Public Health England

Guidance

Parents with alcohol and drug problems: guidance for adult treatment and children and family services

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1. Introduction

This planning and operational guidance is for directors of public health and commissioners and providers of adult alcohol and drug treatment and children and family services. The guidance outlines the main issues for families affected by parental alcohol and drug problems and shows how services can work together to support them.

In this guidance, 'parents with problem alcohol and drug use' refers to parents or carers who have problems with alcohol or drugs, including those who are dependent. The Children Act Statutory Guidance uses the term 'substance misuse' in its definition.

Not all children of parents who are alcohol or drug dependent will experience significant harm, but children growing up in these families are at a greater risk of poor outcomes.

Research shows that problem alcohol and drug use and poor relationships (separately) are a major factor in cases of child maltreatment. In 2019 to 2020, Department for Education (DfE) data showed that in 42% of cases where a child was subject to a child protection plan was a factor in over 17% of cases it was a factor in over 42% of cases, and parental mental ill health was a factor in 18%.

DfE analysis of serious case reviews between 2011 and 2014 also found that parental alcohol or drug use was recorded in over a third (36%) of serious cases reviews carried out where a child has died or been seriously harmed.

The complex interactions between parents' alcohol and drug use and other factors in their lives, including their children, can include intergenerational patterns of:

- substance misuse
- unemployment
- offending behaviour
- domestic abuse
- child abuse and neglect

These problems can then cause further harm, as well as increasing the financial cost to the different agencies who need to support the people who experience harm.

2. Prevalence

According to the Children Commissioner for England's vision children's strategy, there were 678,000 children living with a parent with problem alcohol or drug use in 2016 to 2020, a rise of 60 per 1,000.

Research also shows up to 50% of people starting alcohol and drug treatment each year, there is still an unmet support need for many. In England, alcohol and drug treatment services in 2019 to 2020 reported that 29,000 people in treatment, or 20% of those in treatment, and 60% of people who are dependent on heroin are not receiving treatment.

National and local authority alcohol and drug prevalence and treatment data is available on Public Health England's (PHE) National Drug Treatment Monitoring System (NDTMS) website.

3. Working together

The government's statutory guidance on safeguarding and promoting the welfare of children, 'Working Together to Safeguard Children', sets out 3 overarching principles:

- safeguarding and promoting the welfare of children is everyone's business
- all organisations and services that contribute to safeguarding and supporting children should have a child-centred approach

Section 11 of the Children Act 2004 places a duty on services and individuals to regard child safeguarding and promote child welfare. This includes adult alcohol and drug treatment services, children and family services, and other services that may not be seen as consistent to carry out their safeguarding and child welfare duties, services that must also be alert to harder-to-engage environments where staff feel they can raise concerns and are supported in their changed practice.

Every service should have a dedicated safeguarding lead (or designated practitioner) who can provide advice and support to other staff, including those who are not directly protecting their first priorities around the subject by service users. The lead or safeguarding leads should also be clearly identified in job descriptions, and basic training should be provided. Training, supervision and support for staff in responsible officer roles.

'Working Together to Safeguard Children' guidance also emphasises the importance of:

- identifying parents and children affected by parental substance misuse as early before their problems get worse
- ensuring a coordinated response that the needs of children are part of their joint strategic needs assessment

Directors of public health, commissioners and the services they commission have an important role in local multiagency safeguarding arrangements. These arrangements are important because child welfare strategies show the wide-ranging effects of parental problem alcohol and drug use. Local authority children's services, NHS and other commissioners should also be aware of local alcohol and drug services, and statutory guidance on working together to safeguard children.

4. System and service level requirements

Some areas have explored how local partners can work together to identify and support families. They identified several important requirements which are summarised below.

4.1 Senior leadership

It is essential to have senior leadership to develop a whole system response to parental alcohol and drug problems. These senior leaders should be supported by having:

- children's services (including early help) and directors of public health represented on the senior governance boards
- strong partnerships across a range of local services, particularly given the multiple support needs of families affected

4.2 Capable and confident frontline staff

Frontline staff need the capable and confident to identify and appropriately refer parents and children to support services. Asking about alcohol and drug use and children's responsibilities can cause anxiety for service users and professionals.

Common concerns among professionals raising the topic of drug and alcohol use and childcare responsibilities include a fear that:

- it might critical or trading relationship with service users
- they might expose their lack of in-depth knowledge
- they are acting on a hunch that is not relevant

You can address these concerns by:

- providing joint training between adult alcohol and drug treatment and children social care workers to raise potential risks and signs of harm
- developing a common language across the range of professionals (including schools, mental health, criminal justice and primary and secondary care settings) to identify families needing support

4.3 Understanding prevalence and unmet support needs

Local areas should understand:

- local prevalence estimates of parents who use alcohol and drugs problematically and their children
- how many parents with problem alcohol and drug use and children have been identified and effectively supported
- how well needs are being met by providing the right type of support

Families affected by parental alcohol and drug use typically have multiple support needs. In addition to alcohol and drug use, their support needs often include:

- poverty
- mental ill health
- interpersonal conflict or domestic abuse
- housing problems
- worklessness
- offending
- child safeguarding concerns

The NDTMS collects data on people in drug and alcohol treatment services. This includes data about the service user's parental status such as:

- parental status
- the number of children living with the service user
- whether the service user is pregnant
- whether parenting support is provided as part of the overall recovery package
- whether there is concern/support from children and family services

Staff should ensure, in partnership with other professionals, that the information they collect is accurate, consistent and up to date, to provide an accurate picture.

Sources of data that can help you understand your local population include:

- national and local prevalence estimates of parental alcohol and drug misuse issues
- local authority children's services data on children subject to child protection
- children in need and child protection data
- national and local data on childhood vulnerability
- local 'Intermediate lives' publications for vulnerable children and young people' reports
- local early help and children's social care data

4.4 Assessment, information sharing and pathways

Collaborative assessment, information sharing and clear pathways between systems and services are essential to ensure that families affected by drug and alcohol problems ensuring they receive appropriate support early.

This can be strengthened locally by:

- clarifying alcohol and drug treatment services to contribute to early help assessments, and to be active members of local multiagency safeguarding hubs, child and family assessment teams and other local multiagency forums for children and families
- having referral pathways into treatment and support services for parents with problem alcohol and drug use and their children, supported by local joint information sharing protocols and information sharing agreements (section 11)
- ensuring high children and family services risk assessments and plans include information sharing about parents' alcohol and drug problems
- training adult and children's services staff partner on appropriate and timely information sharing (read more about information sharing in section 11)
- developing a local offer for children affected by parental alcohol and drug problems that supports identifying need early, initial and continual assessment, and ongoing services (read more about information sharing in section 11)
- using local data to understand the prevalence of parental alcohol and drug problems and their children, and to inform commissioning and service development planning (section 11)
- using local multiagency monitoring parental alcohol and drug use and, where appropriate, engaging parents with treatment services
- training a safeguarding lead in each treatment provider for a lean point of contact for children's services to discuss concerns about children (section 11)
- maintaining a safeguarding lead with information on each children to be able to discuss social where there are concerns
- having a substance misuse lead in each children and family services, as a lean point of contact and facilitate referrals for drug and alcohol services
- developing a joint protocol between children's services and adult services to share a list of significant factors for the child, and making appropriate referrals to local specialist treatment services (such as family hubs)
- working with the local integrated care system and local safeguarding partnerships

4.5 Therapeutic services for children and family approaches

The PHE guidance 'Living that unloved: 200 serious case reviews from 2014 to 2017' The report made a statement for professionals working with children and families to state:

> 'It remains the case that when there is a focus on parental illness (mental and/or physical) and/or difficulties, the voice of the child and experience of the child may be overlooked.'

Therapeutic services for children and families are essential and provision needs to be extensive, as derived just be high.

A 'whole family' approach is often needed, including observing parenting skills, parent and child relationships and attachment issues. Parents who are dependent on drugs are treated as a single unit. It is appropriate to use family interventions and parenting to give them the confidence and security to disclose personal information and be considered as a person in need of support.

Commissioners and service providers should recognise the role that partners and families can play in supporting recovery. Family and friends can be a source of support, but in some cases, can provide more challenges. Professionals working with families and families should encourage alcohol and drug using partners to engage with treatment and children should consider the role of joint therapeutic support, where appropriate.

Partners who do not alcohol or drugs problematically and/or/or/or/or/ (such as as involved proportions) may act as a protective factor in child protection. Their support should be assessed, and their risks as a potential protective factor should form part of the child's assessment. It's also good practice to consider their individual support needs.

4.6 Stigma and barriers to engagement

The fear of social with involvement since parental problem/or misuse is disclosed, and of children being removed from the family home, can prevent parents and children from seeking support. Stigma and shame can be a barrier to disclosure. Parents who are dependent on drugs may have significant support to address the long-term effects of stigma and exclusion. Children and parents may need support and encouragement to disclose their concerns, and to be able to access services, and to be able to access services.

Commissioners and service providers need to consider how all parents and carers to engagement can be addressed when developing and delivering services.

Examples of how to overcome barriers to engagement include:

- recognising that people who use alcohol and drugs problematically are exposed to high levels of trauma, and using a trauma-informed approach (physical and emotional safety, collaboration, choice, empowerment, and resilience)
- providing services in children's centres, developing and delivering support in age-appropriate ways
- practitioners raising the issue of stigma with parents (and children, where appropriate) and exploring how it affects them, and how it might be being lived after support to minimise the harmful effects of stigma
- asking children to pass on written messages for other children joining the service, such as a letter to a friend or in a book, particularly in cases where children may be fearful to pass contact
- linking funded, requested childcare to adult alcohol and drug treatment services
- offering alcohol treatment and support outside the usual clinic hours (including evenings and weekends) to deliver accessibility appointments for pregnant women, or those who have children, and for those parents and carers where it is not possible to provide childcare in treatment services.

4.7 Reducing parental conflict

There is consistent evidence of an association between parental alcohol and drug use and conflict. Parental conflict is defined as 'conflict that occur between parents or carers, and between adults in the family home'. Parental conflict can be a significant cause of behaviours that affect children's emotional, physical, and mental health.

Where parental alcohol and drug use and conflict coexist, the risk of poor outcomes for children increases. Children who are exposed to parental conflict may be protected from adverse harm intervening (for example, anxiety and depression) and promoting protective (for example, aspiration and hostility) behaviour. These are the same outcomes as for children who experience the parental substance misuse or conflict in isolation.

Free interventions exist to address parental substance misuse and conflict. But commissioners and service providers should consider how to ensure that families receive support they offer support that addressing the 3 problems together is effective at:

- reducing parental alcohol and drug misuse
- improving communication patterns
- improving children's emotional coping strategies and their outcomes
- helping the whole family to recover beyond the support that treatment services provide

4.8 Peer-to-peer support for children and adults

Peer-to-peer support for children and adults is valuable and of the emerging process. Some services have found that groups for children and young people, which can run in parallel with groups for parents, have been effective in practice.

5. Information sharing

5.1 The need for information sharing

Appropriate and timely information sharing between local partner agencies is essential to identify and support families.

Sharing information can cause anxiety among staff working in treatment services. Practitioners sometimes worry about breaching confidentiality, or being unable in some circumstances. You can reduce staff anxiety by having local information sharing supporting people to follow them.

Information sharing is governed by data protection law, and when it is appropriate to share information between children and adult services, as well as in the wider multiagency setting, is clearly set out in the Government's guidance.

Local alcohol and treatment providers should ask all service users who have a child living with them (or who may have a child living with them in the future) a standard set of questions to identify the need for a referral to children's social care services. Practitioners should ask about such if they or their partner are pregnant. The data should be collected locally and agreed within a joint protocol.

You should also arrange for your staff to receive training on information sharing and data protection.

5.2 Important points about information sharing

The following points have been adapted from the government's statutory guidance on working together to safeguard children.

Data protection legislation is not a barrier to information

The Data Protection Act 2018 and the General Data Protection Regulation (GDPR) is not a barrier to information sharing but is a framework for ensuring information is shared appropriately. The Data Protection Act 2018 balances the rights of the information subject (and the possible need to share information about them).

Consent is not always needed to share personal information when there are safeguarding concerns

Practitioners should consent to share personal information. If there are safeguarding concerns they may be appropriate to seek consent, for example when doing so would put a child's safety at risk.

Personal information collected by one organisation or agency can be disclosed to another

Information can be shared between organisations unless the information is to be used for a different purpose than that for which was originally collected for. In the case of children in need or at risk of harm, the law is being a barrier to sharing information.

The common law duty of confidence and the Human Rights Act 1998 do not prevent information sharing

As well as the Data Protection Act 2018 and GDPR, organisations must balance the common law duty of confidence and the Human Rights Act 1998 against the harmful effects that not sharing the information might have on people.

IT systems are not a barrier to effective information sharing

Information sharing, IT systems, and other electronic systems can be useful for information sharing. IT systems are most valuable when practitioners use the shared data to make more informed decisions about how to support and safeguard a child.

You can read more about information sharing in Working together to safeguard children and promoting the welfare of children affected by parental alcohol and drug use.

6. Resources that can help you

Manchester Metropolitan University's Alcohol and other drug use: the risks and impacts on children and families, 2020 is a rapid evidence assessment (REA) which collates the evidence to fulfill three tasks, whether specifically in substance use or other aspects of children's social care practice.

Action's Training & Research, resources for alcohol and drug treatment commissioners is a set of resources for commissioners on how to ensure the needs of families affected by alcohol and drug use are met. Action's Training & Research also has a range of training delivery or providing help and guidance to service users.

Against Violence and Abuse's Stolen Promises Toolkit, domestic abuse and substance use provides guidance, models of good practice and training for frontline workers in both domestic violence and drug and alcohol services.

Kings College London's Framework for supporting safety and effectiveness with parents affected by problem substance use and domestic abuse, 2020 is a tool for practitioners and strategic leaders to support the complex needs of people working with their care and drug and alcohol and also psychiatric services (adult services).

PHE's Mental health resources provides a framework of evidence to guide healthcare professionals and commissioners to improve the mental health and wellbeing of people who have problems alcohol and the misuse of illicit drugs and medicines.

The Helping Every Family in Crisis (HEFIC) website provides resources and information to support people and organisations implementing the HEFIC approach to supporting change. This approach uses the motivation of day-to-day interactions that organisations have with families to support them to make positive changes and to reduce the impact of parental mental health and wellbeing.

The government's Working Together to Safeguard Children is statutory guidance on inter-agency working to safeguard and promote the welfare of children.

PHE's Safeguarding children affected by parental alcohol and drug use is a guide for practitioners working with children affected by drug and alcohol misuse.

Adfam's Understanding stigma, barriers to engagement and the impact of drug and alcohol use is aimed at practitioners who have concerned with children and family members of drug and alcohol users, and drug and alcohol users themselves.

Drug Policy Commission's Families across alcohol, drug, mental health and criminal justice services is a review of how people with drug problems and their families experience stigma and what might be done to reduce stigma.

The Carers Trust Independent Living Support Service provides a service for people who care for someone who is dependent on drugs or alcohol, including parents.

Several research reports commissioned by the Department for Education are available online:

- Investigating the effectiveness of recovery-relationship education to new parents
- evaluation the Help and Support for Separated Families programme
- Supporting parents to enhance inter-parental relationships and improve outcomes for children

Ali Hope Family Groups is a mutual aid group helping families and anyone affected by or who been affected by someone with a problem drinking. They also have Facebook groups, beginner videos and friends of alcoholics where the age of 12 and 17.

Nacoa The National Association for Children of Alcoholics is the national charity that offers information, advice and support to children of alcohol dependent parents. They also have a helpline and online forum for children affected by parental alcohol.

Stonewall provides and online sound support to families, friends and partners affected by alcohol and drug problems. Stonewall also provides a helpline, online forum and support for online support. Stonewall runs peer support groups. Such as Alcoholics Anonymous, Narcotics Anonymous and Al-Anon.

The Family Support Group for Families Carers runs a free, independent and confidential helpline, online support, advice for families that are involved with children services. It includes online guidance and forums, and a telephone advice line.

PHE's Service user involvement: a guide for drug and alcohol commissioners, providers and service users provides guidance about the benefits of involving service users in planning and improving substance misuse treatment.

Edinburgh Council's Setting it right for children and families affected by parental substance misuse is a guide for practitioners, managers, commissioners and strategic leaders for alcoholhousing involved in the care of children and families who are affected by parental substance use.

7. Contact information

If you have any queries or need more information or support on this guidance or on any of the other resources in this toolkit, please contact: working-with@phe.gov.uk