# Multi-agency guidance for professionals:
# Exploring cannabis use and its impact on parenting capacity

This guidance is for use by any practitioners working with children, young people and their families and for those working with adults who are parents or have caring responsibilities for children.

**Context**

This tool was a recommendation for practice following a Wiltshire Child Safeguarding Practice Review (CSPR) into the death of Baby Eva, following non-accidental injuries. Parental use of cannabis was a feature in this case and the review highlighted the challenges that professionals can have in assessing when cannabis use impacts on parenting capacity. This toolkit is recommended for use with families to help early conversations on cannabis use and support professional curiosity and enquiry; to get a clearer idea of usage and to identify any potential impact and risks for them and their family. Where this guidance references parents this also includes any adults with caring responsibilities.

**CUDIT-R Tool:**

The CUDIT -R is an 8-question brief intervention tool which considers an individual's cannabis use over the **last 6 months** and considers the individual's potential dependency and impact of this on themselves and those around them. The objective of the tool is to enhance self-awareness leading to behaviour change; consent for a referral to substance misuse services might be a goal where identified. Please refer to the tool on page 7 and can also be downloaded here.

**Using the tool in practice**

This tool is aimed at practitioners who are not part of specialist substance use services. Using this tool in practice can open opportunities to explore an individual's cannabis use with them/ partners/ family and how this may impact on their ability to parent. The tool can also help to identify risks and support planning to reduce risks relating to parental use of cannabis. **Whilst the tool has fixed questions and scores, the focus should be on exploration and curiosity around cannabis use in the discussions rather than the score itself. It is an assessment tool, not an assessment – therefore the outcome should inform your professional view on any impact parenting capacity.**

**Motivational interviewing techniques to support behaviour change:**

Motivational Interviewing is an approach to support behaviour change. It requires balancing between being directive with being supportive and non-judgmental. More importantly, it recognises that people are the experts in their own lives and on the importance of focussing on their strengths and the resources they may have. The key elements of Motivational Interviewing are:

- *Open questions* - to explore concerns, promote collaboration, and understand the other person's perspective
- *Affirmations* - to support strengths, convey respect
- *Reflective listening* - to explore deeper, convey understanding, deflect discord, elicit change talk

- *Summarise* - to organise discussion, clarify motivation, provide contrast, focus the session and highlight change needed.

More detailed guidance on how to apply motivational interviewing techniques can be found here and some top tips here.

## Exploring cannabis use

As well as using the screening tool, you will want to explore cannabis use in greater depth through curious conversation. Below are some examples of questions/themes that you could use to explore this with parents/other adult carers and parents to be:

**Supervision: – supervision/safety**

- Do you both use cannabis at the same time; if so what are the potential risks around this?
- Do you think this impacts on your children or is a risk to them? If so how?
- What do you know about how cannabis affects the supervising of your children and their safety?
- What do you do if you need to drive somewhere, and you have been using cannabis?
- Could we explore what happens if you are both using cannabis after the child/children is asleep –
  what happens if the child/children wake up or are ill?

Do you understand the increased risk to babies of sudden infant death if, as the parent/carer you are using substances whilst caring for them (It is important to explore sleeping routines with parents/carers and include safe sleep guidance: more information can be found at How to reduce the risk of SIDS for your baby - The Lullaby Trust .

**Reflective questions:**

- Explore sensitively the role that cannabis is serving: is it being used for pain relief; to help with sleep or to relax;
- to manage symptoms such as ADHD; or as a coping mechanism to manage trauma)
- Explore if children are aware of cannabis use in the home
- Do you mind if we spend a few minutes talking about what the risks could be if you or others are leaving lighters,
- tobacco, bongs, etc. around the home? (think risks of liquid nicotine poisoning)
- Discuss any other substances or related impacts such as mental health and wellbeing
- How do you think cannabis impacts on you? Has your behaviour changed?
  - Understand if cannabis is part of their family background/culture or experiences and what was that like and its impact?
- Is cannabis use adding to any pressure on family finances?
- Has anyone else told you that they are concerned about your cannabis use?

**Also consider other observations:**

- How are parents/carers presenting?
- Do they smell of cannabis? Do the children's clothes smell?
- What is the pattern around this?
  (frequency, strength of smell) etc.
- Behaviourally, do parents/carers appear on edge or 'wired'?
- How are they managing with crying in an under 1? - think ICON

**Working in a trauma informed way**

Some of the parents you are working with may have experienced a traumatic event or series of events which make them vulnerable, for example Adverse Childhood Experiences or ACES. So, your starting point with them may well be to acknowledge that they have felt let down and find it hard to trust others – both personally and professionally. They may feel sensitive to criticism, find it difficult to take in information when feeling anxious or vulnerable. Parents may have developed coping strategies and have negative internal working models which make potential barriers to working with professionals. They may find it hard to keep their cool (emotionally regulate) or have rapid mood changes.

These responses are to be expected when you have understood their traumatic experiences. Building an honest consistent relationship using approaches which match their presentation, (example, if feeling criticised, point out the positives) will help in developing trust. It will likely take much longer than those who have not experienced trauma. Shame is a common feature and so where curiously exploring cannabis-use, care must be taken to encourage dignity, to listen well and to work together. We should avoid parents having to retell stories which might be triggering but work in ways that acknowledge trauma and support, for example recognising that going to the GP or having examinations could well be triggering for victims of child sexual abuse.

**TIP –** Help parents to put themselves in their child's shoes to explore the impact of cannabis use on their children but without shaming or judging (examples include, risks of children being isolated as a result of having fewer friends to bring home and play with, risk of bullying if children's clothes smell, children having to tiptoe around parents' mood and how that would impact on a child).

Information to support a trauma informed approach can be found here.

**Record keeping and planning.**

You don't need to complete a special form or make a stand-alone plan - the conversation, assessment of risk and subsequent plan should form part of your professional records and inform your analysis.

Ensure you have:

- Captured what the adults are using cannabis for. For example, recreation, relaxation, stress relief, self-medicating for sleep, ADHD, anger management. Have you explored this, considered risks and discussed alternative options?
- Considered risks and impact, on the ability to parent; to supervise, be emotionally and physically present to meet baby/child's basic needs consistently
- Discuss and give advice to parents on safe sleep for a child under 2 years old
- Discuss ICON if there is a child under 1 year old.
- If you are seeing evidence of neglect have you considered using the neglect framework and Graded Care Profile tool?
- Consider the impact on the child, what is their lived experience / voice?
- Red flags might be using in the morning; using throughout the day; isolated and withdrawn

**Professional analysis of risk**
**Record your evaluation of risk in the wider context of what you know about this family. Here is an example of what that might look like:**

**Context:** Claire lives with her son, Freddie, and her partner Matthew (not Freddie's father) Matthew smokes weed throughout the day. Matthew says smoking weed helps him stay calm and makes him 'more chilled'. Claire returns to work next week, and Claire has said Matthew will be the sole carer for Freddie.

**Professional analysis of risk:**
I am concerned about how much cannabis Matthew uses and the impact this may have on his ability to attend to Freddie's basic needs. I am also concerned that Matthew uses his cannabis to 'keep calm and be chilled'. I have explored with Claire about the interactions between Mathew and Freddie. Claire states that Freddie finds having a 2-year-old at home annoying when Matthew wants to play on his gaming station, and that he has a short fuse with Freddie.
There have also been two police reports of domestic abuse between Matthew and Claire, with physical injuries reported by Claire. Freddie could be at risk of significant harm of physical abuse if Matthew loses his temper in response to normal 2-year-old behaviour: needing attention and wanting to play and engage with adults. Freddie could be at risk of neglect/ harm if his basic needs and safety is not met due to his carer being under the influence of cannabis and are unable to respond to him or supervise him appropriately.

**Planning**
The child and the impact of cannabis use on them must be central to any plan, which should be SMART and clearly record who is responsible for actions and when they should be achieved by. The plan should set clear outcomes and next steps as a result of your analysis of risk. It should be written in a way that parents can understand, and the language should be sensitive and free from jargon, generalisations, and judgement.

**Example for an unborn baby:**
*"Kevin (your Mum's boyfriend) smokes cannabis daily; he doesn't feel he can stop using it as it helps him manage his ADHD. Hayley your mum, is worried about the impact Kevin's cannabis use might have on you when you are born and how much he will be there to support you and your mum.*
*We have talked about how a baby needs both parents to be able to respond and care for them, to play with them, meet their needs and keep them safe.*
*We agreed Kevin will seek support from Connect to reduce his cannabis use. He is also going to make an appointment with his GP next week (date) to see if there are other options to help him manage his ADHD. The named midwife will review this at the next appointment on XX."*

**Thresholds for Request for Service to the Integrated Front Door where parents / parents to be using cannabis**

Where you think the information, you have gathered presents a risk to children, for unborn babies or children under 1 year of age you should have a lower threshold for sharing information as research and case reviews indicate a greater risk in this age group. Contact the integrated front door - **Contact Children and Families Contact Swindon**, requesting early support or for significant harm refer for assessment. Further information and contact details can be found on this webpage Request for help and support guidelines and contact information - Swindon Safeguarding Partnership.

Where you have concerns also think about other partners you should share information with for example, GPs, education settings, midwifery and health visiting.

More information can be found on the SSP website The Right Help at the Right Time - Swindon Safeguarding Partnership or in The Right Help at Right Time guidance - Swindon Safeguarding Partnership

**Sharing Information**

*"Everyone must take responsibility for sharing information in order to keep children safe from harm, they must not assume someone else will pass on information".*

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in case reviews, where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe. National guidance sets out that "being upfront, transparent and honest" with children and families about information sharing is good practice and promotes engagement and collaboration and that concerns about consent should not get in the way of sharing information:

*"It's important to get the lawful basis right. The legal framework can appear complex, and a lack of clarity can lead practitioners to assume, incorrectly, that no information can be shared because consent has not been provided. Don't let this happen; ensure you understand the correct lawful basis to use".* (Information sharing: advice for practitioners providing safeguarding services for children, young people, parents and carers, 2024).

See also SSP webpage: Information sharing and consent - Swindon Safeguarding Partnership

## Further Support and information

**Specialist substance use services in Swindon:**

Online support - Drug and Alcohol Service - Swindon | Change Grow Live

Drug and alcohol support services | Swindon Borough Council

The Nelson Trust – provides trauma informed, holistic support for women and their families

## Resources to support safeguarding unborn babies and under 1s

- SSP website - Safeguarding unborn babies, under 1's and working with fathers - Swindon Safeguarding Partnership
- Pan BSW Policy on Unsuspected Bruising or Injuries in Children who are not Independently Mobile - Swindon Safeguarding Partnership
- Bruising in Non-Mobile Infants leaflet - Swindon Safeguarding Partnership
- The myth of invisible men: safeguarding children under 1 from non-accidental injury caused by male carers
- Co-sleeping-and-sudden-unexpected-death-in-infancy .
- Safer sleep guidance: The Lullaby Trust - Safer sleep for babies, Support for families
- Vulnerability and protective factors in pregnancy to early parenthood - Swindon Safeguarding Partnership
- DadPad | DadPad app | Essential guide for new dads (thedadpad.co.uk)
- ICON https://iconcope.org/

## Neglect

- SSP website Neglect - Swindon Safeguarding Partnership
- SSP neglect framework and practice guidance - Swindon Safeguarding Partnership
- Neglect screening tool - Swindon Safeguarding Partnership

## Research and further information

- Safety & supervision - Child Accident Prevention Trust | A safer world for all our children(capt.org.uk)
- Driving - Drug driving | Brake
- Resources Archive - Adfam : Toolkit for those affected by someone else's co-occurring mental ill-health and substance use conditions (dual diagnosis)
- Working effectively with people who use alcohol and other drugs harmfully | Research in Practice
- The impact of parental substance use on child development: Frontline Briefing (2020) | Research in Practice
- Why do people use alcohol and drugs despite the harm? | Research in Practice (webinar)
- What is the impact of trauma? | Research in Practice (video)

**CUDIT-R Questions including scoring**

Please answer the following questions about your cannabis use. Select the response that is most correct for you in relation to your cannabis use over the last six months.

This questionnaire was designed for self-administration and is scored by adding each of the 8 items.

Questions 1-7 are scored on a 0-4 scale. Question 8 is scored 0, 2 or 4.

1. How often do you use cannabis?

- Never (0 points)
- Monthly or less (1 point)
- 2-4 times a month (2 points)
- 2-3 times a week (3 points)
- 4 or more times a week (4 points)

2. How many hours were you “stoned” on a typical day when you were using cannabis? –

- Less than 1 (0 points)
- 1 or 2 (1 point)
- 3 or 4 (2 points)
- 5 or 6 (3 points)
- 7 or more (4 points)

3. How often during the last 6 months did you find that you were not able to stop using cannabis once you had started?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

4. How often during the last 6 months did you fail to do what was normally expected from you because of using cannabis?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

5. How often in the past 6 months have you devoted a great deal of your time to getting, using or recovering from cannabis?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

6. How often during the last 6 months have you had a problem with your memory or concentration after using cannabis?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

8. Have you ever thought about cutting down, or stopping, your use of cannabis?

- Never (0 points)
- Yes, but not in the past 6 months (2 points)
- Yes, during the past 6 months (4 points)

Scores of 8 points or more indicate hazardous cannabis use. Scores of 12 or more indicate a possible cannabis use disorder and it would be a good idea to explore this more with an expert[i].

[i] *Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R).*