include all areas recommended in the SCODA Guidelines for Good Practice:-

1. The Pattern of the Carers Substance Misuse

This may have implications for a child's safety. A child may be more likely to come to harm where substance use is uncontrolled or chaotic and the carer swings between states of severe intoxication and periods of withdrawal, particularly when substances are mixed. It is the consequences for the child of a carer experiencing physical or emotional changes because of substance misuse that needs to be assessed. For example, substance misuse may cause a carer to become unconscious or incapable whilst looking after the child, to fail to notice or pursue treatment for the child's illnesses or accidental injuries or to become violent. The type, quantity and method of administration of drugs is important but needs to be viewed in context of the impact on the child. In households where there are two adult carers and use is organised to enable one carer to assume responsibility for child care when the other is intoxicated or the other is intoxicated; or in households where there is a drug free carer or supportive partner; or the parent makes arrangements for the care of the child, the actual effect on the child from the drug misuse may be minimised with little intervention necessary. It is, therefore, important to separate drug use per se from problematic drug use and to be clear what, if any, the risks to the child are.

2. Methods By Which Substances Are Procured

There may be identifiable risks to a child attached to the ways in which a carer obtains substances as a result of the consequences of the domination of this need. A carer may, as a result, take risks with the child's safety when procuring drugs or other substances. For example, a young child may be left alone whilst the carer goes out to obtain drugs, or the child may be taken along when drugs are procured to places where they would be deemed to be at risk. Alternatively, a child may be used by a carer to collect substances and may be tempted to try them. In some cases, the family's accommodation may be used for selling drugs, prostitution or by other drug users to which the child may be exposed. Issues of how much the substances being used are costing and how the money for them is obtained will need to be addressed, including whether the child is being involved in shoplifting or other illegal activities to raise money for drugs.

3. The Impact on Parents/Carers' Ability to Provide Care

It is important to know whether child care has changed for the better or worse from when the parent was a non-user. It would be incorrect to assume that detoxification or ceasing of substance use would, in itself, lead to better child care. This is not always the case and this expectation only serves to put the focus on the substance misuse rather than parenting skills. An examination of the provision of basic necessities can allow some

insight into how a child can be affected by parental substance misuse. Key questions to be addressed are whether the child's daily life revolves around the parent/carers' substance misuse and to what extent the child is assuming inappropriate responsibilities. The needs of a child whose parents misuse substances are no different than those of other children, therefore questions about whether there is adequate food, clothing, warmth and age appropriate activities and opportunities need to be considered, including school or nursery attendance and whether the child is reaching age appropriate milestones. It is important to ensure that the child's emotional needs are not being compromised as a result of either the substance misuse or associated stress factors including poverty and poor accommodation. It should also be established that the child is not being cared for by a large number of people while the parents place their own needs before those of the child.

4. Accommodation and Home Environment

The expense involved in drug, alcohol and other substance misuse represents a drain on a family's financial resources. This factor, alongside the chaotic and unstable lifestyle of some substance misusers can effect the accommodation and home environment. It is, therefore, necessary to assess whether the accommodation is adequate for the child and whether the rent and bills for essential services are being paid. Stability for the child will be enhanced if the family remain in one locality while frequent house moves may disrupt service provision of health and education for the child. The reason for frequent house moves, if they are part of the family's pattern, therefore needs to be explored. Also the presence of other adults in the household and whether they are substance users and the extent of their involvement in the care of the child.

5. Health Risks

In some situations, there is clear evidence of health risks to children due to their parent/carers' substance misuse. For example, used syringes on the floor, blood in the kitchen and bathroom. Questions about where drugs, alcohol and other substances are stored and, for parents injecting drugs, how syringes are disposed of need to form part of the assessment. Consideration should also be given to the parents' awareness of the health risks to themselves of their substance misuse. This could include whether they drive whilst under the influence of drugs, alcohol or other substances.

6. The Families' Social Network and Support System

Most adults who abuse drugs, alcohol or other substances do have families and are often in contact with their wider family network. It is important not to overlook the positive aspects of this when considering what child care interventions are

necessary. The relatives' awareness of the substance misuse, although probable, must not be assumed. Support, when offered by relatives, is not always without its own difficulties and, therefore, whether the parents are accepting of help from relatives needs to be explored. The adults' social network may primarily involve other substance users who, due to their own circumstances, may have limited capacity to provide support. The families' responses to the involvement of professional or voluntary agencies will also need to be considered.

It is recognised that some Social Workers may feel de-skilled by drug and other substance misuse issues, although clearly having the skills for assessing child care and thereby either ignore it or over-react. Where parental substance misuse is a factor, consultation with a specialist drug worker during the course of carrying out an investigation or assessment is recommended.

3.6 Substance Misuse By Young People

The increasing prevalence of substance misuse amongst young people is widely recognised. Dependent or chaotic substance misuse is a major factor in acquisitive youth crime and may also bring young people into networks of older individuals who exploit them, including sexual exploitation, or expose them to other issues of risk. Parent/carer and societal anxiety about young people's experimentation with a wide range of substances is understandable.

Access to 'Know The Score', the Agency catering specifically for young people, is available to address potential risk around the individual young person's substance misuse. Whilst many young people may benefit from assistance in attending, few are likely to be helped by being coerced into 'treatment', whether this is medical or otherwise. Specialist advice is available from 'Know The Score' for staff from all A.C.P.C. Agencies dealing with young drug misusers.

It is vital that all professionals, volunteers and carers recognise that some of the risks associated with young people's dependent substance misuse are not necessarily focused on the substance selected by the young person or, indeed, the route of administration. In fact, the context of substance misuse, e.g. frequency of use, volume of consumption, levels of intoxication, competence of the young person and the knowledge of the young person regarding the effects of their substance of choice, are equally relevant.

In assessing whether referral under Child Protection Procedures is required, the following issues should be considered, any of which may give grounds for initiating Child Protection Procedures.

- Who the young person is using with? For instance, it may be that the young person is actually misusing substances with parents or carers or with groups of older peers and,

consequently, has little or no social and emotional support away from the network of substance misusers.

- Where the young person is using? For instance, the young person may be substance misusing at an address known to other agencies as a focal point for adult users.
- Why the young person is using? Clearly, different individuals misuse substances for a wide variety of reasons. However, there may be issues which the young person is escaping from through their substance misuse.
- How is the young person using? Consideration should be given as to whether the young person is self-administering substances or whether they are being coerced into taking substances or allowing substances to be administered to them by others, in particular older users.
- How is the young person funding their substance misuse? Is the young person being exploited, either through criminally, sexually or in some other way which places them at risk.

Substance misuse amongst young people and, more specifically, chaotic or dependent substance misuse, can, therefore, be seen to be an extremely complex issue. For many young people involved in substance misuse, referral to one of the statutory agencies may be an appropriate or helpful response. It may well be, however, that non-specialist professionals and carers, with appropriate advice and information, may be able to address many of these young people's difficulties.

For those young people with more complex substance misuse issues, referral to specialist resources dealing with substance misuse should be considered and discussed with the young person and their parent/carer. Clearly, any young person in such a position would benefit from assistance in accessing such services and multi-agency packages of support or protection may be appropriate for such individuals.

3.7 Young People Who Are Looked After By The Local Authority

Rotherham M.B.C., Social Services Programme Area Policy Statement and Operational Guidance for Looked After Children's Carers in Tackling Substance Misuse Among Children and Young People details appropriate action to be taken in respect of these young people. The young person's care plan and reviews will specifically address the issue and agree the action necessary. Full details are covered in the Child Care Manual, Chapter 4.

Referral under the Child Protection Procedures for these young people regarding their substance misuse is only relevant where it is believed that the staff or care givers are failing to take all reasonable steps to address this issue.