



# **JOINT WORKING PROTOCOL ADULT SUBSTANCE MISUSE & CHILDCARE**

## **APPENDIX A- PRACTITIONER GUIDANCE**

## Appendix A

### Guidance – Assessment Tool for Parental Substance Misuse

#### Introduction & Purpose

Completing a comprehensive assessment of parental substance misuse will help all practitioners to identify concerns in relation to the substance misuse which may impact on the parental ability to ensure the safety and wellbeing of their children or other children in the household.

The assessment can lead to a Pregnancy Referral Awareness Meeting (PRAM) or a Substance Awareness Meeting (SAM).

The PRAM/SAM tool used for parental misuse assessment is a multi disciplinary tool which can be used by any agency to assess the potential or actual impact of substance misuse on parenting. This can help identify care pathways and inform plans to support families and safeguard and protect children. It can be completed when either:

- substance or alcohol misuse has been disclosed by an adult who has caring responsibilities or is pregnant. This includes adults who have occasional contact with children.
- a professional or worker from any agency needs to assess or review the risks and needs associated with substance misuse, with an emphasis on how a client's substance misuse is impacting on the health, safety and care of children and/or an unborn child
- any changes to a family's situation or an individual's caring responsibilities indicates the need for a review of the impact of substance misuse.

As part of a wider assessment process, the tool can highlight areas of concern, indicating the potential risk of significant harm or any negative impact on a child's health, growth and development. The tool considers strengths and protective factors as well as risks.

The information gathered will assist in the construction of plans to ensure children's safety, help children to reach their potential and address the needs of parents and carers.

The tool supports the principles of safeguarding children. Its use encourages professionals to work together with a preventative approach to offer earlier interventions which support children and families before crisis point is reached. It can also be used to regularly monitor the impact of substance misuse on the ability of the parents to meet the needs of their children.

Aspects of substance misuse and family life are considered under the domains of parenting capacity, child's developmental needs and family and environmental factors. This supports other integrated assessment processes such as the CAF (Common Assessment Framework) and aims to enhance effective sharing of information and joint working.

The tool can assist professionals to determine when the parental substance misuse may lead to the risk of significant harm to the health and wellbeing of the child and help then to identify when a referral is required for compulsory intervention. It also assists practitioners to plan care pathways which can support the needs of children and their parents/carers. However, the tool cannot replace professional judgement and workers must make decisions regarding thresholds and appropriate interventions based on the facts of each individual case. **Any concerns about neglect or harm to a child, whether physical, emotional or sexual, must be addressed without delay, through following procedures set out by individual agencies and the Local Safeguarding Children Board.**

## Completing the tool

All services have a responsibility to identify individuals who are pregnant and/or have caring responsibilities and significant substance misuse issues, as defined by the Advisory Council on the Misuse of Drugs 2003. The risk assessment should be completed as soon as possible following identification, as part of an agency specific initial assessment or within 3 contacts with the service.

The assessment should be completed with the parent/carer, promoting an honest, transparent relationship. In exceptional circumstances this may not be possible. The tool can be used to gather and assess information gained from previous assessments and other sources.

Where possible, completion of the assessment should be undertaken during a home visit, allowing for a fuller assessment and better consideration of a child's home environment.

Enquiring about childcare and parenting can be a sensitive issue and consideration should be given to the potential implications for parents. The client needs to be informed that completion of the tool will not necessarily result in a referral to Children's Social Care. Practitioners' need to explain the role of adult services and that during their involvement they have a responsibility to ensure any parenting and children's needs are identified and taken into account. This may involve inviting other services to work together.

The tool is designed to elicit **discussion** on aspects of substance misuse and potential impact on parenting and family life. Although the tool has a structured, 'closed' question format, a 'question and answer' interview style does not encourage an open honest dialogue.

The tool can be used to provide an opportunity to highlight and discuss strengths within the family and promote protective factors for children.

Information on family composition, including any changes to house hold membership, must be gathered, recorded and reviewed regularly. The nature of relationships must also be discussed with clients and details recorded.

The Practitioner completing the risk assessment should ascertain if a CAF has been completed and liaise with the lead professional, including contributing to the Team Around a Child (TAC) meeting. This involves attending the TAC meeting or providing information to the lead professional in a written format to be presented at the meeting. Information should include any assessed risk and professional expertise that supports other practitioners to understand more about the likely impact of the current parental substance misuse on their ability to meet the needs of the child.

Action plans should be updated as necessary to reflect current care.

## Information sharing / consent

The client needs to be made aware that the information from the assessment will be shared within the completing agency. Consent to share information with other appropriate agencies must be sought from the client and recorded on the tool. Confidentiality and exceptional circumstances when information may be shared without consent must be made explicit at the outset, in accordance with the Data Protection Act 1998 and Local Safeguarding Children Board procedures.

All workers involved with the family should be sent a copy of the completed risk assessment. The name, agency and contact details of those receiving a copy must be recorded on the tool. Recipients should acknowledge receipt.

**If the client is pregnant, it is mandatory to share copies with the client's midwife, Named Safeguarding Midwife and GP.**

## **Scoring**

Scoring determines the response and indicates the actions the practitioner will consider. This requires an analysis of the levels of risk and needs indicated – low, medium or high.

Scoring is based on discussion with the client and on information gathered from other sources, including family members. If information is not available the indicator can be left blank. This will not affect the overall scoring.

Scoring gives an indication of levels of risks only and must be considered as part of a wider assessment. Any identified risk may indicate the need for a referral to Children's Social Care.

Any intervention should be agreed through discussion with the safeguarding lead, line manager or within supervision processes.

An action plan must be agreed with the client and recorded with a review date set.

### **Actions to consider (See table on PRAM/SAM Form for actions linked to score)**

The practitioner may consider inviting universal services to support family members; this includes professionals such as the Health Visitor, School Nurse, and children's centres, after school activities and carers' support.

Adult substance misuse services can be invited to assess the client, if they are not already involved. Practitioners' need to be familiar with referral routes into substance misuse treatment. Clients who are pregnant and/or have caring responsibilities are considered a priority group and will be offered rapid access to treatment.

The practitioner should complete a Common Assessment Framework (CAF) if a wider assessment of need is indicated. The CAF may indicate the need for a TAC meeting to develop a clear, multi agency plan to support the identified needs of the child. If the identified needs of the child cannot be met by the services current involvement with the family the practitioner will engage professionals from other services to support the plan of care for the child and family.

### **SAM (Substance Awareness Meeting)**

Where there are no additional needs identified for the children indicating the need for a CAF, a multi agency SAM may be convened to address the impact of substance misuse on parenting capacity. This may enable the family to remain outside of statutory intervention whilst receiving a coordinated service to address areas of difficulty.

The agency that initiates the assessment is responsible for convening the first meeting. A core group of attendees for the identified issues to be addressed will be invited. This may include Children's Social Care, substance misuse services, mental health services, children's centres and any other agency involved with the family.

A multi agency plan will be agreed between family members and support services. Expectations that parents/carers will engage with and attend appropriate services can be clearly identified. This may also include the need for a full CAF assessment.

Any further concerns expressed by the agencies involved and/or non engagement with the plan may result in an escalation of concerns and a referral to Children's Social Care.

A review SAM date will be agreed and recorded as part of the plan to consider progress and ensure adequate monitoring.

## **PRAM (Pregnancy Referral Awareness Meeting)**

A PRAM follows the same principles as a SAM. This will be convened to enable a co-ordinated service to address areas of concern or difficulty for a pregnant client where substance misuse is an issue within a family.

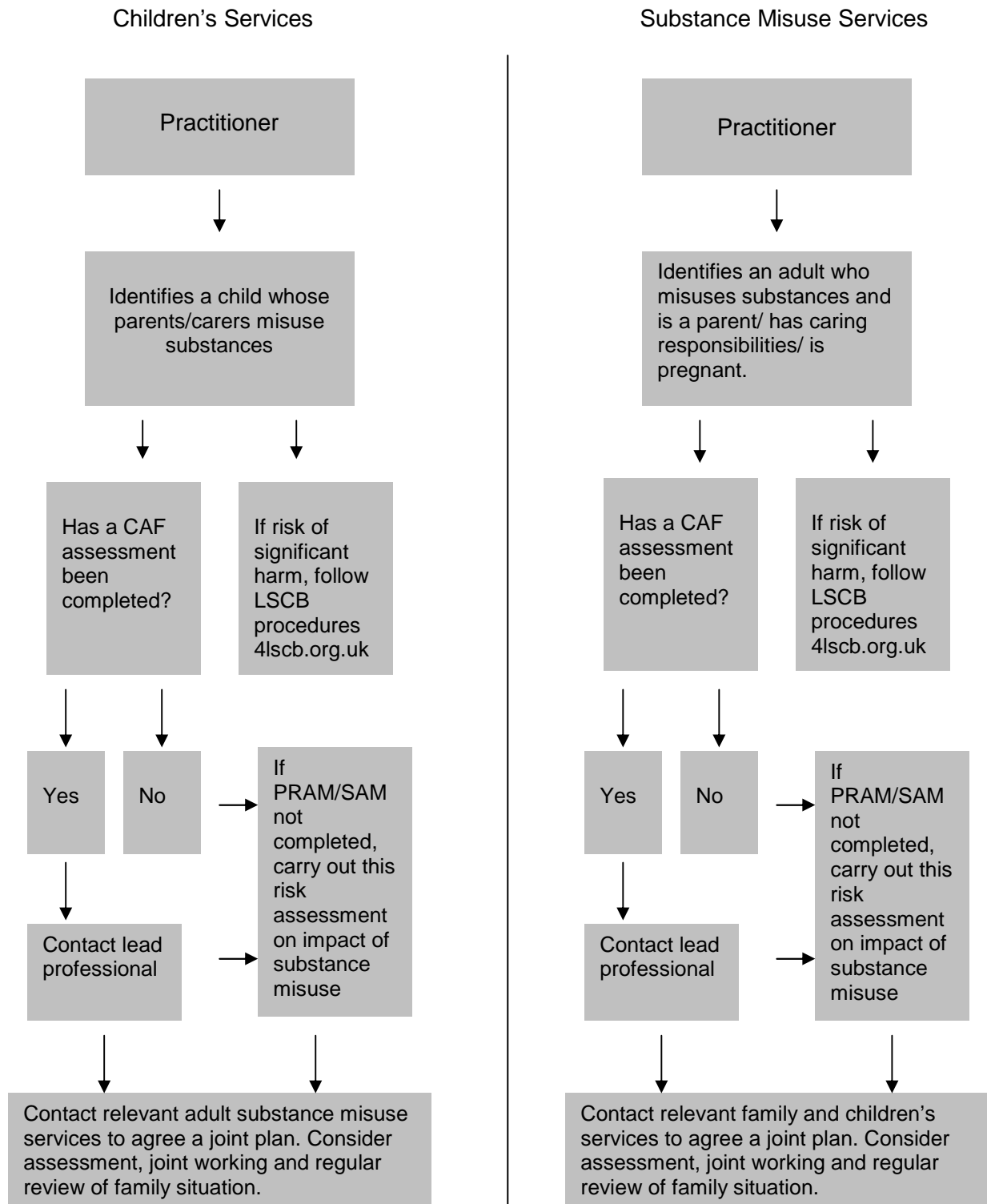
Premature births are not uncommon for women who misuse substances. Therefore a PRAM will be scheduled as soon as a pregnant client is identified. Early intervention allows for early planning.

A multi agency plan can offer consistent support and a plan to manage risks, including:

- Referral to a substance misuse service
- Monitoring of substance use through appropriate services. This can include records that can be shared across the multi disciplinary team.
- Consultant led care for close monitoring of the well being of the mother and unborn child
- Social support to stabilise lifestyle including addressing income and housing needs
- Education and support regarding managing effects of substances on the unborn and new born child.

Health Professionals must ensure effective communication within the multi disciplinary team to enable appropriate and adequate monitoring. Assessments and plans must be shared with the Named Midwife Safeguarding Children, midwife assigned to the client, and the GP.

## Safeguarding children whose parents misuse substances



## PRAM/SAM - Parental Substance Misuse Assessment

Client Name	Address / Telephone no:	Date of Birth:		
Date of Assessment				
Consent to share completed?	Y/ N Date:			
Assessor's details:				
Assessor's name				
Designation/ Job title				
Work base/ Location				
Contact details				
What substances are currently or recently used? Include alcohol, prescribed & illicit drugs, frequency of use, route of administration e.g. IV use, smoking				
Are you or your partner pregnant?	Y / N	Expected Due Date:		
Midwife contact details:		Attending antenatal care?	Y / N	
Other people in the household: Adults	Relationship to client	DOB	Contact details	
1.Name				
2.Name				
3.Name				
4.Name				
Other people in the household: Children & Young People	Relationship to client	DOB	Contact details	
1.Name				
2.Name				
3.Name				
4.Name				
Significant adults, children & young people <b>not</b> in the household	Relationship to client	DOB	Contact details	Details of contact with child
			*continue in additional information	*continue in additional information
1.Name				
2.Name				
3.Name				
4.Name				



**SCORING GIVES AN INDICATION OF LEVELS OF RISKS ONLY AND MUST BE CONSIDERED AS PART OF A WIDER ASSESSMENT. ANY IDENTIFIED RISK CAN INDICATE THE NEED FOR A REFERRAL TO CHILDREN'S SOCIAL CARE.**

Scoring is based on discussions with clients and on information gathered.

Scoring:

**N = No /Unlikely** (never or infrequently – less than monthly)

**S = Sometimes/Possibly** (once a month or more frequently)

**Y = Yes/Strong likelihood** (once a week or more frequently)

					Score
	<b>Parenting Capacity</b>	<b>N</b>	<b>S</b>	<b>Y</b>	
1	Is the parent/carer's substance use dependant or chaotic e.g. misuse of multiple substances including alcohol?	1	2	3	
2	Does the parent/carer ever present with high levels of intoxication?	1	2	3	
3	Does the parent/carer ever drive under the influence of drugs or alcohol?	1	2	3	
4	Are drugs and/ or paraphernalia, including medication, alcohol, needles and pipes, stored safely and securely away from children?	3	2	1	
5	Does the parent/carer engage in high risk injecting behaviour (e.g. sharing equipment or injecting in the groin/neck)?	1	2	3	
6	Is there any evidence of co-existing mental health issues/ dual diagnosis?	1	2	3	
7	Have parents/carers ever been separated from the children, or is a separation likely (e.g. due to treatment or prison)?	1	2	3	
8	Are children left in the care of multiple and/or unsuitable carers?	1	2	3	
9	Are children left alone while parents buy or use drugs/alcohol?	1	2	3	
10	Is the parent/carer engaging with treatment services or alternative sources of support?	3	2	1	
11	Does the parent/carer prioritise the needs of the children?	3	2	1	
12	Does the parent/carer meet their own basic self care needs? e.g. diet, basic hygiene	3	2	1	
	<b>Child's Developmental Needs</b>	<b>N</b>	<b>S</b>	<b>Y</b>	
13	Do the children attend school or nursery regularly and attend on time?	3	2	1	
14	Are children regularly attending all health-checks/appointments and registered with a GP?	3	2	1	
15	If the person or their partner is pregnant, is the expectant mother attending antenatal appointments?	3	2	1	
16	Do parents/carers attend to the children's basic needs e.g. appropriate clothing, basic hygiene?	3	2	1	
17	Do parents/carers ensure their children have an adequate, nutritious diet?	3	2	1	
18	Do parents/carers show consideration for the child's emotional needs e.g. how a child may feel about family circumstances?	3	2	1	
19	Do children ever witness drug/alcohol taking?	1	2	3	
20	Is the behaviour of the child/children problematic in any setting e.g. at home or school?	1	2	3	

<b>Scoring:</b>					
	<b>N = No /Unlikely</b>	<b>(never or infrequently – less than monthly)</b>			
	<b>S = Sometimes/Possibly</b>	<b>(once a month or more frequently)</b>			
	<b>Y = Yes/Strong likelihood</b>	<b>(once a week or more frequently)</b>			
	<b>Family &amp; Environmental Factors</b>	<b>N</b>	<b>S</b>	<b>Y</b>	
<b>21</b>	Is the family living in stable accommodation?	3	2	1	
<b>22</b>	Does the family move around a lot?	1	2	3	
<b>23</b>	Is domestic abuse a feature of family life?	1	2	3	
<b>24</b>	Is the diversion of money to buy drugs/alcohol causing financial difficulties for the family? (e.g. debts/rent arrears/lack of food or clothes)	1	2	3	
<b>25</b>	Is the way in which money is obtained putting children at risk e.g. criminal activity including shoplifting, drug dealing or sex work? This could also mean inappropriate adults have contact with children.	1	2	3	
<b>26</b>	Are parents/carers allowing their home to be used by other drug/alcohol users (e.g. for accommodation, dealing drugs or drug-taking)?	1	2	3	
<b>27</b>	Is the family home ever used to manufacture or sell drugs?	1	2	3	
<b>28</b>	Do parents/carers and children primarily associate with other substance users?	1	2	3	
<b>29</b>	Does the family have a drug/alcohol free and supportive parent, partner or relative involved in family life?	3	2	1	
<b>30</b>	Does the family have a support network e.g. extended family and friends?	3	2	1	
<b>31</b>	Do family members access any leisure activities in the community?	3	2	1	
<b>32</b>	Are children ever taken to places where they could be at risk, for example to buy drugs/alcohol?	1	2	3	
<b>33</b>	Is anyone involving children in criminal activity of any kind including shoplifting or sex work?	1	2	3	
<b>34</b>	Do the children ever have any access to dangerous weapons?	1	2	3	
<b>35</b>	Could any other aspects of drug/alcohol use impact negatively upon children (e.g. conflict with dealers)?	1	2	3	
		<b>1's</b>	<b>2's</b>	<b>3's</b>	

<b>Any other identified safeguarding issues?</b>			
Assessor's Name (PRINT):		Assessor's Signature:	Date:
Client's Name (PRINT):		Client's Signature:	Date:

Scoring		Actions to consider:	
Low - 1's		<ul style="list-style-type: none"> <li>• Would this family benefit from additional support?</li> <li>• Involve universal services e.g. Health Visitor, School Nurse, children's centres (0-5), after school activities, carers support.</li> <li>• Complete a CAF.</li> <li>• Involve substance misuse services if required.</li> <li>• Set a review date.</li> </ul>	
Medium – 1's & 2's		<ul style="list-style-type: none"> <li>• Seek advice from line manager or safeguarding children lead.</li> <li>• Either: <ul style="list-style-type: none"> <li>- Convene a PRAM/SAM meeting <b>and / or</b></li> <li>- Complete a CAF and undertake a Team Around The Child (TAC)</li> </ul> </li> <li>• Consider referral to Children's Social Care.</li> <li>• Set a review date.</li> </ul>	
High – 2's & 3's		<ul style="list-style-type: none"> <li>• Seek advice from line manager or safeguarding children lead.</li> <li>• Refer to Children's Social Care. Follow procedures set out by the Local Safeguarding Children Board and service specific safeguarding children policy.</li> <li>• Set a review date.</li> </ul>	
Action agreed: including discussion with line manager, care plan completed, CAF, referrals, home visit etc			
Review Date:			
Copies of Assessment sent to:		Date Sent	Contact Details
Line manager / safeguarding children lead (mandatory)			
Midwifery Services (mandatory if pregnant)			
GP (mandatory if pregnant)			
Children's Social Care (if appropriate)			
Health Visitor/School Nurse (if appropriate)			
Education e.g. School/EWS (if appropriate)			
Substance Misuse Service (if appropriate)			
Other:			

**Consent for information sharing**

In accordance with the data protection act 1998 we share information we hold about you with your permission and disclose information on a "need to know" basis. We therefore ask for your consent to share with a limited number of agencies that are, or will be involved in providing care and services for you.

**Exceptional circumstances: significant harm to children, or young people**

If at any time the service believes a child or young person may be at risk of harm, we are required to share information with statutory agencies i.e. Children's Social Care.

Consent obtained to contact other individuals/agencies:

**The confidentiality policy has been explained and I understand the implication** Yes  No   
**I have had consent and information sharing explained to me** Yes  No   
**I give my consent to the completion of the assessment** Yes  No

**Signatures:**

Service user signature Date:  
 Assessor signature: Date:  
 Advocate signature (if appropriate): Date:

Date:	Current GP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Nearest relative	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Relative/friend	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Housing Authority/Association	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Social Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Children & Family Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Probation Officer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Mental Health Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Midwife	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Health Visitor/District Nurse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Benefits agency	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Solicitor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Pharmacist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Employer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	DIP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Substance Use Service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Needle exchange	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	Other (specify)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please state which services or team:  
 Please state which service:

No disclosure to:

Information to be withheld:

Service user name: Service user Signature:  
 Assessor name: Assessor signature:  
 Date:  
 Signed by service user (data protection): Yes  No

**NB This form must be completed again should the service user wish to make any changes to consent**

**PRAM/SAM Invitation Letter to Parents/Carers**

**Name of Practitioner**

Agency Address

**Confidential**

Date:

Telephone Number

Fax Number

Our ref:

Your ref:

Dear

**Re:**

As you are aware an initial assessment of your use of substances and/or alcohol has been completed. As a result of this assessment, a meeting has been arranged for you to meet with practitioners from services that may be able to offer your family support. This meeting is called a Pregnancy Referral Awareness Meeting/ Substance Awareness Meeting (PRAM/SAM). The purpose of the meeting is to gather information and agree a plan that can help address any concerns or difficulties.

The meeting will take place on ..... at ..... at .....

Your partner/family member is also invited to this meeting.

You are welcome to bring a friend or family member with you to this meeting.

It is essential you confirm you will be attending by contacting ..... on ..... If you have any queries, do not hesitate to contact .....

Yours sincerely,

**PRAM/SAM Invitation Letter to Professionals**

**Name of Professional**

**Agency Address**

**Confidential**

Date:

Telephone Number  
Fax Number

Our ref:

Your ref:

Dear Colleague

**Re:**

You are invited to a Pregnancy Referral/Substance Awareness Meeting (PRAM/SAM) concerning the above family. An assessment has been completed and this has identified the need for a multi agency meeting to address the impact of substance misuse with this family. The purpose of the meeting is to gather and assess relevant information and agree a support plan with the family. Please see enclosed copy of the assessment.

The meeting will take place on ..... at ..... at .....

Please confirm your attendance by contacting ..... on .....

If you are unable to attend please identify a colleague who can represent your agency.

If you have any queries, do not hesitate to contact .....

Yours sincerely

**Practitioners Name**

Encs

**Distribution List:**

MINUTES OF PRAM/SAM MEETING

Re:

Date:

Location:

Attendees:

Apologies:

The Chair ..... explained that this meeting was being held following completion of an assessment in relation to Substance Misuse. The purpose of this meeting is to pull together the information from all professionals involved with the family and formulate a plan to support the family if required. The Chair ..... introduced him/herself and so did each professional in turn. Each professional was asked to share information and their involvement with the family.

<b>Family Composition:</b>	..... (Parent/Carer)	DOB
	..... (Parent/Carer)	DOB
Childs Name	.....	DOB
Childs Name	.....	DOB
Other	.....	DOB

**Information Shared:**

**Identified strengths** (*What helps the parent/carer care safely for the child. This can include positive attitude to support services and treatment, family support*)

**Confidential**

**MINUTES OF PRAM/SAM MEETING**

**Identified Risks** *(what detracts from the parent/carers ability to care. This can include non-engagement with services, chaotic usage)*

**Analysis of risk**

**Plan**

**Confidential**

**MINUTES OF PRAM/SAM MEETING**

**Plan agreed by:**

Parent/Carers..... Date  
Substance misuse worker ..... Date  
Midwife/Health Visitor/School Nurse ..... Date  
Social worker ..... Date  
GP..... Date  
Education..... Date  
Other ..... Date

**Next Meeting:**

**Location**.....

**Date**.....

**Time**.....

Minutes taken by .....

## Summary of Potential Impact of Parental Drug Misuse<sup>1</sup>

Age (years)	Health	Education and Cognitive Ability	Relationships and Identity	Emotional and Behavioural Development
<b>0 - 2</b>	Substance misuse during pregnancy may result in symptoms of withdrawal Missed medical check-ups and immunisations Unsuitable clothing, very poor hygiene	Cognitive development of the infant may be delayed through parents' inconsistent, under-stimulating and neglectful behavior.	Care of children by different strangers at different times can lead to insecure attachments.	A lack of commitment and increased unhappiness, tension and irritability in parents may result in inappropriate responses and emotional insecurity in the child
<b>3 - 4</b>	Children may be placed in physical danger by excessive parental drug misuse, <i>and by the presence of drugs in the home.</i> Children's physical needs may be neglected.	Lack of stimulation Nursery or pre-school attendance may be irregular	Children may take on responsibilities beyond their years because of parental incapacity.	Children may be at risk because they are unable to tell anyone of their distress.
<b>5 - 9</b>	School medicals and dental appointments missed Psychosomatic symptoms e.g. sleep problems, bed-wetting	Academic attainments may be negatively affected and children's behavior in school may become problematic.	Children may develop poor self-esteem, and may blame themselves for their parents' problems. Because they feel shame and embarrassment over their parents' behavior, children may curtail friendships and social interactions.	Conduct disorders with boys e.g. hyperactivity, inattention Depression and anxiety in girls Children may be in denial of their own needs and feelings
<b>10 - 14</b>	Little or no support during puberty because of parental emotional withdrawal Early experimentation with substances more likely	Continued poor academic performance due to caring for siblings or parents Higher risk of school exclusion	Restricted friendships Poor self image and low self esteem	Children are at increased risk of emotional disturbance and conduct disorders, including bullying. They are also at risk of becoming drug mis-users themselves
<b>15+</b>	Increased risk of problem substance misuse Risk of pregnancy, STIs and failed relationships	Poor life chances due to poor school attainment or exclusion because of behavioural problems	Lack of appropriate role models	Emotional problems may result from self-blame and guilt, and lead to increased risk of suicidal behaviour and vulnerability to crime.

<sup>1</sup> Cleaver, H. (2000) *The Child's World Assessing Children in Need*. Reader: Department of Health

## Summary of Potential Impact of Parental Alcohol Misuse

Age (years)	Health	Education and Cognitive Ability	Relationships and Identity	Emotional and Behavioural Development
0 - 2	Health risks to children include direct physical harm, including risk of serious injury or death by overlaying parents failing to ensure that the environment is safe and harm caused by impaired physical concentration, can lead to problems completing breastfeeding or nappy changing.	Possible delay in cognitive development due to lack of appropriate and consistent stimulation	Attachments to parents may be problematic or insecure because of inconsistent and chaotic behavior and emotional withdrawal. Children can feel loss and abandonment if drinking behavior is placed above child's needs	Infants may have unsuitable clothing and poor hygiene. Indifference and despair that can accompany problem drinking can mean parents do not respond to or reassure their child in appropriate and positive manner – may lead to child to believe they are unloved and unlovable.
3 - 4	When a parent is intoxicated the ability to care for children can decline, and children can be at risk from both direct physical harm and neglect. Children may be left home alone or with unsuitable carers if parents place their drinking behavior above child's needs	Child may have cognitive deficit due to insufficient emotional stimulation and interaction. Nursery or pre-school attendance may be irregular since problem drinking often results in parents being disorganised or inactive.	Children commonly blame themselves for family's problems and attempt to put things right in vain attempt to make their environment better able to support them.	Children may be more at risk of emotional disturbance as they cannot easily articulate emotions. The level of this disturbance may be missed as child's behaviour does not always reflect their mental state.
5 - 9	Children may experience head and stomach aches, allergies, sleeping problems and bed-wetting	Academic performance may be negatively affected with school attendance, punctuality, preparation and concentration also potentially affected. In contrast, some children may immerse themselves in their studies and attain well.	Children may suffer from low self-esteem and feel that they are not in control of events in their life. They may find it harder to see themselves as an individual separate to the family problems.	Girls may internalise the depression, fear, anxiety and stress caused by their parent's inconsistent and chaotic behavior, by withdrawing into make-believe Boys may externalise the distress, resulting in conduct problems, hyperactivity and lack of concentration

<p><b>10 - 14</b></p>	<p>Children may receive no support through puberty because of parental emotional withdrawal. They may have difficulty in developing healthy and balanced attitudes to alcohol as a result of parental alcohol use – experimentation with alcohol and other drugs may be more likely</p>	<p>Academic performance may be negatively affected due to children's concern about parental problem drinking, which can lead to children staying at home to care for family.</p>	<p>If parents' lives revolve around drinking, children may develop low self-esteem and blame themselves for the drinking. If income is directed primarily at parents' drinking, children may find it hard to maintain an acceptable appearance, causing them to be highly self-conscious, and may lose friendships as a result.</p>	<p>Children may externalize the distress caused by parental drinking problems, resulting in conduct problems. These ways of externalising/internalising difficult feelings can lead to children being labeled or identified as 'the problem' by their families and others.</p>
<p><b>15+</b></p>	<p>Can lead to teenagers to drinking extremes, either mirroring their parents' problem drinking or abstaining. Risk of pregnancy, STIs and failed relationships are higher if parents, who may be emotionally withdrawn, do not discuss these issues with teenagers.</p>	<p>Caring responsibilities can impact negatively on a teenager's education, and their future employability. If excluded from school, parents may be incapable of getting children back into school or supporting their continued learning.</p>	<p>If parents' behaviour is inconsistent and chaotic, children may have low self-esteem; feel rejected, isolated, and unable to control events in their life.</p>	<p>Teenagers may show extremes of behaviour that are beyond parental control. Adolescents may resort to stealing when income is spent on parental drinking, and this criminal and anti-social behaviour may bring them into contact with the Criminal Justice System</p>

## Summary of Protective Factors in relation to parental substance misuse

Age (years)	Health	Education and Cognitive Ability	Relationships and Identity	Emotional and Behavioural Development
<b>0 - 5</b>	Good regular ante-natal care Support for the expectant mother of at least one caring adult Medicines and illicit drugs are safely stored Sufficient income and good physical living standards	Regular supportive help from primary health care team and Children & Families	The presence of a caring adult who responds appropriately to the child's needs	The presence of a caring adult who responds appropriately to the child's needs
<b>5 - 9</b>	Attendance at school medicals	Regular attendance at school. Sympathetic, empathetic and vigilant teachers	A supportive older sibling. Children who have at least one mutual friend have higher self-worth and are less lonely than those without. Social networks outside the family, especially with a sympathetic adult of the same sex. Belonging to organised out-of-school activities Being taught different ways of coping and knowing what to do when parents are incapacitated	The presence of an alternative, consistent, caring adult who responds appropriately to the child's cognitive and emotional needs
<b>10 – 15+</b>	Factual information about puberty, sex and contraception	Regular school attendance. Sympathetic, empathetic and vigilant teachers. A champion who acts vigorously on behalf of the child. For those longer in school, a job	A mentor or trusted adult to whom the child can discuss sensitive issues. Practical and domestic help	A mutual friend. Unstigmatised support of relevant professionals. The ability to separate themselves either psychologically or physically from stressful family situations

## Document Control

<b>Protocol name: ASM &amp; Childcare Appendix: Guidance - Risk Assessment Tool for Parental Substance Misuse.</b>	<b>Update May 2011 Version 0.1, 0.3</b>
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Version	Consultation from :	Consultation to:	Consultation with	Comments received yes/no	Comments acted upon yes/no
0.1	19 <sup>th</sup> January 2011	21 <sup>st</sup> January 2011	Named Nurse Safeguarding Children, Solent NHS Trust	Yes	Yes
0.2	21 <sup>st</sup> January 2011	21 <sup>st</sup> May 2011	Service Coordinator Substance Misuse Service	Yes	Yes
			Essential Standards Substance Misuse lead meeting	Yes	Yes
			Task and Finish Hidden Harm Group	Yes	Yes
			Consultant Nurse Safeguarding Children	Yes	Yes