

Protocol and Toolkit for Working with Parents and Carers Who Use Substances

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# PURPOSE

The purpose of this document is to help agencies in their varied roles to identify indicators of substance use and to understand the impact on the care of the unborn children/children from the antenatal period onwards. It acts as a starting point in understanding fully the family’s situation whilst recognising both the strengths and the difficulties of the family’s lifestyle. It also identifies risk to unborn/children and indicates the points at which referrals to other agencies may be required.

The risk assessment tool provided does not specify how information is best obtained, as this is very much a matter of professional judgement. It is to be used in conjunction with individual agencies assessment procedures.

1. **DEFINITION**

Substance use involves drug use which is considered by professionals or family members to be having an adverse impact not just on the health and behaviour of parents, but on the lives of their children also, and alcohol consumption which warrants attention because it seriously and repeatedly affects the user’s behaviour.

Substances used can include:

* Alcohol
* Illicit drugs
* Prescribed medication
* Volatile substances
* Over the counter medication
* Poly drug use (any of the above)
* Novel Psychoactive Substances (NPS)

# *NB: Appendix 2 refers to drug use (The National Children’s Bureau Assessment Framework and Tables). Please note that this is to be understood to include alcohol use.*

# PARENTS/CARERS WHO ARE USING SUBSTANCES:

Substance use by parents or carers does not automatically indicate that children are at risk of abuse or neglect, although it is essential that workers recognise that this is a high-risk group. When substance use is suspected, information that is already held about the family should be reviewed. Other incidents or behaviour that on their own may not previously have indicated substance use, may now seem more important and relevant.

If you have identified that substance use may be negatively affecting family functioning the following questions can be asked to try to inform an assessment of the circumstances:

1. **Parenting Capacity**
* Who is using substances and what is their role in the family?
* What substances do they use and how do they use them?
* Where do they use the substances? Are child/ren exposed to inappropriate places/people?
* Does the person who is using substances have complex needs? For example, Additional Learning Needs, Mental Health condition, physical health condition.
* Are the parents/carers currently in treatment and/or receiving support offered?
* How does substance use impact on the quality of care of the unborn/children?
* Are the children expected to undertake inappropriate roles/tasks? Does this have an impact on the child/ren social and/or educational opportunities?
* Is the child/ren a young carer?
* What substance use activities are the unborn children/children exposed to?
* Is there another person who is not using substances problematically, supporting the children?
* Is there a relevant offending history?
* Is there any history of domestic abuse?
* Are the parents/carers willing and able to accept any support offered?
1. **Environmental Factors**
* Do the family feel isolated or stigmatised within their community?
* What are the social networks that extend beyond the family unit?
* What is the financial impact of substance use on the family? For example, is there food available for the child?
* Where is any alcohol, drugs/drug paraphernalia stored? Disposal of drugs/needle sharing etc.?
* What is the housing situation? E.g., current property, frequency of moves, home conditions?
1. **Provision of the needs of each child (In cases involving an unborn child: assess compliance with antenatal care in relation to monitoring of fetal wellbeing e.g. antenatal appointments, scans, risk assessments etc.)**
* Do the children have any unmet needs?
* Do the children have any unmet physical needs?
* Do the children have any unmet emotional needs?
* Do the children have any unmet educational needs?
* Who do the children speak to if they are upset or worried?
* What boundaries are in place for the child? E.g., supervision, boundaries, safety.
* What are the children’s social presentation, e.g. hygiene, interactions, behaviour?
* Are there any identified resilience factors within the family?
* What is it like for each child to live in this home with their carers every day?
1. PATHWAY FOR PARENTS/CARERS WHO USE SUBSTANCES WHEN PREGNANT

Concerns about the risk of abuse, neglect, and harm to an unborn child, should be referred, by the relevant professional, via the C1 referral form, in accordance with Wales Safeguarding Procedures. Professionals must consider the safety and wellbeing of all children and/or vulnerable adult within the family as part of the referral process. Professionals must make the referral in line with relevant referral guidance and use established referral processes in accordance with the duty to report in the Social Services and Wellbeing Act (SSWB 2014).

Please see [Guidance in Relation to Pre-birth Referrals and Child Protection Conferences](file:///C%3A%5CUsers%5Cmelhuba%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Word%5C%28https%3A%5Ccwmtafmorgannwgsafeguardingboard.co.uk%5CEn%5CProfessionals%5CChildrenPoliciesAndProcedures%5CC12Guidanceinrelationtoprebirthreferralsandconferences2024.pdf%29) for more information.

1. MULTI - AGENCY RISK ASSESSMENT TOOL

The multi-agency assessment tool (Appendix 1) has been devised so that it can be used by all agencies when a parent/carer discloses, or the professional suspects that they are using substances in a way that is impacting negatively on their child/children including unborn child.

The risk assessment should be completed in conjunction with parents (to be) including putative fathers, partners, children (where age appropriate) and other family members (where appropriate).

It is important to consult with other agencies when completing the risk assessment tool. If a risk assessment tool has already been completed or is in the process of being completed by another agency this must be shared with all agencies supporting the family in a timely manner.

The completed risk assessment must be shared with the parent(s) of the child/ren and/or unborn child and all key agencies involved with the family.

It is important to distinguish between self-reported information, observations from other family members/professionals, professionals’ suspicions and any evidence that proves use of substances, for example, drug tests and to record any difference of opinion or evidence that conflicts with what parents/carers/children are telling professionals.

**Sharing Information:**

Agencies need to gain parental consent to share information. If parental consent is not gained, professionals will need to use their judgement as to whether the level of risk is such that information should be passed on without consent. If necessary, professionals should consult managers/named professionals for child protection for advice and support. The Data Protection Act and General Data Protection Regulations do not prevent you from sharing information if you set out a clear rationale for doing so. If further advice about this is required, please see the Wales Safeguarding Procedures <https://safeguarding.wales>.

A written record must be kept of any agencies/professionals consulted, the information and advice they have given and what action has been taken by your agency.

**Reviewing the Assessment:**

Review dates for the risk assessment are not intended to be prescriptive. However, an account may have to be taken of the review cycles set down within each agency. In agencies where there is no specified review cycle it may be necessary for professional judgement to be used to identify change, either as single events or cumulatively, and to review the document accordingly. It is important that when a review takes place the date of the review is recorded.

**Assessment and Supervision:**

This tool should be used as the basis of discussion during the supervisory processes within agencies. It is also a useful tool to be used in care and support meetings or core group meetings in terms of measuring any progress being made.

**Supporting Documentation:**

The National Children’s Bureau Assessment Framework and Tables (Appendix 2)

1. **CONCLUSION:**

This Protocol provides a basis for agencies and professionals to assess the impact and the risks associated with parental substance use on unborn babies and children. It is essential that when involved with parents/carers who use substances that individual staff share their concerns with their managers who may provide a different perspective or reinforce concerns. Managers can also signpost the individual to relevant support. Sharing information with other agencies may also clarify clear areas of concern and provide a fuller picture of the children’s daily lived experiences.

For more information on substance Use and parenting please consult the website on [www.substanceUserct.co.uk](http://www.substancemisuserct.co.uk) or the Safeguarding Board website at: [www.ctmsb.co.uk](http://www.cwmtafsafeguarding.org/)

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Appendix 1

RISK ASSESSMENT TOOL

|  |  |  |
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| NAME | DOB | ADDRESS |
| MOTHER |  |  |
| FATHER (this should include putative fathers and/or partners) |  |  |
| CHILD/REN  |  |  |
| UNBORN (include gestation at time of assessment) | EDD  |  |

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| --- | --- | --- |
| Date carried out: | Carried out by: | Date for Review: |

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| **Risk Assessment for significant harm due to parent/carer substance use**  | **Source(s) of Information:** |
| CRITERIA: Parenting | Is this a Risk Factor? | **Evidence** | Is this a Protective Factor? | **Evidence** |
| 1. Who is the person who is using substances and what is their role with the children in the family? | Risk  |  | Protective |  |
| What substances are used:MethodHow often | Risk |  | Protective  |  |
| 2. Does the person who is using substances have complex health needs?  Due to physical, mental, or poor obstetric history? If yes, please describe. | Risk  |  | Protective |  |
| 3. Are the parents/carers currently  in treatment and/or receiving  support offered? If yes, please describe. | Risk  |  | Protective |  |
| 4. How does substance use impact on the quality of care provided to the children? Please describe.For unborn children please describe maternal compliance with antenatal care. | Risk  |  | Protective |  |
| 5. Are the children expected to  undertake inappropriate roles/tasks? If yes, please describe what these tasks/roles are? | Risk  |  | Protective |  |
| 6. What substance use activities are the children exposed to? | Risk  |  | Protective |  |
| 7. Is there another person who is  not using substances problematically, supporting the  children? If yes, specify who,  where they live and the type of  support they provide? | Risk  |  | Protective |  |
| 1. Is there a relevant offending history? For example, substance related crimes, possession, intent to distribute, supplying, theft/burglary etc (if to be used for purchasing substances) If yes, please describe.
 | Risk  |  | Protective |  |
| 1. Is there any history of domestic abuse? If yes, please describe.
 | Risk  |  | Protective |  |
| 1. Are the parents/carers willing and able to accept support offered? If yes, please describe what support they are having, who from and how often.

If no, please describe any barriers preventing parents/carers from engaging with support? | Risk  |  | Protective |  |

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| Considering all risks and protective factors, how likely is the risk of significant harm to the child? |
| Please circle  | UNLIKELY  | LIKELY | HIGHLY LIKELY |
| Would the consequences of the harm to the child be: - |
| Please circle  | MILD  | MODERATE  | SEVERE |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CRITERIA: Environmental**  **Factors** | Is this a risk factor? | **Evidence**  | **Is this a protective factor?** | Evidence |
| 1. Do the family feel isolated or stigmatised within their community? If yes, please describe. | Risk  |  | Protective |  |
| 2. What are the social networks  that extend beyond the family unit? Please note who the people in the network are and what kind of support they could/do offer? | Risk  |  | Protective |  |
| 3. What is the financial impact of  substance use on the  family? Please describe the impact. | Risk  |  | Protective |  |
| 4. Where is any alcohol,  drugs/drug paraphernalia  stored? What are the arrangements for disposal of drugs/needle safety etc.,? | Risk  |  | Protective |  |
| 5. What is the housing situation? e.g., current property, frequency of moves and circumstances that prompted the move, home conditions.For an unborn: describe any preparations made for the baby. | Risk  |  | Protective |  |

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| Considering all risks and protective factors, how likely is the risk of significant harm to the child? |
| Please circle  | UNLIKELY  | LIKELY | HIGHLY LIKELY |
| Would the consequences of the harm to the child be: - |
| Please circle  | MILD  | MODERATE  | SEVERE |

# IF THIS IS THE FIRST PREGNANCY, PLEASE GO TO ‘SAFEGUARDS TO MINIMISE RISK’, Page 8

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| **CRITERIA: Child’s Needs** **(Separate for each child)**  | Is this a risk factor? | **Evidence**  | **Is this a protective factor?** | **Evidence** |
| 1. Do the children have unmet physical needs? | Risk  |  | Protective |  |
| 2. Do the children have any unmet emotional needs? | Risk  |  | Protective |  |
| 3. Do the children have any unmet educational needs? | Risk  |  | Protective |  |
| 4. Who does the child speak to if  they are upset or worried? | Risk  |  | Protective |  |
| 5. What boundaries are in place for the child? E.g., supervision, behavioural boundaries, safety | Risk  |  | Protective |  |
| 6. How do the children present socially? E.g., personal hygiene, interactions with siblings/friends/parents and carers etc. | Risk  |  | Protective |  |
| 1. Are there any concerns that the children are being exploited because of parental substance use?
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| 1. Has substance use become acceptable in this home? If so, have any of the children been involved in taking substances?
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| 1. Are there any identified resilience factors? E.g., are there any intrinsic traits, environmental influences. If yes, please describe.
 | Risk  |  | Protective |  |

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| Considering all risks and protective factors, how likely is the risk of significant harm to the child? |
| Please circle  | UNLIKELY  | LIKELY | HIGHLY LIKELY |
| Would the consequences of the harm to the child be: - |
| Please circle  | MILD  | MODERATE  | SEVERE |

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| **CRITERIA: Safeguards to Minimise Risk** |  Comments/Evidence |
| 1. Safeguards needed to minimise/eliminate risk:**Unborn:**Compliance with antenatal plan of carePreparation for babySafe sleeping arrangements etc |  |
| 2. Feasibility of implementing identified  safeguards**:** |  |

# Recommendation

Please circle:

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| No additional support needs | Refer to Support Services (including Preventative/Early Help) | Refer to Children’s Services (Care and Support) | Refer to Children’s Services (Child Protection) |
|  | Consent Required | Consent Required | Consent can be overridden  |

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| Reason(s) for Recommendation:  |

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| **Outcome of assessment and action taken:** |

**Signatures: …………………………………………………..**

**Names: ………………………………………………….**

**Job titles: ………………………………………………….**

**Date: ………………………………………………….**

**APPENDIX 2 –** *The National Children’s Bureau Assessment Framework and Tables*

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| **Child’s Development Needs** |
| **Dimension** | **Factor** | **Rationale** | **Sources of Information** |
| **Emotional and Behavioural Development Educational Health** | Effect of prenatal exposure to drugs | Exposure to drugs during the pregnancy may have an effect on the child’s health before and after birth. It is important to consider whether the mother has attended for antenatal care and followed advice to reduce the potential risk to the baby. The baby may suffer from withdrawal syndrome at birth, requiring treatment in special care, which may in turn affect attachment relationships. | Substance Use ServiceObstetrician MidwifePaediatricianSpecial Care UnitPrimary Care |
| SubsequentSpecial health needs as a result of above | The child may need follow-up for any special health needs. These may not be obvious immediately and will only become evident as the child develops. It will be important to consider both the child’s needs and parents’ ability to meet them. | PaediatricianMidwifery and Neonatal StaffSubstance Use ServicePrimary Care |
| Access or exposure to drugs/equipment  | Drugs and needles are a potential serious hazard to young children. A number of babies die every year from taking their parents Methadone. It is vital to establish what drugs are used, whether needles are used and whether they are kept safely. | Substance Use ServicePrimary Care Parents |
| Effect on school attendance and ability to learn | Attendance at school and nursery may be adversely affected if parents are under pressure as a result of drug use. Alternatively, children may attend but be hindered from learning because of problems at home. For other children, school is a vital factor in developing self-esteem and resilience. It may be difficult for them to talk about parents’ drug use. | School/NurserySchool NurseChild |
| Impact on quality of attachment(s)and feeling valued | For secure attachments to be developed with caregivers, they need to be consistently responsive to the child. Parents also need to be attentive to make the child feel loved and important. This process may be impaired if drug use has an effect on parents’ availability or mood and behaviour. | ChildSchool/NurseryCAMHS |
| Experience of loss/Bereavement  | Children of drug Use parents are at an increased risk of loss, bereavement and separation. Parent may die or develop serious health problems; they may spend time in hospital or prison. Because the family is under stress, there is also greater risk of parental separation or family breakdown. It is important to explore such losses – or fear of loss in the future – and to understand the impact on the child. | ChildParentsFamilyCAMHS |

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|  **Self care Skills Social Presentation Family and Social Relationships Identity** | Attitudes drug use and offending behaviour | The children of drug users may be receiving confusing and potentially harmful messages about the acceptability of drug use and offending. Loyalty towards parents may be at odds with drug education or media portrayals of drug users. This is a potential challenge to the child’s identity. | ChildParentsTeacher (s) Support Services |
| Sibling relationships and sibling drug use | Children living with parents who use drugs are increased risk of becoming drug users themselves. This means children may be living with siblings who are using and there are indications that they may become involved in turn. Alternatively, siblings may have close and protective relationships, or become isolated from each other. | ParentsChildrenFamilyCAMHSYouth ServicesSubstance Use Service |
| Other caring relationships and ‘lifelines’ | Children will have a network of relationships, some of which may be compensating for parental problems. It will be important to explore and understand the roles filled by these relationships and particularly whether anyone serves as a lifeline for the child at times of crisis. | Substance Use ServicePrimary Care Parents |
| Impact on friendships | Children may be inhibited from developing supportive peer relationships by parental drug use. They may be embarrassed by their parents’ behaviour or other children may be told not to play with them. Friendship could also be a vital source of support, particularly if they are able to share their experiences or friends’ homes provide a sanctuary. | ChildrenFamiliesSchool/NurserySupport ServicesHousing Agencies |
| Parental Associations |  | ChildrenFamiliesSchool/NurserySupport ServicesHousing Agencies |
| Secrecy Stigma and Social exclusion | Serious drug use is not acceptable and users could worry about being judged ‘bad’ parents. They may also worry about other adverse consequences if their drug use is exposed. In turn, children may be worried about being taken into care or their parents getting into trouble if they talk about it. Drug users may be shunned within the community and their children may share in this social exclusion. | ChildrenFamiliesSchool/NurserySupport ServicesHousing Agencies |
| Level of caring responsibility for self, parents, and siblings | Children may become ‘young carers’ because of their parents’ problems. They may have to take on an excessive responsibility for themselves, siblings, and parents. This may be apparent in terms of physical caring, but the extent to which children also feel emotionally responsible should also be considered. For example, some children feel responsible for helping parents tackle their drug problem or for protecting them from stress so that they do not relapse. | ChildrenParentsFamilySchoolSupport ServicesCAMHS |

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| **Parenting Capacity (NB: It is important to consider all those with parental/ caring responsibility towards the child. Research indicates a tendency to focus on mothers)** |
| **Dimension** | **Factor** | **Rationale** | **Sources of Information** |
|  **Stimulation Emotional Warmth Ensuring Basic Care** **Safety** | Details on drug use and impact on parental health/ behaviour/ mood | It is important to understand the nature and pattern of parental drug use in order to make judgements about the impact this will have on parenting (see elsewhere on your Local Authorities’ Substance Use intranet site / Local Safeguarding Website?). For example, Crack use will lead to volatile behaviour whereas Heroin use is more likely to lead to drowsiness. Other relevant information will be how the drugs are obtained and funded, whether there are associated health problems, particular times of day when parents are likely to be affected by their use. *Is there anything “new” that needs to be included? Need to be advised by Expert. Jean Harrington?* | ParentsSubstance Use ServiceGPPolice/Probation  |
| Physical availability to child and impairment of ability to provide care  | Drug use may reduce parents’ ability to provide physical care to the child. They may be absent from the home raising the money for buying drugs or in prison/hospital. Alternatively, the effects of drugs may mean they can’t handle the child safely or react to protect them from danger. | ParentsSubstance Use ServicePrimary CareSchool/Nursery |
| Emotional availability to child | Similarly, the problems caused by drug use may reduce the amount of attention parents can give to their child. They may also be distracted, drowsy or bad-tempered, depending on the drugs used and unable to make the child feel loved or valued. | ParentsSubstance Use ServicePrimary CareSchool/Nursery |
| Priorities – drugs or child? | The use of drugs, particularly if there is a physical dependency, can be an all-consuming activity that leaves little space for parenting. This may result in children feeling that their parents care more about the drugs than them. When assessing parenting capacity, it needs to be considered whether this is supported by an examination of their behaviour. Do they miss events at school or birthday celebrations because of drugs? | ParentsChildrenSchool/Nursery  |
| Strategies to protect child from impact of drugs | Parents may be well aware of the possible impairment to their parenting capacity and have developed ways of compensating for this. For example, they may draw on support from the extended family, or limit their drug use to times when the child is in bed. | ParentsFamily Support Services  |
| Consistency and reliability  | One of the difficulties of assessing the impact of drug use is its fluctuating nature. Parents may be loving most of the time, but aggressive or irritable after stimulant use. They may make promises to the child when stable in treatment but break them when they relapse. It is important to understand these variations because of their disruptive impact on a child of having parents they cannot rely on to be there for them. | Substance Use ServiceParentsFamilyChild  |

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|  **Stability Guidance and Boundaries** | Role of drugs within parental relationship/ partnership  | It is likely, though not universal, both parents will be involved to some extent in drug use. If so, drugs will play a central part in the relationship. One partner may rely on the other to raise money or procure the drugs. This may be problematic if one partner is motivated to stop. Whatever the dynamic, it needs to be understood if assessing parents’ ability to work together to look after the children. | ChildParentsFamilyCAMHS |
| Messages to child about drug use and offending behaviour | Most drug use is illegal in itself and parents often need to engage in illegal activity in order to fund it. They may be involved with the criminal justice system as a result. Meanwhile children will be receiving messages outside the home about the fact that such behaviour is wrong. Parents will need to help their children make sense of this potential confusion. | ParentsChildrenSchool Youth Services   |
| Previous parenting capacity   | A high proportion of drug users do not have their children living with them. Such children are also more likely to be on the Child Protection Register. It is important to obtain full information about the well-being of any previous child that either parent had cared for and to consider whether there are any lessons to be learned. | ParentsFamilyOther Social Service departments  |

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| **Family and Environmental Factors** |
| **Dimension** | **Factor** | **Rationale** | **Sources of Information** |
|  **Wider Family Family History and Functioning**  | Past drug treatment/ engagement | 4If assessing the capacity for parents to change, it will be important to consider the parent’s drug history and the effectiveness of previous treatment. Relapse is common, but overall may tend to indicate whether the drug problems are getting better or worse. The motivating factors that prompted treatment, the level of engagement, the nature of the treatment and the outcome will all be relevant in assessing the likelihood of future treatment being effective. | ParentsSubstance Use ServicePrimary CareProbation |
| Offending behaviour and convictions | Many drug users will have become involved with criminal behaviour, either directly through the possession or selling of illegal substances or indirectly through crime to fund drug use. They may be facing new or unresolved changes. It is important to know about the types of crime committed and any outstanding charges, particularly if there is any likelihood of custody, in order to assess the likely impact on the children. Children may be harmed by certain types of offending behaviour or they may be facing the loss of parents to a prison sentence. | Police/ProbationSubstance Use ServiceParents  |
| Who knows about drug use? and implications for wider family relationship | Because of the level of secrecy and stigma attached to drug use, it is important to establish who knows about it. Parents may think that no one knows, particularly their children, but his may not be the reality. If the drug is not openly acknowledged, the children may be hampered from discussing their experiences and from seeking help. Family and friends may find it difficult to offer support if the problem is denied. On the other hand, if everyone knows, the family may be stereotyped unfairly. | FamilyParentsChildSupport servicesFamily group conferences   |
| Extended family able to act as carers | Many families are able to meet the needs of children because of support from extended family. Children may live with family members some or all of the time, or family may intervene behind the scenes to make sure children get extra help practically and emotionally. This may be complicated, however, with parents feeling judged and undermined. Children may feel confused, or have conflicts of loyalty as a result. Services may also have unrealistic expectations about the role of extended family and provide some inadequate support. Assessments should recognise that potential for extended family, but realise heavy demands and difficult dynamics this may cause. | ParentsChildrenSchool/Nursery  |
|  **Community Family’s Income, Employment, Housing**  **Resources Social**  **Integration** | Adequacy of material resources – money and housing | Drug use is a major drain on family’s resources. Money might be diverted from essentials such as food to buy drugs, or it may mean that there is nothing left to give the children outings and the same standard of living as their peers. This may be felt more acutely by older children and adolescents. Parents may also be too compromised by their drug problem to maintain the home or to make it a good environment for the children to be in. Drug users tend to have less stable housing than others and may lose tenancies because of their problems. | ParentsFamily Support Services  |
| Home is exposed to risky adults or activities | Parents may have few contacts except other drug users. If compelled to engage in crime to fund their drug use, they may be selling drugs or become involved in the sex industry. This may result in visitors to the home who pose a risk to the children, or adults being unable to control what goes on in the home. Children may be exposed to other persons using / selling / dealing drugs and could be introduced to substance Use related behaviour from an early age..…Professionals visiting homes need to be vigilant and take details of persons and their relationships. | Housing agenciesPolice/ProbationNeighbours |
| Community attitudes to stigma   | If the family have been labelled as drug users within their community they may be demonised and rejected. This rejection may extend to the children and they may be hurt by their parents’ social exclusion. On the other hand, some communities contain a high proportion of drug users and the children may experience a subculture that exposes them to drug use as a way of life. It is important to understand how the family fit into their particular community. | Housing Agencies  |
| Support network outside the home | Communities, schools and support services may be able to support the child and their family in a variety of ways. A school with good pastoral support may have breakfast or after school clubs and in-school interventions that provide stimulation and a nurturing environment. Youth services may be able to help children have some fun and develop their skills and self-esteem. There may be specific services such as young carers’ groups or family support that help the family build on their strengths. Or there may be a degree of empathy and acceptance from neighbours or the parents of school friends. All of these may help the family to cope. | SchoolsYouth servicesVoluntary sectorTargeted services |

**Source NCB 2006**