

Prevalence and risk of harm

Children of parents with alcohol and/or drug problems can experience adverse outcomes and trauma, which can continue through to adulthood and for generations without effective interventions to break the cycle

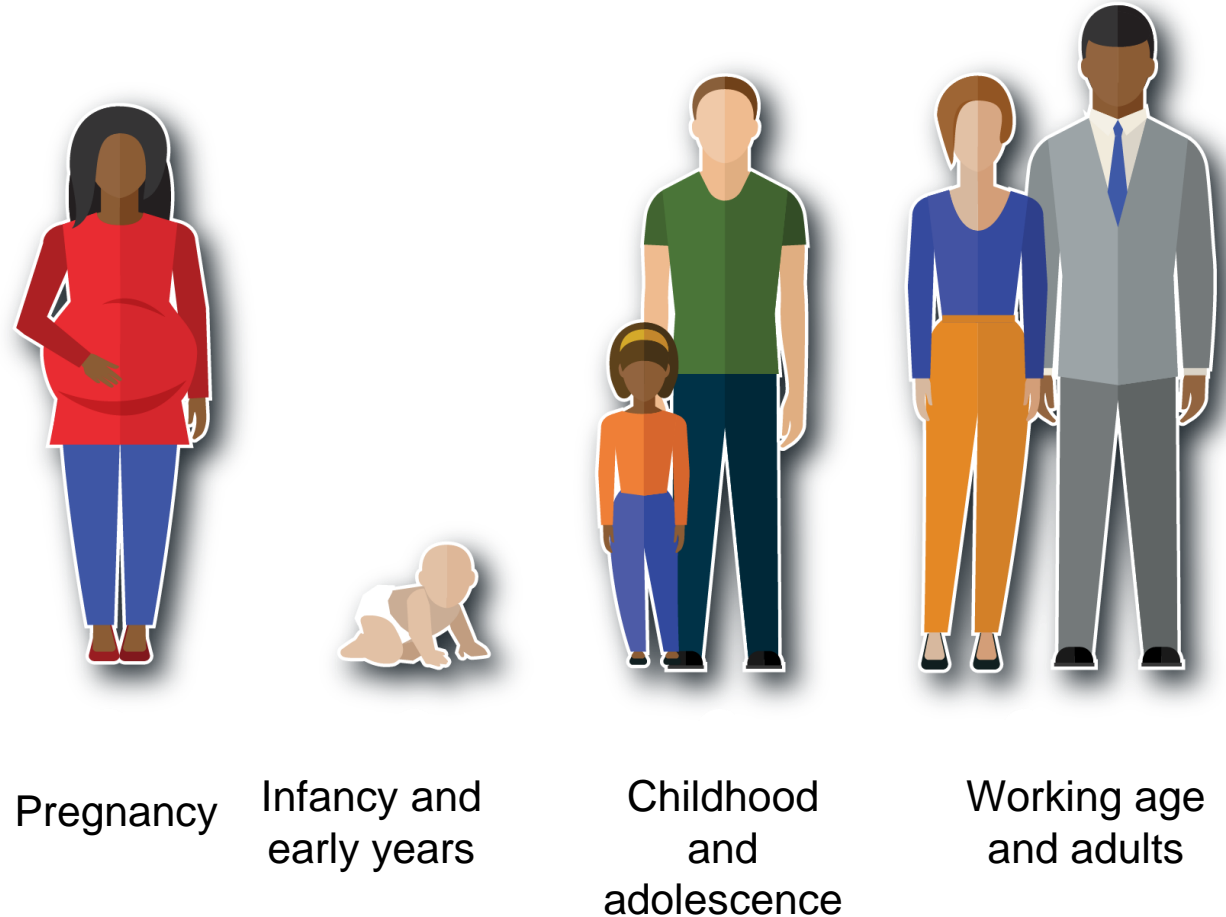
- In **2019-20** there were an estimated 200,000 children living with at least one adult with an alcohol problem and 125,000 living with at least one opiate and/or crack cocaine users.
- According to data from the [Children's Commissioner](#), 181,000 (4.4%) 0-5 year olds live with an adult with an alcohol/ drug dependency and 240,000 (3.8%) 6-15 year olds.
- Parental alcohol and drug problems often feature in child social worker assessments and in serious case reviews where a child has been seriously harmed or died. [In 2023 to 2024, there were around 506,000 assessments under section 17 of the Children Act 1989](#). Of these, 14.0% were recorded as parental drug use being a factor (increasing to 17.2% to include any adult) and 14.3% as parental alcohol use (increasing to 16.5% to include any adult).
- In 2023/24, in 43% of [child safeguarding practice reviews](#), there was a parent with an alcohol and/or drug problem (an increase on the previous year's 39%). The proportion was similar in incidents where the child had died (44%) and where the child suffered serious harm (42%). Of the 37 reported incidents of SUDI, 65% involved a parent with alcohol and/or drug problems recorded.

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.

Protective factors include:

- consistency and stability in everyday family life; families spending 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 and supportive social networks
- personal qualities and social skills of child



Complexities: 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.
- According to the [MBRACCE-UK](#) Report, of the women who died in the UK in 2020-22 during or up to one year after pregnancy, 18% were 'substance users'. Many who die in the perinatal period because of drug use had an infant in care and/or ongoing care proceedings (59%, n=16)
- 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.



Complexities: 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.

HIGH LEVEL TREATMENT DATA ONCE READY

What works?

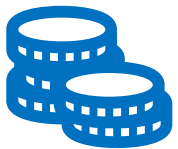
Treatment coupled with interventions which improve parenting skills and family functioning is a more effective and cost-effective option than treatment alone for parents/carers and their children. This is true for parents/carers both living with and not living with their children. This suggests that 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 children's social care.



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.

- There are just two specialist residential services for pregnant women and mothers with alcohol and drug problems in the country. Both heavily rely on referrals and funding from children's social care.
- Provision of parenting/ family support for parents in treatment is rare and delivery is led by a mixture of Early Help, treatment and other delivery partners with limited strategic join up.
- 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 checklist for more ideas

How can you improve referrals into treatment for parents/ carers?

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

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?