

Working together

Working together to safeguard children makes it clear that every child has the right to grow up in a safe, stable and loving home.

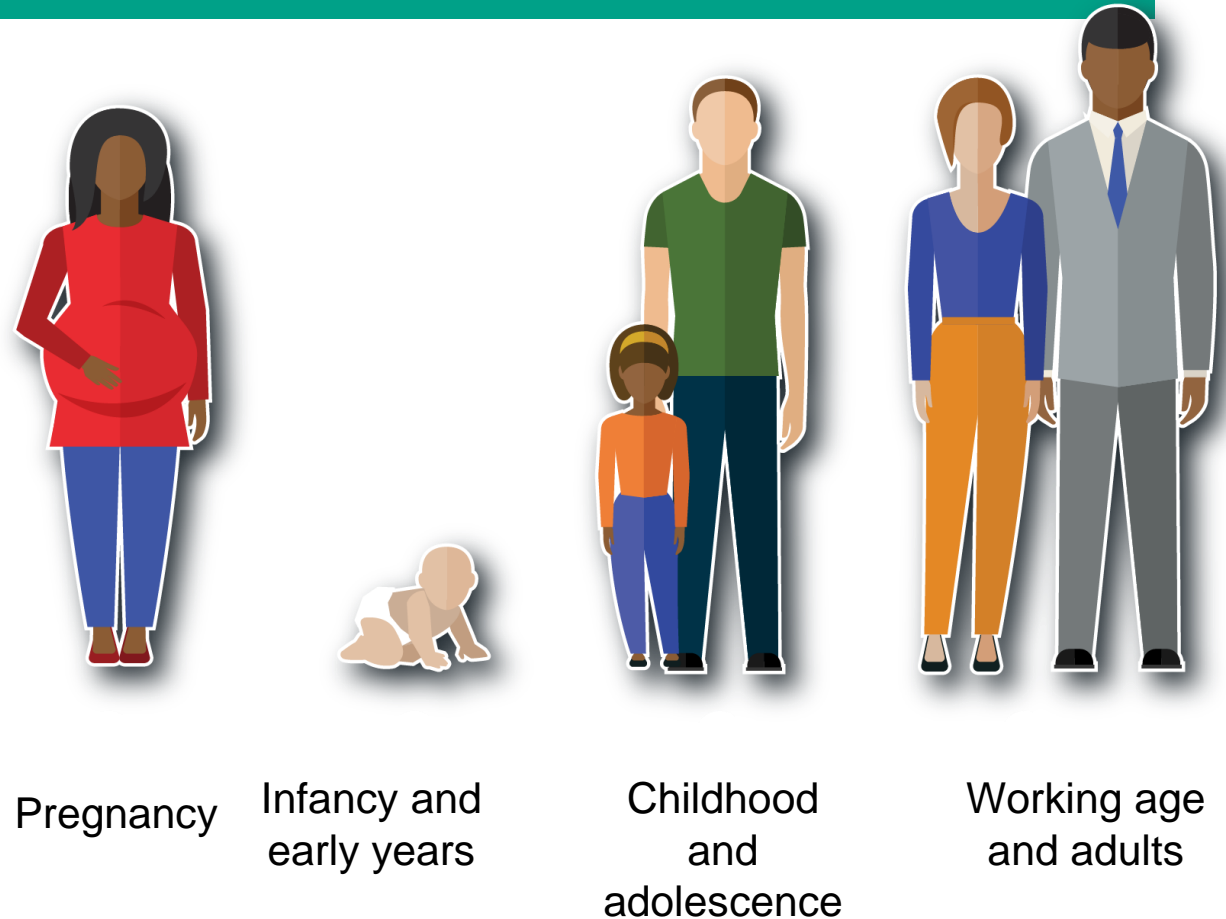
- Some families affected by alcohol and/or drug use may need help to ensure their children have the right support to be protected and thrive.
- Every agency or worker involved needs to be clear about their roles and work together effectively.
- This includes those with no direct contact with children working primarily to support parents or carers, such as adult alcohol and drug treatment and recovery services.
- The best way to keep children safe, and help them to achieve and thrive is to strengthen their protective factors and reduce the risk of harm.
- For children with a parent or carers with alcohol and/or drug problems, this includes ensuring they receive the therapeutic and social support they need, and supporting parents and carers with alcohol and/or drug problems to receive treatment and, where necessary, support with parenting.

Protective factors

Not all children of parents with alcohol and/or drug problems will experience harm. However, for those that do, there can be an impact throughout the life course. The best way to prevent immediate and long-term harm is to strengthen protective factors and reduce harm in childhood.

Protective factors include:

- consistency and stability in everyday family life; families spending quality time together
- one parent does not have a problem with alcohol and other drugs
- parent is receiving treatment
- close positive bond with at least one adult in a caring role (for example, parents, older siblings, grandparents)
- community engagement
- supportive social networks
- regular attendance at school



Mothers and female carers

Pregnant women and mothers with alcohol and/or drug using problems can be among the most vulnerable in society, requiring specialist and holistic interventions. Stigma, shame and fear of children being placed into care can act as powerful barriers to accessing timely support.

- Mothers who use drugs are more likely to have their children removed from their care than those who do not. Child removal increases trauma and the risk of substance use, depression and suicidal ideation.
- Parents with alcohol and/or drug problems face particular stigmatization and feelings of shame, with mothers likely to experience stigma and shame more deeply than fathers as they may be perceived as contravening their roles as mothers.
- Pregnant women attending treatment services usually have better antenatal care and better general health, even if they are still using illicit drugs.



Fathers and male carers

The role of fathers and male carers with alcohol and/or drug problems is often overlooked. This neglect can lead to a variety of negative consequences for both fathers/male carers and their children, impacting child safeguarding and wellbeing, and hindering recovery efforts.

- Compared with research on maternal substance use, research on paternal use and its impact on children is limited.
- As with mothers and female carers, a father or male carer's alcohol and/or drug use can be influenced by many factors, including childhood trauma, mental health issues, and relationship difficulties, which can create a cycle of challenges impacting the entire family.
- The research that does exist highlights the importance of fathers/male carers and their positive involvement in a child's life, emphasizing the need for interventions that address alcohol and/or drug use while promoting fatherhood roles and relationships.
- Services shouldn't neglect to consider how fathers and male carers are affected following child removal.

What works?

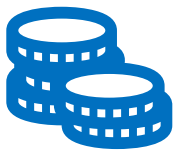
Treatment coupled with interventions which improve parenting skills and family functioning is a more effective and cost-effective option than treatment alone for parents/carers and their children. This is true for parents/carers both living with and not living with their children. This suggests that local alcohol and drug services working together with children and family services could provide better outcomes for families.



A recent [Cochrane review](#) suggests treatment combined with parenting skills and family functioning is more effective than treatment alone in reducing parental substance use, including for parents involved with child protection.



Analysis of [NDTMS](#) corroborates this: treatment plus parenting and/or family recovery support increases the odds of successfully completing treatment by 1.6-2.41 depending on child living arrangements (e.g. whether the child is in care) and type of drug use (e.g. heroin versus cannabis use).



It is also cost-effective, e.g. for alcohol using parents it is associated with a cost per QALY of £6,834. An economic evaluation of Moving Parents and Children Together (M-PACT) reported an ROI of 2.76:1 in year 1.

What happens on the ground?

The available evidence suggests silo working and lack of training among the workforce is prevalent to the detriment of families.

- A 2023 report by the NSPCC on [child safeguarding case reviews which featured parental alcohol or drug use](#) highlighted several failings on the part of child social workers and adult treatment practitioners, such as:
 - a lack of understanding of alcohol and drug use and its effect on parenting among child social workers
 - alcohol and drug treatment staff not always adhering to their duties under Section 11 of the Children Act 2004 of asking whether there are children in the family
 - a lack of information sharing between statutory child welfare and treatment services

To consider. See self-assessment checklist for more ideas

How can you improve referrals into treatment for parents/ carers with alcohol and/or drug problems?

How can services work together to support parents with alcohol and drug problems get support with parenting and family functioning skills where needed?

Are alcohol and drug services represented in safeguarding forums/ are children's social care represented in Community Drug Partnerships?

Would child social worker and alcohol and drug teams benefit from reciprocal training?

How can services work together to encourage more referrals into specialist mother and baby residential facilities?