

Parental Substance Use: Supporting School Aged Children

A BASW Practice Guide

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Credit: Kit, aged 7

...it's not very nice
or right for a kid
to see it.
(Quinn, aged 7)

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About this guide

- Children living with parents who use substances are a group of children who are overlooked in legislation, policy and practice.
- This guide draws on research that puts children's voices front and centre.
- Findings from safeguarding practice reviews consistently show clear system failures and a lack of inter-agency communication where parental substance use is identified as the primary factor in the significant injury or death of a child.
- Through attention to the child's narrative, this guide will support social workers in their assessment of risk and the protective factors needed by children to buffer against the negative impact of parental substance use.

Definition of terms

- Throughout this guide the term child/ren refers to children who are of school age, statutory school age in the United Kingdom is 4-16 years of age.
- The term 'parent/parental' is used within this guide to refer to the adult(s) who is the primary carer whom the child lives with.
- The term 'substance' encompasses all drugs, both illicit/legal drugs and alcohol.
- PSU - Parental substance use. In this context it refers to perceived problematic use to the extent that it negatively impacts parenting ability.

This guide will be presented in three parts:

- PART 1:** Will present the risk factors associated with PSU along with key practice messages to inform assessments.
- PART 2:** Will present protective factors needed by children to buffer against the negative impact of PSU.
- PART 3:** Will illustrate creative practice methods and demonstrate the power of engaging well with children, viewing their experiences through their eyes and listening hard.

Why understanding the needs of children living with parental substance use matters

- If we cannot listen, we cannot understand and if we cannot understand we, as practitioners, cannot respond, safeguard and support children.
- Children living with PSU are overrepresented in social work practice and in the number of children needing to be placed in kinship or local authority care.
- Children who can no longer remain in the care of their parents may continue to experience emotional turmoil. Children's prolonged experience of living with PSU can impact on the stability of their kinship or local authority placement.
- The needs of children living with PSU need to be understood in their own right and not hidden under more generalised safeguarding categories such as neglect, physical and emotional abuse.

PART 1: UNDERSTANDING RISK FACTORS

*I'm seeing it and I'm only little.
(Roux, aged 8)*

- To understand risk factors experienced by children living with PSU it is important that the focus in practice is not on a binary list of risk or protective factors, but in reference to the systems in which children live.
- Social workers and frontline practitioners must understand the severity and accumulation of risk factors experienced by children.
- The negative impact of PSU and severity of risk factors do not reduce as children grow older, they simply change.
- Ecological systems theory provides a framework to help us understand the multiple risk factors experienced by children living with PSU. It identifies the connections between a person's home and social environment with wider systemic and political factors. The risk factors identified below are not an exhaustive list of experienced risk factors.

IN PRACTICE

Supporting children of parents using substances requires an analysis of the child's risks and protective factors at all levels, from the individual to the wider family, community, societal and political levels.

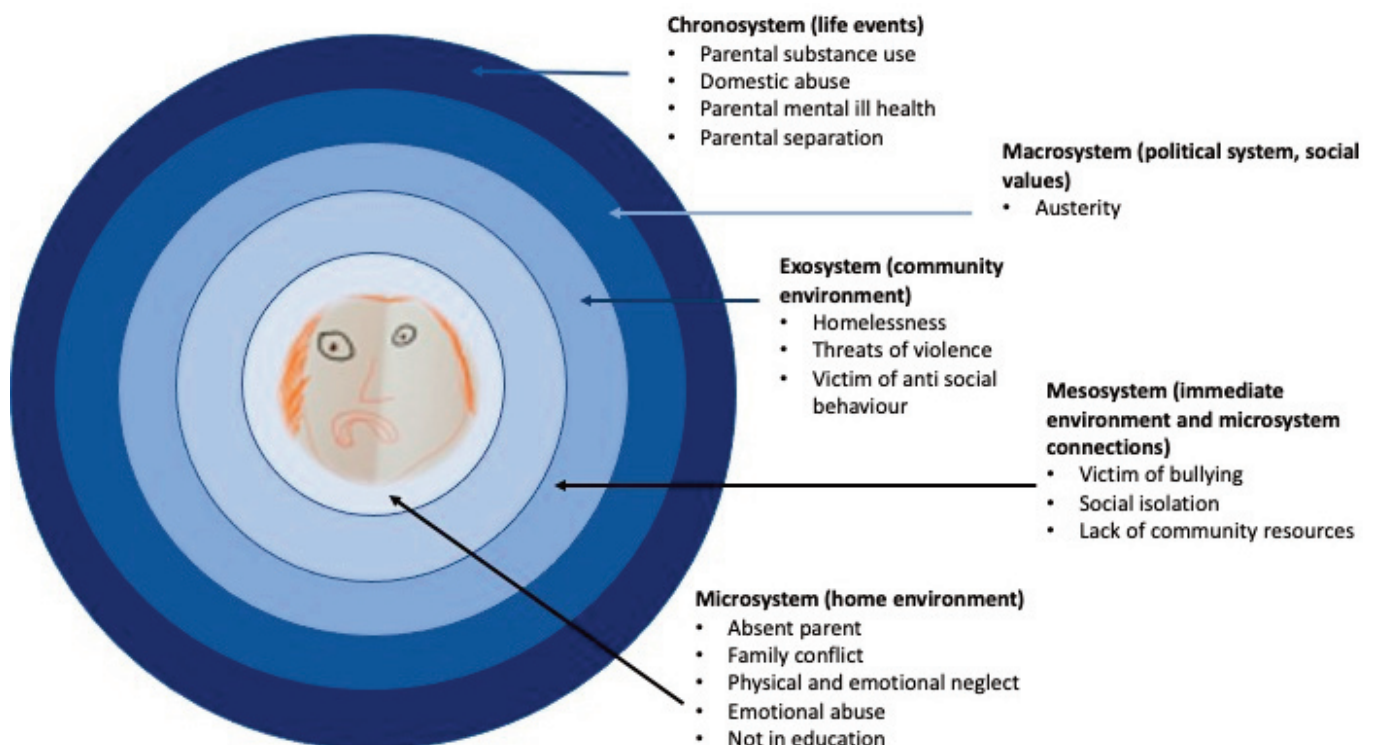


Figure 1 – Risk factors for children living with PSU

Risk factors: child's immediate environment (microsystem)

- A child's microsystem is their immediate home environment and the relationship with their parents and key caregivers, such as their grandparents.
- Children may be exposed to domestic violence within the family home and also threats of violence related to drug debts.

These guys were threatening to petrol bomb the house
(Cody, aged 11)

- Seeing parental injuries either as a result of a domestic abuse incident or as a result of a substance-related accident is deeply distressing for a child.

...There was one incident where she drunk too much and had fallen over and really hurt her eye. ... So, there's always a worry of something like that happening again [...]
(Charlie, aged 16)

He had a seizure [...] I went to visit him a couple of times (in hospital) but I didn't want to visit him that often.
(Taylor, aged 14)

- For many children the feeling of uncertainty and fear comes from the absence of their parents and not knowing when they will return.

Then the other time was when I was poorly [...] I was left by myself for like 4-5 hours [...] it was like making me really sad because I was just looking out the window and she wasn't there and so it made me a bit upset.
(Rowan, aged 12)

- Children who are living with PSU can often become carers for younger siblings, checking that their siblings have not picked up a substance, keeping them safe in their bedrooms during times of heightened threats of violence and caring for them when parents have not returned home.

IN PRACTICE

The implication for practitioners is the need to consider not just what children see and the physical aspect of safeguarding concerns, but also, what children feel. Understanding the emotional impact of problems relating to PSU on children's lives requires practitioners to have improved knowledge and insight into a child's world. Case chronologies are important to understand the longevity of PSU experienced by children, as well as fluctuating patterns of increased risk factors.

Risk factors in the child's wider environment (mesosystem and exosystem)

- A child's escape from the impact of PSU can be found in their wider family, peer groups, and community resources such as youth clubs and places of worship.
- For children living with PSU these interactions outside of the family home can be a vital lifeline providing they can access them.

*I don't really do anything, like I don't really have any clubs
that I go to or anything
(Charlie, aged 16)*

- School can be a positive environment for many children, a place of safety to confide in trusted adults. Yet the reality for many children living with PSU is that school can be a place that further compounds their struggle.

*I was getting bullied everyday an when I was walking to the shop
people punched me in the chest, they popped my crisps and threw
them at me [...] always picking on me because 'ya mums on stuff'
(Cody, aged 11)*

- There may be increasing risks and vulnerabilities outside the home for poorly supervised children. In attempting to escape dangers at home, children can become vulnerable to and victims of child sexual and criminal exploitation.
- Children living with PSU can experience significant unpredictability and instability, having to move homes, often moving schools or sometimes not being able to attend school, either through exclusion or having to move out of area to escape threats of violence.

IN PRACTICE

1. Practitioners must ask about children's relationships with extended family members as they can be a lifeline and a positive break from their homelife. Consider the quality of extended family relationships from the perspective of the child and who they value and trust. Adult family members may collude with parents to mask the severity of their substance use.
2. The burden of secrecy and feelings of isolation can significantly and negatively impact on a child's mental health. Practitioners need to work with children in a way that it makes it safe for children to talk (see pages 8-13).

N.B. Practitioners need to consider the negative impact of PSU on children during prolonged isolation at home due to school holidays, children not being in full time education and illness. During the Covid-19 pandemic, children spent longer periods of time at home and may have been further isolated and harmed as a result of PSU.

Questions to help determine the risks

- *Remember* – We live in a society that *stigmatises and shames* people who use substances. You are asking them about something they may feel ashamed about and they'll be fearful of losing their children if they say the wrong thing. You need to understand that they may not be open with you immediately.
- To understand the needs of children living with parental substance use and to inform assessments and safety planning, it is important for practitioners to sensitively explore the use of substances with parents.
- Sensitive exploration means taking care with your tone of voice, your body language, and not becoming argumentative or irritated if the parent responds defensively. Be explicit about wanting to support the parent and the child.
- By the end of your conversation with the parent/s, you need to know the answers to the following questions to help determine the risks. These are not the questions to ask directly but the answers are important to determine risk.
- If possible, work in partnership with the parents and substance use treatment services to explore these questions sensitively within wider conversations.

- **What substances are being used?**

- Are multiple substances being used (poly substance use)?
- How would a parent present under the influence?
- What are the likely behaviours a child would see?
- How are substances funded, are parents involved in dealing substances?

- **Where do parents use substances?**

- If parents use substances outside of the family home, do they take their child with them? What is known about this location?
- Are parents using substances at home with other adults, do these adults pose an additional risk to the safety of the parent and child?
- Are children left at home alone and, if so, how often and how long for?
- Where are substances and medicines stored?
- Do parents have a safety storage box?
- Where do parents store and dispose of substances and paraphernalia?

- **How often are parents using substances?**

- During school holidays or if a child is unwell and at home, how does this impact on a parent's pattern of use and their care of their child?
- If parents are using substances of an evening, what is understood about their level of intoxication?
- Are parents able to respond to the needs of their child in the event of an emergency, such as a house fire?



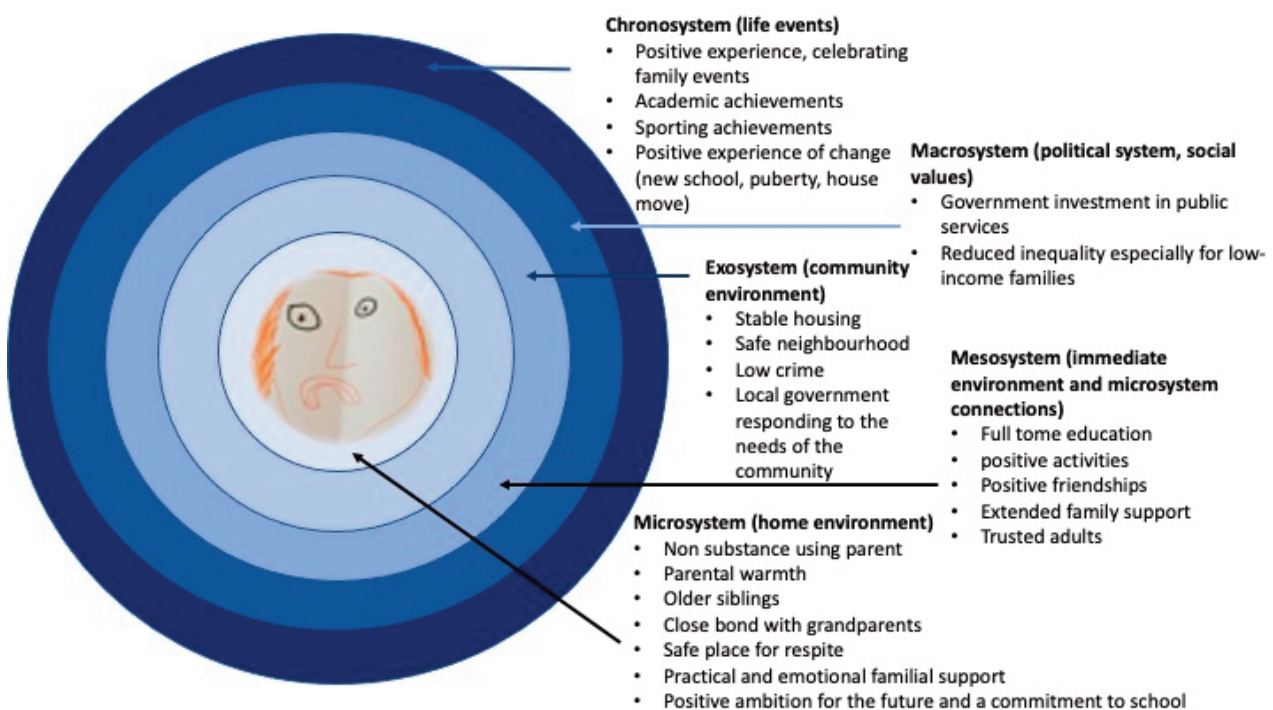
IN PRACTICE

Practitioners should regularly review their assessments when parental substance use is a safeguarding concern, working in partnership with other professionals, the child and their family. Risk factors can fluctuate in their severity and protective factors can change.

PART 2: UNDERSTANDING THE PROTECTIVE FACTORS CHILDREN NEED

We all need, in this world, somebody to follow you around, every single day, to protect you... (Quinn, aged 8)

- Children who experience PSU need multiple protective factors within the different systems that embrace them.
- To focus solely on a child's microsystem, risks placing the responsibility to cope onto the shoulders of children, when the focus needs to be on building protective factors across all their systems.



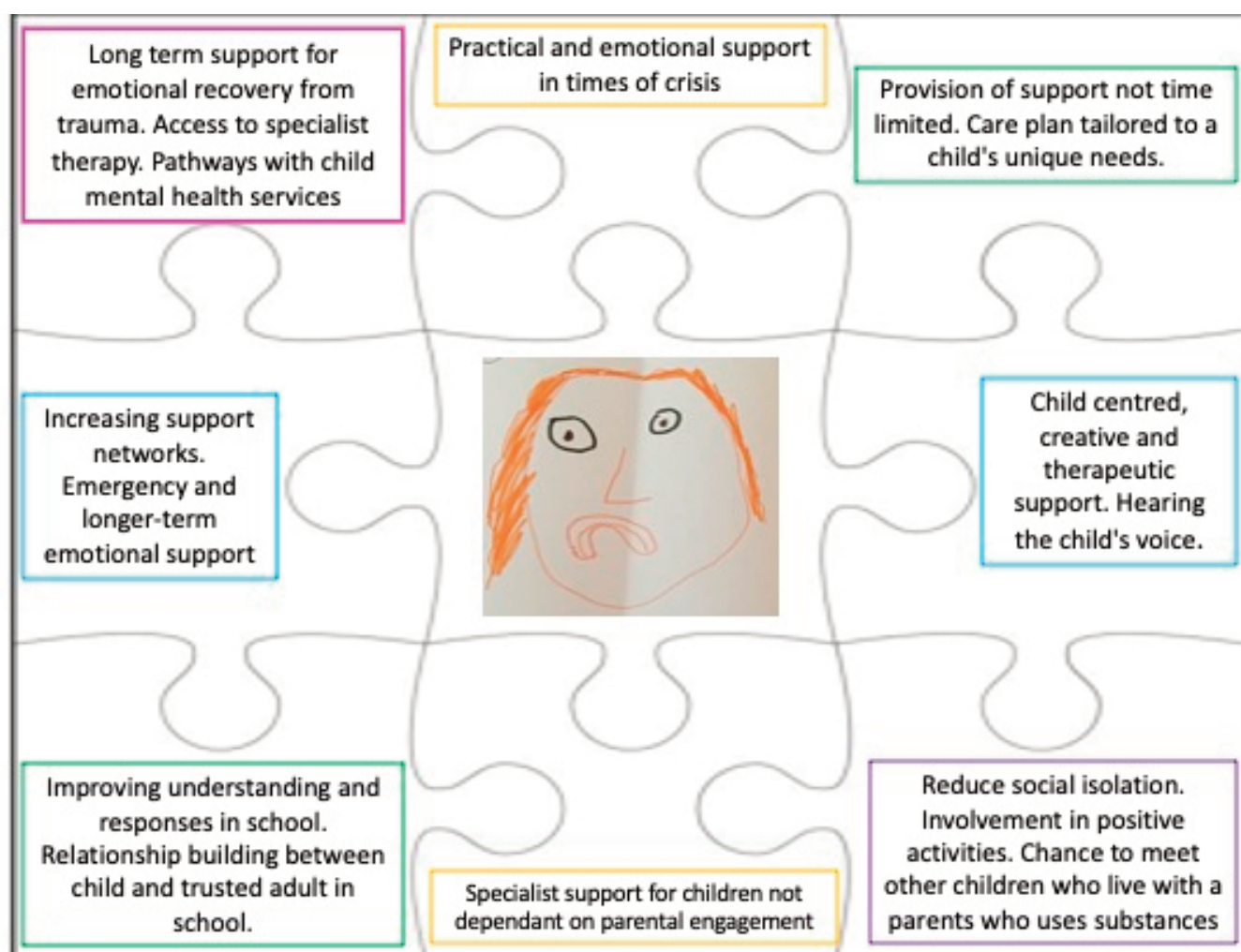
IN PRACTICE

1. Risk and protective factors need to be understood from the perspective of the child and not from the voices of adult family members or social workers only.
2. Practitioners can actively support the development of a positive relationship between a child and their parent, helping parents to meet physical needs and demonstrate warmth and emotional consistency.
3. Help children, and parents, to identify trusted adults the child can turn to when things at home are unpredictable and frightening. For example, supportive grandparents can offer a place of safety but may need support.
4. Using ecomaps and genograms can help families to identify who is around that can offer positive support and good quality relationships.
5. Identify sources of protection within the children's schools, their community and access to trusted professionals whom they can confide in.

PART 3: RECOMMENDATIONS FOR PRACTICE

- The impact of children's experiences of PSU are likely to be complex. Responses must therefore allow i) adequate time for them to be explored and ii) not rely on parental engagement.
- The voices of children, especially younger children can become overshadowed, lost or not heard at all in adopting a whole family approach. Care needs to be taken to hear the children's voices.

This proposed model of practice illustrates the very minimum children living with PSU need by way of professional support.



The principles of this model and knowledge of risk and protective factors can be adopted by social workers to inform and guide best practice, when identifying, assessing the needs and supporting children where PSU is a significant safeguarding concern.

Safety planning with children and their parents

- Safety planning with children and their parents is vital.
- Parental substance use can fluctuate, and the needs of children can change.
- Safety plans need to be **regularly re-visited** and children afforded the opportunity to change their mind about who they trust.
- It is important to regularly record your assessment of risk of children living with PSU, and to share this with your supervisor.



Questions to consider:

- Does the child have a safety plan?
- Is there a non-substance using adult at home?
- Does the child have a trusted adult in close proximity?
- Can the child use a phone, do they have a mobile (with credit) and do they know the numbers of those they may need to contact?
- Are school aware of the child's circumstance?
- Does the child trust an adult in school to confide in, especially in times of need?
- In the event of an emergency are there family members or a trusted adult the child can stay with?

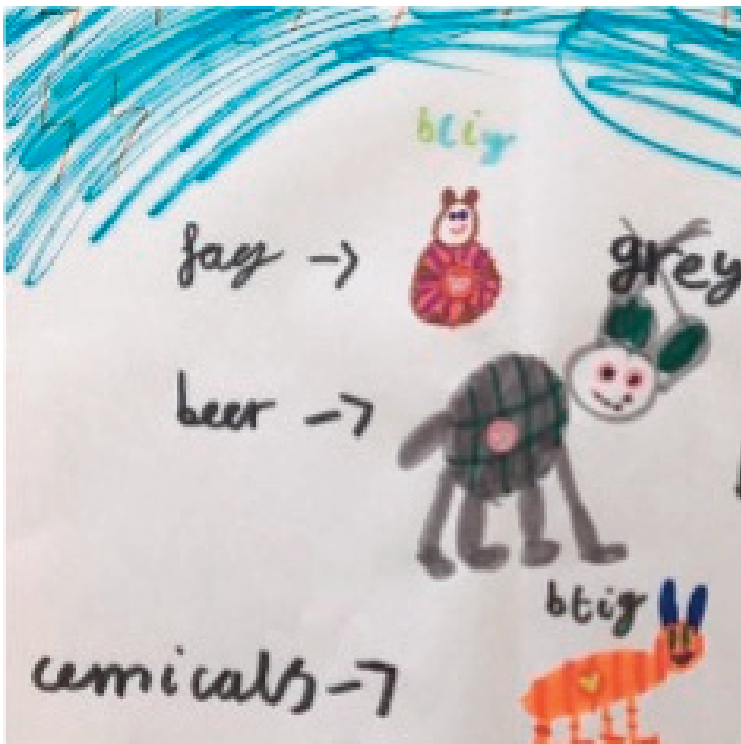


Creative practice tools – younger children

- Being able to trust and confide in adults may not always be easy for children.
- Practitioners need to create the conditions for children to feel able to talk without feeling pressured.
- To explore sensitive topics, creative tools can be adapted for the uniqueness and individual preferences of a child.
- Tools that enable children to use their imagination and to tell their story through a character can help to lessen the burden of children feeling disloyal to parents, as well as enabling children to share their story, in their way and in their own time.

Sensitively exploring PSU with younger children

- If drugs/alcohol could turn into an animal, what would it look like?
- If the weather could be a feeling what would it look like around 'animal'?
- How do you know when 'animal' is around?
- How does this make you feel?
- Can you tell me a time/memory when you felt the most worried?
- If you had a problem and you were worried about 'animal' who are the people you trust who can help you?



◀ **Billy the fag (Roux's word for cigarette), Greyie the beer elephant and the chemical tiger (Roux, aged 8)**

'A person came into my house with a baseball bat and he had beer in his hand and it was really scary.'

Roux's story of their experience of PSU was told through three chosen animal characters. By asking sensitive questions about the characters and linking this to a child's experiences and what they see, children are in control of the story.

Drawing and colouring can help children to feel less pressured when a question is asked that they struggle to answer.

Creative practice tools – younger children (cont.)



◀ **Donkey – alcohol and drugs animal**
(Kit, aged 7)

'Erm, just like the way she's acting because when she's drinking, she'll act like [...] it's hard to explain, like, just like not the same...'

▶ **What crack cocaine would look like**
(Cody, aged 11)

'So, basically this is like fire, its grabbing onto ya and it's taking ya to places, I don't know [...] it's like, cocaine is like anger soooo it don't really have a cute side to it, anger, but it has an aggressive and angry side because like when you're angry you just flip out'



▶ **Alcohol - half human, half animal**
(Quinn, aged 8)

'...it makes you fall over and it makes you say horrible things like, say, it can even make you deal things.'

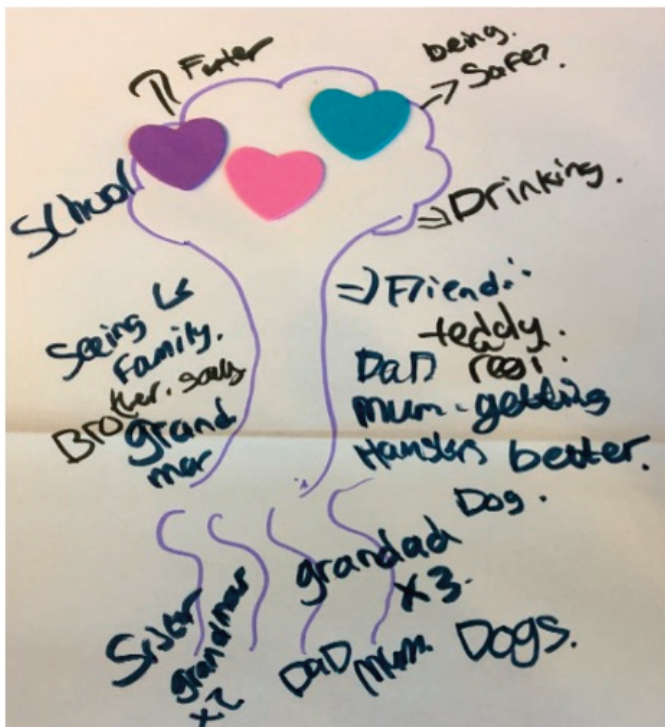
The animal is falling down the stairs with blood coming from its mouth.



Creative practice tools – older children

For older children this creative tool may not be appropriate. To explore risk and protective factors with older children, the tree exercise can be a useful tool.

- The roots of the tree represent trusted adults and people the child values to help keep them safe.
- The trunk represents all the things that children value, both in terms of their own characteristics but also of the things in their life that help them to feel strong and to cope.
- The branches represent the worries children experience, the things that shake their branches and make them feel unsafe.



Branches:

'school, future being safe, drinking'

Trunk:

'seeing family, brother, grandma, friends, teddy, hamsters, dog, mum getting better'

Roots:

'sister, grandma, granddad, mum, dad'

(Rowan, aged 12)

Sensitively exploring PSU with older children

- Can you tell me how you feel about drugs/alcohol being in your family?
- How often is it around and how does this make you feel?
- Can you tell me about a memory you have about drugs/alcohol and what happened? How did you feel and how did you cope?
- Are there any positives to drugs/alcohol being in your life?
- What would you say the negatives are?
- Has the problem with drugs/alcohol in your family changed the way you think or feel about yourself?
- What helped you to cope when drugs/alcohol was a worry?
- Who are the trusted adults in your life who can help?
- Can you tell me if there is anything missing in your life that would help you to cope?

I know I've said this loads of times, but just talking to people [can help]. ... probably if I couldn't talk, I'd be just upset all the time (Kit, aged 7)

- 1 Children may not experience the negative impact of PSU on a daily basis. Practitioners need to understand the pattern and cycle of substance use within families they are working with.
- 2 For children living with PSU, waiting for the next incident can be a time of heightened anxiety, fear, confusion and a continual cycle of uncertainty.
- 3 Look out for hypervigilance in children as a result of their exposure to violence and unpredictable adult behaviour. The term 'hypervigilance' refers to a child who is experiencing flashbacks, who is easily startled by noises and who may be struggling to regulate their own emotions.
- 4 PSU can have a negative impact on a parent's physical and emotional availability; consider how it would feel for a child to be living with a parent who is unable to consistently provide comfort and warmth.
- 5 Parental abstinence from substance use does not mean that the impact of PSU on a child's mental, emotional and physical health suddenly reduces as safeguarding practice reviews show.
- 6 Along with their parents, children may need prolonged support to recover from a complex web of risk factors which have been severe, accumulating, and enduring.



Acknowledgements:

A heartfelt thank you to the parents who placed their trust in this research and to the children who bravely shared their experience. One of the children said they were a hero because their story would help other children. And so, to the heroes, we thank you for your trust and for sharing so much.



All photographs are posed by models and all names have been changed.

Online resources

Adfam

A national charity supporting family, friends and carers affected by a loved ones substance use. Adfam have launched the #forgotton5million national campaign to highlight the need for conversations about what can be done to support those affected by substance use, as families need and deserve support.

www.adfam.org.uk/help-for-families

AL-ANON/ Alateen

Alateen is part of AL-ANON, a source of support for teenagers aged 12-17 years who are a relative or friend of a loved one using alcohol, to know they are not alone. Local support meetings can be found by contacting the AL-ANON general service office email:

enquiries@al-anonuk.org.uk

www.al-anonuk.org.uk/how-do-i-get-help

Childline – 0800 1111

Free and confidential phone line. It is a one-to-one service and by calling the number the child is put straight through to a counsellor. Children and young people can also have chats online rather than over the phone.

www.childline.org.uk

NSPCC

A national children's charity to prevent abuse and support children and families to recover from abuse. Providing online support, therapeutic services and work in schools across the country to educate and prevent child abuse. The NSPCC website provides research, resources and information about training events.

www.learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse

NACOA

A valuable online resource for children worried about their parents alcohol use. There is a national helpline, online resources, advice and information for children to access. NACOA's message to children is #URNotAlone.

www.nacoa.org.uk

Talk to Frank

An online resource for facts about drugs, current drug trends and information on how to access drug treatment services. A useful resource for young people, their parents and for professionals to gain up to date information about substances.

www.talktofrank.com

Further reading

Brandon, M. Sidebotham, P. Belderson, P. Cleaver, H. Dickens, J. Garstang, J. Harris, J. Sorensen, P and Wate, R. (2020) *Complexity and challenge: a triennial analysis of SCRs 2014-2017* Final report March 2020. Department for Education.

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Developing this guide

This research behind this guide was undertaken by Hannah Todman as part of a PhD, at Manchester Metropolitan University (MMU). She was supervised by Professor Sarah Galvani, Professor Hugh McLaughlin and Dr Sarah Fox. Ethical approval was received from MMU in January 2019.

Hannah undertook a literature review and the gaps in literature informed the research design. Seven children were interviewed, using the creative methods illustrated within this guide.

The small number of creative interviews with children was due to the method of analysis used to understand the in-depth and rich data shared by the children.

The research also included three focus groups with 22 practitioners including social workers, early help practitioners and professionals from primary and secondary schools. The findings from this PhD research, through attention to the children's narrative, bridges the gap between research and practice.

The PhD thesis was then scrutinised by two examiners before the PhD award was made. This practice guide summarises the thesis. The full title of the thesis is 'Understanding the needs of children living with parental substance misuse: Perspectives of children and professionals' and can be accessed at <https://ethos.bl.uk/Home.do>



Parental Substance Use: Supporting School Aged Children: A BASW Practice Guide is one of a series of BASW Research Findings – publications showcasing new evidential research led by university academics, researchers and / or social work service users that offer both significant impact and have practical implications for social work practice.

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