SAFEGUARDING UPDATE

St Cuthbert's
ROMAN CATHOLIC ACADEMY TRUST

ENDSLEIGH HOLY CHILD · ST RICHARD'S · ST ANTHONY'S · ST CHARLES' · ST MARY'S COLLEGE · ST MARY QUEEN OF MARTYRS · ST VINCENT'S · ST THOMAS MORE

JULY 2022

PARENTAL SUBSTANCE MISUSE

Prevalence:

According to the Children's Commissioner for England's data on childhood vulnerability, there were 478,000 children living with a parent with problem alcohol or drug use in 2019 to 2020, a rate of 40 per 1,000.

Risks:

Substance misuse rarely occurs in isolation from other social problems. Lessons from local and national reviews of serious case reviews and Domestic Homicide Reviews have highlighted the dangers to children from 'cumulative harm 'which can occur when substance misuse, domestic abuse and parental mental ill health co-exist and increase the risk of harm to children. Professionals in contact with a child in a drug misusing environment must ask themselves: "What is life like for a child?"

Children of parents or carers who misuse drugs or alcohol are more likely to develop behaviour problems, experience low educational attainment, and are vulnerable to developing substance misuse problems themselves. Some Children's health or development may be impaired to the extent that they are suffering or likely to suffer significant harm.

Definition

Substance misuse refers to the abuse of drugs and/or alcohol. The 'use' of drugs or other substances by, parents or carers does not in itself indicate child abuse or neglect and there is no assumption that children living in such circumstances will automatically be considered under the child protection procedures.

The term 'drug or alcohol misuse' refers to use of a substance that is associated with problematic or harmful behaviour, i.e. harm is caused to the user or others, such as children, as a result of their use. This term makes a judgement about harm, but does not imply addiction or dependence.

Harm to children from parental substance misuse can be broken down into two types of effects:

- Direct – as a result of what happens when a parent is intoxicated or recovering.
- Substance misuse may affect a parent or carer's ability to engage with their child. It may also affect a parent or carer's ability to control their emotions. Severe mood swings and angry outbursts may confuse and frighten a child, hindering healthy development and control of their own emotions.
- Maternal drug use during pregnancy can seriously affect foetal growth. The use of heroin / other opiates, cocaine and benzodiazepines during pregnancy can all cause severe neo natal withdrawal symptoms. Maternal drug injecting carries the risk of transmission to the baby of HIV and Hepatitis. Maternal nutrition may be poor.

- Indirect – as a result of the prioritisation of drinking or drug taking over a child's needs.
- A disorganised lifestyle is a frequent consequence of substance misuse. Parents / careers may fail to shop, cook, wash, clean, pay bills, attend appointments etc.
- Indirect harm includes poverty, physical and emotional abuse or neglect; dangerously inadequate supervision; intermittent or permanent separation; inadequate accommodation and frequent changes of residence; toxic substances in the home; interrupted or otherwise unsatisfactory education and socialisation; exposure to criminal or other inappropriate adult behaviour; and social isolation.

Stigma and barriers to engagement

- The fear of social work involvement once parental substance misuse is disclosed, and of children being removed from the family home, can prevent parents and children from seeking help and disclosing their parental status.
- Also, families affected by parental alcohol and drug use may need significant support to address the long-term effects of stigma and exclusion. Children and parents may need support and encouragement to get the courage to ask for and accept help and to talk openly about issues in the family.

Protective factors and resilience

- The risk of harm to the child may be reduced by effective treatment and support of the affected parents / carers and by other factors such as the presence of at least one other consistent caring adult; a stable home with adequate financial resources; maintenance of family routines and activities; and regular attendance at a supportive school.
- Protective Factors for the child:
- The presence of a stable adult figure (usually a non-problem drinker);
- Close positive bond with at least one adult in a caring role.
- A good support network.
- Low separation from the primary carer in the first year of life.
- Characteristics and care style of parents.
- Being raised in a small family.
- Larger age gaps between siblings.
- Engagement in a range of activities.
- Individual temperament.

Positive opportunities at times of life transition. Further, much research shows that, if family cohesion and harmony can be maintained in the face of substance misuse, then there is a high chance that the child will not go on to have any problems (Cleaver et al, 1999; Velleman and Orford 1999).

Resilience factors for the child:

- Deliberate planning by the child that their adult life would be different.
- High self-esteem and confidence;
- Self-efficacy;
- An ability to deal with change.
- Skills and values that lead to efficient use of personal ability.
- A good range of problem solving skills.
- The young person feeling that they have had choices.
- The young person feeling that they were in control of their lives.
- Previous experience of success and achievement.

KEY MESSAGES

- **Lanyards must be worn at all times.**
- **Please ensure you sign in and out of school**

Directors of the Trust with a responsibility for Safeguarding

Michael Gallagher

James Sargeant

Designated Safeguarding Leads

St Anthony's

CBarley@stahull.org

St Thomas More

LStansfield@stmhull.org

Endsleigh Holy Child

DHermann@ehchull.org

St Charles'

MLongman@stchull.org

St Mary Queen of Martyrs

ESmith@smqhull.org

St Vincent's

JBell@stvhull.org

St Richard's

EGriffin@strhull.org