

Supporting Families Managing Drugs and Alcohol

Introduction

[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 or drug use may need help to ensure their children have the right support to be protected and thrive. To make this happen, everyone involved needs to be clear about their roles and work together effectively. This includes people and organisations with no direct contact with children working mainly to support parents or carers, such as adult alcohol and drug treatment and recovery services.

This guidance outlines how:

- alcohol and drugs used by parents or carers can affect children
- adult treatment and recovery and children's services should work together to support and safeguard children

The guidance is for:

- commissioners and providers of adult alcohol and drug treatment services
- combating drug and alcohol partnerships
- local safeguarding children partnerships
- directors of public health
- directors of children's social care and local children's services

How a parent's alcohol or drug problems affect children

Not all children of parents or carers with alcohol or drug problems experience significant harm, but children growing up in these households are at greater risk of adverse health and wellbeing outcomes. The effect on children can include:

- abuse, neglect and exploitation
- having to take on inappropriate caring responsibilities
- poor physical and mental health
- developing health-harming behaviours, such as using alcohol and drugs and at an early age
- poor school attendance and low educational attainment

Parental alcohol and drug problem use often features in child social worker assessments and in serious case reviews where a child has been seriously harmed or died.

Protective factors

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 carer with alcohol or drug problems, this includes:

- ensuring they receive the therapeutic and social support they need
- supporting parents and carers with alcohol or drug problems to receive treatment
- support with parenting where necessary

Recognising the role and support needs of carers and their partners

Parents or carers with alcohol or drug problems often experience multiple disadvantage and complex support needs requiring specialist interventions.

Mothers who use drugs are more likely to have their children removed from their care than those who do not. Child removal can increase the risk of overdose and suicide for women who are often already traumatised and in poor mental and physical health.

Stigma, shame and fear of children being placed into care can be powerful barriers to accessing support, especially among mothers and female carers.

Fathers and male carers also have an important role to play. However, services can overlook the role of fathers and male carers with alcohol or drug problems. This lack of recognition can lead to a variety of negative consequences for both fathers and male carers and their children, affecting child safeguarding and wellbeing and hindering recovery efforts.

Partners who do not use alcohol or drugs problematically and other family members (such as grandparents) can act as a protective factor in safeguarding children. However, this is not always the case, and their role as a potential protective factor should form part of safeguarding assessments. It is also good practice to consider their individual support needs.

Statutory and practice guidance

Statutory and practice guidance stresses the importance of child wellbeing, and that this should be reflected in commissioning, delivery and practice. This includes services not working directly with children but that support parents or carers.



Commissioners and service providers should know the statutory and practice guidance and understand their role in implementing it. This section has more information about this guidance.

Early help

Early help is a system of support provided by local councils and their partners. It is for children of all ages and helps to:

- improve a family's resilience and outcomes
- reduce the chance of a problem getting worse, for example a parent's alcohol or drug use

Early help is not an individual service. It is provided through universal services, such as schools or health services. Other early help support is targeted and provided by family help teams to address specific concerns.

Targeted early help can be delivered before, alongside or after alcohol and drug treatment for a parent or carer.

Families First Partnership programme

The Families First Partnership programme brings together:

- targeted early help
- children in need
- multi-agency child protection

Together, these form a system of support for children and families. Targeted early help and support for children in need are collectively known as 'family help'.

The [Families First Partnership programme guidance](#) helps safeguarding partners, including alcohol and drug services, implement family help and multi-agency child protection reforms.

The guidance emphasises how substance misuse services should work collectively and co-operatively with children's social care services and other local partners to improve outcomes for children affected by a parent or carer's problem alcohol or drug use.

Working together to safeguard children

'Working together to safeguard children' is statutory guidance on multi-agency working to help, support and protect children. It makes clear that safeguarding and promoting the welfare of children is a shared responsibility dependent on:

- a child-centred approach
- strong partnerships between parents, carers and practitioners

Local safeguarding children partnerships are the strategic bodies that ensure this multi-agency approach is effectively implemented in local communities. This involves education, health and social care.

The guidance lists alcohol and drug services among the health practitioners with a vital role to play in safeguarding and promoting the welfare of children.

It also sets out the purpose, principles for practice and expected outcomes of children's social care. It is written for people who work in and with local council children's social care, such as alcohol and drug services.

Directors of public health, alcohol and drug treatment and recovery commissioners and service providers all have an important role in the local multi-agency safeguarding arrangements referred to in the statutory guidance. These arrangements are important because of the wide-ranging effects that problem alcohol and drug use by parents or carers can have on children.

Framework for alcohol and drug treatment workforce

NHS England's [Capability framework for the drug and alcohol treatment and recovery workforce](#) emphasises that the adult alcohol and drug treatment and recovery workforce is able to appropriately:

- identify safeguarding concerns
- follow organisational and local safeguarding procedures
- escalate accordingly to social care in line with statutory guidance and local procedures

Senior leadership

Senior leadership is essential to develop a whole-system response to parental alcohol and drug problems. This leadership from local councils and services should include:

- being clear that child safeguarding is a priority for all, including individuals, agencies or organisations that mainly support parents or carers but have no direct contact with children
- ensuring service specifications or contracts are clear about requirements for safeguarding children, including local safeguarding procedures, job roles and workforce training and competencies

- ensuring directors of public health and children's social care are represented in governance structures
- having strong partnerships and referral pathways between early help services and the Families First Partnership programme
- understanding the needs of children and families through a strategic needs assessment
- learning lessons from safeguarding incidents, implementing identified areas for improvement and sharing learning

Local areas could also have a combating drug partnership subgroup that focuses on the support needs of children affected by their parent or carer's alcohol or drug use. You can find more information in [Drugs strategy guidance for local delivery partners](#).

Capable and confident staff

Safeguarding responsibilities for managers and staff

Alcohol and drug treatment and recovery service managers are responsible for ensuring that staff who work directly with people using the service are competent to carry out their safeguarding and child welfare responsibilities. Managers must also be able to encourage an environment where staff feel they can raise concerns and are supported in their safeguarding role.

Every service, including lived experience and peer support services, should:

- have a dedicated safeguarding lead (or designated practitioner)
- be aware of local safeguarding procedures

The safeguarding lead can support colleagues to recognise the needs of children, including protecting them from possible abuse, neglect or exploitation by people who use the service.

The role of safeguarding leads should always be clearly defined in their job descriptions, including skills and competencies required. They should be given enough time, training, funding, supervision and support to fulfil their responsibilities effectively.

Staff working directly with adults should be clear that they have an important role in safeguarding children even if they are not directly working with them. They must be capable and confident to identify and appropriately refer parents and children to relevant local support services. Services should work in partnership with local support services to ensure parents and carers know about these services and can be referred to them, including domestic abuse services, women's centres and food banks.

How staff can help meet statutory safeguarding requirements

Alcohol and drug treatment staff can help meet statutory safeguarding requirements and prevent later harmful consequences for parents and carers and children by:

- having sensitive and non-stigmatising conversations with parents and carers about the potential effect of their drug or alcohol use on their children, including a clear outline of the support available to them and their children
- working with parents to assess how their current alcohol and drug use affects their children
- assessing the risks to their children if their alcohol or drug use escalates or where there is relapse
- providing help and support at an early stage
- making a supported referral into appropriate services for children affected by their parent or carer's drug or alcohol use
- working with their service's safeguarding lead and multidisciplinary team when making decisions about children, young people and their families

Addressing concerns about asking difficult questions

Asking about childcare responsibilities can cause anxiety for people who use services and for staff. Common concerns from staff include a fear that asking these questions:

- could undermine trust with people using the service
- might expose their lack of in-depth knowledge
- raises an issue that is not relevant

Alcohol and drug treatment service managers can address these concerns by:

- arranging joint training between alcohol and drug treatment workers and child social workers on problem alcohol and drug use among parents and carers
- considering joint posts and secondments to improve partnership working within the service
- helping develop the skills and confidence of a wide range of local professionals (including from schools and mental health, criminal justice, and primary and secondary care settings) to identify families needing support

- ensuring that regular supervision, including clinical supervision, is in place to enable staff to engage in reflective practice (a process that helps them identify areas for learning and development)

Understanding prevalence and unmet support needs

Alcohol and drug problems

Commissioners should understand:

- local prevalence estimates of parents and carers with alcohol or drug problems
- how many parents and carers with problem alcohol or drug use have been identified and offered support
- how well needs are being met by providing the right type of support, including lived experience recovery organisations and peer support services

Other support needs

Families affected by parental alcohol and drug use typically have multiple support needs. As well as alcohol and drug use, their support needs can include:

- poverty
- mental ill health
- poor physical health
- parental conflict or domestic abuse
- housing problems
- unemployment
- offending
- child safeguarding concerns

People in alcohol and drug treatment

The National Drug Treatment Monitoring System (NDTMS) collects data on people in alcohol and drug treatment services. This includes:

- parental status
- the number of children living with adults using alcohol and drug services
- whether the person using the service is pregnant
- whether parenting support is provided as part of the overall recovery package

- whether a child is in care
- whether there is concurrent support from children and family services

Alcohol and drug treatment commissioners and service managers should encourage staff to record this information on case management systems and regularly review it, so NDTMS data is as accurate as possible.

You can find national and local council alcohol and drug prevalence, unmet need and treatment data on the [NDTMS website](#).

Collaborative assessment and referral pathways

Working together to provide support

Effective safeguarding work between practitioners depends on collaborative working between all relevant local agencies, and that they recognise that no single professional has all the required knowledge or skills for this work.

Early help means providing support as soon as signs of a problem emerge, at any point in a child's life. This relies on organisations working together to:

- identify children and families who might benefit from early help
- undertake an assessment of need
- provide targeted early help services to children and their families with a focus on improving outcomes for children

Collaborative assessment

Support can come from a wide range of statutory, health and community services according to the level of need assessed.

Where there is a low level of assessed need, local council alcohol and drug treatment commissioners should encourage their services to agree referral pathways to local agencies and organisations. These can provide universal and targeted help to parents and carers with alcohol and drug problems, and their children.

Alcohol and drug treatment and recovery services should have access to a range of support services that are appropriate to age, sex and ethnicity and other protected characteristics. Commissioners could support this by ensuring alcohol and drug treatment and recovery services are linked into any provider networks of services for families and children that exist in the local area.

Alcohol and drug treatment and recovery services should be part of their local Families First Partnership, with designated practitioners contributing to family help assessments

(see the 'Capable and confident staff' section above). They should also be active members of:

- local multi-agency child safeguarding forums, such as the family group decision-making forums and the multi-agency child protection teams
- other relevant assessments, reviews or forums led by children's services

Children's social care should be represented in combating drug partnerships and any other group focusing on children's wellbeing.

Children's social care staff should ensure that the rights and needs of children are prioritised and met when parents are accessing inpatient detoxification or residential treatment. Children's social workers should plan how family contact is enabled and maintained.

Referral pathways

Referral pathways into treatment and support services for parents or carers with problem alcohol and drug use and their children should be supported by local joint information-sharing protocols. Adult alcohol and drug treatment and recovery services should prioritise referrals from local children and family services.

Adult alcohol and drug treatment and recovery staff should regularly review a person's parental status and their child's living arrangements to monitor potential safeguarding issues. They should also consider the wider needs of the family to identify where they might benefit from targeted early help or a referral to universal services, such as family hubs.

There should be a clear process for reporting and dealing with safeguarding concerns, including:

- abuse, including domestic abuse
- neglect and exploitation
- contextual safeguarding risks

The referral process should be simple and responsive, and the assessment should be focused on the needs of the child and the family. Local areas should have referral pathways from social care and support services into alcohol and drug treatment services. The process should make clear the:

- criteria for referral
- referral and assessment process

- type of support treatment services can offer

Alcohol and drug treatment and recovery services and children and family services should work together to assess families. They should use tools and guidance that factor in all the relevant information when considering how parental or carer alcohol or drug use affects a child.

Commissioners should ensure there is multi-agency training available on:

- using assessment tools
- the principles and practice of joint working

Alcohol and drug treatment and recovery services should regularly analyse referrals of children and families into family help and child protection support services. This analysis will help to understand the needs of children and families and ensure that staff are able to identify parents and carers who need support. Also, services should have a system for auditing files to ensure good practice and that staff are practising in line with the service's policies.

Engaging pregnant women

Prenatal alcohol exposure (PAE) occurs when a woman drinks alcohol during her pregnancy. This can result in perinatal complications and fetal alcohol spectrum disorder, a term describing the wide range of outcomes that can result from PAE, including lifelong physical, cognitive, behavioural and mental health difficulties.

The [Clinical guidelines for alcohol treatment](#) include a comprehensive chapter on pregnancy and perinatal care. The chapter includes guidance on:

- providing information and advice on the risks of alcohol use during pregnancy for all pregnant women
- identification, support and treatment for women with alcohol dependence or who drink heavily during pregnancy

As well as the 'Clinical guidelines for alcohol treatment', all healthcare services supporting vulnerable pregnant women, including alcohol and drug treatment and recovery services, should consider and follow:

- National Institute for Health and Care Excellence (NICE) clinical guideline [Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors](#)
- NICE quality standard [Fetal alcohol spectrum disorder](#)

The main principles for working with women are to:

- provide personalised care during pregnancy and in the perinatal period
- support women to reduce (and when safe, to stop) their alcohol use as quickly as possible to reduce the ongoing exposure to the fetus and reduce the risk and severity of future disability
- advise women who are (or may be) alcohol dependent not to stop drinking suddenly, as this can cause harm to the fetus and the mother, and ensure they access alcohol treatment without delay
- support women in a non-judgemental, non-stigmatising way

Alcohol and drug treatment services should prioritise referrals for women who are pregnant or have a baby, even if they are not currently drinking or using substances. This is to reduce risks to the fetus, the baby after birth and the mother.

Where a woman is alcohol dependent and needs an assessment for medically assisted withdrawal, the service should offer this without delay.

Pregnant women (and their partners) should be referred to early antenatal care and treatment to minimise the risks to themselves and their unborn child. Referrals should be to specialist midwives for substance use or complex needs, where these pathways exist.

Services must make a safeguarding referral, in line with national legislation and organisational safeguarding procedures, where there:

- is a significant risk of harm to the unborn child due to ongoing heavy drinking or alcohol dependence during pregnancy
- are indications that a person's parenting capacity is likely to be seriously impaired
- are other issues of concern, such as mental health conditions or domestic abuse

Alcohol and drug treatment services should work with children's social care services and contribute to multi-agency safeguarding plans.

Women who stop using alcohol or drugs during pregnancy can be at greater risk of relapse after giving birth. Alcohol and drug treatment and recovery services should continue to engage and support women in the postpartum period and up to a year after birth. They should also offer referral to perinatal mental health services. For more

guidance on this, see section '24.9 Ongoing care after birth' in the 'Clinical guidelines for alcohol treatment'.

Information sharing

Appropriate and timely information sharing between local children and family services and alcohol and drug treatment and recovery services is essential to identify and support families.

In cases where a woman is pregnant and has an alcohol or drug problem, sharing information with maternity services is vital. This helps maternity staff provide the right care, for example helping to understand the clinical needs of the baby after they are born.

The Department for Education has published [guidance on information sharing](#) for people who provide safeguarding services to children, young people, parents and carers.

Barriers to effective information sharing

Alcohol and drug treatment and recovery services and children and family services should help their practitioners to understand how to:

- share information effectively
- overcome real and perceived barriers to sharing information

Sharing information can cause anxiety among staff working in treatment and recovery services. However, appropriate information sharing between services is a legal requirement in some circumstances. Services can reduce staff anxiety by having clear policies in place and supporting people to follow them.

Services should develop information-sharing agreements outlining:

- why, how and when it is appropriate to share information between children and family services and adult alcohol and drug treatment and recovery services
- how data will be handled once it is shared

Collecting safeguarding data

Alcohol and drug treatment and recovery providers should ask a standard set of questions to anyone who has, or may later have, a child living with them.

This will ensure they collect the right safeguarding data.

Practitioners should ask all people who use services if they or their partner is pregnant. The data should be collected locally and agreed within a joint protocol.

Staff should receive training on information sharing and data protection.

Joint information-sharing agreements

There should be a joint information-sharing agreement between adult and children's services that supports:

- identifying need early
- initial and continual assessment
- providing services

The agreement should include a statement on the processes and principles for how alcohol and drug treatment and recovery services should share data and information with others, including safeguarding partners.

Information-sharing arrangements should be supported by protocols that support:

- local assessment of child need
- early identification of problem alcohol and drug use among parents, carers or children
- identifying and assessing children affected by parental or carer alcohol and drug use
- promoting children's welfare and protection

Data protection and sharing information safely

The following points have been adapted from the government's statutory guidance 'Working together to safeguard children'. They cover:

- data protection legislation
- when consent is needed
- how IT systems can support safe information sharing

The [Data Protection Act 2018](#), which implements the General Data Protection Regulation (GDPR), is not a barrier to information sharing but provides a framework for ensuring information is shared appropriately. The act balances the rights of the information subject and the possible need to share information about them.

Staff do not always need consent to share personal information. If there are safeguarding concerns it may not be appropriate to seek consent, for example when doing so would put a child's safety at risk.

Information can be shared between organisations, unless the information is to be used for a different purpose from the one it was originally collected for. In the case of children in need or at risk of harm, the law is rarely a barrier to sharing information.

As well as the Data Protection Act 2018 and GDPR, organisations need to balance [the common law duty of confidentiality](#) and the [Human Rights Act 1998](#) against the harmful effects that not sharing the information might have on people.

IT systems can be useful for information sharing. For example, NHS England's [child protection - information sharing service](#) allows social care workers in local councils to share details of children and young people in their care or on child protection plans. It sends a notification when their record is accessed. Healthcare professionals in care settings can then view details of those children or young people.

IT systems are most valuable when practitioners use the shared data to make more informed decisions about how to support and safeguard a child.

Taking a whole-family approach

Adult alcohol and drug treatment and recovery services are often focused on the parent or carer's alcohol or drug use. This means they can overlook what life is like for children living in the family.

Support for both children and adults

Taking a whole-family approach can ensure that the right support is in place for both children and adults. This can be done through:

- alcohol and drugs family support workers
- referrals into local early help services and Families First Partnerships

It includes observing:

- parenting skills
- interactions between parent and child
- interactions between parents
- attachment (a child's emotional bond with their parent or carer)

However, taking a whole-family approach should not mean the family is treated as a single unit. It is often appropriate to see family members separately. This gives them the confidence and security to disclose personal information and be considered as a person in need of support.

The role of partners and concerned others

Adult alcohol and drug treatment and recovery commissioners, service providers and child social workers should recognise the role that parents' or carers' partners and concerned others can play in supporting recovery. This type of support can be beneficial but, in some cases, it can provide more challenges. Professionals working with children and families should encourage partners and concerned others who use alcohol and drugs problematically to engage with treatment.

Partners who do not use alcohol or drugs problematically, and other family members (such as grandparents), can act as a protective factor in safeguarding children. However, this is not always the case, and their role as a potential protective factor should form part of safeguarding assessments. It is also good practice to consider their individual support needs.

Parental conflict and alcohol or drug use

The Department for Work and Pensions' research report [Examination of the links between parental conflict and substance misuse and the impacts on children's outcomes](#) shows that there is evidence of an association between parent and carer alcohol and drug use and conflict. The Early Intervention Foundation report [Interparental conflict and outcomes for children in poverty](#) defines 'parental conflict' as "conflicts that occur between parents or carers that are frequent, intense and poorly resolved". So, parental conflict can include a range of behaviours that fall short of domestic abuse.

Where parental alcohol or drug use and conflict coexist, the risk of poor outcomes for children is greater than when either is experienced alone. These poor outcomes can be caused by:

- internalising behaviour, for example anxiety and depression
- externalising behaviour, for example aggression and hostility

Some adult alcohol and drug treatment and recovery services include interventions to reduce parental conflict in their support. These services report that addressing both problems together is effective at:

- reducing parental alcohol or drug use

- improving communication between parents
- helping the whole family to recover beyond the support that treatment services provide

Stigma and barriers to engagement

The fear of social work involvement can prevent parents, carers and children from seeking help. This includes fear that children will be removed from the family home after a parent or carer's alcohol or drug use is disclosed.

Families affected by parental or carer alcohol or drug use may need significant support to address the long-term effects of stigma and exclusion. Children, parents and carers may need support and encouragement to:

- get the courage to ask for and accept help
- talk openly about issues in the family

Commissioners and service providers need to consider how to address stigma and other barriers to engagement when they are developing and delivering services.

Overcoming barriers to engagement includes recognising that people with problem alcohol or drug use are exposed to high levels of trauma, and using a trauma-informed approach that focuses on:

- safety
- trustworthiness
- choice
- collaboration
- empowerment
- cultural consideration

You can find more information about a trauma-informed approach in the [working definition of trauma-informed practice](#).

Other examples of how to overcome barriers to engagement include:

- involving parents and carers and children in planning, developing and delivering support in age-appropriate ways
- addressing practical concerns like lack of provision for childcare, or reluctance to take children to treatment services and pharmacies where they may encounter situations that feel unsafe or unsuitable for children

- practitioners raising the issue of stigma with parents (and children, where appropriate) to explore how it affects the family, and recognising that they may need other support to minimise the harmful effects of stigma
- asking children to pass on written messages to other children joining the service and placing them on a 'message tree' or in a book, particularly in cases where there is no face-to-face peer contact
- providing help with arranging suitable childcare
- offering alcohol and drug treatment and support outside the treatment service settings, for example through home visits
- co-ordinating antenatal appointments with treatment interventions
- offering appointments in children and family support services when it is not possible to provide childcare in treatment services

Self-assessment checklist

[A self-assessment checklist accompanies this guidance](#)

Local partnerships should use the checklist to help:

- assess current policies and practices for safeguarding children
- identify what they can do to improve performance in line with this guidance
- assess the roles and responsibilities of individuals and organisations within their local partnerships

Who the checklist is for

The self-assessment checklist is for local council alcohol and drug treatment and recovery commissioners. It helps them work with local partners to assess their safeguarding children policies and practices.

In some areas, using the checklist may help to build closer working relationships with partners, such as with children's services.

The process will be most effective when partners from across the local treatment and recovery system work together through all the requirements in the checklist. It will help partners identify what is working well and where things could work better.

Partners to include



The local alcohol and drug commissioner will usually lead the local partnership's involvement in the self-assessment. Representatives from the partnership will need to include people:

- with authority to make decisions to change systems where needed
- who understand the local council provision for children and families who need support, help and protection

The group involved in the self-assessment should include:

- children's services
- community alcohol and drug treatment service providers
- people from lived experience groups or organisations
- representatives from Jobcentre Plus
- housing services
- domestic abuse and violence against women and girls services

Local partnerships may also decide to include representatives from:

- NDTMS teams
- regional Office for Health Improvement and Disparities alcohol and drug teams

Using the self-assessment checklist

Assess your policies and practices

The self-assessment checklist covers 3 areas:

- governance and strategy
- staff development and training
- clinical and operational

Each area covers a different aspect of child safeguarding and lists statements that partnerships should meet.

You should consider how far you meet each statement and provide supporting evidence for your conclusion. Rate each statement as one of the following:

- fully met
- partially met

- not met

Setting objectives

Once you have assessed your policies and practices using the checklist, you should identify SMART (specific, measurable, achievable, relevant and time-bound) objectives that you need to take to address concerns and maintain strengths. SMART objectives are a framework for setting effective goals that are specific, measurable, achievable, relevant and time bound.

You should make it clear who will lead on these SMART objectives. The objectives should inform resource allocation planning as part of a wider needs assessment process.

Taking action

You should identify the actions you will take to meet your objectives and decide:

- how often you will meet to monitor and review your actions
- a timescale for when you will evaluate your progress

September 2026