

**Inverclyde Practitioner Guidance**

**Children Affected by Parental Substance Use**

With thanks to the NSPCC and Scottish Families Affected by Alcohol and Drugs

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**Introduction**

Most parents and carers who drink alcohol or use drugs do so in moderation, which does not present an increased risk of harm to their children. However, where parents and carers have a substance use dependence, this may result in their children being at risk of harm. We're using the term ‘parental substance use dependence’ to talk about parents or carers who have long-term dependent use of drugs and/or alcohol.

This includes parents and carers who:

* consume harmful amounts of alcohol (for example if their drinking is leading to alcohol-related health problems or accidents)
* are dependent on alcohol
* use drugs regularly and excessively
* are dependent on drugs.

It also includes parents who aren’t able to supervise their children appropriately because of their substance use.

**Stigma**

Parents who are dependent on alcohol and drugs often face deep social stigma. This can generate feelings of shame where the parent is reluctant to seek or accept help. This sense of shame might be felt by children too who feel they need to minimise or hide their parents dependence. Practitioners should be conscious of the impact of social stigma on families which is often reflected in the language used to describe substance use dependence. You might find Scottish Families Affected by Alcohol and Drugs [language\_matters\_-\_online\_-\_final.pdf (nada.org.au)](https://eu-west-1.protection.sophos.com?d=nada.org.au&u=aHR0cHM6Ly93d3cubmFkYS5vcmcuYXUvd3AtY29udGVudC91cGxvYWRzLzIwMjEvMDEvbGFuZ3VhZ2VfbWF0dGVyc18tX29ubGluZV8tX2ZpbmFsLnBkZg==&i=NjIyOWM5ZWE3YzA2ZDIxZDM1MWE0ODQz&t=NlN4dlJvVG9DV0t6REI3b3RPamQ4Yk9jUU01bmN2UlRvUXg0b3Ntem9Qbz0=&h=7f148ea58eaf433e99fc06468221da43&s=AVNPUEhUT0NFTkNSWVBUSVatPS-vaobhkuDCApXMXUO_SZYzcgqki6erRKZMGE1uBQ) helpful.

### **Dependent alcohol use**

Dependent alcohol use includes:

* excessive and harmful drinking
* an inability to stop using alcohol even if a person would like to

Dependent drinking is a pattern of alcohol use. It can cause alcohol-related problems including:

* depression
* physical illnesses
* accidents.

When someone is dependent on alcohol, they are likely to crave alcohol and continue drinking in spite of the harmful consequences. Alcohol dependence is associated with:

* increased criminal activity
* domestic abuse
* increased rate of significant mental and physical health problems

### **Dependent drug use**

Dependent drug use is a dependence on, or regular excessive consumption of, psychoactive substances. It can lead to:

* social problems
* mental and psychological illness
* physical illness
* legal problems.

In Scotland the most commonly used psychoactive substances include:

* cannabis
* cocaine
* ecstasy.

Opioids such as heroin may be less common but can lead to the most significant health issues

## Impact of parental substance use

### **Abuse and neglect**

Living in a household where a parent or carer has a substance use dependence doesn’t mean a child will experience abuse, but it does make it more difficult for parents to provide safe and loving care. This can lead to abuse or neglect.

#### **Neglect**

Parents who have a substance use dependence may have difficulty:

* staying organised and giving their children effective and consistent support
* keeping their home and family clean
* recognising and responding appropriately to their own and their children’s physical needs
* paying for food, clothing and essential bills (for example if their income is being spent on drugs and alcohol)
* keeping harmful substances and equipment such as needles and syringes safely away from their children.

Some parents who use drugs or drink excessively may lose consciousness, leaving no other responsible adult present to care for their child and ensure their safety.

#### **Emotional abuse**

Parents who drink excessively or have a drug use dependence can become emotionally unavailable to their children.  Mothers with drug dependence can be:

* less responsive to their babies
* less willing to engage in meaningful play
* less able to respond in ways which encourage further interaction

Parents with substance use dependence can behave in a way that’s irrational, unpredictable or withdrawn, which may frighten their children

#### **Physical abuse**

Parents with substance use dependence may have difficulty controlling their own emotions. Harmful and excessive drinking can contribute to child physical abuse or domestic abuse

#### **Impact on brain development**

Abuse and neglect are types of adverse childhood experiences (ACEs), which can affect the healthy development of children’s brains. The impacts of abuse and neglect on children’s brains can stretch beyond childhood and into adulthood.

Possible impacts include:

* impaired cognitive development, for example reduced impulse control
* inhibited executive function skills, such as problems with learning and memory
* weakened immune system

[> Find out more about the effect of abuse and neglect on child brain development](https://learning.nspcc.org.uk/child-health-development/childhood-trauma-brain-development/)

### **Criminal activity**

Parents and carers with drug or alcohol dependence may turn to crime to fund their dependency. This may mean exposing their children to unsafe adults or involving them in criminal activity

### **Other effects**

The impact of parental substance use varies according to each child’s health, stage of development, personality and relationship with their family.

Children whose parents have a drug or alcohol dependence may be separated from their parents and/or family for short- or long periods of time due to:

* intervention from children’s services (being taken into care)
* parents being put in prison
* parents being hospitalised.

They may have to take on the role of carer for their family. This could include doing the housework, preparing food and looking after younger siblings.

#### **Psychological effects**

Many young people talk to Childline about the psychological effects of their parent's substance use. These effects include:

* preoccupation with their parents’ substance use
* blaming themselves for their parents’ behaviour
* not being able to attend school regularly and/or having poor educational attainment
* difficulty establishing and maintaining healthy relationships
* developing behavioural, emotional or cognitive problems

### **Risk and vulnerability factors**

All families experience challenges from time to time. This doesn’t necessarily mean children are at greater risk of abuse. But when problems mount up, it can be more difficult for parents to cope – particularly if they are isolated or lack support.

Children who live in families experiencing multiple adversities can be more vulnerable. These include children whose parents:

* are involved in domestic abuse
* have a substance use dependence
* have mental health issues
* have learning difficulties.

### **Assessment**

[The 5 GIRFEC questions are used to help identify concerns about a child or young person](https://www.bing.com/ck/a?!&&p=82e287413653a5e4JmltdHM9MTcxODY2ODgwMCZpZ3VpZD0zOTdhZTU3ZS1jNTM4LTZkZjMtMzAyNC1mMTM2YzRkODZjZWImaW5zaWQ9NTczMA&ptn=3&ver=2&hsh=3&fclid=397ae57e-c538-6df3-3024-f136c4d86ceb&psq=5+girfec+questions&u=a1aHR0cHM6Ly93d3cubmhzYm9yZGVycy5zY290Lm5ocy51ay9wYXRpZW50cy1hbmQtdmlzaXRvcnMvb3VyLXNlcnZpY2VzL2dlbmVyYWwtc2VydmljZXMvdW5kZXJhZ2Utc2V4dWFsLWFjdGl2aXR5LWludGVyYWdlbmN5LWd1aWRhbmNlL3RoZS1maXZlLWtleS1xdWVzdGlvbnMv&ntb=1)

are:

1. What is getting in the way of this child's or young person's well-being?
2. Do I have all the information I need to help this child and young person?
3. What can I do now to help this child and young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

Practitioners must work with children and families to identify and assess concerns and intervene appropriately so that the impact of parental substance use is minimised.

This involves carrying out a holistic assessment of the child’s development, the parents’ ability to meet the child’s needs and the impact of broader family and environmental factors.

Practitioners need to identify each family’s strengths. It’s important to distinguish between immediate concerns for the child’s safety and risks which can be mitigated with appropriate support

#### **Effective assessments should:**

* focus on the child and their needs
* give children the opportunity to discuss their experiences
* listen to and record the child’s views on the situation
* identify any children who are acting as carers for their parents and siblings
* treat children, parents and carers as individuals
* make sure parents know they are being listened to
* ask questions about the parent’s drug or alcohol use
* consider the wider environment such as support networks, housing and family finances
* talk to any extended family members or friends who offer support to the family
* collaborate with and seek the views of colleagues from other agencies who are involved with the family, such as health professionals, teachers, alcohol and drug recovery services and justice agencies

### **Protective factors**

Factors which help reduce the impact of parental substance use on children are:

* the child being able to ask for help
* parents being willing to acknowledge their difficulties and seek help and support
* the parent and child having a positive relationship
* social support being available to the family (for example relatives or friends who can provide the children with care and stability, offer financial support and make sure the home is clean and safe)
* the parent and child having good general physical and mental health
* having one parent who does not have a substance use dependence
* being able to maintain daily routines

### **Giving children a voice**

It’s vital to build safe and trusting relationships with children so they can speak out about any problems they are experiencing. This involves teaching children what neglect is and how they can get help.

NSPCC’s [Speak out Stay safe](https://learning.nspcc.org.uk/services/speak-out-stay-safe/) service for schools helps children understand abuse in all its forms and know how to protect themselves.

## Supporting children and families

Successful interventions to support families affected by parental substance use should use a holistic approach to look at and improve a family’s:

* day-to-day functioning
* psychological functioning
* parent-child relationships
* social factors (such as the family’s network, housing and financial situation)

The child’s perspective should always be prioritised.

It takes time for parents to change their behaviour so time-frames for interventions need to be flexible. There should be a balance between long-term support and more focused time-limited services

#### **Short-term support**

Immediate support for families where there is parental substance dependence should involve setting pragmatic, realistic and timely goals which focus on solutions rather than problems.

For example, practitioners need to make sure:

* younger children are taken to nursery/school
* older children are not missing school
* all children receive the appropriate support with their school work
* children are taken to all necessary medical appointments/check-ups (including dental appointments).

Practical support for parents might include helping with:

* housing problems
* access to benefits
* financial support.

In the short-term practitioners should focus on building a good working relationship with parents rather than putting them under pressure to change entrenched behaviours immediately. However, it’s important to make sure that parents are addressing their substance use and are engaged with a drug or alcohol service

#### **Medium- to long-term support**

In the medium-to-long-term the family may need intensive support and therapy focussing on recognising and changing unhelpful, repetitive patterns of behaviour.

Children should be given opportunities to express their ideas and feelings. They also need help to understand more about their parent’s substance use. They need to know that it’s not their fault and that they can’t control or cure their parent’s dependence.

It’s important for practitioners working with the family to receive reflective and challenging supervision so they can maintain an unbiased viewpoint throughout their journey with the family. It’s also essential to work with colleagues in other agencies to gain different perspectives on the situation

A reduction in parents’ use of substances doesn’t always automatically result in improved parenting. Parents may need support to learn:

* parenting skills
* how to cope with other challenges the family is facing.

#### **Friend and family support**

The family may suffer setbacks along the way, so it’s important for members of their support network to be able to step in and help where possible.

Educating extended family members, friends and communities on the impact of substance use problems on children and families can enable them to provide more effective support

#### **Monitoring progress**

Practitioners must maintain a focus on the wellbeing of the child. They should monitor and review children’s progress throughout the period of intervention and respond appropriately.

## Strategy and guidance

Statutory guidance highlights the responsibility of those in the education, community and care sectors to promote children’s welfare. This includes providing support to children and families experiencing substance use problems.

* **Scotland**’s [strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths](https://www2.gov.scot/Resource/0054/00543437.pdf) has a section on getting it right for children, young people and families (Scottish Government, 2018). UPDATE
* The Scottish Government has also produced [good practice guidance for agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use](https://www.gov.scot/publications/getting-priorities-right/pages/4/) (Scottish Government, 2013).

## References and resources

## Cleaver, H., Unell, I. and Aldgate, J. (2011) [Children's needs: parenting capacity: child abuse: parental mental illness, learning disability, substance misuse, and domestic violence (PDF)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf). London: The Stationery Office (TSO).

Cornwallis, T. (2013) A practical approach to tackling parental alcohol abuse. Community practitioner, 86 (2): 34-35

Kroll, B. and Taylor, A. (2003) Parental substance misuse and child welfare. London: Jessica Kingsley.

National Institute for Health and Care Excellence (NICE) (2011) [Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](https://www.nice.org.uk/guidance/cg115). London: NICE.

National Institute for Health and Care Excellence (NICE) (2012) [Drug use disorders in adults](https://www.nice.org.uk/guidance/qs23). London: NICE.

NSPCC (2018) [Children living in families facing adversity: NSPCC helplines report.](https://learning.nspcc.org.uk/media/1432/nspcc-families-facing-adversity-helplines-report.pdf) London: NSPCC.

Shonkoff, J.P. et al (2011) [Building the Brain’s “Air Traffic Control” System: How Early Experiences Shape the Development of Executive Function Working Paper 11](https://developingchild.harvard.edu/wp-content/uploads/2011/05/How-Early-Experiences-Shape-the-Development-of-Executive-Function.pdf) (PDF). Cambridge: Center on the Developing Child, Harvard University.

Shonkoff, J.P. et al (2014), [Excessive Stress Disrupts the Architecture of the Developing Brain Working Paper 3](https://developingchild.harvard.edu/wp-content/uploads/2005/05/Stress_Disrupts_Architecture_Developing_Brain-1.pdf) (PDF). Cambridge: Center on the Developing Child, Harvard University.

Scottish Government (2013) [Getting our priorities right: good practice guidance for agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use](https://www.gov.scot/publications/getting-priorities-right/pages/4/). [Accessed 27/05/2021].

Scottish Government (2018) [Rights, respect and recovery: strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths](https://www2.gov.scot/Resource/0054/00543437.pdf) [Accessed 27/05/2021].

Templeton, L. (2014) [Supporting families living with parental substance misuse: the M-PACT Moving Parents and Children Together programme](https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2012.00882.x). Child and family social work, 19 (1): 76-88.

### Childline

If a child or young person needs confidential help and advice direct them to Childline. Calls to 0800 1111 are free and children can also [contact Childline online](https://www.childline.org.uk/) or read advice on [parents and alcohol](https://www.childline.org.uk/info-advice/home-families/family-relationships/parents-alcohol/) and [drugs](https://www.childline.org.uk/info-advice/you-your-body/drugs-alcohol-smoking/drugs/) on the Childline website. You can also download or order [Childline posters and wallet cards](https://learning.nspcc.org.uk/research-resources/childline-posters-wallet-cards/).

### Related NSPCC resources

[> research and resources on problem substance use](https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/parents-substance-use-problem)