



# ALL BABIES COUNT

**Spotlight** on drugs and alcohol

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Cruelty to children must stop. **FULL STOP.**



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## Spotlight on drugs and alcohol

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# INTRODUCTION

This is the first in a series of Spotlight papers which build on the findings of the NSPCC report – *All Babies Count: Prevention and protection for vulnerable babies*<sup>1</sup> which highlighted the pressing need for effective interventions for parents and their babies. The Spotlight papers focus on the specific developmental importance of pregnancy and babyhood, shining a light on a particular issue for families, policy and practice, in this case **parental misuse of drugs and alcohol**.

All babies need to be safe, nurtured and able to thrive and a growing body of evidence shows that the early care they receive provides the essential foundations for future physical, social and emotional development.<sup>2</sup> Parents who misuse substances need services that can take account of their own difficult life circumstances which often include chaotic childhoods, co-existing psychological problems and social isolation,

whilst also providing support for them as parents to ensure that their babies develop to their fullest potential.

Parental substance misuse can harm children's development both *directly* – through exposure to substances in utero – and *indirectly* – through its impact on parenting capacity. This paper covers three areas:

**INSIGHT:** what is known about babies affected by parental substance misuse?

**INNOVATION:** which interventions and services are effective or show promise in helping create a safer and more nurturing environment for infants?

**IMPACT:** what can be done to improve policy in this important area?

## Summary of Key Points

Estimates from the National Psychiatric Morbidity Survey suggest:

- Around 79,000 babies under one in England are living with a parent who is classified as a 'harmful' or 'hazardous' drinker.
- Around 43,000 babies under one in England are living with a parent who has used an illegal drug in the past year.

Substance misuse in pregnancy is a key public health issue not only because of the associated negative impacts on foetal and infant outcomes, but because these harms are *preventable* and can be *remedied* or at least attenuated.<sup>3</sup>

Babyhood is a time of particular vulnerability. Studies have shown that babies are more likely to suffer neglect and abuse and are seven times more likely to be killed than other children.<sup>4</sup> Pregnancy and infancy offer an important window of opportunity for intervention – help at this life stage is often well received by parents and can help to set the template for effective parenting and strong relationships.

There is a pressing need for the provision of evidence-based interventions which work specifically with substance misusing parents of infants, particularly interventions which focus on the development of sensitive parenting and secure parent–infant relationships.

If we are to ensure babies are protected and able to thrive, it is vital that the problems faced by children and families are centre stage in national policy on drugs and alcohol, informed by evidence of the impact of parental substance misuse on children, with a particular emphasis on the need for early intervention and an awareness of increased vulnerability during pregnancy and babyhood.

Substance misuse services working with parents need to ensure that work with adults to treat their addictions is combined with work that explicitly promotes secure attachment, positive relationships and good parenting.

## What success looks like

### Clear focus; clear accountability

1. A clear policy mandate from national government and from local health & wellbeing boards that prioritises the needs of children and babies of substance misusing parents.
2. Development of a national outcome measure relating to parenting quality and parent–child interaction among substance misusing parents of babies, in order to drive investment and accountability.
3. Central collation of data on the numbers of parents affected by drug and alcohol problems; numbers in treatment; and numbers accessing other services (such as health, social care and parenting) – by age of dependent children and/or co-resident children.

### Integrated policy; integrated practice

4. Robust local drug and alcohol strategies owned and championed by health & wellbeing boards; and providing a good balance between universal and targeted prevention and intensive treatment services.
5. Provision of evidence-based parenting programmes for *all* substance misusing parents and their babies.
6. Provision of services which are ecologically and developmentally based; and which address both the problematic drug use itself as well as its impacts on parenting and the child.

### World class commissioning; world class services

7. Robust local data on the numbers and ages of children and babies affected by parental substance misuse are captured through Joint Strategic Needs Assessments and used to drive the provision of age-appropriate services.
8. Commissioners review the range of services that are available; take action to fill any gaps; and monitor the effectiveness of new services.
9. An outcomes framework in each local area which captures improvements in parenting, parent–child interaction and adult recovery.

### Professional capacity; professional capability

10. All professionals are trained to identify and assess the needs of substance misusing parents, especially in the perinatal period.
11. Core practitioners have the skills and competence to deliver structured intervention programmes to those families needing intensive support.
12. All professionals have access to specialist workers with knowledge of parental substance misuse.

# 1. INSIGHT:

## A critical period

Pregnancy and the first two years of a child's life are a particularly important developmental phase, with a strong evidence base pointing to the central importance of a relationship with a primary carer that is sensitive and responsive to the infant's needs. This critical ingredient enables the healthy development of neurological<sup>5</sup> and attachment systems.<sup>6</sup>

Like all parents, those with substance misuse problems still want the best outcomes for their children. Mothers who struggle to manage their substance use during their pregnancy can be left with a profound sense of guilt if they have been unsuccessful. Some parents, who have lived in chaotic and dysfunctional environments themselves, may fail to fully appreciate the impact their substance misuse has on their children. Social isolation, problems associated with crime and illicit drug use, and psychological problems including depression and anxiety, can coalesce to create an environment that compromises parenting capacity.<sup>7</sup>

Research has shown that parents misusing substances are at risk of a wide range of difficulties associated with their role as a parent. These may include a lack of understanding about child development issues, ambivalent feelings about having and keeping children and lower capacities to reflect on their children's emotional and cognitive experience.<sup>8</sup>

It would be misleading to suggest that all parents who use substances are unable to provide the necessary quality of care for an optimal outcome for their baby. However, parental substance misuse is a concern with 25 per cent of children subject to a child protection plan<sup>9</sup> and analysis of Serious Case Reviews 2009–2011 in England showed that parental substance misuse was apparent in 42 per cent of families.<sup>10,11</sup>

Despite the increasing evidence about the impact of substance misuse on parenting capacity and its potential adverse impact on child outcomes, the 2011 Munro Review<sup>12</sup> of Child Protection points out that “*there has been a dearth of literature addressing the issue of substance/alcohol abuse and parenting (Barlow and Scott 2010) and a significant gap in services addressing the family and child needs of substance misusing adults in the UK, with little parent-focused practice.*”<sup>13</sup>

## Alcohol

The precise number of children affected by, or living with, parental alcohol misuse is difficult to establish. However, estimates suggest parental alcohol misuse is far more prevalent than parental drug misuse, and there is a need for greater emphasis in policy and practice on parental alcohol misuse as distinct from other forms of substance misuse.

*Analysis of the National Psychiatric Morbidity Survey 2007<sup>14</sup> showed that in England:*

- Around 79,000 babies under 1 are living with a parent who is classified as a ‘hazardous or harmful’ drinker – this equates to 93,500 babies in the UK.
- Around 26,000 babies under 1 are living with a parent who would be classified as a ‘dependant’ drinker – this equates to 31,000 babies in the UK.

Extensive research indicates that prenatal alcohol abuse is clearly linked to brain development.<sup>15,16</sup> The riskiest period for drinking in pregnancy is around the time of conception and during the first trimester<sup>17</sup> when the foetal central nervous system is developing.

Foetal Alcohol Spectrum Disorder (FASD) – including its most severe manifestation, Foetal Alcohol Syndrome (FAS) – is a direct consequence of prenatal exposure to alcohol. However, it is extremely difficult to obtain estimates of the numbers of children affected by FASD due to a lack of reliable data and difficulties in diagnosis.<sup>18</sup>

Problematic drinking by parents is associated with negative parenting practice (such as low warmth and high criticism) and parenting capacity can be compromised when parents become increasingly focused on drinking and as a result become less loving, caring, nurturing, consistent or predictable.<sup>19</sup> Alcohol misuse is also considered to be an important risk factor in cases of injury and death due to co-sleeping.<sup>20</sup>



## Illegal drugs

As many as 90 per cent of women who are drug-dependent are of childbearing age.<sup>21</sup> The influential *Hidden Harm*<sup>22</sup> report estimated that between 250,000 and 350,000 (2–3 per cent) of children under 16 have a parent who is a problematic drug user and the National Institute for Clinical Excellence estimates that around 4.5 per cent of pregnancies (or 30,200 women per year) will involve a substance abusing mother.<sup>23</sup>

*Analysis of the National Psychiatric Morbidity Survey 2007<sup>24</sup> showed that in England:*

- Around 43,000 babies under 1 are living with a parent who has used an illegal drug in the past year. This is equivalent to 51,000 across the UK.
- Around 16,500 babies under 1 are living with a parent who has used Class A drugs in the past year. This is equivalent to 19,500 across the UK.

Illicit drug use during pregnancy affects both the mother and the developing foetus, due to the fact most drugs cross the placenta. Research has shown there to be a range of adverse consequences associated with drug misuse in

pregnancy, including spontaneous abortion, congenital malformations, low birth weight, poor growth and premature delivery.<sup>25</sup>

Neonatal Abstinence Syndrome is the most commonly reported adverse effect and refers to drug withdrawal symptoms displayed by babies exposed to substances in utero. These include irritability (high pitched crying, inability to sleep) and gastrointestinal symptoms (poor feeding, regurgitation, poor weight gain).<sup>26</sup>

There have been relatively few longitudinal studies investigating the developmental outcomes associated with prenatal exposure to illicit substances and findings are inconclusive. Studies that have investigated developmental outcomes in early infancy typically report delays, although studies that compare children born to substance misusing mothers with other children matched on key demographic variables tend to show little difference in outcomes.<sup>27</sup> The exception perhaps may be cocaine where there is converging evidence suggesting enduring difficulties in attention and concentration.<sup>28</sup> The most persuasive evidence highlights the critical role that environmental enrichment (nurturing and responsive parenting) can play, underscoring the importance of providing intensive interventions that improve family functioning.



## 2. INNOVATION:

### Weaving together treatment and parenting interventions

Evidence-based support for families with infants *can* make a real difference to their life chances and reduce the risks of adversity being passed between generations. Family lives are complex and generally ecological approaches – that target different domains and recognise the interplay between the various relevant factors – are considered to be most effective in changing behaviour and attitudes. Interventions that operate with strengths-based frameworks appear to be particularly beneficial in engaging families and facilitating change.<sup>29</sup>

#### A strategic framework for intervention

A strong strategic framework for service provision requires a good balance between the preventative agenda and the treatment needs of families, with seamless routes into and out of the range of client pathways. The development of joint local protocols, based on guidance from the National Treatment Agency (NTA) for intervention with substance misusing families has begun to tackle this issue.<sup>30</sup> The table below draws upon McMillan's framework<sup>31</sup> of different levels of prevention to set out the range of different services that might be considered as part of a broad strategy for intervention:

<b>PRIMARY</b>	<b>SECONDARY</b>	<b>TERTIARY</b>
Advice giving and guidance by universal agencies  Brief Interventions (BI) within universal settings	Family based community interventions (such as Parents Under Pressure)	Residential rehabilitation and stabilisation and detoxification programmes
Preventative campaigns and awareness raising initiatives	Extended Brief Interventions (EBI) programmes	Intensive counselling/ Cognitive Behavioural Therapy/Psycho-Social therapeutic/specialist services
Training for professionals across all agencies	Specialised training and access to specialist staff and knowledge	Specialist staff
Self-help groups	Peer mentoring	Emergency/crisis intervention services
Routine screening, identification and assessment in universal services	Unsupervised community prescribed opiate treatment and relapse prevention programmes	Supervised replacement and treatment facilities, and relapse prevention support
Ante-natal and school based educational programmes	Vocational support	Structured day care



PRIMARY	SECONDARY	TERTIARY
<p>An intervention supported by the World Health Organisation, <i>Brief Interventions</i> (BI) involve up to four one-to-one sessions in which a participant discusses their drinking patterns and receives advice and information. Several randomised controlled trial (RCT) studies have been conducted on BI and research suggests that one in eight participants significantly reduces alcohol intake following this simple intervention.<sup>32</sup></p> <p>BI focuses on adult drinking behaviour and currently does not include advice on the impact of substance misuse on children or infants.</p> <p>Consideration could be given to the development of Family Focused Brief Interventions which would extend the remit of BI to make children and babies a greater focus.</p>	<p>The <i>Option 2</i> programme is an intensive parenting intervention focusing on children at risk of being received into local authority care due to the harms of parental substance misuse. It uses motivational interviewing and solution-focused counselling skills working with families in crisis over a 4–6 week period. It has shown a reduction in the time children spend in care, a delay in the time when children were received into care, and an increase in the numbers of children returning home.<sup>33</sup></p> <p><i>Parents Under Pressure</i> is an intensive parenting programme based on ecological and psychological principles which has been recently introduced to the UK – see overleaf for a fuller description.</p>	<p>An RCT study of a <i>Relational Psychotherapy Mothers Group</i> (RPMG) showed significant reductions in child maltreatment risk, improvement in communication, involvement with the child, and a reduction in non-prescribed opiate use; although the improvements had reduced in the follow up study six months later.<sup>34</sup> Although infants were included in the study, the age range was broad (1–16 years, mean age 9 years). The most positive effects were found for the younger age group, specifically those under 7 years.</p>

In recent years there have been some promising developments in relation to service provision and ‘what works’ for substance misusing parents and their children; and great strides have been made in relation to effective treatment for adults. However, despite the particular vulnerability of babies and the developmental importance of pregnancy and infancy, relatively little robust research has been carried out on interventions for drug and alcohol misusing parents specifically during this life stage.

## Primary Prevention

Pregnancy is a crucial opportunity for engaging and working with substance misusing parents, with childbirth being a potential motivator towards behaviour change in the interests of the unborn child. Despite public health campaigns and warnings regarding the use of alcohol during pregnancy, a number of women are still at risk for alcohol-exposed pregnancy.

All professionals working with pregnant women and their partners should be able to assess the risks to the unborn child and to consider appropriate interventions, including those which focus *explicitly* on improving the parent–infant relationship. Once parental substance misuse has been identified it is critical that treatment services for parents are available and that professionals know where to direct service users for help. The National Institute for Clinical Excellence (NICE) estimates that of those classed as dependent on alcohol, only about 6 per cent receive treatment.<sup>35</sup> NICE recommends treatment which includes social and psychological techniques as well as advice on detoxification.

Early intervention requires timely identification of need as well as provision of services. Research in the United States suggests that 90–95 per cent of all children with prenatal exposure are not detected at birth and parents leave the hospital with their baby without follow-up plans

or services.<sup>36</sup> The provision of specialist midwives in the UK is a significant step forward; however, without routine assessment in all agencies, not all substance misusing mothers will be identified.

## Measuring outcomes

All programmes working with parents misusing substances should be evidence-based with a focus on treatment outcomes for parents, as well as on the parent–child relationship and on outcomes for children themselves. The 2012 Home Affairs Select Committee report, which focused on ‘breaking the cycle’ of drug abuse, identified wide variation in the success of treatments from 60% of patients overcoming their dependence in some programmes to just 20% in others. Data from the NTA suggest that parents who live with their children do very well in treatment (54% completed their programme successfully) and that they are slightly more likely than non-parent adults to stay in treatment for at least 12 weeks (the minimum time required to derive benefit).<sup>37</sup> The Home Affairs Select Committee also suggested that providers should be required to publish detailed outcome data to enable patients and clinicians to make better informed decisions.<sup>38</sup> The Drug and Alcohol Recovery payment-by-result initiative supports the

focus on outcomes; however, parenting outcomes are not explicitly captured in these pilots.

The lack of parenting outcomes data and the small number of robust cost effectiveness evaluations of interventions addressing both parenting and substance misuse makes it more difficult for commissioners to make informed decisions about which programmes to invest in.

A systematic review<sup>39</sup> of integrated programmes working with substance misusing mothers and infants showed children’s outcomes improved and adverse child outcomes could be reduced by providing integrated services as distinct from adult or child specific services. However, of the 13 studies included only 3 evaluated parenting outcomes, and one of the 3 was a follow up of an earlier study (Huber 1999, Suchman 2010, Suchman 2011).

Overall, a number of innovative ways of working with substance-dependent parents have been developed over the past ten years with the aim of improving parent–child interaction in addition to parental substance use, but to date we have limited evidence of effectiveness, particularly for infants. We need to develop a more extensive UK-based body of evidence focusing on intervention during pregnancy and in the early years.

### **Parents Under Pressure NSPCC Study**

*Parents Under Pressure*<sup>40</sup> (PUP) is an intensive parenting programme which was originally developed in Australia. Working with methadone-dependant mothers with children aged 2–8 years, the PUP programme was shown as part of a RCT to achieve a reduction in child abuse potential, parenting stress and child behaviour problems. The programme is a manualised home-based intervention, which is underpinned by an ecological model of child development, and targets multiple dimensions of family functioning. It addresses the psychological functioning of individuals in the family, the parent–child relationship and social contextual factors such as social isolation, accommodation, and financial issues. The key mechanisms for achieving change in families are the ecological approach, therapeutic alliance with parents and a focus on mindfulness to help improve parental affect regulation.

The NSPCC is working with the programme developers to test the effectiveness of the PUP programme in 11 centres across the UK. The programme has been developed to work specifically with substance misusing parents of new-born babies and infants aged up to 2-and-a-half-years. An independent RCT and a wider service evaluation are being undertaken by the University of Warwick in order to measure the impacts of the programme, its cost-effectiveness and fit with UK delivery systems. Specific outcome measures include evidence of an improvement in parent–infant interaction, reduction in the potential for child abuse, improved parenting and reduction in family stress. The evaluation will also address rates of substance misuse, and capacity to sustain change through a six-month follow-up period. The NSPCC PUP service is working with parents who misuse alcohol as well as those who misuse illicit drugs.

This is one of the first large scale studies to examine the effectiveness of a programme targeting the parenting of substance-dependent parents of infants, in terms of its effectiveness in improving the parent–infant relationship and reducing the potential for child maltreatment.

## Millie and Nathan's story



"I was referred to the PUP programme because social services were worried that I wasn't giving my two-year-old son, Nathan, enough attention to meet his needs. I had suffered from domestic violence when I was younger and I was drinking a lot to black out my problems. I would get drunk so that I didn't have to deal with the pain or with the stresses of my current relationships. A few years earlier I'd mixed myself a big cocktail of different drinks and tried to cut my wrists and I was heading that way again.

I'd drink two or three times a week and once I started I didn't know when to stop. I didn't think about the effect on my children. When I was hungover, I didn't have the energy to play with them. I wasn't there for them when they wanted to speak to me and I often scared them by snapping at them. I would see to Nathan's physical needs by feeding him and changing him but I didn't have the energy to cuddle or play with him, a lot of the time I ignored him as I was so wrapped up in my own problems. I had low confidence and low self-esteem and I would cry all of the time. I didn't value myself or even like myself. I didn't leave the house other than to take the older two to school and to go to the case conferences to decide the future of the children.

During the programme I realised I was scaring the kids by screaming at them and sometimes I was timid and wouldn't stand up for myself. I learnt that I could play with the children but that I also needed to be more assertive. I was taught how to cope with my panic attacks and how to calm myself down when I felt one coming on. This was a big turning point for me. The panic attacks were brought on by the stress in my life and I realised that I'd used alcohol to block out some problems from my past and once I stopped drinking I had to face things.

If it wasn't for the *Parents Under Pressure* programme my children would still have been on the Child Protection Plan. My relationship with the children has improved no end and I'm a lot more loving with them. I'm a lot happier now and so are they. When I was drinking all the time I didn't realise things could even be as good as they are now."

### 3. IMPACT:

## Meeting the needs of babies in policy and practice

There are no quick fixes to addressing the causes and consequences of parental substance misuse. However, with the right building blocks in place, there is a real opportunity to make tangible improvements to policy leading to sustainable change on the ground. The building blocks require a clear focus and sense of purpose, the establishment of a supportive and integrated policy framework, the commissioning of robust interventions, delivered by a highly skilled and knowledgeable workforce.

#### **Building Block 1: Clear focus; clear accountability**

Parental substance misuse is a critical issue for all agencies resulting in substantial costs to the UK economy. The central focus of the Government's Drugs Policy<sup>41</sup> has been on adult recovery from addiction. And in alcohol policy, action has concentrated on measures to tackle the devastation caused by binge drinking to town centres and communities. These actions are of course highly welcome; however, there has been far less focus on the role drugs and alcohol play in the devastation of family life, particularly to the lives of very young and vulnerable babies.<sup>42</sup> If we are to ensure babies are protected and able to thrive, it is vital that the problems faced by children and families are centre stage in all policy on drugs and alcohol.

Over recent years there has been a gradual increase in recognition of the interests of children and families affected by substance misuse, and the NTA and the Department for Education have published helpful guidance to encourage treatment services at a local level to work with children and family services. In order to support this direction of travel and accelerate progress, parental substance misuse should be made a key priority in national policy, informed by evidence of the impact of parental substance misuse on children, with a particular emphasis on the need for early intervention and an awareness of increased vulnerability during pregnancy and babyhood. Inclusion of specific measures relating to parents of infants, who are misusing drugs and alcohol in key performance frameworks, will signal the importance of this issue and help

commissioners to channel scarce resources towards this much needed area.

In many areas of the country, Drug and Alcohol Action Teams and family support services are developing integrated partnerships that work to support adults to recover from their addiction and improve their parenting skills. But without explicit parenting outcome measures we are failing to capture an important part of their potential impacts. Whilst a focus on parenting is a positive step forward, local family-based policy initiatives often refer to "children" in general with little focus on specific developmental stages during childhood. The number of family-based services and their evaluations, is growing. We understand more about the range of ways in which children, parents and families seem to benefit from integrated services and interventions. However, there is a need for further research, focusing explicitly on the potential longer-term benefits of such support and to assess its cost-effectiveness.<sup>43</sup> Given the nature of the harms, the rates of return on effective interventions are likely to be substantial.

#### **What success looks like: Clear focus; clear accountability**

1. A clear policy mandate from national government and from local health & wellbeing boards that prioritises the needs of children and babies of substance misusing parents.
2. Development of a national outcome measure relating to parenting quality and parent-child interaction among substance misusing parents of babies, in order to drive investment and accountability.
3. Central collation of data on the number of parents affected by drug and alcohol problems; numbers in treatment; and numbers accessing other services (such as health, social care and parenting) – by age of dependent children and/or co-resident children.

## Building Block 2: Integrated policy; integrated practice

In 2013, Local Authorities in England will become responsible for commissioning drug treatment and linked recovery support which could provide a platform for more integrated strategic planning and service delivery at a local level.

Drug treatment alone is rarely sufficient to address the complex needs that substance misusing parents face. It is crucial that drug and alcohol treatment, children and adult services, health workers and other local support services work together to provide the range of interventions required for all parents. Parental substance misuse usually co-exists with other complex family dynamics and processes, requiring an ecological approach. Ecological approaches target multiple domains of family functioning, including family stress, relationships, housing, financial, mental health, substance misuse and parenting. All agencies need to support a 'whole family' approach to parents misusing substances, which in addition to adult treatment, have in place interventions which focus *explicitly* on the parent-child relationship.

Local strategies should span primary (universal) and secondary (targeted) prevention as well as treatment services. They should recognise the specific developmental importance of the perinatal period and the unique opportunities this life stage can offer for behaviour change.

There should be 'no wrong door' to support. All professionals working with families during the perinatal period should be alert to the possible existence of substance misuse in the families they work with and know how to ensure families can access the additional help they might need. NTA data for 2011–12 shows that the number of parents arriving in treatment via GPs, other health services and social services was still low compared to the self-referral and criminal justice routes.<sup>44</sup> Parents who are motivated to self-refer for treatment, should not find that there is a lack of appropriate treatment, due to the patchy nature of community-based family-specific treatment programmes.

### What success looks like: Integrated policy; integrated practice

4. Robust local drug and alcohol strategies owned and championed by health & wellbeing boards; and providing a good balance between universal and targeted prevention and intensive treatment services.
5. Provision of evidence-based parenting programmes for *all* substance misusing parents and their babies.
6. Provision of services which are ecologically and developmentally based; and which address both the problematic drug use itself as well as its impacts on parenting and the child.

## Building Block 3: World class commissioning; world class services

Local Joint Strategic Needs Assessments collate data relating to substance misuse within the existing 'core datasets', although, this does not include data on numbers of babies affected by parental substance misuse. The Public Health Outcomes Framework captures data on numbers successfully completing drug treatment and on alcohol related admissions to hospital. We do not have an outcome which captures the percentage of women abusing alcohol or prescription drugs at the time of booking with maternity services, however, if this data is routinely gathered it would help to better understand the levels of needs of pregnant women and to ensure they receive appropriate support.

Effective commissioning should take into account the need to:

- Include a specific focus on parental substance misuse and the harm caused by substance misuse within the home environment, ensuring that evidence-based services are available that provide early help for substance misusing parents, both treatment for their addiction *and* support for their parenting and other needs.
- Review the range of services that are available and take action to fill any gaps, particularly in relation to pregnant women and infants.
- Ensure commissioned services can demonstrate effectiveness through the use of well validated outcome measures that
  - (i) quantify changes in family functioning



including factors that increase/decrease risk of child maltreatment and (ii) provide clear indications of the cost effectiveness of such interventions, particularly in relation to a reduction in the need for care proceedings, where appropriate.

**What success looks like: World class commissioning; world class services**

7. Robust local data on the numbers and ages of children and babies affected by parental substance misuse are captured through Joint Strategic Needs Assessments and used to drive the provision of age-appropriate services.
8. Commissioners review the range of services that are available; take action to fill any gaps; and monitor the effectiveness of new services.
9. An outcomes framework in each local area which captures improvements in parenting, the parent-child interaction and adult recovery.

**Building Block 4: Professional capacity; professional capability**

Effective delivery of interventions requires a competent workforce, with the knowledge and skills to identify and take action to help parents who are using substances and their children. Universal services, particularly health agencies, are critical in identifying and assessing the additional needs of those using substances. All professionals should be sensitive to the needs of substance misusing parents, building supportive relationships with them in order to overcome the reluctance and concern that parents may sometimes feel when asking for help. Relapse episodes may be a natural part of the route to recovery, and should be considered opportunities to re-engage families and reinforce capacity to change.

A number of Serious Case Reviews have found that professionals lacked the skills and knowledge to provide effective support for substance misusing families. Research finds social workers are sometimes ill-prepared to deal with the risks and complexities that characterise the family lives of most substance misusers, with little knowledge of effective intervention strategies.<sup>45</sup> Professional training on substance misuse issues is often brief and is not commensurate with the frequency with which it exists in social care workloads. Parental substance misuse features prominently on the caseloads of social workers, but children living with parental alcohol misuse come to the attention of services later than children living with parental drug misuse.<sup>46</sup>

A significant amount of research and practice information is available on e-learning platforms and specialist agency websites, although additional investment is needed for in-depth and on-going training for those working with the most complex families, including those working with babies at increased risk of maltreatment. All practitioners should have access to those with specialist knowledge of substance misuse as effective links between universal/specialist services, adult/children and family services and drug and alcohol treatment services are crucial to integrated practice.

**What success looks like: Professional capacity; professional capability**

10. All professionals are trained to identify and assess the needs of substance misusing parents, especially in the perinatal period.
11. Core practitioners have the skills and competence to deliver structured intervention programmes to those families needing intensive support.
12. All professionals have access to specialist workers with knowledge of parental substance misuse.



# CONCLUSIONS

Over the last 10 to 15 years in the UK, there has been a gradual increase in recognition of the harms caused to children by parental substance misuse. However, this has been largely drowned out by the urgent clamour to tackle the crime and public disorder consequences of drug and alcohol abuse. Of course, this singular focus has resulted in significant progress in increasing access to effective treatment services for adults. And we are now beginning to see the emergence of approaches that recognise the need to combine treatment and recovery with the provision of evidence-based parenting interventions and support for dependent children. This progress needs to be accelerated and children and families

should be placed at the heart of all policy relating to drug and alcohol misuse.

We also need to ensure that commissioners and service providers recognise the developmental importance of pregnancy and infancy; and that babyhood is a time of particular vulnerability. The quality of care giving and the baby's relationship with her care givers play a crucial role in enabling the healthy development of vital neurological and attachment systems. Pregnancy and infancy offer an important and welcome window of opportunity for intervention. Programmes such as *Parents Under Pressure* offer great potential to help set the template for effective parenting and get new families off to a better start.



# NOTES

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Child upside down: Photography from istock.com,  
posed by models

The other photos: Photography by Jon Challicom,  
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