

# ALL BABIES COUNT

## Spotlight on drugs and alcohol

### Summary of Key Points

Estimates from the National Psychiatric Morbidity Survey suggest:

- Around 79,000 babies under one in England are living with a parent who is classified as a 'harmful' or 'hazardous' drinker.
- Around 43,000 babies under one in England are living with a parent who has used an illegal drug in the past year.

Substance misuse in pregnancy is a key public health issue not only because of the associated negative impacts on foetal and infant outcomes, but because these harms are *preventable* and can be *remedied* or at least attenuated.<sup>3</sup>

Babyhood is a time of particular vulnerability. Studies have shown that babies are more likely to suffer neglect and abuse and are seven times more likely to be killed than other children.<sup>4</sup> Pregnancy and infancy offer an important window of opportunity for intervention – help at this life stage is often well received by parents and can help to set the template for effective parenting and strong relationships.

There is a pressing need for the provision of evidence-based interventions which work specifically with substance misusing parents of infants, particularly interventions which focus on the development of sensitive parenting and secure parent–infant relationships.

If we are to ensure babies are protected and able to thrive, it is vital that the problems faced by children and families are centre stage in national policy on drugs and alcohol, informed by evidence of the impact of parental substance misuse on children, with a particular emphasis on the need for early intervention and an awareness of increased vulnerability during pregnancy and babyhood.

Substance misuse services working with parents need to ensure that work with adults to treat their addictions is combined with work that explicitly promotes secure attachment, positive relationships and good parenting.

## **What success looks like**

### **Clear focus; clear accountability**

1. A clear policy mandate from national government and from local health & wellbeing boards that prioritises the needs of children and babies of substance misusing parents.
2. Development of a national outcome measure relating to parenting quality and parent-child interaction among substance misusing parents of babies, in order to drive investment and accountability.
3. Central collation of data on the numbers of parents affected by drug and alcohol problems; numbers in treatment; and numbers accessing other services (such as health, social care and parenting) – by age of dependent children and/or co-resident children.

### **Integrated policy; integrated practice**

4. Robust local drug and alcohol strategies owned and championed by health & wellbeing boards; and providing a good balance between universal and targeted prevention and intensive treatment services.
5. Provision of evidence-based parenting programmes for *all* substance misusing parents and their babies.
6. Provision of services which are ecologically and developmentally based; and which address both the problematic drug use itself as well as its impacts on parenting and the child.

### **World class commissioning; world class services**

7. Robust local data on the numbers and ages of children and babies affected by parental substance misuse are captured through Joint Strategic Needs Assessments and used to drive the provision of age-appropriate services.
8. Commissioners review the range of services that are available; take action to fill any gaps; and monitor the effectiveness of new services.
9. An outcomes framework in each local area which captures improvements in parenting, parent-child interaction and adult recovery.

### **Professional capacity; professional capability**

10. All professionals are trained to identify and assess the needs of substance misusing parents, especially in the perinatal period.
11. Core practitioners have the skills and competence to deliver structured intervention programmes to those families needing intensive support.
12. All professionals have access to specialist workers with knowledge of parental substance misuse.