

The impact of parental substance misuse on child development

	Pre-birth	0-2 years	3-4 years	5-9 years	10-14 years	15 years +
Health	 Mother's exposure to drugs/alcohol Isolation Combination and type of substances Mother exposed to multiple risk factors/other risks 'toxic trio'? Where mothers are young, exposed to multiple risk factors Level of engagement with ante-natal care Hepatitis/HIV risk 	> Withdrawal syndromes and impact > Low parental self-esteem > Heightened feelings of shame/rejection in parents > Fetal alcohol spectrum disorder (FASD, alcohol) > Neonatal abstinence syndrome (NAS, drugs) > Safe/unsafe environment > Child's access / exposure to substances > Level of supervision/attentiveness > Unsuitable carers/visitors to home > Parents' self-care and impact on parenting > Diet/hygiene	 As 0-2 Physical risks and dangers to child (lack of vigilance or environments) Increased risk of physical violence Neglect Parents' health Engagement with child's medical and other appointments 	Children may exhibit a range of psychosomatic responses as a result of anxiety School medicals or health checks may be missed/inconsistent Parental fear of professionals may make it hard for them to identify health impacts on children	Children may struggle with gaining a balanced view of alcohol or drug use and their use of it May lack support to deal with physical and emotional challenges of puberty Ongoing medical appointments may be missed	> Increased risk of problem alcohol or drug use > Physical risk of violence in the home may increase > Risk of pregnancy, sexually transmitted diseases and other health problems
Education and cognitive ability		Lack of stimulation due to parental distraction/ preoccupation Impact of chaotic lifestyle/withdrawal on parenting Capacity to engage in 'meaningful play' Impact of structural pressures on parental energy Possible impact of in utero exposure	 Lack of stimulation due to parental distraction/ preoccupation Impact of chaotic lifestyle/withdrawal on parenting Capacity to engage in 'meaningful play' Impact of structural pressures on parental energy Lack of attendance/engagement with pre-school (irregular attendance) Impact of parental stigma with pre-school professionals and other parents Possible impact of in utero exposure 	 Impact of home circumstances on concentration, motivation, preparation Impact of stigma/bullying at school, or fear of this and being 'different' May lack appropriate assertive parent in school environment Poor/infrequent attendance or missing significant school events Disruption caused by moves/disruptions at home Possible impact of in utero exposure 	 Impact of combination of pressures at home and growing up on academic performance Higher risk of exclusion Increasing responsibility as carer resulting in lost learning 	 Stigmatisation, bullying or aggression may impede development Protection of parents or siblings may affect educational opportunities School disruptions or exclusions may impact at time of transition Children may lack assertive champion at this critical time Lack of educational qualifications may impact on long term outcomes
Emotional and behavioural development		Impact of PSM on bonding and attachment Reduced emotional/psychological availability of parent Inconsistent behaviour and routines/parental distraction Impact of parental histories - loss and separation	> Impact of PSM on bonding and attachment > Reduced emotional/psychological availability of parent > Inconsistent behaviour and routines/parental distraction > Impact of parental histories - loss and separation > Impact of encountering disturbing or contradictory behaviour > Worry, anxiety, fears, separation anxiety > Attempts to cope and make sense of world > Emergence of internalising or externalising behaviours	> Reduced emotional/psychological availability of parent > Inconsistent behaviour and routines/parental distraction > Impact of parental histories - loss and separation > Impact of encountering disturbing or contradictory behaviour > Worry, anxiety, fears, separation anxiety > Attempts to cope and make sense of world > Increased emergence of internalising or externalising behaviours > Children may have to care for others (parent or sibling) > Coping mechanisms may include trying to please or change parental drug/alcohol use	Children may struggle with reconciling feelings of anger/guilt in response to parents' inability to stop using (emotion-focused coping replacing problem-focused) Conflictual feelings and home circumstances may impact on developing relationships Impact on self-esteem may result Feelings of powerlessness and despair may lead to conduct disorders, risky behaviour or self harm in some cases Higher risks of offending	Lack of suitable role models for problem-solving Feelings of self-esteem and isolation may be intensified Teenagers may become distrustful of relationships with 'unreliable adults' Greater potential risk of self-blame, destructive behaviours
Family, social relationships and identity		Impact of inconsistent parenting on child's internal working model Impact of demands of obtaining the substance on family Routines and rhythms of family life	> Impact of 'family script' - what is normal? > Impact of lack of family routines and relationships with others (including professionals) > Impact of 'demands of supply' and family secrets > May start to take on inappropriate roles or feelings of responsibility, or blame themselves > Visibility and stigma; embarrassment and shame	Changing perceptions of parental behaviour Impact of parents' continuing use or lack of change Impact of ambivalent feelings about parental substance use Friendships may be restricted Impact of stigma, isolation or fear of difference on friendship development Relationships with, and responsibility for, siblings	Dangers of copying parental substance misusing behaviour Strained relationships in home may result from challenging family norms May be more at risk of becoming part of involvement in parental substance using culture Challenges to developing their identity due to parental role model	Fear of stigmatisation may have implications for friends not being brought home Young people may leave home early to escape from stressful environments Young people may struggle with their own identity Teenagers may show more extreme forms of behaviour - anti-social, risk-taking or criminal
Protective factors	> Enabling maternal contact with sustained ante-natal care > Encouraging supportive partner in the process > Encouraging other supports in network > Professionals acknowledging feelings of stigma and lack of self-worth > Focusing on mother's health	> Prompt treatment of illnesses or medical conditions > Child's secure attachment to at least one caregiver > Presence of person(s) to whom child is attached > Low levels of family conflict > Consistency of routines in everyday life > Protection from high-risk substance misusing situations > Lack of family disruption and conflict > Ensuring the child is not present when drugs or alcohol are taken > Ensuring equipment is out of reach and children are not exposed to a drug-taking environment > Mother's health > Adequate finances > Engagement in treatment	> Parent(s)/caregiver(s) able to be consistently warm and supportive > Limited impact of one partner's use on non-using partner's parenting > Child's regular attendance at pre-school by age four > Child engaged and supported in pretend play and language skills > Child is helped with understanding confusing environment/inconsistency > Relationships with other children > Prompt treatment of illnesses or medical conditions > Regular medical check-ups	> Attending school regularly > Prompt treatment of illnesses or medical conditions > Parents understand children's worries > Parents or 'supportive other' able to help child live with lack of change/progress with PSM > Family manage to resolve or contain 'persistent stressors' > Home school link is maintained despite parental stress > Takes strength from family values > Child shielded from taking on 'parental role' > Clarity and fairness about family rules	Supportive peers or adults help child make sense of PSM behaviour Child encouraged in self-belief and skills of planning, goal-setting, individuality Continuing medical checks Regular attendance at school Parental support for schoolwork within the home environment Valued outside activities Managing the balance between upholding and challenging family values	 Young person given support with impact of PSM over years Parents or others provide supportive boundaries Support with school exams, transitions, planning and past problems Young person develops trustworthy and reliable friendships Positive role models for own experimental behaviour

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research in practice

This chart accompanies a frontline briefing which examines the degree to which parental substance misuse (PSM) can affect children's physical and emotional welfare at a range of levels

Whilst there is no suggestion that all children of parents who misuse substances are automatically going to experience developmental problems, this type of behaviour can affect the extent to which children's needs, across the developmental domain, are met.

The chart should be used in conjunction with the main briefing as an aid and reminder of the impacts outlined in greater detail in that resource. The chart:

- > summarises research and key findings regarding the impact of PSM
- > emphasises the importance of understanding the impact on children at different stages and children's experience of PSM over time
- identifies both factors indicating risk and possible protective factors that foster resilience in relation to the child, their parents and the community.

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Photo: Harmit Kambo