

Child Protection issues for professionals working with parents who misuse alcohol



Also in the series

- Understanding alcohol issues for professionals working with parents
- Understanding parenting issues for alcohol professionals
- Parenting, alcohol misuse and treatment service provision
- Common assessment framework
- Hidden harm

Examples of forthcoming titles

- Promoting protective factors and resilience
- Domestic violence
- Fathering

The Parenting and Alcohol Project



Child Protection issues for professionals working with parents who misuse alcohol

This briefing paper looks at issues of child protection with specific emphasis on the alcohol misuse of parents. It outlines the key areas of concern for professionals who work with clients who are parents and who misuse alcohol. There are a number of case studies that illustrate the “grey” area between support and intervention, which will help those working in this field to clarify their own understanding of the issues.

Target audience

This briefing is intended for:

- Staff working in alcohol treatment services
- Managers of alcohol treatment services
- Commissioners

Summary: The briefing at a glance

- Up to 1.3 million children in the UK are affected by parental alcohol problems but it does not follow that every child affected is in need of protection. Professionals working with parents need to assess the risk to the children
- Definitions of the main categories of child abuse are given and responsibilities of local agencies are covered
- The Local Agreements for Child Protection issues are covered and the setting up of Area Child Protection Committee (ACPC). Those agencies that work with adult clients have a duty to consider the impact of their clients’ behaviour on any children involved
- The associated harms relating to alcohol misuse are covered and the links to other issues are given. Further briefings in this series will cover the Common Assessment Framework and Hidden Harm.
- Agencies working with clients who misuse alcohol and who are parents will need to address their practices in the light of current legislation and guidance. Commissioners will need to consider the training implication for a range of these services who deal with adult clients who are also parents
- Agencies will need to consider their confidentiality policy and how they will involve social services when there are child protection issues with their clients’
- Ways in which professionals can work with parents both during and after treatment are considered

Introduction

For those professionals working in alcohol treatment services and parenting services there is a duty to gather information about the family situation of the client. If the client has children there is a need to consider if the child is at any risk. The common assessment framework indicates what information is required about the child. If there is a risk to the child then it may be appropriate for Child Protection Procedures to be used. It is the Local Authority's duty under The Children's Act 1989 to safeguard the welfare of children in need. It is the purpose of this briefing to consider the following:

- The duty of the professional to gather information relating to the client
- The need to consider Child Protection Issues
- Local agreements for Child Protection
- Definitions and boundaries of support, risk and protection
- The harm associated with alcohol misuse and issues of Good Enough parenting
- Procedures, policy and practice and training implications

- Referrals and confidentiality

The definitions of child abuse are varied and some are open to interpretation but they cover the following main categories:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

Children should be safe and able to develop to their full potential and professionals should be able to assess the hidden harm from alcohol misusing parents. Protection of children whose parent(s) misuse alcohol is vital and child protection procedures must be effective and work consistently across all local services.

Responsibility for protection of children must be shared across agencies because children are safeguarded only when all relevant agencies and individuals accept responsibility and co-operate with one another. Each agency needs to ensure that staff are adequately trained, managed and supervised in relation to child protection so as to operate efficiently to agreed child protection procedures.

Local agreements for Child Protection

It is incumbent on agencies to have Child Protection procedures and protocols that are regularly reviewed

and align with the Area Child Protection Committee (ACPC) and the local manual. By April 2006 ACPCs



must be replaced by Local Safeguarding Children's Boards (LSCB¹). Agencies should:

- Comply with locally agreed procedures and should ensure that further internal procedures and inter-agency protocol are consistent with the local procedures
- Maintain accurate records of decision making and actions
- Share information between agencies to assess the needs of the child(ren)

- Nominate a senior member of staff to take responsibility for drawing up and maintaining policy for child protection

Those who work with adults must consider the implications of service users' behaviour for the safety and well being of any dependent children and/or children with whom those adults are in contact. Once action is taken under child protection procedures (and regardless of whether the work is undertaken separately or jointly with another agency) children's services become responsible for its co-ordination.

Misuse of alcohol and associated harm

There are different levels of alcohol misuse from minor recreational use through to more serious continual misuse and dependency. Not all parents who misuse alcohol have problems with their parenting skills. In some cases parents are well aware of their responsibilities but alcohol misuse becomes part of the cycle because they do not fulfil their "ideal" as parents. The concept of "Good Enough" parenting² is very useful to misusers and can be defined as:

- Parents who provide love, care and commitment
- Parents who are consistent and are unconditional
- Parents who are active and positive

And who offer the following:

- Low level criticism
- High levels of warmth and praise
- Time spent with children
- Child focussed activities
- Communication
- Enjoy each other
- Reasonable limits

Misuse of alcohol can be associated with significant harm to children, especially when combined with other features such as domestic violence or other drug misuse. The risk to children may arise from:

- Use of the family resources to finance the parents' dependency, characterised by inadequate food, heat and clothing for the children

- Exposing children to unsuitable care givers or visitors or total lack of supervision
- Children's absenteeism from school or other school related issues
- Children taking on the role of carer either for other siblings or the parent(s)
- Effects of alcohol which may lead to uninhibited behaviours e.g. inappropriate display of sexual and/or aggressive behaviour and reduced parental vigilance
- Unsafe storage of alcohol thus giving children ease of access
- Adverse impact of growth and development of an unborn child

The common assessment framework requires gathering of information as to the parents' capacity to respond appropriately to children's needs.

Procedures, policy and training issues

Most agencies should have procedures to discuss issues with a duty social worker to clarify matters. When reporting a case to Social Services they have to judge whether it is made under Section 17 of the Children's Act 1989 – children in need of support, or Section 47 of the Children's Act 1989 – children in need of protection. A duty social worker can help clarify this distinction. In most cases of child protection a case conference will be convened and relevant professionals will share information.

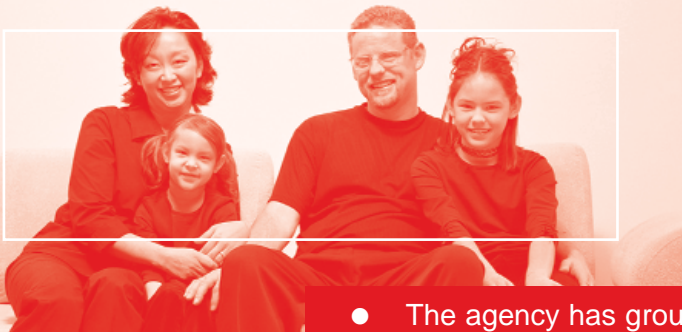
Professionals working in alcohol treatment services as well as parenting professionals are increasingly likely to come into contact with parents who misuse alcohol. These professionals will require the knowledge, skills and understanding of the complexities of child protection issues. In many areas Social Services or ACPC offer general training on child protection issues at minimal cost however the organisations for which the professional works should be able to offer training locally, specific to the issues of parental misuse of alcohol.

Confidentiality

Confidentiality is an issue for all services and none can guarantee absolute confidentiality, particularly where they have information about children at risk. This must be made clear to clients when they approach the service. Every service should have written procedures and protocols on confidentiality. Clients should be made

aware that confidentiality will be maintained unless there are particular circumstances:

- The agency has concerns about the welfare of a child
- A request is received from the police or social services of a child protection nature



- The agency has grounds to believe that a child has been or may be harmed

Clients should be kept informed when

such action is taken and this procedure should form part of the Confidentiality Policy given to clients at the assessment stage.

Referrals to Social Services

Often the most difficult decision for a professional to make is that of referral to social services when the issues of concern of a child in need border on the verges of “at risk”. Even when training has been received there are not always clear-cut criteria that suggest when to refer and when not to refer because each case is different.

Professionals working with a parent who misuses alcohol should have made an initial assessment which should be reviewed regularly. Where concerns exist, professionals should have a nominated person in their organisation with whom they can discuss their concerns. Whenever there is concern that a child has been abused, neglected or at immediate risk a referral must be made without delay to the duty social worker for the area in which the child lives and a note made

of this action. The worker concerned should also inform their line manager or person responsible for child protection issues – depending on agency procedures.

Most Social Services Departments will run a “duty social worker” scheme or similar where the professional may contact them for informal advice. If the concern is not child protection but one of support then the duty social worker may be able to make the necessary contacts.

Two useful charts have been included in this briefing so that a further understanding of the boundaries between Child Support and Child Protection can be understood. There are a number of case studies included that illustrate the difficult decisions to be made in this area.

Working with a parent whose child is at risk

The Local Authority will work with a range of partner agencies to develop services which meet the specific needs of the child and the family, working in partnership with the parents and keeping the children with the parents as far as possible. Realistic, time-bound and achievable targets will have been set and when working with

the parent these need to be reviewed regularly. Services will need to have clear policies and procedures for this work that will include sharing information, confidentiality and child protection work. Where the parent is undergoing detoxification children may need to be cared for by the other parent, relative or by the Local

This table has been taken from the London Child Protection Committee Publication "London Child Protection Procedures" and shows the issues which come clearly under protection and which come under support:

THRESHOLD RESPONSE TABLE:

S.47 – Child Protection	S.17 – Child Support
Any allegation of abuse or neglect or any suspicious injury in a pre or non mobile child	Allegation of physical assault with no visible or only minor injury (other than to a pre or non
Allegations or suspicions about a serious injury to a child	Any incident/injury triggering concern e.g. a series of apparently accidental injuries/minor non-accidental incident
Inconsistent explanations or an admission about a clear non-accidental injury	
Repeated allegations or reasonable suspicions of non-accidental injury	Repeatedly expressed minor concerns from one or more sources
The child has been injured (even if inadvertently) during domestic violence	Allegations of one serious or three minor domestic violence incidents
Repeated allegations involving serious verbal threats and/or emotional abuse	Allegation concerning serious verbal threats
Allegations/reasonable suspicions of serious neglect	Allegations of chronic or periodic neglect including insufficient supervision; poor hygiene, clothing or nutrition; failure to seek/attend treatment or appointments; age inappropriate domestic chores
Medical referral of non-organic failure to thrive in under fives	
Direct allegation of sexual abuse made by child or abuser's confession to such abuse	Suspicious of sexual abuse e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer
Any allegation suggesting connections between sexually abused children in different families or more than one abuser	
Schedule 1 offender moving into a household with under eighteen year olds	
Any suspicious injury or allegation involving a child already on the child	
No available parent/carer and child vulnerable to significant harm e.g. an abandoned baby	No available parent/carer, child in need of accommodation and no specific risk if this need met e.g. unaccompanied asylum seeking child
Suspicion that child has suffered or is at risk of significant harm due to fabricated/induced illness	
Children subject of parental delusions which imply risk	



STEPS IN CONSIDERING HARM TO CHILDREN

taken from Alcohol Child Care and Parenting by Wendy Robinson and Michael Dunne NSPCC 1999

INTERNAL CONSIDERATION

- Observation, child focused
- Issues and actions recorded
- Discussed with carer, clear information given
- Discussed and consulted in agency, plan for managing concerns
- Recognition of change – step-down or further action

PROFESSIONAL OBSERVATION

Facts now gathered to confirm concerns and parent aware of concerns

Support for parent, time taken to listen
Expectation of change in behaviour
Contact with outside agencies

CONCERN

More concrete than anxiety, backed by symptoms or events.
Speak to someone else, express concerns to parent. Keep a formal record of this.

ANXIETY

This may be a general feeling or specifically to do with the child or parent or both.

Speak to someone else about the anxiety.

PART OF INTERAGENCY SYSTEM

Child protection meeting and interagency work in progress. Understand the part your agency plays in the whole picture.

ACTION → REFERRAL

Referral needs to be child focused. Clear information and circumstances. Parental involvement and response to support.

OBSERVATION

Consider and manager concerns.

Be clear on the frame for this. Decisions to be made by parent. Consider other agencies.

EXTERNAL INVOLVEMENT

- Agency decision to refer; discussed with carer
- Share with child if possible
- Clarify involvement in interagency plan
- Re-state role with family member



Authority. It is important to maintain regular contact between child and parent and many parents may wish their children to remain with them – some alcohol services offer residential services where the whole family is admitted. A key factor to success is adequately trained professionals who can work with the whole family. If

children are accompanying parents on a residential placement then there should be separate care plans for the children. Social services should have agreed criteria for when children should be kept with the family and they should have arrangements for funding from an identified budget.

Rebuilding the family during and after treatment

Some local agencies will provide long-term support after detoxification or after the child has been taken off the at-risk register. Follow up care should be supporting the parents to gain confidence in their own parenting skills, particularly if there has been a significant period of separation. After detoxification the parent will need time to adjust to life without alcohol and they may need to help to restructure their time. Parents may need ongoing counselling support following residential treatment and an aftercare plan should consider what type of support would be needed to sustain the gains made in treatment. Children

react differently to their parent's problems and this is due to their varying degrees of resilience³. Professionals working with parents and children should consider how best to identify and boost these resilience factors and how parents can be involved to work with their children.

Long-term support for the whole family will build the resilience and protective factors and can strengthen the family to deal with a range of other problems, especially where parenting and alcohol teams work in partnership to achieve the best outcomes for parents and children.

Case studies

Samantha was referred by her Substance Misuse worker. She had previously attended numerous rehabilitation programmes, but so far had been unable to reach her aim of sustaining abstinence. She arrived stating “this will be my last try”. Samantha had been using alcohol since she was 12. On arrival she was 37 years of age. She presented as very defended and aggressive, and

challenged the organisations' boundaries. As part of her tailored care package Samantha received 17 groups per week ranging from psychotherapeutic support groups, to relapse prevention, to meditation. She also received weekly individual psychotherapy, body acupuncture, shiatsu and cranial osteopathy sessions. Samantha engaged with the CoreKids programme after being at

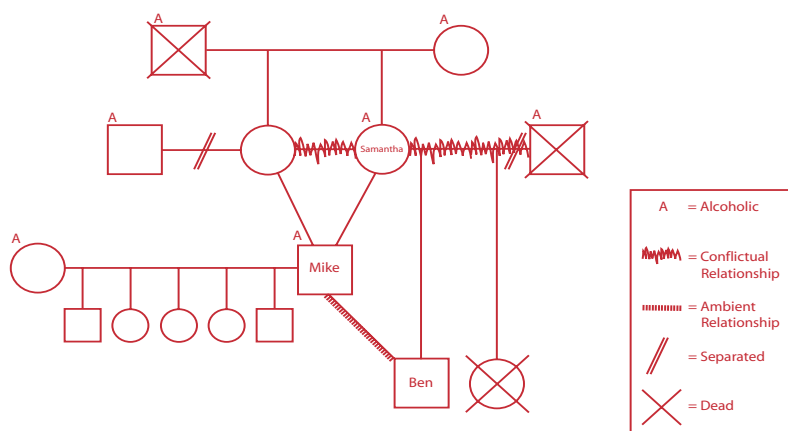
Core for 3 months. She was initially sceptical as to the value of the programme, but decided to “give it a go” after she had begun to engage with her own early life and parenting experiences. As part of the CoreKids programme Samantha received individual parenting support work including basic parenting skills, ie boundary setting, and the importance and appropriate use of consequences.

Her son Ben was 7 years of age. On arrival at CoreKids he immediately expressed hostility and aggression. On numerous occasions he flooded the therapy room with water, and dismantled shelving. Bens’ hostility continued for 5 sessions, at which point he buried his therapist under the cushions in the room and declared himself ready to talk. Using sand tray and art therapy he began to resolve some of the difficult issues between himself and his mother; the primary theme being one of trust. This was demonstrated at home by Ben’s inability to let his mother out of his sight, and his insistence that he sleep with her at night.

Ben’s stepfather, Mike was 35 years old and a non-user, had sporadic contact with his son. The primary focus of the family work became about reconnecting Ben with his stepfather (who had been present when he was aged 2-6yrs). Trust issues within the family dynamic were also explored and restored. This was done using solution-focused approaches, looking at the families strengths and building their resilience.

Samantha continues to remain abstinent, and her relationship with her son is now more trusting and emotionally coherent. Ben has been able to separate appropriately from Samantha; mother and son are now sleeping in separate rooms. Ben’s relationship to Mike was resolved and this clarified the relationship for Ben and enabled him to develop an appropriate relationship with his stepfather. He is now doing well at school, and has developed a rich social network. Ben and Samantha were referred on to a local family centre in their borough where they continue to attend weekly sessions.

Core Trust - London





Tracy is a survivor of domestic violence. The abuse started a couple of years into the marriage and lasted for 8 years. It ended because Tracy finally managed to leave. Tracy used to drink in order to cope with the violence. She describes how she felt robbed of her previous personality by the psychological and physical abuse. She got to a stage when she totally lost her self-esteem and started to believe that she deserved the abuse. Her husband, quite typically would be very charming and begging for forgiveness after the violence took place and Tracy felt very confused to what she should do.

She had never experienced domestic violence in her family as a child and young adult, rarely heard of it and thought that the problem must be to do with her. Her confidence was non-existent at that point. Tracy is a survivor. She had been battling with terminal cancer since the beginning of her marriage and was told that she only had 6 months to live. She gave birth soon after being diagnosed and made it her mission in life to survive. She explains how she made herself focus on her son in order to survive and we are now 10 years down the line. After her divorce Tracy stopped drinking for a while but a couple of years later she was still living in a bed sit with a 10 year old son who was becoming sexually aware and she felt trapped again. She started drinking again to cope and although she was not drinking everyday when she did she binged.

Subsequently, family members detected that there was a problem and alerted social services. Her 10 year old was in danger of being neglected and Social Services were on the brink of putting the child on the child protection register for neglect. ASCA's Women Service was actually brought in at this stage and Tracy welcomed the help. She realized what she was doing and was very shaken up by the idea of having her son potentially taken away from her. The motivation of not letting this happen was very strong right from the start. In the counselling sessions we concentrated on building her confidence and self-esteem and Tracy was able to make connections with her substance misuse. We talked about the abuse, how it affected her and how she had managed to move on.

She decided that she had not survived all those years for nothing and was determined to get her old self back. She was not going to lose her son and Tracy stopped drinking almost immediately. Her motivation strong, she managed to get herself back on track and in a more positive frame of mind. Three months down the line and she has built up much more confidence and describes how she now feels like she felt before she met her husband. She has since moved to a 2 bedroom apartment and is very supportive of her son who has himself decided to access a therapy group so that he can himself talk about the abuse that he witnessed against his mum.

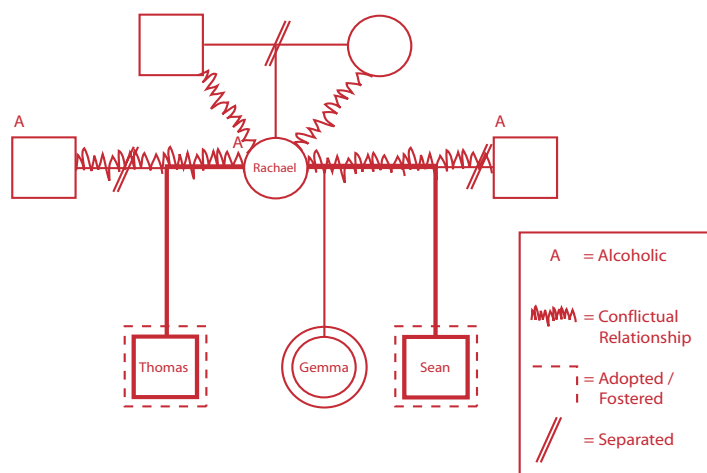
I believe that counselling, as an intervention, came in at exactly the right time. Without the counselling Tracy would have found it very difficult to get herself together and there is no

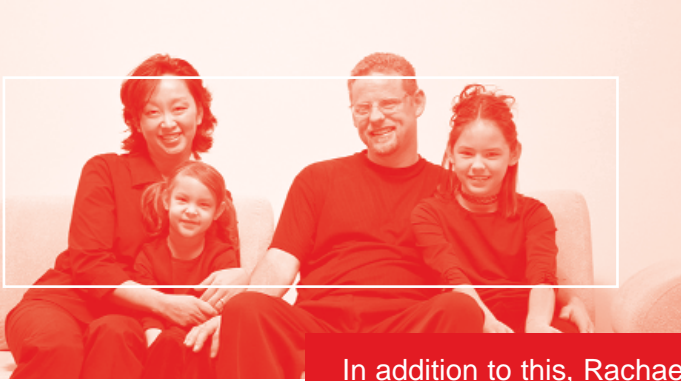
doubt that her son would have been on the child protection register.

ASCA - Richmond

Rachael self referred to the Core Trust rehab programme. By this time she had been using alcohol chaotically for 15yrs. She initially struggled to engage with the programme, and found group work particularly challenging. Her assessment with CoreKids revealed a very complex family dynamic – she had sporadic contact with her eldest son Sean aged 9, who had been living with his paternal grandmother for the past 4 years. She was totally disconnected from her middle child, a daughter Gemma, aged 7, who had been adopted 5 years previous. Her youngest son Thomas, aged 3, had lived with Rachael for the 1st 18 months of his life, and since then had been living with foster parents. As well as her needs led care package within the Core Trust rehab (a structured 5 day a week programme of therapeutic groups, individual psychotherapy, and

complementary therapies), Rachael received fortnightly parent counselling sessions with CoreKids. In her initial careplan one of her express treatment goals was; “to get Thomas back”. Sessions also enabled her to explore her shame about how she had parented her children, and her increasing awareness of the huge sense of loss that she felt. She soon felt more equipped to attempt to try and reconnect with Sean - and to deal with the difficult emotions this would ask her to face. Rachael wrote a series of letters, with the help of CoreKids, to both Sean and his carer. These were well received; with Rachael’s new attitude, and her sustained abstinence, her son’s carers permitted regular contact. Rachael also worked through her issues around losing Gemma, and the grief and guilt she felt about this.





In addition to this, Rachael received support with legal proceedings - relating to the request for adoption by Thomas's current foster parents. At first Rachael was adamant that she wanted full custody of her child, and was not prepared to let the adoption go through. However, Rachael's attitude changed during her time with CoreKids; as she learnt more about child development and attachment issues, and worked through the difficult emotions surrounding her motivations for disallowing the request

to go through - she resolved to allow Thomas to be adopted. Stating that she felt this was "truly in his best interests". She arranged with the adopting parents to be allowed once yearly visitation rights, and the judge commended all parties on their compassionate behaviour towards this child. Rachael has maintained her abstinence, set up a new home, and now attends full time education. She continues to visit Sean on a regular basis.

Core Trust - London

Xara is a 40-year-old mother of a nine-year-old son. Xara's marriage broke down a year ago. Xara acknowledges she can be aggressive and abusive when she is drunk and can understand how her husband finds this unacceptable. Xara relied heavily on her husband and his departure with her friend precipitated even heavier binge drinking episodes. Xara has been depressed as far back as she can remember. A schizophrenic mother who also drank heavily, and a violent, heavy drinking father raised her. She was often left to care for her younger siblings whilst her mother slept off the effects of her medication combined with alcohol abuse. With no support and no social life, she spent almost every evening waiting until her son was in bed so that she could get on with consuming 2-3 bottles of wine. After the first 3 sessions of counselling, as the picture of her drinking pattern unfolded, it became very clear that her son, Paul, was at considerable risk from her drinking. Not only was she drinking

heavily every evening meaning that she would be unable to deal with an emergency or drive a car, but she was persistently and chronically emotionally unavailable to her child. Xara was ashamed that she felt that she did not want to play with her son or spend any time with him, that she was just going through the motions until he would go to bed and she could get on with her drinking. At this stage it was necessary to clarify the steps that would need to be taken if Paul's safety was compromised by her drinking. We discussed what would need to happen in order to ensure her child's well-being as well as looking at specific parenting issues. Then counselling began to focus on the effects of her drinking had on her child's safety as well as his future. Paul was anxious and it was difficult for him to mix with other children, he was not secure enough to leave his mother's side. Xara managed a week of abstinence but on her fortieth birthday, when her son was with his father, she went out and drank so

much that she collapsed in a club and injured herself quite badly. This incident became a turning point. At this point we discussed again the impact of her drinking on Paul and involving social services, and the likelihood of her son being placed on the child protection register. In counselling we worked on a plan that included Xara attending AA meetings daily, as well as counselling twice

weekly for a six week period and thereafter weekly. Xara has now been abstinent for almost 8 weeks. Her depression is beginning to lift and she is finding herself with much more energy and hope for a better life in the future. Counselling is addressing very specific parenting issues. Paul's situation is reviewed on a regular basis.

ASCA – Richmond

Zena is a young single mother in her late teens who has a 2-year-old daughter. The father is unknown. Zena first came into contact with ASCA after completing rehabilitation from her alcohol misuse. She had remained abstinent for several months whilst caring for her young daughter, with the added support of her own mother, grandmother to her daughter. She joined the Women's Service for counselling and support following a referral from Social Services, as she had relapsed and was binge drinking again, leading her back to her previous drinking habits. She had also formed a relationship with a man who was both using drugs and had a criminal record and was neglecting her daughter. Her mother was expressing concern about Zena's behaviour, and although the child was left in the care of grandmother, she felt that her grand-daughter was emotionally neglected by her mother as she was still binge drinking. Social Services had obvious concerns about her ability to become and remain a responsible and capable parent, especially in view of her new relationship and the temptation it presented. Zena finds the

pressure of being a young mother very hard and has great difficulty remaining a responsible adult (she is still in her late teens herself). Despite continuing to drink (though far less frequently) she has engaged well in the counselling process and addressed her behaviour around alcohol and her need to visit pubs and clubs in which she finds herself likely to drink to excess. She does not want her child to be placed on the child protection register. She is looking at the areas of support that she needs to access in order to improve her parenting skills and gain the support which she needs for herself as a young mum. As a result of the ongoing work she is doing in counselling with the Women's Service, Social Services have deferred a decision regarding her daughter being placed on the child protection register, and her situation will be reviewed on an ongoing basis. Part of the work in supporting Zena also involves liaising with (and working in partnership with) other health care professionals for the overall good of both Zena and her daughter.

ASCA – Richmond

The Parenting and Alcohol Project aims to protect and improve the quality of life and opportunities of children parented by someone who misuses alcohol. It aims to achieve this by:

- developing the capacity of alcohol treatment services to offer parenting support to their clients who are parents
- developing the capacity of parenting professionals to work effectively with parents who have alcohol-related problems

The Parenting and Alcohol Project is funded by the Parenting Fund.

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Alcohol Concern Is

- The national agency on alcohol misuse
- Working to reduce the level of alcohol misuse, and to develop the range and quality of helping services available to problem drinkers and their families
- England's primary source of information and comment on a wide range of alcohol related matters

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