

Drugs, alcohol and parenting

A workbook for parents



Drugs, alcohol and parenting

Second edition

by Mary Glover MSc BSc CQSW

© Exchange Supplies 2010

Second edition 2018

Thank you to the many families – women, men, young people and children – who have generously shared their experiences and thoughts to help with the writing of this book.

Thank you also to: John Campbell, Jennie Cove, Jon Derricott, Deborah Drinkwater, Kate Glover, Catherine Govan, Neil Hunt, Sally-Ann Jones, Dr Brynna Kroll, Tony Lee, Michael Linnell, Fiona McCloud, Danny Morris, Christopher Neil, Andrew Preston, Deborah Skilling, Kevin Stenlake, Pauline Stockley and Marie White for reading the drafts of this book, and giving such useful advice and guidance. Responsibility for any errors or omissions lies with the author.

This book will be revised and updated in the light of feedback we receive – if you have any suggestions or questions, please email us at info@exchangesupplies.org or call 01305 262244.

Order online at exchangesupplies.org

Product code: P108

Contents

Introduction	5
Who this book is for	5
What will social workers do?	6
Parenting assessments	9
Using the scales in this workbook	10
Too much to do?	10
Section 1: Your drug use	11
An adult activity	12
Raising money	13
Stability	14
Child care	15
Health risks	16
Child protection: key points	18
Section 2: Your children	21
Basic needs	22
School	23
Activities	24
Routine	25
Health checks	26
Just children	27
Consistency	28
Socialising	29
Communication	30
Individual needs	32
Child protection: key points	35

Contents

Section 3: Your home	37
Personal space	38
Living conditions	39
Security	40
Evidence of drug use	41
Storage of medications	42
Child protection: key points	44
Section 4: Help and support for you	47
The community	48
Emergency childcare	50
Friends and family	51
You	52
Child protection: key points	54
Final note	56
Section 5: Useful information	57
The recovery position	58
Emergency child care plan	59
Diary dates	60
Notes	61
Contact details/useful telephone numbers	62

Who this book is for

We know many people who use drugs or alcohol are able to provide their children with a secure, safe and happy enough home and family life, and that many people who treat their children badly may not use drugs or alcohol at all.

But often one problem leads to another, and heavy and/or regular drug or alcohol use can cause, or worsen parenting difficulties as well as health, financial, legal, and mental health problems. These can then have a negative impact on relationships within the home, and on the children's environment.

This is a workbook for parents who want to think about the impact their drug use and lifestyle may have on their children. It has been written to help you discuss things with your drug worker, counsellor, social worker, or other person who is supporting you, to understand the situation better and to think about any changes you could make.

"I knew they were all worried about my kids – but I never understood exactly what they thought might happen – and I certainly didn't know how to change things anyway..."

*Liz, mother of Tom, aged 4
and Caz, aged 7*

It can be difficult to know what children's services will say or do about parental drug or alcohol use, so this is described in detail throughout the book so that you can understand the concerns they may have, and know what you can do to reduce them by making things better for your children.

If you are taking drugs every day, then stopping is unlikely to be easy, and may not be something that can be done quickly. The book is written with this in mind. If stopping your drug use isn't going to happen straight away, the suggestions in the book can help you reduce the impact on your children, and improve things for them by providing a safe and healthy environment. This might include ensuring that there are routines and structure, celebrating family events, having support from other family members, providing consistency, and spending time together as a family.

Parents can have a big impact in developing their children's ability to cope when things are difficult in their lives. **Many of the suggestions in this book are designed to help you build on your existing strengths, experiences, insights, and coping skills so that you can keep your children safe and increase their resilience.**

Although the book is written with a focus on adult illicit drug use, much of it also equally applies to alcohol.

What will social workers do?

This is the BIG question that concerns many drug users with children. We know that some people avoid services that could offer help. This is because they are worried that their children will be ‘taken into care’ or that social workers will become very involved in their family life.

There are circumstances when this does happen – where children need to be removed from a parent’s care for their safety. However, this rarely occurs and the main aim of people working in children’s services and in Social Care is to ensure that children’s needs are met, that they are safe, healthy and cared for, and able to remain living with their parents.

“I didn’t ask for help for ages, ‘cos I’d heard all these rumours about someone having their kids taken off them. But now I’ve been up there and spoken to my worker, I think that that was all just a load of rubbish.”

Michelle, mother of Dan, aged 3, Samuel, aged 5 and Ricky, aged 7

The Law

Legislation and case law across the UK make it clear that children should not be taken into care unless it is essential for their safety. The legislation and guidance relating to child care places a duty on the local authority to keep children within their families unless there are serious concerns for the child’s safety.

The guidance says that drug using parents should be helped and supported to care for their children. This applies as with any other personal difficulties that parents may have, whether or not they use drugs.

Early Help

The first stage when working with families having problems is to offer more support to them – this is done through an approach across the UK called Early Help. It may happen when a worker thinks that a child or family are having difficulties, and that extra support could improve things. They may ask the family if they can contact other agencies who might be able to help.

It’s a voluntary process and consent must be given by the child and/or family concerned. The aim is that the family receive help at an early stage and at a time when they need it, so that things can get better for them all and before severe problems develop. Agencies then work together with the child and family in a co-ordinated way.

Children's Social Care

It may be that, even with more support, things do not improve sufficiently for the children, and, in that case, a referral to Children's Social Care will be needed. This service supports families and safeguards children who may be at risk of harm.

Each child who is referred into local authority Children's Social Care should have an individual assessment to identify their needs and to understand the impact of any parental behaviour on them as an individual.

The most important factor is not the drug or alcohol use itself, but the quality of parenting and whether the children are being brought up in a safe and protected environment.

Social Care (and there are different names for children's services depending on where you live) will focus on the needs of the children and whether they are being met. They may hold a multi-agency meeting, working with the parents to make a 'Child in Need' assessment.

This means they will offer various different types of support. They will ensure a co-ordinated approach from the agencies involved – perhaps arranging more suitable accommodation; providing additional support for the children; and accessing other local services depending on where the family live.

Child Protection Conferences

If there is a higher level of concern, and it is shown that a child may have been put at risk, is suffering harm, or is not being adequately looked after, it may be decided that an Initial Child Protection conference is required, to which the parents are invited.

This is a meeting where all of the workers who know the family can share information, so that any risks to the children can be clearly and honestly discussed with the parents. A decision is then made about whether to put a child protection plan in place.

This sets out what actions need to happen to ensure the child stays safe in the future. If a plan is put in place, a review conference will take place three months later to discuss any improvements or developments.

Children who are subject to child protection plans will have a higher degree of visiting and monitoring.

Going into care

It should be noted that children cannot be removed against their parents' wishes without using either 'police powers', which last for 72 hours or a court order. These steps are seen as a last resort and should only happen if other options have not worked or are not deemed good enough for the children.

Very rarely, an emergency situation occurs where a child needs to be removed immediately. This would only happen in extreme circumstances such as where a child has been deliberately injured by a parent, left alone unsupervised or left with an adult who is incapable of looking after them because of factors such as mental health issues or intoxication.

Even then, where possible, Social Care would place the child with relations, friends or another person connected with the child, as long as this was considered safe for them – this could last until the parents brought about necessary changes to enable the child to be returned to them within agreed time schedules.

Many parents who use drugs and alcohol are concerned about their child's future. They may have feelings of guilt or a sense of inadequacy as parents. Although it can sometimes be painful to think about the way you care for your children, most parents recognise when things are not ideal, and want to improve things. This book is designed to help you think about what's happening in your own family and the impact upon your children, so that you can make the changes you need.

Parenting assessments

Assessing the effects of a parent's drug use on a child is a complex process and there are many things that workers will consider when making such an assessment.

This workbook is laid out into four sections that will help you think about:

- your drug/alcohol use
- safety in your home
- your children, and
- your support.

It also covers:

- what you can do to ensure that your child's needs are met, and that they are happy and safe, and
- why professionals may be concerned.

Of course, every family has varying strengths and resources, and different ways that they cope with situations. Also, the age and vulnerability of each individual child needs to be thought about – what a toddler needs is different to a 7 year old, which is different again to the needs of a 13 year old.

The booklet is only a guide to the issues, and is for you to use as a basis to discuss things with whoever is giving you support.

Using the scales in this workbook

For each part of the parenting assessment, there is a scale where you can rate your own family situation. Score high if that particular issue is a problem in your home; score low if it is something that is fine for you and your children. After you have scored each issue, you might want to think about how you can make changes to lower your score, which should reduce the difficulties for your children.



Too much to do?

Sometimes, situations can get so completely overwhelming that they seem impossible to change. People can get so stuck in a rut that it can be hard to make changes. Then, when they do try to start to do things differently, it can quickly go wrong again.

The suggestions in this workbook can help you decide what's most important to do, break down the tasks into things that you can realistically achieve, and make gradual changes.

Section 1

Your drug use

An adult activity

Taking drugs is an adult activity and needs to be kept away from children.

Parents are role models and seeing, or just knowing, that their parents use drugs or drink alcohol heavily, can make drug use more acceptable and ‘normal’ for children.

If children see adults taking drugs, and hear the reasons that are often given to them such as “If I don’t have some I’ll be ill”, then they can start to see drugs as something that can make you feel better, and just a normal part of life. Most people who have a serious drug problem would not want to risk their children ending up with the same problem. As your children become older and aware of your substance use, you need to talk to them about it in a way that helps them understand, and this is discussed later in this book.

“I never saw her actually take drugs, but I hated it when she just took out her meth and glugged it down in front of my friends as if that was what everyone did...”

Eirhan, aged 12

Everything connected with using drugs should be kept out of reach and out of sight. Firstly, this is for safety reasons – so that children are not at risk of hurting themselves by taking medications or drugs or by injuring themselves with a dirty needle. Also, this prevents children from experiencing drugs as a normal part of everyday life.

Some people who use drugs such as heroin and cocaine have a relaxed attitude towards cannabis and other drugs that they consider comparatively less harmful. Some parents start to use these drugs with their older children. This is unacceptable – it not only encourages drug use, but also undermines your role as a responsible adult.

Rate yourself on a scale of 1 to 10 on how much this applies to your home and family.

1 = my drug use is kept completely away from my children.

10 = my children see drug use as a normal part of everyday life.

An example: If you never use drugs in front of your children, but you know that there are times when they may see you when you are unwell or anxious because you need to use drugs or take your methadone, then you may feel that that is a slight problem, and so score yourself as a ‘3’.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Raising money

Children need to be protected from the financial pressures that drug use can cause.

Exposing your children to any illegal activities you are involved in, such as shoplifting or dealing to raise money to help pay for drugs, can be damaging and often causes children anxiety and worry about the consequences. Also, it can change their attitudes so that they can see the law as less important, and they may start to view authority figures as threatening or interfering, rather than as protective and keeping order.

Raising money to obtain drugs can mean long periods away from home (as can scoring), with children left unattended, and teenagers, and even younger children, left in parenting roles with age-inappropriate responsibilities.

Some drug users fund their drug use with sex work. This too needs to be kept away from the children as it will be placing them at risk if strangers are visiting the family home, and can shape their attitude towards sex and relationships.

“It’s hard for me to think about what I did now. But I was so desperate that I did use my daughter when she was little to help me shoplift. I thought that it was just like a game to her. But now that she’s 14, she just doesn’t see the point of going to school, or getting a little job or anything – ‘cos she can get what she wants for free...”

Lisa, mother of Katie, aged 14

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = the children are not aware of illegal activities to raise money for drugs.

10 = my children are actively involved in raising money for drugs, for example, helping me shoplift.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Stability

Children need stability, and this can be difficult to achieve if their parents are mainly focussed on illicit drug use and/or alcohol.

Professionals involved in your care will become concerned if your drug use is uncontrolled. Getting support from a drug treatment service can help you get stable, and substitute prescribing, if you are using heroin, can help manage dependency.

Concerns will be raised if you are in and out of methadone or other substitute prescribing treatment, if you are taking a mixture of drugs and alcohol, if you have insecure housing, and if you are unable to keep to a regular and reasonable routine – which is particularly important as a parent.

If your family have additional problems, such as mental health issues or domestic violence, these can add to the unpredictability and disorganisation of the family.

Try to make your substance use (and therefore your life) more stable. This can often mean seeking help from a treatment agency or your GP, and ensuring that you are getting support from agencies that can help you with any other problems.

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = my drug use is stable.

10 = my drug use and lifestyle is very unstable/chaotic.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Child care

Parents who are planning to take drugs or drink alcohol also need to plan what happens to their children.

Younger children need to be looked after at all times – and older children need to be looked after at different levels at different stages of their development. Teenagers in particular can be very vulnerable as they are more likely to be getting into substance use themselves during adolescence. Being consistent with them and keeping boundaries is crucial during this time.

If you have a partner, other adult family member or friend who doesn't use drugs, then they may look after the children at these times. But even then, children may see one of their parents being drunk, 'out of it', or semi-conscious, which can cause them great anxiety, even at a very young age.

Sometimes people leave their children with someone who seems responsible, but whom they've actually only known a short while. This is risky and it's important to be able to completely trust the person who is looking after your children, and to know them very well.

There are occasions when children need more care than usual, and you may have to alter your plans if a child is sick and needs your attention, as they need to be your first priority. In addition, you need to be able to ensure the safety of your home at all times – turning off cooking equipment and fires, putting out candles, knowing who is in the home and making it secure.

Some people can become aggressive or violent when using drugs or alcohol, and this can cause harm to children, even if they are not physically hurt. Witnessing parents fighting can be very distressing for children and affect them in the long term.

"After Sam found me gone over one day, he kept wanting to sleep in my room to check that I wasn't going to OD again. I couldn't get him back to his own room for months."

Paul, father of Sam, aged 9

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = my children are always looked after.

10 = there are significant periods of time when my children aren't looked after.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Health risks

Injecting drugs can be particularly hazardous, and has many risks. Using drugs, particularly by injecting, brings many potential health problems which include contracting blood-borne viruses such as hepatitis B, hepatitis C and HIV.

Parents need to understand how such viruses get passed on, so that they can make sure that their children are not at risk. Information can be obtained from your local drug treatment agency, needle exchange, GP, or on the internet. If parents don't understand the dangers, then they may not take appropriate protective measures, such as ensuring used needles are safely stored away, any blood is properly cleaned up, and that things like toothbrushes are not shared between family members.

"I just didn't let myself think about it because I knew I probably had it – and it was just too scary. But when I did find out, I knew that it had been the right thing to do – they were so supportive and helped me get the right treatment and even helped me explain it to my children."

Becky

Another risk to children is that many parents sleep with their younger children, which can be dangerous if the parents have been taking drugs or drinking. The Department of Health recommends that you shouldn't share a bed with your baby if you or your partner have been drinking alcohol, taking drugs or medication, or if either of you is a smoker. Never sleep with your baby on a sofa or armchair. This is because if you are heavily asleep you can roll over on top of the baby and prevent them from breathing.

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = my children have no health risks because of my drug use.

10 = there are serious health risks to my children because of my drug use.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

What you can do:

- Store all drug related items out of sight, in a lockable box, and away from your children.
- If your children are aware of your substance use, explain it to them in a way that helps them see it as an adult problem, and not as just a normal way of coping or of feeling better.
- Get your drug use as stable as possible – this may mean seeking help from your GP or Community Team.
- If you are in treatment, but are still not stable, think about whether you are really making the most use of your treatment, or whether you need to ask for a review of your treatment as things aren't going as well as you'd hoped.
- Don't involve your child in the financial side of your drug use: shoplifting or witnessing any illegal ways you raise money.
- Aim to sort things out for yourself during the day while your children are at school so that you don't have to leave them in the evenings.
- Ensure that your children do not witness you using drugs or see you under the influence of substances. Find somewhere safe they can be when you are using.
- Protect yourself and your family from hepatitis and other blood-borne viruses. Talk to your GP, Genito-Urinary clinic, or your drug worker, about how you can reduce the risks you are taking, and consider getting yourself tested for hepatitis A, B and C and HIV if you have not done so already. You may also need to be immunised for hep A and B.
- Be aware of how blood-borne viruses are passed on, and ensure that family members keep to their own personal items, such as toothbrushes and razors.
- Make sure that your children know who to call in an emergency. Put these details somewhere they know.
- Give your children clear and firm guidelines about drug and alcohol use. It's not hypocritical for you to want them to stay away from using drugs, even though you do so yourself – your experience means that you appreciate more than many parents the risks of using drugs, and therefore you don't want your children to get into a similar situation.
- Always put your baby/young child safely into their own cot or bed at night, and don't fall asleep holding them when you have been drinking or using drugs.

Child protection: key points

Professionals would be concerned for the safety of the children, and obliged to take action to ensure their safety, if the following situations were identified:

- Adults taking drugs in front of their children, as they are modelling behaviour that is likely to be dangerous for a child, and there may also be safety issues.
- Children becoming involved by the parents in illegal and risky activities such as shoplifting, or taking drugs or money to other drug users.
- Children not being supervised adequately because the responsible adult is intoxicated or incapable of looking after a child.
- Children being exposed to incidents of domestic violence as they themselves could be injured.

Therefore, the minimum standards you need to set to keep your children safe and protected are:

- **Not using drugs in front of your children.**
- **Not involving your children in shoplifting or other illegal activities.**
- **Always ensuring that your children are being looked after.**
- **Always protecting your children from aggression and violence.**

My drug use: things I could do:

Just one or two changes can make a big difference!

Section 2

Your children

Basic needs

Parents need to provide basic essentials for their children, such as food, clothing, bedding and warmth.

While most parents try to put their children's needs before their own, there can be times, if you're struggling with a serious drug or alcohol problem, when this doesn't happen, or is very difficult.

Or it may be that parents manage to give their children food, but skimp themselves. But even this can create problems as the children see a role model who does not eat, which doesn't set a healthy example. Also, they then miss the social aspects of eating together as a family, which can be important. It can be a regular time for family chat, a time to get to know what's going on in each other's lives. As children get older and they are out and about more, this may be the only opportunity for meeting up during the day.

There are other home situations where parents feel the need to demonstrate that they are coping by ensuring that their children have all the latest trends and fashions, which can result in increased stress.

"It was okay most days, but towards the end of the week when the money ran out all we ever got was bread and jam and stuff... I just remember always feeling hungry"

Sandeep, aged 15

"I felt that I had to get my kids the designer labels they wanted. It was to show them – and everybody else – that I was doing well even though they all knew I was on heroin. Looking back, it was silly – but I guess it was easier to focus on that rather than on sorting out the real problems."

Jennie, mother of Sasha, aged 14 and Christie, aged 13

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = my children always have food, clean clothes and bedding.

10 = there are often times when there is not enough money for essential things such as food, heating, etc.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

School

There are many reasons why children start to have the odd day off school. It can be because the child themselves wants to stay at home to keep an eye on what's going on, or because they want to make sure that their parents are safe, or perhaps because they are being bullied at school.

It can be that the parents need the child to stay home to take care of younger children, or that they simply don't have the energy or organisation to ensure that the child is up on time, dressed, fed and taken to school. Parents may not have the money for school trips and so avoid the issue by not sending their children into school on those days.

Sometimes the adults in the family have had a bad experience of school themselves and don't recognise the importance of school for their own children. But it is important to support your child by attending parents' evenings, other school events and talking to the teachers about your child's educational needs.

School can provide much needed routine and safety for children, and attendance needs to be encouraged. It also helps them socialise and, of course, to get an education to have a better chance in life. Allowing just one day off every now and again can quickly become much more and then it is extremely hard to get the child back into the routine of going. It can also affect the child's attitude towards school, seeing it as unimportant and as a low priority in comparison to home life.

Being on time for school, having the right clothes and the things that they need are very important to children. Lateness increases their anxiety and highlights problems to their friends. It also increases professionals' concerns about the parent's ability to cope.

"I didn't want to go to school because I didn't know what they'd do while I was out. One day I had to call an ambulance – what would've happened if I hadn't have been there?"

Lou, aged 13

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = my child/children always attend school regularly.

10 = my child/children frequently don't go to school.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Activities

As children develop they enjoy different activities: from fun playtimes when they are little, to trying different interests as they grow older, such as football, swimming, collecting things, joining clubs at schools and youth clubs in adolescence. Although this is a natural process, they need help, guidance and encouragement from parents to make choices and plan what they do.

As they grow older, as well as leisure time, children also need to start helping around the house. Getting your children to take part in household chores isn't just about making your life as a parent easier. It's about teaching responsibility and creating a stable home environment where your children know what's expected of them, and where they can thrive.

It's very important to get the level of responsibility right for the age of the child. A small child can help by putting their toys away. Older children can be responsible for keeping their room clean and tidy.

While children need some responsibilities, they shouldn't have too many, and they shouldn't be taking over the responsibilities of the parents. It can be difficult to get this balance right. Talking to teachers, health visitors, friends and relatives can give you a range of different opinions to help you decide what is healthy, safe and reasonable for your child to do.

For adults with a substance dependency problem, they may need to spend much time out at appointments with their drug worker or GP, at the pharmacy, or raising funds, as well as scoring or using drugs. This can reduce the amount of positive time spent with their children, and so it's important to try and work out ways of making time.

Children need to have fun with their parents. It's important to find the time to play a game or go for a walk together – it doesn't take long, and your children will benefit.

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = I am fully involved in activities with my child/children.

10 = I spend little time doing positive and healthy activities with my child/children.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Routine

Having routines within the home means that a child usually knows what's going to happen next, which is reassuring for them. Of course there can be occasions when things are spontaneous and unplanned, but day to day life works best for a child when they know what to expect.

Things such as going to school, having meals at roughly the same times, having clean clothes ready and sleeping in their own bed, will all help them to become more settled and less anxious. Meal times, homework times and bed times give a structure to family life.

Sometimes the lifestyle that goes with using drugs dependently results in a lack of planning and routine within the home. It's important to work towards establishing a family routine, which doesn't just revolve around the parent's need to use drugs. For example, this might involve more forward planning, so that some things are dealt with during the day, and then there's no reason to leave the house once the children return from school.

"In some ways every day was the same – but in other ways every day was totally different! There was the getting up, going for meth, getting some cash together and scoring, which was pretty much the same day after day. But then we never planned proper meals or things to do or stuff like that... It just depended... People came round asking us to do stuff and things just sort of happened... The children just had to fit in with what was going on."

Tom, father of Jack, aged 8 and Zara, aged 6

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = there are established routines in our family.

10 = there are periods when nothing is planned and no-one knows what's happening.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Health checks

Obtaining money for drugs, and then scoring the drugs themselves, can take up a lot of attention and time, and this may lead to people becoming less focused on other areas of their life. Other things needing to be done can get forgotten or neglected. It can become easy to think that it doesn't matter – you can do it later, or tomorrow, or next week sometime.

If routine health checks for the children are missed, such as doctor's appointments, dental checks and immunisations, this may result in potential health problems not getting dealt with at an early stage. It also raises the concerns of professionals. It is a measurable sign of what people see as 'good parenting': that the children are regularly checked and their health needs met.

If you're a woman, and think that you may be pregnant, try to arrange to have a pregnancy test quickly so that you know as early as possible. Remember that even if your periods have stopped, you can still get pregnant if you are having unprotected sex. The sooner you know for sure, the quicker you can get the information you need about substance use and pregnancy, the quicker you can get support, and the longer you have to consider what you want to do.

If you don't want to get pregnant, talk to your health visitor, doctor, or another worker you feel comfortable with about contraceptive options.

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = my children have received all the usual health checks that they need.

10 = some appointments have been missed/I don't know whether or not they have had all the necessary health checks.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Just children

Sometimes the roles of child and parent can become confused, and children may feel they are responsible for their parents' behaviour and mood changes. As a result, they may develop intense feelings of guilt.

Some children may have inappropriately high levels of responsibility for looking after their parents or for their brothers or sisters.

Sometimes, perhaps because the adults are unwell through withdrawing, or depressed at their situation, young children end up doing the majority of the household chores, trying to keep things in order to help their parents.

This can happen to such an extent that it can stop the children doing what

they should be doing: playing, making friends, going to youth and after school clubs or doing their homework. All these things are necessary for their healthy development.

Most areas have services especially for children whose parents are disabled or dependent on drugs or alcohol. These Young Carer's services can offer children support through helping them meet others in similar circumstances, arranging fun activities, and giving children their own individual support.

"I thought we had a great relationship – more like friends than mother and daughter – but then I started to realise that that was a bit of a get out. Katie had a lot of friends. She needed me to be her mother..."

Lisa, mother of Katie, aged 14

Rate yourself on a scale of 1 to 10 on how much this applies to your home and family.

1 = my children are treated as children in the family, with time for their own friends and activities.

10 = my children take on a lot in the house that should be my responsibility, such as caring for younger children, housework, etc.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Consistency

Establishing and keeping boundaries for children is demanding for any parent, as children naturally tend to make the most of opportunities when they arise! Even very young children quickly develop an awareness of when their parent has used or when they are withdrawing and stressed.

Parents who are usually great at being firm about important issues may not have the energy or willpower to maintain them on another day if they have used substances.

These inconsistencies mean that children then become unsure of what is allowed and what is not. Or, when older they become aware of the times when their parents are likely to let things slip.

Also there may be times when, through lack of drugs, parents are in withdrawal. This is very stressful as well as making it physically hard to do everyday tasks. Care of the children can then be difficult, as parents may not have their usual energy and patience. They may also feel that they need to prioritise obtaining drugs in order to feel well again, which can take up a lot of time.

“I used to say that I was a better parent when I’d used because I was more laid back and didn’t get stressed out over what the kids were doing. But really I was just not bothering and they did exactly what they liked.

It was a nightmare trying to get them back on track once I’d cleaned up! ...but we did it eventually.”

Jason, father of Molly, aged 7 and Sarah, aged 9

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = clear boundaries and house rules are always in place for my children.

10 = what my children are allowed to do varies a lot according to how I’m feeling.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Socialising

One of the main ways that children learn how to get on with people is through watching their parents with their friends. This is an important part of family life, as it helps the child develop their social skills and to form relationships later in life.

Some families where the parents use drugs can isolate themselves, or tend to associate only with other families with similar problems. This can result in the children just mixing with adults who use drugs, which may restrict their view of the world.

Children benefit from safely mixing with a variety of people in different situations. They can then learn how to handle social situations and develop confidence, so it is important that parents try to make this happen.

“I started to realise that he just wasn’t getting to meet anyone other than my friends who were calling round. So I made it a sort of rule for myself that everyday we’d go somewhere like the park, and at least we’d have a chat and he’d have a play with people and kids there.”

Tess, mother of Ben, aged 3

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = our family mixes with a wide range of friends and relatives.

10 = as a family we keep to ourselves, and mainly only have other people who use drugs visit the home.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Communication

One of the difficulties facing parents who use drugs long term is that of knowing how much to tell their children.

Good relationships are usually based on trust and honesty – this applies just as much to relationships between parents and children as it does to adult relationships. When parents are using drugs, they usually wish to keep it a secret from their children, and this automatically creates a difficulty in communication.

Parents are often uncertain about whether to be open and honest, which could worry their children, or to be protective and keep everything from them, which is usually unsuccessful anyway.

As a result, parents have to continually decide how much to let their children know, depending on the child's age and level of understanding. As a general guide, as situations arise and your child asks specific questions, you need to answer them in a way that does two things:

Firstly, reassure them and help them understand that you have a problem that is difficult to sort out quickly. But secondly, explain that it is an adult thing that is not connected with them, and so you try to keep it apart from them.

Communication is a two way process, and so equally as important as talking to children is listening to them. Listening to children shows that you value their thoughts and ideas. It also encourages their general development as well as their self confidence and self esteem.

Children should feel comfortable to talk to their parents about things that are worrying them. But sometimes children need to talk to others outside of the family, and you should encourage them to talk to people they trust about things they are worried about. This may be worrying for you, but best for your children.

“They didn’t really tell me what was going on until I was about 10, but I knew anyway. And I know that they sort of knew that I knew. We just didn’t talk about it. It was better after they did.”

Tom, aged 14

Asking children to keep secrets from others outside of the family is an added stress for them and they shouldn't be expected to keep secrets for you.

Children may have a difficult time answering questions from other children about what's going on at home, or the problem with their parents. You can help them think up a way of explaining things to their friends, so that they are less anxious about that.

Younger children, who haven't learned how to speak fluently, use their behaviour to try and communicate what they want to say or feel, and it can be difficult for adults to work out what is going on. But when a child is constantly 'naughty', it's important to try to think about what's causing this. Talking to your health visitor or someone else whose opinion you trust can help.

Also, older children who are troubled, unhappy or angry, can often show that through their behaviour, rather than by talking about how they are feeling.

Managing a child's 'bad behaviour' can be challenging to any parent, and this can be made much harder when parents are using drugs or alcohol. It can be difficult not to lose your temper when you, as an adult, are trying to cope with various other stresses and demands in your life. It's important to try to remain calm and in control and not allow your pent up frustrations and emotions over other things to spill out unfairly on to your child.

Rate yourself on a scale of 1 to 10 on how much this applies to your home and family.

1 = I talk to my children about my drug use, answering their questions and trying to explain in a way that they can understand, according to their age.

10 = communication about my drug use between me and my children is very difficult or doesn't happen at all.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Individual needs

Research has shown that some children are more resilient than others. Some people who have had very difficult childhoods have gone on to have fulfilling lives. Other people from similar backgrounds have been badly affected in the long term because of their childhood.

Children within the same family will be affected differently by what's going on, so it is important to deal with their needs individually. This involves explaining to each child separately what the problems are, helping them get support outside of the family, and reassuring them that your problems are not their responsibility in any way.

Sometimes children appear to be coping well with things, but this doesn't mean that they will cope well forever. Parents need to check on how their children are managing, as there may be times when they need extra support.

"I couldn't understand why the others just seemed to get on with it – but Sam was just always moping around. But one of his teachers said that that was just Sam – he was easily upset and sensitive and just needed a bit more reassurance and support."

*Dan, father of four,
aged from 7 to 12*

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = I understand that each child reacts differently to things, and take care to ensure that they get the support they individually need.

10 = for various reasons, the children get treated much the same and have little support for themselves as individuals.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

What you can do:

- Buy food at the beginning of the week and put aside/give a trusted relative or friend some cash to use for buying food for the end of the week.
- Depending on your child's age, you could provide meals that they can easily prepare if you are not available. If your children cannot safely prepare their own food, then you need to plan how they are going to have something to eat.
- Make it a rule that your children go to school every day – and on time – unless they are ill. Once they know that this is non-negotiable, it'll get easier!
- If you find out that your child is being bullied, speak to the teachers at their school, and make sure your child is getting the support they need.
- Set aside some time each day when you can really listen to or play with your children. But don't let that be an excuse for not being there the rest of the time...
- Decide what's really important for you and your family and stick to it. It might be all getting together for a meal or your children always coming home for an hour after school, or having regular bedtimes. But some sort of routine is very good for them. For children under 5, you could talk to your health visitor to decide upon priorities. For older children, school nurses or educational social workers may be able to advise.
- Get a diary or put a calendar on the wall, and make sure that certain things get done on the day they are supposed to be. You'll quickly form the habit of checking and planning ahead – this will make life easier for both you and your children.

- Make sure your children receive all the immunisations and health checks they are entitled to.
- Talk to your health visitor or someone else you trust about any concerns you have about your children.
- Help your children make the most of their childhood. If they take on too many responsibilities when they are young, it may lead to problems when they are older.
- Ask your children how things could be a little bit better for them – find out what’s important to them. Children often suggest things that are really only small changes, but would make a lot of difference to them.
- Talk to your children about their support network and the people they feel comfortable talking to. Help them create a list of phone numbers, opening hours of youth clubs, etc. Find out about Young Carers services in your area.
- If your children are aware of your substance use, help them see it as an adult problem that is your responsibility, and not as a good way of coping with things.
- When your children misbehave, talk to them about why this has happened and why you find it unacceptable.

Child protection: key points

Professionals would be concerned for the safety of the children, and obliged to take action to ensure their safety, if the following situations were identified:

- Children clearly malnourished from not being provided with a reasonable diet.
- Children who have inadequate clothing, and who regularly appear unkempt and uncared for.
- Children not attending school on a regular basis, showing that parents are not supporting the educational needs of their children.
- Children not receiving their regular health checks and immunisations, indicating that their parents are not meeting their health needs.
- Children who, over a lengthy time period, show by their behaviour and communication that they are unhappy and distressed by their home situation.

Therefore the minimum standards that you need to set to keep your children safe and protected are the following:

- **Make sure that your children have a reasonable diet, and are adequately dressed and clean.**
- **Aim to get your children to attend school daily unless they are ill.**
- **Make sure that your children receive all of the recommended immunisations and health checks.**
- **Provide your children with the structure and care that they need.**

My children: things I could do:

If you can change just one thing,
you'll start to feel more confident and in control!

Section 3

Your home

Personal space

This can be hard to arrange for various reasons, but it's important to try to provide somewhere for your children where they can have a friend around, do their homework, and where they can keep their own personal clothes and possessions.

They may need a place they can go at times to feel safe and to get away from what's going on in the rest of the house. Or they may just want to be on their own, which is a natural part of growing up.

Understandably some parents who use drugs do not want their children's friends in their home in case they see signs of what's happening. This can result in their children only being able to make friends with children of other people who use drugs, which can narrow their opportunities, and can prevent them developing their own support network.

"We had one room that we just kept shoving stuff in – things people gave us, stuff that was broken, well ...just rubbish really... it just grew over the years until it seemed impossible to sort out! But one weekend we just got a friend with a van to give us a hand (mostly to the tip!) and two days later Kelly had her own room!"

*Kathy, mother of Kelly, aged 13,
Todd, aged 9 and Danny, aged 7*

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = my children have their own personal space/room, and they can have their friends round.

10 = my children haven't their own place within the home, and they aren't allowed to bring friends home.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Living conditions

In some families, when the parents need to prioritise buying drugs, other items are unaffordable – even cleaning materials can become a luxury. However, the house needs to be reasonably organised and hygienic. This is important for both health and psychological reasons.

Children need a certain amount of structure. They need to have clean school clothes, and can be bullied at school if they are seen to be scruffy and always turning up late.

Also, children learn from their parents. So, if they grow up with no understanding of the need for being clean and organised, they may find it difficult to organise themselves in the future, which can make life harder for them.

“The house just gradually deteriorated over the years, and I didn’t really see how bad it was until my sister walked in one day and I saw it through her eyes. I just didn’t want to see how awful it was I guess. But it was depressing.”

Debbie

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = the house is clean and organised.

10 = the house is dirty, generally rundown and in a mess.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Security

Using drugs is an illegal, and sometimes risky activity, and so children should be protected from it, and the violence often associated with the lifestyle, as much as possible.

Children need to feel that their home is a safe place to be. The only people living there should be their family members, whom they love, and the occasional trusted friend or family relative. Having various people always drifting in and out can lead to anxiety and insecurity for children. It can also be a potential risk to their safety.

This situation can become much worse if dealing happens from your home. However much you try to put in limits and ‘opening hours’, people will not respect these when they are feeling ill and desperate. Also, your premises may become known to the police with the subsequent risk of raids, which can be extremely frightening for children. If you are arrested, there are immediate child care issues as to who will look after your children, and they face the trauma of not knowing what will happen to the family if you go to prison.

Other people who use drugs are often looking for what they feel are safe places to use. It can be very difficult to be assertive and not allow drug taking within your home, especially when you may be given some drugs in exchange for your co-operation. Even if you try to confine this to while the children are at school or out, once your home is known as a place to use, it can affect how the children feel and compromise their safety.

Any babysitters should be responsible adults who you know well and who you can totally trust with the care of your children. It can be easy to make friends quickly when you are feeling alone and with someone who appears to have the same problems as you. However, you really need to know people very well over a period of time before you should trust them with your children.

The other practical way to make your home safe is by ensuring that the basic bills and rent are paid so that there is no risk of eviction.

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = the house is safe, other people don't use drugs there, strangers don't stay the night, and babysitters are well known and trusted.

10 = the house is not secure, people come to the house to buy/use drugs, strangers sometimes stay the night.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Evidence of drug use

Used syringes, needles, spoons and filters can all be contaminated with blood containing viruses, and so they need to be disposed of properly, usually at your local needle exchange.

This needs to be done regularly so that there is no build up of used needles at home. Seeing equipment makes children more aware of drug use, and can be a risk for them.

A needlestick injury can transmit hepatitis or HIV. Only a small amount of blood is needed to pass on such viruses. Children are naturally curious and will pick up anything left lying about.

“It just felt really embarrassing to take such a lot back, and so I kept putting it off, and it just got worse and worse...”

Debbie

Also, if there are things left around which show that you use drugs, you're unlikely to allow other people to visit such as children's school friends, non-using neighbours or health visitors. This will isolate your family as mentioned before.

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = all needles etc. are regularly returned to the needle exchange, and stored safely in between times.

10 = there are lots of used needles around the house which aren't stored away safely.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Storage of medications

Children are physically more vulnerable to substances than adults, and also have less understanding of the consequences of taking drugs and medications.

All such substances, and the equipment used, should be stored safely away from children, in a locked container or safe. Many drug services now provide lockable storage boxes for parents with children.

Many women keep their methadone in their bag so that it is with them all of the time. This is dangerous as it could easily get lost or accessed by a child, and only one teaspoonful of methadone can kill a small child. If your child ever does take your medication, put them in the recovery position (see page 58), and call for an ambulance immediately, telling them what your child has taken.

“I read about that little girl who’d drank her mother’s meth. It was only just a little bit left in the bottle but she died. I felt sick because I’d always used to just keep mine in the fridge, but after that I locked it away. My kids are pretty bright at getting into things...”

Tricia, mother of Aaron, aged 4 and Ben, aged 6

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = all medications are stored out of reach in a lockable container.

10 = medications are left lying around within reach of children.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

What you can do:

- Research shows that many people who are dependent on opiates do better when they're in methadone treatment – so if you're not, think about getting help.
- Prioritise helping your child to have a clean and organised room. It doesn't take much money, just some time and effort. This could be given a regular time slot, once a week or more.
- Perhaps have one day a week, or an evening, where you can get things together so that a school friend can come round to play. Invite their parent in so that they can see where their child is spending time.
- Establish some sort of structure for your child so that they know when they need to get up, when their next meal is, when they are expected to be home, and what day they can bring their friend home.
- Be clear about what chores are their responsibility, such as keeping their bedroom tidy, and what jobs are yours (general housework, paying bills, deciding on financial matters, etc).
- Keep the family home safe by not allowing people who you don't know well to stay over.
- Only allow people who you trust and know well to look after your children.
- Ensure that you prioritise rent and submit any benefit forms on time. If you start having difficulties, seek help as soon as you can from agencies such as the CAB. Don't keep putting it off – it'll only get worse!
- Arrange for all of your used needles to be taken to the needle exchange and then get in the routine of always taking them back when you go for new equipment.
- Keep everything to do with substances (drugs, equipment, medications, etc) somewhere safe and away from your children, such as a locked suitcase or a lockable medicine cabinet.
- Always quickly clear up any blood spills, ideally with bleach and water.

Child protection: key points

Professionals would be concerned about the safety of the children, and obliged to take action to ensure their safety, if the following situations were identified:

- A home which is unhygienic and with a lack of essential furniture, so children have to sleep on the floor, or with dirty bedding, for example.
- Unknown strangers often staying at the home who may pose risks to the children.
- Drugs, methadone, and drug paraphernalia being left lying around the house so that children could easily pick them up and harm themselves.
- Violence occurring in the home – from your partner, other drug users, or dealers, which places children at risk.

Therefore the minimum standards that you need to set to keep your children safe and protected are the following:

- **Make sure that there is adequate essential furniture in your home, including cooking facilities and clean bedding.**
- **Do not allow people to stay or babysit unless you know them well and completely trust them.**
- **Never leave injecting equipment lying around the house where children can get to it, and store drugs and methadone out of reach in a locked cabinet or case.**
- **Protect your children from violence.**

My home: things I could do:

One small change can lead to another!

Section 4

Help and support for you

The community

Sometimes, the families who need the most support because they are having problems, are the same families who don't ask for support because they are having problems! The problems themselves can stop the family from seeking help.

There are many people who can help with problems connected to substance use: your GP, community treatment team, drugs advisory service, voluntary organisations, Genito-urinary clinic, and Service User group.

Your health visitor, Children's Centre and local playgroup can help with advice about children under 5. School nurses and teachers can be of help with older children. Connexions Direct is a service specifically for adolescents aged 13 to 19, offering information, advice and support on a range of issues.

Women's refuges, Women's Aid and the police can give advice about domestic violence.

Other agencies such as the Citizen's Advice Bureau, Housing Advice Centre and Social Care may be able to help with other matters.

"I used to say that I didn't need any help and that I didn't want anyone interfering in my family. But what I really meant was that I didn't want them interfering with my using!"

*Tom, father of Jack, aged 8
and Zara, aged 6*

As well as getting help and support from services, it is also very important for children feel that they are positively involved in a community. If not, families can become isolated, which isn't good for children.

Getting involved in social activities helps to build a supportive social network for you and your family. It also develops other areas of life so that drug use is not the main thing anymore. If your main identity is that of a drug or alcohol user, then it will impact upon your child's identity. Being a child of a drug using parent has an impact upon a child, but it should only be a small part of their identity.

Your religious or ethnic background may cause additional issues, and may increase your sense of isolation. You may wish to obtain support through religious and spiritual organisations, or local agencies that will understand your cultural needs.

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = I receive a range of services and support, and take part in community groups/activities.

10 = I don't have support from any services or mix with the local community.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Emergency childcare

When parents are unable to give their children the best possible care all of the time, it is very important to have other people around who can help out. This can give the children some consistency, which is important for them to feel cared for and to develop their self-esteem.

All adults with child-care responsibilities may sometimes find themselves unexpectedly unable to care for their children. For adults who are dependent upon illegal substances or alcohol, the chances of this happening are likely to be greater, because they may be arrested and detained in custody overnight or longer. There are also health risks connected to the use of drugs, which may require urgent admission to hospital.

If you have no plan in place as to where your children will go in such emergencies, then not only will they be worried about their parents, but they will also be further confused and anxious about what is going to happen to them. It's important to have a detailed plan in place with arrangements that the child is aware of.

This can help reduce not just the anxiety in the crisis situation, but also the worry that a child might have on a daily basis in anticipation of the next crisis.

“Well I wish I'd have thought of it before, but when I had to go to A&E and I had to stay in, it seemed best that they went to stay with their dad who lived in the next town. But they didn't like that 'cos they were away from their friends and school. And then my neighbour said she'd have had them happily, and she's going to do that another time... if there is one.”

*Jess, mother of Evie, aged 9
and Mia, aged 8*

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = there is a plan in place for emergencies, identifying reliable people who can care for the children.

10 = I don't know what would happen to the children if I had to go away suddenly.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Friends and family

Children need contact and support from someone who is a positive influence and does not use substances problematically.

Sometimes, adults who have problems with drugs tend to isolate their families so that they can keep the problem to themselves. They discourage contact from other relatives as they do not want any interference, or for their family to know the full extent of the problem.

Unfortunately, this may mean that the children in the family lose touch with people who could be a real support to them such as grandparents, aunts and uncles. If this is something that has happened to you, it is worth thinking about how your children can have regular contact with such people.

If you don't have family, then it's even more important to have contact with non- drug using friends and people in the community such as youth clubs, religious groups and local community centres.

"I didn't want the kids telling people everything that was happening – but I also didn't want to pressurise them into not being able to talk freely to their gran – so it just seemed easier at the time to keep them away from her."

Dan, father of four, aged 7 to 12

Rate yourself on a scale of 1 to 10 on how much this applies to your home and family.

1 = the children are in frequent contact with family members or other supportive adults.

10 = extended family relationships have broken down, and children no longer see their relatives and/or there are no other adults with whom they have a trusting and good relationship.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

You

There may be particular issues that you have as an individual which you'd like help with. Your substance use may stem from problems that you haven't been able to deal with in the best way up to now.

Many people who use substances problematically also have other problems such as depression, eating disorders, self-harming behaviours, sexuality issues or traumatic/difficult experiences in their past which make life harder for them. Now may be the right time for you to ask about counselling or other specific support, such as referral to the Community Mental Health Team, eating disorder consultant, Genito-urinary Clinic or psychologist.

If you are not ready to speak to another professional agency, you could try finding local support groups or charitable organisations where you can begin to talk about, understand and work through these issues.

You may have lost touch with family members or past friends because they couldn't handle your substance use. People who haven't had a drug or alcohol problem can find it difficult to understand the issues around dependent substance use. There are services especially for relatives of people with substance problems, which can help them understand things better, and give them the support that they also need. People who used to be supportive may still be able to give you some support if you get back in contact with them and talk honestly about your problems.

Rate yourself on a scale of 1 to 10 on how much this applies to *your* home and family.

1 = I have no personal issues that I'm not getting support and help for.

10 = I need help to manage personal issues which affect me, but am unable to find it.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

What you can do:

- Find out what services are available through the library, local paper, the CAB or from any agency you are already involved with.
- Contact any agencies who might be able to help – think about the things you need support with, and find out who can do what.
- Become a part of the community in a positive way: become a volunteer, join a Service User Group. If there isn't anything available, start one! You may be able to get some support from your worker to do this. You will need to have a Disclosure and Barring Service (DBS) check completed, but a criminal history doesn't necessarily stop you from becoming a volunteer.
- Have a realistic plan in place so that if anything happens which means you are unavailable to look after your children then they are cared for well. Keep it up to date – make sure that everyone knows what the arrangements are.
- This plan should include who to call, where they should stay, money for transport if that will be needed, and important telephone numbers.
- Encourage your children to get the support they need. Help them keep in contact with their grandparents, and other family members, even if you don't want to meet up with them yourself. Your children have the right to support from their relations.
- Help from services is often out there, but you need to be stable and motivated enough to keep appointments. Talk this through with someone you can trust and work out how you can make the most of the support available. Set up reminders on your phone, or leave yourself notes in your diary or calendar.
- Consider making contact with family members or friends who may be able to give you some support, but be realistic about what they can do. It may be just a monthly phone call, but even that would be regular from someone who means something to you, and could lead to more.
- Show your children that you don't just put up with your problems– you deal with them!

Child protection: key points

Professionals would be concerned as to the safety of the children, and obliged to take action to ensure their safety, if:

- you are resistant to help and support and refuse to cooperate with services. This increases the existing concerns, as professionals are unable to get all the information they need. They feel that the family are not working with them to try to make things better for the children.

Therefore the minimum standard you need to set to keep your children safe and protected is:

- **Accept support from the agencies trying to help you and your children. If you do, then your situation should improve. If you resist and are unco-operative, then your situation will be unlikely to improve and you will have the additional stress of the agencies becoming highly concerned – you risk making your situation even worse.**

Support for me: things I could do:

You can be in control, and make good changes happen!

Final note

Most parents feel guilty at one time or another about various things they've done or haven't done for their children. But feeling guilty doesn't make anything better for them.

Things that are in the past are over, and all that there may be left to do is apologise or explain.

Making changes **now** is the best way to handle things – and even if you can make only a few small changes, that may help your children a great deal, both now and in the future.

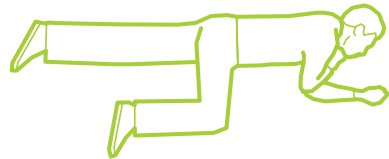
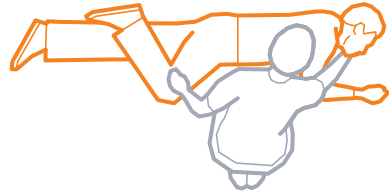
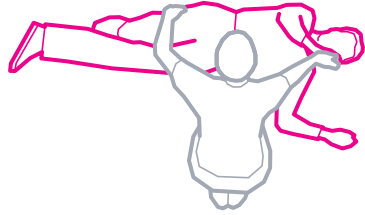
Section 5

Useful information

The recovery position

If someone is unconscious and breathing, put them in the recovery position.

- Open their airway by tilting the head back and lifting the chin.
- Straighten the legs.
- Place the arm nearest to you at right angles to their body.
- Pull the arm furthest from you across their chest and place the back of their hand against the cheek nearest to you.
- Get hold of the far leg, just above the knee, and pull it up, keeping the foot flat on the ground.
- Keep their hand pressed against the cheek and pull on the upper leg to roll them towards you, and onto their side.
- Tilt the head back to make sure they can breathe easily.
- Make sure that both the hip and the knee of the upper leg are bent at right angles.



**Dial 999 and ask for an ambulance.
Stay with them until the ambulance arrives.**

Emergency child care plan

Name and address of carer:

.....

.....

.....

.....

.....

.....

.....

.....

Tel number:

(Remember to let school know of change of situation, and write down each child's routines/regular activities/any medical problems for carer)

Diary dates

(e.g. GP appointments/school meetings/children's immunisations, etc.)

Notes

Contact details/useful telephone numbers

Midwife:

Health visitor:

Social worker:

Children's Centre key worker:

School name:

Telephone:

Class teacher(s):

.....

School name:

Telephone:

Class teacher(s):

.....

School name:

Telephone:

Class teacher(s):

.....

GP:

Drug/Alcohol worker:

Pharmacist:

Others:

.....

.....

.....

.....

Drugs, alcohol and parenting is a workbook designed to help parents who use drugs or alcohol care for their children.

By explaining what children need, what social care services expect, and how drugs and alcohol can affect childcare, the book both helps parents understand what they need to do, and gives practical tips on how to do it.

With self-scoring questions, parents and workers are able to assess the situation, and monitor and chart progress over time.

A child protection ‘key points’ page in every section means that everyone knows exactly where they stand, preventing misunderstandings and giving children the best possible chance of being cared for by their parents.