

Parents with substance use problems: learning from case reviews

Summary of risk factors and learning for improved practice around parents or carers with substance use problems

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Introduction

This briefing highlights learning from a sample of case reviews published by local safeguarding partnerships between 2022 and 2023 where parental substance use was a key factor. These case reviews do not reflect the experiences of all children harmed whilst living with parents or carers with problems around substance use. Concerns can go unidentified or unreported; and not all identified cases will result in a review.

> [Read more about our Learning from case reviews briefings series](#)

Most parents and carers who drink alcohol or use drugs do so in moderation, without presenting an increased risk of harm to their children (Clever, Unell and Aldgate, 2011). However, substance use can become a problem if:

- harmful amounts of substances are being consumed
- parents or carers are dependent on drugs or alcohol
- parents or carers are unable to supervise their children appropriately.

Parents' or carers' substance use problems can impact their child in several ways, including:

- diminished parental capacity to prioritise the child's needs
- reduced money available to meet the child's basic needs
- child's direct exposure to alcohol, drugs or drug paraphernalia.

Children of all ages can be impacted by parental substance use; however, babies are particularly vulnerable to harm as they are completely dependent on their parents or carers to meet their needs. Babies pre- and post-birth also face additional risks, including:

- impairment of development caused by exposure to mother's substance use pre-birth
- parents/carers co-sleeping with them whilst under the influence of drugs or alcohol.

➤ [Read more learning from case reviews around infants](#)

Professionals sometimes lose sight of the needs of the child whilst trying to address the multiple and interdependent concerns faced by their parents/carers. Case reviews emphasise the importance of child-centred assessments and the need for ongoing assessment of risks faced by children.

Reasons case reviews were commissioned

In the case reviews analysed for this briefing, children died, or were seriously injured, in several different ways:

- sudden infant death syndrome associated with co-sleeping
- chronic neglect
- accidents or harm due to a lack of supervision
- parents or carers deliberately giving their child drugs or alcohol.

Key issues identified in case reviews

Complex and interdependent adversities

In the case reviews analysed problem substance use often co-existed alongside other concerns, including:

- mental health problems
- domestic abuse
- adverse childhood experiences, including childhood abuse
- criminal activity
- poverty
- social isolation
- poor housing or homelessness.

These complex issues made it challenging for professionals to build a full picture of what was happening in the family.

Professional curiosity, reflection, and challenge

Some cases showed a lack of professional curiosity, sometimes influenced by over-optimism about the parents'/carers' capacity to change. Professionals didn't always cross-check or analyse the information they were provided about parents'/carers' substance use or consider its impact on the children involved.

- Professionals sometimes relied on self-reported levels of drug or alcohol consumption, which led to an inaccurate picture of the level of risk.
- In some cases, signs which directly contradicted self-reported abstinence - such as the smell of cannabis smoke, empty bottles and cans, or the presence of drug paraphernalia - were not explored by professionals.
- Substance use problems were sometimes seen as historical, rather than a current issue. Professionals didn't always consider how becoming a parent or carer for a new child could increase stress and trigger further substance use.
- Problem substance use, in particular use of cannabis or alcohol, had become normalised in some local areas. This meant practitioners didn't always fully consider their impact on parenting.
- Levels of problem substance use sometimes fluctuated over time or were triggered by specific events. Professionals didn't always respond to changing circumstances or identify triggers for increased use.
- Parents'/carers' intimidating, unpredictable or confrontational behaviour whilst under the influence of substances sometimes led some professionals to minimise contact, rather than explore the impact on their child.
- Professionals sometimes avoided challenging parents'/carers' accounts out of concern for the impact it might have on the parent-professional relationship.

The child's voice

The child's voice was sometimes lost in attempts to address the multiple challenges faced by their parents/carers.

- Sometimes the effort spent in addressing immediate crises, such as homelessness or domestic abuse incidents, meant ongoing concerns for the safety of the child were overlooked.
- Information children shared about their parent's/carer's substance use wasn't always listened to or acted upon.
- In cases involving infants, professionals sometimes found it hard to keep the 'voice of the child' in focus when they couldn't verbally communicate with the child.
- Professionals sometimes responded to children's own use of alcohol or drugs without exploring how it related to the wider family's use of substances.
- Children were sometimes identified as a protective factor, in restraining their parent's/carer's use of substances, without considering the risk their parent's/carer's behaviour posed to them.

Understanding the network around the child

Professionals didn't always identify and assess the risks posed by household members, leading to children being harmed.

- Professionals sometimes solely focussed on the mother's capacity to care for their child. They were less aware of other people in the household with substance use problems, including fathers or male partners.
- Professionals sometimes lacked information about changes to the make-up of the household, including new partners or previous partners coming back, and couldn't assess the potential impact on substance use in the house, or the level of risk posed to the child.
- Professionals didn't always evaluate how changing relationship dynamics might impact on a parent's or carer's levels of substance use or ability to provide care.
- Families sometimes had regular parties or visits from people selling or taking drugs. This meant professionals sometimes struggled to stay informed about the people children were in contact with, and the potential risks they posed.

- Professionals weren't always aware of how involved the extended family were in supporting the parents/carers. In some cases, this masked the extent to which parents or carers were struggling to provide adequate care for their child.
- In some cases, substance use had led to a breakdown in family relationships. This left families isolated and without a social support network.
- A breakdown in family relationships led some professionals to incorrectly interpret concerns about children's welfare as 'malicious'.

Information sharing and interagency cooperation

The information which one service knew about a parent's/carer's substance use wasn't always shared with all the other agencies working with the family.

- Professionals working with adults with substance use problems weren't always aware, and didn't check, whether they had children.
- Sometimes professionals with important insight into parental substance use weren't included in risk assessments, including pre-birth assessments.
- On some occasions pre-birth assessments were delayed or did not take place, either due to lack of capacity or because the need to conduct an assessment was not identified. This meant important opportunities to consider and address potential risks were missed.
- Non- or dis-engagement with drug and alcohol services wasn't always flagged to other services. This meant professionals assumed parents/carers were receiving help from drug and alcohol services when they weren't.
- Professionals did not always feel equipped with the knowledge needed to understand and respond to the risks posed by substance use problems.
- Specialist services weren't always available to fill in knowledge gaps. For example, drug and alcohol professionals weren't always available to provide partner agencies with clarity on the meaning of drug test results.

Interventions

Interventions supporting parents/carers with substance use problems were sometimes limited in their scope, and did not always address the risks posed to children

- Work with adults often focused on their individual needs rather than their role as carers. This meant the needs of their children were often overlooked.
- Interventions focused on drug or alcohol use didn't always consider the impact of other adversities. This meant underlying causes remained unaddressed, making it hard for families to sustain improvements.
- Professionals were sometimes over-optimistic about parents'/carers' capacity to care for their children after they began working with drug or alcohol services.
- Early help or substance use services were often offered to families on a voluntary basis. A reluctance or inability to engage with services didn't always lead to a reassessment of the level of risk posed to the child.
- Heightened risks associated with co-sleeping under the influence of drugs or alcohol weren't always emphasised. Parents/carers sometimes felt risks weren't fully explained or were explained in a way that was inaccessible or didn't seem relevant.

Learning for improved practice from case reviews

Assessment

Case reviews highlighted the importance of timely and thorough assessments for all children cared for by people with drug or alcohol use problems.

- Professionals should maintain respectful uncertainty regarding a parent's/carer's accounts of how much and how often they consume alcohol or take drugs. Accounts should be triangulated with other sources of information.
- A child-focused assessment should be carried out for every child looked after by adults with problem drug or alcohol use.
- Children should be involved in assessments in an age-appropriate way to help professionals build up a picture of their lived experiences.
- Assessments should contain a clear picture of drug and alcohol consumption. The impact on the parent's/carer's behaviour, including their caring capacity, should be analysed to understand the risks posed to the child.
- Assessments should consider the relationship between any other identified risk factors and a parent's/carer's substance use problem.
- Risk assessments should be revisited whenever the family's situation changes or new evidence emerges.
- Parental/carer substance use problems should prompt a pre-birth assessment.
- Assessments should seek the views of all agencies involved with the family.
- Assessments should clearly set out the actions needed to mitigate risks.
- If a parent or carer refuses to give permission for an assessment, further consideration should be given to what, if any, further action should be taken.

Talking about safe sleeping

The Child Safeguarding Practice Review Panel's national review into sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm found that almost all incidents involved parents co-sleeping, often after consuming alcohol or drugs (Sidebotham, Elliott and Tranter, 2020). Professionals should understand and discuss these risks with parents/carers with substance use problems and provide meaningful and relatable advice.

- The risks of co-sleeping should be explained to all adults who look after the children, in a way that they understand and are able to take on board.

- Tailored information about co-sleeping and SUDI should be provided specifically for parents/carers with substance use problems.
- Professionals should regularly check that parents/carers have understood the risks and are complying with the advice.
- Safe sleeping is an issue for services beyond health visiting and midwifery. It should be routinely discussed by all services in contact with pregnant women, including drug and alcohol services.

Managing risk

Professionals need to set out a clear plan of action around how to address risks posed by a parent's/carer's substance use problem.

- Families need a holistic and tailored response to address the complex and inter-connected adversities many of them face.
- Drugs and alcohol in the home should always be stored securely, out of the reach of children.
- The risks of children ingesting drugs or alcohol must be explained to parents/carers and mitigated.
- Professionals working with families with drug or alcohol problems should check compliance with safety measures put in place during every visit/meeting.

Supervision

Effective supervision can help professionals remain focused on the child.

- Supervision should provide practitioners with an opportunity to reflect on whether a family are engaging meaningfully with interventions, and whether sufficient progress is being made in the child's best interests.

- Social work supervision can be used to identify alternative approaches to ensure a child is adequately assessed, seen and safeguarded in cases where parents/carers are not effectively engaging with professionals.

Interagency working and information sharing

Sharing key information about substance use problems can help all services working with a family to gain a clearer understanding of the risks posed to the children and the actions they should take in the child's best interests.

- Adult facing services need to "think family" when working with parents/carers with substance use problems. It's important to identify any children, consider the impact of substance use and alert children's services as appropriate.
- Services should share important information which could indicate non-compliance with safeguarding measures that have been put in place to protect children, such as missing medical appointments.
- Making best use of partner agencies' expertise, is essential to understanding the nature of the risk posed to children by their parents'/carers' substance use.
- An area-wide substance use strategy can support a shared understanding of the risk, appropriate interventions, and thresholds for concern or escalation.

References and resources

A **list of the case reviews** analysed for this briefing is available on the NSPCC Library Catalogue.

<<https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=13A8CD18-6E48-42B3-9028-5A9BD0858E39&DataSetName=LIVEDATA>>

You can also visit the **national case review repository** to search the most comprehensive collection of case reviews in the UK.

<nspcc.org.uk/repository>

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)**. London: The Stationery Office (TSO).

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf>

Sidebotham, P., Elliott, S. and Tranter, S. (2020) **Out of routine: a review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm**. [Accessed 31/07/2023]

<<https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-sudden-unexpected-infant-death>>

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