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ORIGINAL ARTICLE

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Parental substance misuse and statutory child protection in England: Risk factors and outcomes

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Abstract

Parental substance misuse is a significant child welfare issue and associated with increased risk of child maltreatment. The aim of the present study was to understand what social care outcomes children who live with parental substance misuse have, and to assess factors associated with those social care outcomes over a two-year period. The paper reports on a retrospective longitudinal study of 299 children all living with parental substance misuse and referred to one local authority in England. Data were collected from children's social work case files about procedural social care outcomes and factors which may be associated with those outcomes.

Using cluster analysis, a new typology of children's longitudinal trajectories through the children's social care system was developed, consisting of five distinct types. Analysis indicated that some children received too little intervention from children's social care despite ongoing concerns, while other children were potentially unnecessarily caught up in the social care system. Factors associated with children having the poorest outcomes were: caregiver instability resulting from substance misuse, parenting capacity and household instability. The study's findings indicate that some children who live with parental substance misuse are at significant risk of harm, but others are not and may be better supported through non-statutory services such as early help.

KEYWORDS
children's outcomes, parental substance misuse, risk factors, social work

Key Practitioner Messages

- Children living with parental substance misuse had a range of social care outcomes. Some children appeared to receive too little intervention from children's social care while others may have received too much.
- Factors associated with children having the poorest social care outcomes were: household instability, chronic concerns about parenting capacity and the child being left alone with a parent who was misusing substances.
- Frequent re-referrals to children's social care should be considered a risk factor for children's welfare in the context of parental substance misuse.

BACKGROUND

Children who live with parental substance misuse (PSM) are at increased risk of experiencing child maltreatment (Doidge et al., 2017). In England, it is estimated that PSM (drugs or alcohol use) features in the lives of about half of children who are the subject of child protection plan (Devaney, 2009) and up to 60% of children who become the subject of care proceedings (Masson et al., 2008).

The association between PSM and child maltreatment is unsurprising. Research has found that PSM can impair a parent's capacity to meet a child's basic care needs, provide a safe and stable living environment and consistently meet their emotional needs (Staton-Tindall et al., 2013). These effects are not limited to the family home; children report that PSM impacts negatively on other aspects of their lives including their ability to engage in school, and develop and maintain friendships (Houmoller et al., 2011).

However, not all children who live with PSM suffer maltreatment and children living in these circumstances have varied outcomes (Velleman & Orford, 1999). To understand why some children seem to fare better than others, there is a need to identify and analyse the other risk and protective factors that may be present in, or absent from, their lives (Canfield et al., 2017).

The need for detailed research about PSM is particularly pressing in England. While PSM remains a significant feature of children and families social work (ADCS, 2020), there is little comprehensive research on this topic (Syed et al., 2018). Specifically, there is a lack of detailed data regarding the longer term social care outcomes for children who live with PSM and a lack of evidence regarding what factors, beyond substance misuse, are associated with these outcomes. This kind of research is needed to inform social work practice with children and families living with PSM, given that research suggests social workers struggle to identify and assess risk in these scenarios (Galvani et al., 2011; Galvani & Forrester, 2010). This study begins to address these gaps by reporting on the factors associated with children's social care (CSC) outcomes for 299 children, all living with PSM, who were referred to one local authority over a two-year period (2012–2014).

AIMS AND OBJECTIVES

The overall aim of the study was to identify and analyse factors associated with the social care outcomes for children living with PSM. The research questions were:

1. What are the social care outcomes for children who are living with PSM over a two-year period?
2. What factors are associated with social care outcomes for children living with PSM over a two-year period?

METHODS

This ESRC funded study was a retrospective longitudinal cohort study of 299 children all living with PSM and all referred to CSC in one local authority in England between March–July 2012. Further detail on methods can be found in (Roy, 2018, 2021). Quantitative and qualitative data were collected from social work case files about each child. Qualitative information in case files was quantified to allow for statistical analysis. Children entered the sample if there was information on their case file indicating they had a parent/carer who misused substances and they had been the subject of an assessment following a referral to CSC.

Data were collected from the local authority's electronic case management system and entered into a researcher-designed case file schedule. The study was longitudinal and data were collected retrospectively over a two year period (from 2012 to 2014). The data captured children's changing circumstances and procedural outcomes over time. The longitudinal data was structured episodally and information was collected at each point when the child's procedural status within the CSC system changed.

An extensive review of existing empirical research and theory (Roy, 2018) guided data collection. Information was collected about child and family demographics, parental substance misuse, procedural information and outcomes, and risk and protective factors relating to child welfare. In relation to the latter, information was collected from the social workers assessment of the child and family according to the Assessment Framework (Department for Education, 2018b). Information was coded from qualitative information on case files about subdomains of the Assessment Framework relating to parenting capacity, and family and environmental factors. The focus of this data collection was whether concerns or support needs had been identified in the sub-domains (see Roy, 2021, for further information).

Information about each child was collated across the two-year follow-up period to provide an overview of how frequently the child had experienced particular issues. These longitudinal variables reflected the frequency of a particular

issue in the child's life over the two-year follow-up period. All longitudinal variables were organised into the following three categories: (a) No episodes where (issue measured by the variable) was present; (b) One episode where (issue measured by the variable) was present; (c) Two or more episodes where (issue measured by the variable) was present.

Data analysis

Data were transferred from Excel spreadsheets into SPSS v. 23 for analysis. The statistical significance for the data analysis was set at $p < 0.05$ and exact p values are reported. Basic descriptive statistics were undertaken to provide an overview of CSC outcomes at the end of each episode and cumulatively across the two-year follow-up (only the latter is reported in this paper). Descriptive statistics were also used to develop a profile of children and families living with PSM referred to CSC (Roy, 2021).

To assess factors associated with social care outcomes for children living with PSM over a two-year period, the analysis first used cluster analysis to group the children based on their social care outcomes. Then a series of logistic regressions were fitted to assess association between cluster membership and factors identified as relevant from the literature. These steps are described below.

Cluster analysis (CA) was used as a means to understand whether children had similar trajectories through the children's social care system. CA was used because it groups cases into 'clusters' based on their similarities or differences within specified variables (Everitt, 2011) – in this case CSC outcomes over a two-year period. The variables listed in Table 2 were entered into the final CA. Please note other outcome variables were added, e.g. the number of children who were adopted, but these cannot be reported in Table 2 due to the ethics requirements of the local authority. The variables entered into the CA analysis were categorical and scale. Therefore, a two-step clustering procedure and the log-likelihood distance measure were appropriate to be used (Norušis, 2008). The clustering criterion used was Schwarz's Bayesian Criterion and an automatic determination of the number of clusters was employed.

The final cluster solution identified five clusters. Each cluster (or 'type' as this paper refers to them) reflected a different procedural trajectory through the CSC system. The internal and external validity of the typology was tested in the following three ways by the researcher: (1) confirmatory chi-squared and Kruskal-Wallis tests; (2) random sampling of 10% of each cluster to check for consistency; and (3) comparison with existing social work literature on CSC outcomes (Cleaver et al., 1995; Devaney, 2009). Finally, composite case examples were also developed for each type. This was done by thematically analysing qualitative information from a random sample of children's case files in each type.

Logistic regression was then used to understand what factors increased the likelihood of a child having a specific trajectory through the CSC system (the trajectory as represented by the cluster type the child was in). Logistic regression was used rather than multinomial logistic regression: this was so different predictive factors could be identified for different groups of children. Exploratory analysis using multinomial logistic regression also indicated the latter was not feasible due to a high proportion of zero cell counts.

Five binary logistic regression models were developed: each predicted membership of one cluster in comparison to the other four. Variables that had a significant association at the bivariate level were entered into the logistic regression models. The variables were entered using a forced entry method because their inclusion in the model was based on substantive knowledge. Several exploratory models were developed; non-significant variables were removed and the models were rerun without them. The significant variables from the final models are reported below.

It should be noted that logistic regression analysis was used to explore the dataset, rather than to test a theory, or to fit a model to the data. Significant factors identified in regression models do not 'predict' what a child's outcome (or trajectory) will be (Sidebotham, 2003). The factors this study has identified as significant are best understood in the context of Munro et al.'s (2014) framework of probabilistic causation for child maltreatment; that is, they are indicators of what may increase (or decrease) the risk of harm or specific outcomes to children.

Ethics

The study was reviewed and ethically approved by the University of Bristol, School for Policy Studies research ethics committee and the relevant local authority's research governance framework. All data were anonymised on collection, no identifiable information was collected and the local authority has not been identified. Due to the requirements of the local authority, variables with categories of <5 children have been redacted. All data were kept securely in the University of Bristol's research data storage facility. All data collected conformed to the requirements of The Data Protection Act 1998 which was the legal requirement at the time of data collection (2015–2016). However, the data collected and handled as part of this study also conform to the requirements of the GDPR.

FINDINGS

There were 299 children in the sample (186 families). At point of the index referral, children's ages ranged from unborn to 17 years (Mdn = 6, Mean = 6.4). Full descriptive details of the sample are available in Roy (2021). Every child in the sample had at least one episode of involvement with CSC. The sample incrementally reduced as the number of episodes increased. This was due to natural attrition as children's cases closed to CSC and they were not re-referred (see Table 1).

Children's social care outcomes

Table 2 shows the proportion of children who experienced particular procedural interventions over the two-year follow-up. Some children experienced more than one of these interventions (e.g. became the subject of a child protection plan *and* came into care of the local authority). Of the 5.4% (n = 16) children who came into local authority care during the two-year follow-up, half were living in long-term placements with extended family or friends, with the other half in local authority foster or residential placements. Most child protection plans were made under the category of either neglect (46.1%, n = 41) or emotional abuse (42.7%, n = 38).

Just under 40% of the sample were re-referred during the two-year follow-up period. A small group of children was re-referred multiple times (two or more).

Using CA, a new typology of children's longitudinal social care outcomes was developed. The typology consisted of five types and children only belonged to one type. While there were similarities between types in terms of overlap in procedural interventions, the cumulative outcomes over the two-year period of children in each type were distinctly different. The types are named after what children's most common procedural outcome was within the type. Below each type is described, highlighting what factors were found to be significantly associated with each in the logistic regression models (see Table 3 for further details). Figure 1 provides a graphic overview comparing the trajectory and risk factors of each type.

Re-referral type (n = 24, 8% of sample)

The 24 children in this type experienced multiple re-referrals to children's social care over the two-year follow-up. They were all re-referred twice to CSC during the follow-up, with some being re-referred three or four times. Some of the children in this type did experience a CSC intervention: 19 of the 24 children became the subject of a child in need or child protection plan (or both). However, analysis of case file data indicated that these plans were preceded or followed by a number of referrals.

Regression analysis showed that children in the re-referral type were significantly likely to; be living with a parent who misused cannabis; be living with more than one parent who was misusing substances in two or more episodes; have parents misusing multiple substances in two or more episodes; and be experiencing family housing problems.

TABLE 1 Number of children per episode and cumulative reduction from baseline

Episode	1 N(%)	2 N(%)	3 N(%)	4 N(%)	5 N(%)	6 N(%)
N (%)	299 (100)	200 (66.9)	123 (41.1)	60 (20.1)	31 (10.4)	6 (2)
Cumulative proportional reduction from baseline		99 (33.1)	176 (58.9)	239 (79.9)	268 (89.6)	293 (98)

TABLE 2 Procedural outcomes over 2-year follow-up period (*n* = 299)

Procedural outcome	N (%)
Children who became subject of a Child in Need Plan over the 2-year follow-up	122 (40.8%)
Children who became subject of a Child Protection Plan over the 2-year follow-up	89 (29.8%)
Children who became subject of Public Law Outline over the 2-year follow-up	14 (4.7%)
Children who became came into care of the local authority during the 2-year follow-up	16 (5.4%)
Children whose cases never closed during 2-year follow-up	17 (5.7)
Children who were subject of one re-referral during 2-year follow-up	92 (30.8%)
Children who were subject of two, three or four re-referrals during 2-year follow-up	18 (6%)
Children who were subject of three or four re-referrals during 2-year follow-up	7 (2.3%)

TABLE 3 Factors associated with the five types of longitudinal social care outcomes

Predicting re-referral type (*n* = 24) compared with all other types			95% CI for OR[a]	
Variables	*p* value	OR[1]	Lower	Upper
Cannabis use (one episode)	0.035	3.529	1.094	11.390
More than one parent misusing (two or more episodes)	0.027	3.714	1.158	11.910
Housing concerns (one episode)	0.003	5.500	1.780	16.993
Parental poly substance misuse (two or more episodes)	0.022	4.143	1.229	13.959
Nagelkerke (model *R* squared)	0.319			
Predicting multiple intervention type (*n* = 32) compared with all other types			95% CI for OR	
Variables	*p* value	OR	Lower	Upper
Poor parental engagement (two or more episodes)	<0.0001	13.198	4.472	38.952
Left in sole care of parent misusing (two or more episodes)	0.026	4.292	1.186	15.536
Multiple household changes (two or more episodes)	<0.0001	22.184	4.437	110.926
Nagelkerke (model *R* squared)	0.508			
Predicting child protection type (*n* = 52) compared with all other types			95% CI for OR	
Variables	*p* value	OR	Lower	Upper
Housing concerns (two or more episodes)	<0.0001	4.715	2.202	10.095
Sibling in care of local authority	0.039	2.593	1.048	6.413
Nagelkerke (model *R* squared)	0.176			
Predicting child in need type (*n* = 53) compared with all other types			95% CI for OR	
Variables	*p* value	OR	Lower	Upper
Stability (concerns in one episode)	0.009	2.496	1.254	4.970
Poor parental engagement (two or more episodes)	0.045	.270	0.075	0.971
Nagelkerke (model *R* squared)	0.068			
Predicting closure type (*n* = 138) compared with all other types			95% CI for OR	
Variables	*p* value	OR	Lower	Upper
Basic care (no concerns in one episode)	<0.0001	6.282	2.526	15.626
Stability (no concerns in one episode)	<0.0001	4.366	2.316	8.229
Parental engagement (no concerns in one episode)	0.009	3.210	1.343	7.673
Not left in sole care of parenting misusing (one episode)	0.003	2.605	1.380	4.918
No household changes (one episode)	<.0001	3.397	1.782	6.474
Nagelkerke (model *R* squared)	0.538			

[a]Odds ratio.

Multiple intervention type (n = 32, 10.7% of sample)

Children in the multiple intervention type experienced multiple different CSC interventions over the two-year follow-up. In total (categories not mutually exclusive), 27 became the subject of a child protection plan, 15 of a child in need plan and 16 children came into the care of the local authority. For 17 of the children, their cases remained open to CSC for more than two years. Unlike the re-referral type, these children were not repeatedly referred to CSC, because their cases remained open for long periods of time (while interventions such as child in need/child protection plans were in place).

Analysis showed that children in the multiple intervention type were significantly more likely to be left in the sole care of a parent under the influence of substances in two or more episodes and to experience multiple household changes in two or more episodes. For children in this type, professional concerns were also raised about parent's engagement with social workers in two or more episodes.

Child protection type (n = 52, 17.4% of sample)

All children in this type became the subject of a child protection plan. Unlike the re-referral type, they were not re-referred multiple times to children's social care and, unlike the multiple intervention type, they did not experience

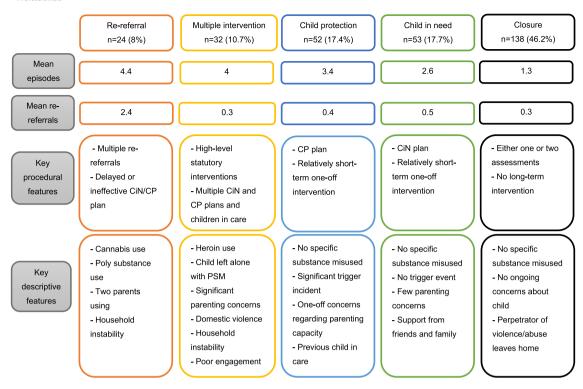|	Re-referral n=24 (8%)	Multiple intervention n=32 (10.7%)	Child protection n=52 (17.4%)	Child in need n=53 (17.7%)	Closure n=138 (46.2%)
Mean episodes	4.4	4	3.4	2.6	1.3
Mean re-referrals	2.4	0.3	0.4	0.5	0.3
Key procedural features	- Multiple re-referrals - Delayed or ineffective CiN/CP plan	- High-level statutory interventions - Multiple CiN and CP plans and children in care	- CP plan - Relatively short-term one-off intervention	- CiN plan - Relatively short-term one-off intervention	- Either one or two assessments - No long-term intervention
Key descriptive features	- Cannabis use - Poly substance use - Two parents using - Household instability	- Heroin use - Child left alone with PSM - Significant parenting concerns - Domestic violence - Household instability - Poor engagement	- No specific substance misused - Significant trigger incident - One-off concerns regarding parenting capacity - Previous child in care	- No specific substance misused - No trigger event - Few parenting concerns - Support from friends and family	- No specific substance misused - No ongoing concerns about child - Perpetrator of violence/abuse leaves home

FIGURE 1 A comparative diagram of the five longitudinal social care outcome types.

multiple different interventions and the child protection plan was a discrete one-off intervention that was relatively short-lived. All the children's cases in this type were closed within the two-year follow-up period.

Children in this type were significantly more likely to be experiencing family housing problems in two or more episodes. Children were also much more likely to have a sibling/half sibling who had been or was currently in the care of the local authority.

Child in need type (n = 53, 17.7% of sample)

All children in this type became the subject of a child in need plan. This type was almost identical to the child protection type, with the only difference being that the children were subject of a child in need plan, not a child protection plan.

Concerns about parenting capacity in relation to stability (in one episode) were significantly associated with the child in need type. In addition, it was much less likely that professional concerns were raised about the parent's engagement with social workers.

Closure type (n = 138, 46.2% of sample)

These children were referred to children's social care at the beginning of the two-year follow-up, were the subject of an assessment or Section 47 enquires and then their case was closed. They did not experience a specific intervention from children's social care beyond the initial referral and assessment.

Children in the closure type were less likely to be living in households where there were: concerns about parenting capacity to meet basic needs; concerns about parenting to ensure stability and; concerns about parental engagement with social workers. They were also less likely to experience household composition changes and be left in the sole care of a parent who was misusing substances.

Limitations

The study relied on social work case file data, which has known limitations. Case file data may represent the social workers' professional assessment of the child and family, but it does not reflect the experiences of the child or family

themselves. Likewise, the study has used procedural social care outcomes as a proxy measure for whether the child suffered or was likely to suffer maltreatment. Social care outcomes represent only one element of a child's life – a professional judgement on the likelihood or actuality of harm – and these do not necessarily reflect what was happening in the child's life. A further limitation with case file data is missing and incomplete data. In the case files reviewed for this study, there was notably less information available about: children considered to be at lower risk of harm, the fathers or adult men in children's lives and family income and wider community context. Finally, the data from this study is nearly a decade old (2012–2014), and so is not necessarily reflective of current practice. Nevertheless, as far as the author is aware, this study remains the largest and most recent of its kind looking at parental substance misuse as a feature of CSC work in England.

DISCUSSION

What outcomes did children living with PSM have?

Using cluster analysis, the present study developed a new typology of CSC outcomes consisting of five types. These five types demonstrate the range of outcomes children who live with PSM have when referred into the CSC system.

Children in the multiple intervention (10.7% of the sample) and re-referral (8% of the sample) types had the poorest procedural outcomes over the two-year follow-up – they appeared to be most likely to be suffering (or likely to suffer) harm over an extended period of time. For example, children in the multiple intervention type had extensive intervention from CSC in their lives (such as being on a child protection plan, being in the care of the local authority and having their case remain open to CSC for two or more years). These procedural outcomes indicate that there existed significant professional concerns about the safety and wellbeing of children in this type.

By contrast, the poor outcomes for the children in the re-referral type were indicated not through different CSC interventions, but through the number of re-referrals they experienced. All children in this type were referred at least three times to CSC during the two-year period, with some being referred more than this. As such, the re-referral type represents a small proportion of children who had a high number of re-referrals making this type congruent with patterns found in previous research: for example, in a study of 400 referrals to CSC, Forrester (2007) found that 8.5% of the families studied accounted for 52% of re-referrals made to CSC.

Frequent re-referrals to CSC, as seen in the re-referral type, may indicate that children are experiencing 'prolonged periods of unmet needs and recurrent episodes of abuse, neglect, [and] maltreatment' (Troncoso, 2017, p. 7) which are not being addressed adequately by CSC. This conclusion is supported by the fact that children in the re-referral type did experience CSC interventions (e.g. child in need or child protection plans) but these interventions were short-lived, and were preceded or followed by a number of referrals. This suggests that the interventions put in place were either ineffective or overdue: ineffective because they were followed by re-referrals to CSC, suggesting that the work with the family did not address the presenting issues, or overdue because they were not put in place until the third or fourth re-referral to CSC.

With hindsight, it is of concern that the chronicity of referrals to CSC did not trigger more robust intervention for children in the re-referral type. This potentially suggests some degree of what has been dubbed 'start again syndrome', with insufficient attention being paid to the history of the child and family (Brandon et al., 2008). This is particularly problematic given that all these children were living with PSM – a chronic issue which is unlikely to be resolved in a short period of time.

At the other end of the spectrum, the closure type (46.2% of the sample) was a large group of children who appeared to have the most positive outcomes because they were not assessed to be 'in need' or at risk of harm and – unlike the other four types – were not the subject of ongoing referrals or intervention from CSC over the two-year follow-up period. This potentially suggests that social workers are generally good at filtering out 'low risk' referrals – a finding congruent with other studies in the field (e.g. Forrester, 2008). However, given that this was the largest type identified in the study and the children received no intervention beyond an assessment, we must consider whether these referrals and subsequent assessments by CSC were necessary and proportionate.

Increasingly concern has been raised about children and families being caught up in the CSC system because of unnecessary, 'risk averse' referrals (Bilson & Martin, 2016). These referrals and subsequent assessments may cause significant distress to the family as well as placing additional burden on social workers' workload. It may well be that, at least some of, the children and families in the closure type would have been better supported through early help type services given they received no ongoing intervention from CSC. However at the same time, it would appear that some other children in the sample (notably the re-referral type) received too little intervention despite increasing welfare concerns. To understand which children and families may (or may not) need social work intervention, it is important to explore which particular factors indicated an increased risk of harm.

What factors are associated with outcomes for children living with PSM?

Various factors were associated with children's trajectories through the social care system. The below analysis has focused on the most pertinent factors identified by the study namely: parental substance misuse, parenting capacity and parenting instability.

In terms of substance misuse, children who had the poorest outcomes were more likely to be left in the sole care of a parent misusing substances (multiple intervention type) and more likely to have more than one parent misusing (re-referral type). In both these scenarios, children were more likely to be being cared for by a parent who was under the influence of substances, which can lead to unstable, emotionally labile and inconsistent caregiving (Mariathasan & Hutchinson, 2010). By contrast children who had better outcomes (e.g. in the closure type) were much less likely to left in the sole care of a parent under the influence – indicating that there was another, non-using, carer who was able to look after the child. Therefore, a key risk factor emerging from this study is the instability of caregiving associated with PSM, as a result of either having both parents misusing substances or being left in the sole care of a parent who is misusing.

Other aspects of caregiver instability were also associated with children's outcomes. Specifically, the findings suggest that ongoing household instability - in the form of frequent, unplanned changes to household composition and location - increased the risks that children would be in the multiple intervention type and, therefore, have poor outcomes. Taken together, these factors reflect ongoing instability in the child's day-to-day life, whether that be the inconsistent physical and emotional responses associated with PSM or the instability of constant household changes. Children living with PSM frequently report living in unstable home environments (O'Connor et al., 2014; Velleman & Orford, 1999) and the present study indicates some of the ways in which that instability may manifest, and could be identified by social workers.

The outcomes and risk factors for children in the multiple intervention (and re-referral) type also map onto existing literature which has consistently found that substance misuse can have a significant impact on the capacity of parents to provide safe and consistent physical and emotional care for their children (Cleaver et al., 2011). However, it is notable that most of the children in the study's sample did *not* experience chronically poor parenting. For children in the child protection and child in need type concerns about parenting capacity were one-off, if raised at all, and identified in only one episode of CSC involvement. Likewise, children in the closure type were not considered to be at risk of harm, even though they did have a parent who misused substances. These findings highlight the importance of professionals looking beyond PSM to explore how, and if, it is impacting on parenting and family life.

IMPLICATIONS

This paper has reported on a new longitudinal typology of procedural CSC outcomes, consisting of five types. At present there is little longitudinal data or evidence about CSC outcomes (Department for Education, 2018a) so this study provides some new insight into what happens to children over time in the CSC system.

The study offers three conclusions about children's CSC outcomes and the factors associated with them. First, there were (and are) evidently children who require social work intervention to safeguard their welfare. There are ongoing debates about what social work intervention should look like (e.g. The Independent Review of CSC, 2022) and what other state support is needed to promote children's welfare more generally. In amongst this, we should not lose sight of the necessary and important role that statutory social work has in society to protect and safeguard the welfare of children who need it.

Secondly, there was a small group of children who appeared to receive too little social work intervention. These were the children in the re-referral type who were repeatedly referred to CSC over the two-year period and were living with identified risk factors. With the benefit of hindsight, these repeated re-referrals to CSC should have been considered a risk factor in their own right, and explored as part of social work assessment of the child and family.

Thirdly, there was a group of children, in the closure type, who were potentially caught up in the CSC system unnecessarily. Without more in-depth information it is not possible to be definitive, but it seems likely that at least some of these children and families could have been supported via early help services (non-statutory support offered by local authorities in England). However, for this to be a viable option there needs to be significant and sustained funding for resources and staffing for early help services.

The other key implication for practice arising from this study is the identified factors which may increase the risk of harm to children living with PSM. Based on these findings, particular issues which social work assessment may want to consider in relation to PSM are: caring arrangements for children when one/both parents are under the influence/ withdrawing from substances; whether the child has regular contact with a non-using parent, household stability (in terms of multiple changes to household composition and household moves) and issues affecting parenting capacity over extended periods of time. All these issues need to be considered in the long term because it was the chronicity of these factors which appeared to present the most risk of harm to children.

CONCLUSION

In conclusion, PSM is likely to remain a significant child welfare issue and something that social workers will frequently have to identify, assess and work with. Unlike many other identified risk factors associated with child maltreatment, there is particular stigma and shame associated with PSM. It is often assumed that PSM is not compatible with good enough parenting: the findings of this study would suggest that this is not the case with nearly half of children living with PSM who were referred to CSC being assessed as not needing services or being at risk of harm. There were, however, clearly children living with PSM who needed the support and intervention of social work services to safeguard and protect their welfare. While it is important to consider ways to reduce children and families being unnecessarily caught up in the CSC, this should not be at the expense of the children who do need social work intervention to protect them from harm.

CONFLICTS OF INTEREST
None.

ETHICS APPROVAL STATEMENT
The study was approved by University of Bristol Research ethics committee and the ethics committee of the local authority where the data were sourced. The local authority wishes to remain anonymous and so is not named.

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