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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 of children whose alcohol or drug use causes, or has the potential to cause, harm to children. Dependent and non-dependent problematic use are both included in this definition.

Not all children of parents who use alcohol or drugs problematically will experience significant harm, but children growing up in these families are at a greater risk of adverse outcomes.

Research shows that problem alcohol and drug use can reduce parenting capacity and is a major factor in cases of child maltreatment. In 2019 to 2020, Department for Education (DfE) statistics on the characteristics of children in need (https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2019-to-2020) found that parents using drugs was a factor in around 17% of child in need cases, and parental alcohol use was a factor in 16%.

DfE analysed serious case reviews between 2011 and 2014 (https://www.gov.uk/government/publications/analysis-of-serious-case-reviews-2011-to-2014) also found that parental alcohol or drug use was recorded in over a third (36%) of serious case reviews carried out when a child has died or been seriously harmed.

The harms children experience can cause problems in the short term and later in life. Evidence shows that this includes 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 work to support the people who experience harm.

2. Prevalence

According to the Children's Commissioner for England's data on childhood vulnerability (https://www.childrenscommissioner.gov.uk/chldrn/), there were 478,000 children living with a parent with problem alcohol or drug use in 2019 to 2020, a rate of 40 per 1,000.

While parents make up 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 data shows that an estimated 80% of alcohol dependent parents are not receiving treatment, and 60% of parents 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 (https://www.ndtms.net/).

3. Working together

The government's statutory guidance on safeguarding and promoting the welfare of children, 'Working Together to Safeguard Children (https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)', sets out 2 principles which are:

- 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's Act 2004 (https://www.legislation.gov.uk/ukpga/2004/31/section/11) places a duty on services and individuals to regard child safeguarding and promote child welfare. This includes adult alcohol and drug services and staff. Treatment service managers are responsible for ensuring their staff are competent to carry out their safeguarding and child welfare responsibilities. Staff must also be able to foster an environment where staff feel they can raise concerns and are supported in their safeguarding role.

Every service should have a dedicated safeguarding lead (or designated practitioner) who can support other colleagues to recognise the needs of children, including protecting them from possible abuse or neglect by service users. The role of safeguarding leads should always be clearly defined in job descriptions, and leads should be given enough time, funding, supervision and support to fulfil their responsibilities effectively.

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

- identifying parents and children affected by problem alcohol and drug use early, before their problems get worse
- directors of public health making sure 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 statistics show the wide-ranging effects of parental alcohol and drug use on children. For more information see PHE guidance on safeguarding children affected by parental alcohol and drug use (https://www.gov.uk/government/publications/safeguarding-children-affected-by-parental-alcohol-and-drug-use), and statutory guidance on working together to safeguard children (https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

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 outlined 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 same governance structures
- 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 must be capable and confident to identify and appropriately refer parents and children to support services. Asking about alcohol and drug use and childcare 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 inhibit a trusting relationship with service users
- they might expose their lack of in-depth knowledge
- they are raising an issue that is not relevant

You can address these concerns by:

- providing joint training between adult alcohol and drug treatment and children social care workers on problem parental alcohol and drug use
- developing the skills and confidence of a wide 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 children affected
- how many parents with problem alcohol and drug use and children have been identified and offered support
- 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
- interparental conflict or domestic abuse
- housing problems
- worklessness

- offending
- child safeguarding concerns

The NDTMS (https://www.ndtms.net/) collects data on people in drug and alcohol treatment services. This includes data about the service user's parental arrangements 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 concurrent support from children and family services

Staff should be encouraged to record this information on case management systems and regularly review it, so NDTMS data is as accurate as possible.

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

- national and local prevalence estimates of parental alcohol and drug misuse issues (https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics)
- national and local alcohol and drug treatment statistics (https://www.ndtms.net/)
- children in need and child protection data (https://www.gov.uk/government/collections/statistics-children-in-need)
- national and local data on childhood vulnerability (https://www.childrenscommissioner.gov.uk/chldrn/)
- local 'Improving health outcomes for vulnerable children and young people' reports (https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13)
- 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 vital to identifying families affected by drug and alcohol problems and ensuring they receive appropriate support early.

This can be strengthened locally by:

- inviting alcohol and drug treatment services to contribute to early help assessments, and to be active members of local multiagency safeguarding hubs, child and family assessments and other relevant assessments and reviews led by children's services
- 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 (read more about information sharing in section 5)
- referrals from children and family services into alcohol and drug services being treated as priority referrals due to the potential risk of harm to children
- training adult and children's services staff jointly on appropriate and timely information sharing (read more about information sharing in section 5)

- have a joint information sharing agreement between adult and children's services that supports identifying need early, initial and continual assessment, and providing services (read more about information sharing in section 5)
- alcohol and drug treatment staff regularly reviewing parental status and child living arrangements to monitor potential safeguarding issues (read more about information sharing in section 5)
- social workers regularly monitoring parental alcohol and drug use and, where appropriate, engaging parents with treatment services
- having a safeguarding lead in each treatment provider to be a main point of contact with children and family services (read more about working together in section 3)
- maintaining a safeguarding list with information on each child known to the service about whom there are concerns
- having a substance misuse lead in each children and family service who acts as a main point of contact and facilitates referrals to drug and alcohol services
- treatment services considering the wider needs of the family, not only where there is a risk of significant harm to the child, and making appropriate referrals to lower threshold support services (such as family hubs)
- working with the local integrated care system and local safeguarding partnerships

4.5 Therapeutic services for children and whole family approaches

The DfE published a review that analysed 368 serious case reviews from 2014 to 2017 (https://www.gov.uk/government/publications/analysis-of-serious-case-reviews-2014-to-2017). The report made a statement for professionals working with children and families to note:

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

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

A 'whole family' approach is often needed, including observing parenting skills, parent-child and parent-parent interactions, and attachment. But it should not mean the family is treated as a single unit. It is often appropriate to see family members separately 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 concerned others can play in supporting recovery. The level of support can be beneficial but, in some cases, can provide more challenges. Professionals working with children and families should encourage alcohol- and drug-using partners to engage with treatment, and clinicians should consider the role of joint therapeutic support, where appropriate.

Partners who do not use alcohol or drugs problematically and kinship carers (such as an involved grandparent) may act as a protective factor in child safeguarding. However, this should not be assumed, and their role as a potential protective factor should form part of safeguarding assessments. It is also good practice to consider their individual support needs.

4.6 Stigma and barriers to engagement

The fear of social work involvement once parental substance misuse is disclosed, and of children being removed from the family home, can prevent parents and children from seeking help and disclosing their parental status. Also, families affected by parental alcohol and drug use may need significant support to address the long-term effects of stigma and exclusion. Children and parents may need support and encouragement to get the courage to ask for and accept help and to talk openly about issues in the family.

Commissioners and service providers need to consider how stigma and other barriers 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)
- involving parents and children in planning, developing and delivering support in age-appropriate ways
- practitioners raising the issue of stigma with parents (and children, where appropriate) to explore how it affects the family, and recognising that they may need other support to minimise the harmful effects of stigma
- asking children to pass on written messages to other children joining the service, placing them on a 'message tree' or in a book, particularly in cases where there is no face-to-face peer contact
- linking funded, regulated childcare to adult alcohol and drug treatment services
- offering alcohol treatment and support outside the usual setting (for example home visits), linking treatment sessions to obstetric appointments for pregnant women, or offering appointments in children and family support services when 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 (https://www.gov.uk/government/publications/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes). Parental conflict (https://www.eif.org.uk/report/interparental-conflict-and-outcomes-for-children-in-the-contexts-of-poverty-and-economic-pressure) is defined as 'conflicts that occur between parents or carers that are frequent, intense and poorly resolved'. So, parental conflict can include a range of behaviours that fall short of domestic abuse.

Where parental alcohol and drug use and conflict coexist, the risk of poor outcomes for children is greater than when either is experienced alone. The nature of these outcomes derive from internalising (for example, anxiety and depression) and externalising (for example, aggression and hostility) behaviour. These are the same outcomes as for children who experience either parental substance misuse or conflict in isolation.

Few interventions exist to address parental substance misuse and conflict. But treatment services that integrate interventions to reduce parental conflict into the support they offer report that addressing the 2 problems together is effective at:

- reducing parental alcohol and drug misuse

- improving communication between parents
- 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 a valuable part of the recovery 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. However, appropriate information sharing between services is a legal requirement in some circumstances. You can reduce staff anxiety by having clear policies in place and supporting people to follow them.

You should develop agreements outlining why, how and when it is appropriate to share information between children's and adult services, as well as on how data will be handled once it is shared.

Drug and alcohol treatment providers should ask all service users who have a child living with them (or who may have a child live with them in the future) a standard set of questions to ensure appropriate data is collected relating to safeguarding. Practitioners should ask all service users 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 (https://www.gov.uk/government/publications/working-together-to-safeguard-children--2).

Data protection legislation is not a barrier to information

The Data Protection Act 2018 (https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted), which implements the General Data Protection Regulation (GDPR), is not a barrier to information sharing but provides 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

You do not always need consent to share personal information. If there are safeguarding concerns it may not 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 from the one it was originally collected for. In the case of children in need or at risk of harm, the law is rarely a barrier to sharing information.

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

As well as the Data Protection Act 2018 and GDPR, organisations need to balance the common law duty of confidence (https://www.ukcgc.uk/manual/confidentiality) and the Human Rights Act 1998 (https://www.legislation.gov.uk/ukpga/1998/42/contents) against the harmful effects that not sharing the information might have on people.

IT systems are not a barrier to effective information sharing

IT systems, such as the Child Protection Information Sharing project (https://digital.nhs.uk/services/child-protection-information-sharing-project), 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 PHE's guidance on safeguarding and promoting the welfare of children affected by parental alcohol and drug use (https://www.gov.uk/government/publications/safeguarding-children-affected-by-parental-alcohol-and-drug-use).

6. Resources that can help you

Manchester Metropolitan University's Alcohol and other drug use: the roles and capabilities of social workers (https://www.basw.co.uk/resources/alcohol-and-other-drug-use-roles-and-capabilities-social-workers) sets out the role of social workers and the capabilities needed to fulfil those roles, whether specialising in substance use or other adult or children's social work practice.

Adfam's Making it Happen: resources for alcohol and drug treatment commissioners (https://adfam.org.uk/supporting-professionals/commissioners) is a set of resources for commissioners on how to ensure the needs of families affected by drugs and alcohol are met. This includes information on the role trained practitioners play in providing help and guidance to service users.

Against Violence and Abuse's Stella Project Toolkit: domestic abuse and substance use (https://avaproject.org.uk/resources/stella-project-toolkit-domestic-abuse-substance-use-2007/) provides guidance, models of good practice and training for frontline workers in both domestic violence and drug and alcohol services.

Kings College London's A framework for working safely and effectively with men who perpetrate intimate partner violence in substance use treatment settings (https://www.kcl.ac.uk/ioppn/depts/addictions/research/drugs/capability-framework) aims to define and clarify the capabilities needed for people working with men who use drugs and alcohol and who perpetrate intimate partner violence.

PHE's All Our Health resources (https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health) provides a framework of evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing. This includes guidance on alcohol and the misuse of illicit drugs and medicines.

The Making Every Contact Count (MECC) website (http://www.makingeverycontactcount.com/) provides resources and information to support people and organisations implementing the MECC approach to behaviour change. This approach uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

The government's Working Together to Safeguard Children (https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) 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 (https://www.gov.uk/government/publications/safeguarding-children-affected-by-parental-alcohol-and-drug-use) is a guide for local authorities and substance misuse services to help them work together to safeguard and promote the welfare of children.

Adfam's Challenging stigma: tackling the prejudice experienced by the families of drug and alcohol users (https://adfam.org.uk/supporting-professionals/resources) aims to improve awareness and understanding of how stigma affects family members of drug and alcohol users, and drug and alcohol users themselves.

UK Drug Policy Commission's Getting serious about stigma: the problem with stigmatising drug users (https://www.ukdpc.org.uk/publication/getting-serious-about-stigma-problem-stigmatising-drug-users/) looks at how people with drug problems and their families experience stigma and what might be done to overcome stigmatisation.

The Early Intervention Foundation's reducing parental conflict hub (https://reducingparentalconflict.eif.org.uk/) provides evidence, information and guidance on what works to reduce parental conflict.

Several research reports commissioned by the Department for Work and Pensions, include:

- investigating the effectiveness of providing relationship education to new parents (https://www.gov.uk/government/publications/perinatal-pilots-for-delivery-of-relationship-advice-an-evaluation)
- evaluating the Help and Support for Separated Families programme (https://www.gov.uk/government/publications/help-and-support-for-separated-families-innovation-fund-evaluation)
- a review on what works to enhance inter-parental relationships and improve outcomes for children (https://www.gov.uk/government/publications/what-works-to-enhance-inter-parental-relationships-and-improve-outcomes-for-children)

Al-Anon Family Groups is a mutual aid group helping families and anyone whose life is or has been affected by someone else's drinking. They also host Alateen meetings (https://www.al-anonuk.org.uk/alateen/) for teenage relatives and friends of alcoholics between the ages of 12 and 17.

Nacoa (The National Association for Children of Alcoholics) (https://nacoa.org.uk/) is a registered charity that offers information, advice and support to children of alcohol-dependent parents. They offer online resources and message boards as well as a free telephone helpline.

Drugfam (https://www.drugfam.co.uk/) provides safe and caring support to families, friends and partners affected by someone else's drug, alcohol or gambling problems. This includes one-to-one phone or online support, bereavement support and support groups. It also delivers education and awareness talks in a variety of settings.

The Family Support Group for Kinship Carers (https://frg.org.uk/get-help-and-advice/) runs a free, independent and confidential advice service. It offers advice to families that are involved with children's services. This 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 (https://www.gov.uk/government/publications/service-user-involvement-in-alcohol-and-drug-misuse-treatment) provides guidance about the benefits of involving service users in planning and improving substance misuse treatment.

Edinburgh Council's Getting it right for children and families affected by parental problem alcohol and drug use: practitioner toolkit (https://www.edinburgh.gov.uk/downloads/download/13089/child-protection-for-professionals) provides good practice guidance and tools for all professionals involved in the care of children and families who are affected by parental substance use.

7. Contact information

If you have any queries or would like more information or support on this guidance or on any of the other resources in this toolkit, please contact: virginia.wright@phe.gov.uk

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