



Assessing the impact on children of parental substance misuse.

These guidelines are to be used when considering the likelihood and severity of the impact of a parent/carer's substance misuse on a child. It involves the practitioner thinking about the nature of risk and also the protective factors for the child so it brings into being the practitioner's professional judgement.

These questions are designed to help practitioners and parents identify what is going well, what are we worried about and what we are aiming for.

This tool does not replace your own safeguarding policies or procedures where you are concerned that a child/young person is at risk of significant harm.

| | |
|---------------------------|--|
| Parent/Carer name: | |
| DOB: | |

| | |
|---------------------------|--|
| Parent/Carer name: | |
| DOB: | |

| | |
|-------------------|--|
| Child name | |
| DOB/EDD | |
| Address | |

| | |
|-------------------|--|
| Child Name | |
| DOB/EDD | |
| Address | |

| | |
|-------------------|--|
| Child name | |
| DOB/EDD | |
| Address | |

Name of Practitioner/Agency

Date form completed

| | Name |
|---|--|
| A | What substances are being used (how much, how often, cost, pattern of use, and how are they being used?) |
| B | How does your drug/alcohol use impact on your day-to-day life? And your children's daily life? |
| C | How does your use impact on your ability to care for your children? (Routines, caring responsibilities, supervision, availability) |
| D | Who lives at home with you and how does their presence impact on your care of your children? (Include those who may stay over, is the home a shared property, rented, owner-occupied) |
| E | Do you have a supportive partner, family members, or significant other who can support you in the care of your children? (Do they use drugs or alcohol?) |
| F | Are you in contact with any services who can support you and your child(ren)? |
| G | What single thing would help to improve the situation for you and your children? |
| H | How do you store your drugs/alcohol? (paraphernalia, safe storage, including medicines. What would you do if your child accidentally swallows, or accidentally comes into contact with paraphernalia?) |
| I | Are you experiencing any other difficulties that are stopping you from addressing your drug/alcohol use? (domestic abuse, mental health, pregnancy?) |
| J | Are you aware of Safer Sleep for you and your child? (Where does your child sleep, do they have their own bed?) family/children |

Analysis

Please comment on strengths, protective factors and areas of concern. Please also consider the impact of other factors. e.g.: pregnancy, domestic abuse, mental health difficulties, disabilities.

| Needs identified (Please record for both parent and child) | Actions (and by whom) |
|--|-----------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

| Consent to share information with other services (please include which service) | |
|---|---------------------|
| Name: Agency: | Date: Signature: |
| Name: Agency: | Date: Signature: |

| Conclusion | |
|--|--|
| 1. No unmet needs identified (continue with universal services) | |
| 2. Unmet needs – consider CAF | |
| 3. Cause for concern – consultation with iCART | |
| 4. Children at risk of significant harm – follow local safeguarding procedures | |