Kent Safeguarding Children
multi-agency partnership

CLEAR MINDS SAFER HOMES

Responding to concerns about parental cannabis use

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Summary of Purpose	This practice guide aims to support practitioners in understanding potential risks to children resulting from cannabis use by their parents or carers. It also provides guidance on identifying and responding to those risks.
Accessibility	This document can be made available in large print, or in electronic format. There are no copies currently available in other languages.
Equalities Impact Assessment	During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality, and diversity, in the services delivered regardless of disability, ethnic origin, race, gender, age, religious beliefs or sexual orientation.
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1. Introduction

1.1 Clear Minds, Safer Homes

The Clear Minds, Safer Homes campaign aims to raise awareness among professionals working with children and families about the potential risks posed by parental cannabis use. While cannabis may be perceived by some as low-risk, its use in caregiving environments can compromise parental capacity and increase vulnerabilities for children.

All children have the right to grow up in a safe and nurturing environment which positively helps them to reach their potential. Parental cannabis use can affect parenting capacity and child welfare. There is also no 'safe' or 'acceptable' amount of use. Professionals must assess the context, frequency, and impact on the child. This guide supports practitioners in identifying, assessing, and responding to cannabis-related concerns in a child-centred, multi-agency way.

Throughout this guidance the words parent and parental are used. For clarity this refers to any adult who is fulfilling a parent or carer role for a child, not just those who have legal parental responsibility.

1.2 Understanding cannabis and its effects

What is cannabis?

Cannabis is a psychoactive drug that can impair cognition, coordination, and emotional regulation. It is the most commonly used illegal drug in the UK.

Cannabis is the scientific name for the plant. Marijuana - also called weed, grass, or pot - is a mind-altering substance that comes from the cannabis plant and refers to parts of, or products from, the cannabis plant that contain substantial amounts of tetrahydrocannabinol (THC).

Cannabis is a plant that contains hundreds of different compounds called cannabinoids. The main psychoactive cannabinoid is THC (tetrahydrocannabinol). Other cannabinoids in the cannabis plant include CBD (cannabidiol), CBG (cannabigerol) and CBN (cannabinol). Humans have cannabinoid receptors throughout the body (most notably in the brain and gut), so when someone takes cannabis the cannabinoids from the plant bind to the receptors in the body to produce an effect.

Plants are grown to contain different cannabinoid concentrations and the effects of cannabis are wide ranging and it can produce stimulant, psychedelic, pain-killing or depressant effects.

Cannabis comes in various forms including herbal (marijuana), resin (hash), oils, and edibles. There are over 600 different variants of cannabis which may used in different ways and result in different effects.

Ways cannabis may be consumed:

- Smoked in a 'joint' or 'spliff' (similar to a self-rolled cigarette), a pipe, or a 'bong'
- Vaped through an e-cigarette or vape, where cannabis (or its active ingredient THC) is added to the vape liquid**.** Levels of THC in vapes can be much higher than in leaves or resin from the plant, increasing the risk of overdose. Vapes marketed as containing THC may also contain synthetic cannabinoid receptor agonists (SCRAs), which can greatly increase the risk of overdose.
- Dabbing, where cannabis oil or 'shatter' is heated to a high temperature and the vapour is inhaled
- Eating, through adding it to foods such as cake, teas, gummies or lollipops

Modern cannabis strains often have significantly higher THC concentrations than in previous decades, increasing the risk of psychological and cognitive effects.

'Spice' is a nickname for a group of synthetic drugs known as synthetic cannabinoids. It is not a form of cannabis, although it is often associated with it. The substances are designed to mimic the effects of THC, the active ingredient in cannabis, but they are not derived from the cannabis plant. Instead, they are made by spraying man-made chemicals onto plant materials, which is then smoked or vaped. In the UK, spice is classified as a Class B drug, just like cannabis.

<u>Effects</u>

The effects and duration of cannabis use depend on the amount consumed, the person's size, what other drugs have been taken, as well as other factors. The effects of cannabis use can vary significantly. Some people may experience feeling chilled out and happy, others giggly and chatty, and others may feel lethargic, unmotivated or paranoid, confused and anxious.

Generally, the effect is strongest for about 10 minutes to half an hour after smoking cannabis, but with higher amounts of cannabis consumption this may last a few hours. With edibles, peak effects can last for 2 to 4 hours, and there may even be a few more hours before the effects wear off completely. People may still feel the effects the next day.

Short term effects can include drowsiness, anxiety, paranoia, impaired judgement. Long term effects can include dependence, mental health issues (e.g. psychosis), reduced motivation

Physical effects can include:

- Coughing/wheezing and long-term use can cause respiratory conditions
- Increase risk of lung cancer
- Increased heart rate and affect blood pressure, making it particularly harmful for people with heart disease
- Nausea, stomach pain, headaches
- Tingling and drowsiness/sedation
- Increased sleepiness
- Reduced sperm production or suppression of ovulation, affecting the ability to have children
- Synthetic Cannabinoids can cause aggression, overheating, and seizures
- By itself, THC may ease nausea, but long-term marijuana use can have the opposite effect and cause more vomiting

Cognitive effects can include:

- Memory problems and poor concentration, which can be irreversible if using in teenage years
- Problems concentrating and learning new information. Studies suggest that cannabis affects the part of the brain we use for learning and remembering things
- Impairment of motor skills
- Slowed reaction time
- Lack of coordination, decreased balance, and impaired hand-eye coordination

Psychological effects can include:

- Anxiety, paranoia and hallucinations, particularly with heavier use
- Decreased motivation
- Mood swings
- Poorer judgement or assessment of risk
- Euphoria, 'feeling high', or giggly
- Increased change of developing serious mental health problems
- Increased possibility of a serious relapse for people with a history of psychosis

1.3 Legal Status

Cannabis is a Class B drug. The maximum penalty for possession is up to 5 years in prison and/or an unlimited fine, and the maximum penalty for possession with intent to supply is up to 14 years in prison and/or an unlimited fine. Possession with intent to supply does not require an individual to have a particular quantity of cannabis, the act of supplying any cannabis (for example, passing a joint) is a criminal offence. Like drink-driving, driving when under the influence is also dangerous and illegal. If caught driving under the influence, an individual may receive a heavy fine, driving ban, or prison sentence.

It should also be noted that cannabis supply chains are a foundation of organised crime, which is reflected by the significant prison sentences available for cannabis possession and supply offences. Acquisition of cannabis via drug dealing may expose children to further risks in the home, as well as increase risks associated to drug debts and other criminality.

As professionals, whilst it is important to engage with parents in a non-judgemental way, it must be remembered that possession of cannabis is a criminal offence. Efforts to support families should not inadvertently legitimise cannabis use or indicate that it is acceptable.

1.4 Medical cannabis

Specific cannabis-based products are available on prescription as medicinal cannabis. These are only likely to benefit a very small number of patients and very few people in England are likely to get an NHS prescription for medical cannabis. It would only be considered when other treatments were not suitable or had not helped.

Currently, it is only likely to be prescribed via the NHS for the following conditions:

- Epidyolex may be prescribed to children and adults with rare, severe forms of epilepsy. This does not contain THC so cannot get you ‘high’.
- Nabilone may be prescribed to adults with vomiting or nausea caused by chemotherapy. This will be given as a medicine in the form of a capsule.
- Nabiximols may be prescribed to people with muscle stiffness and spasms caused by multiple sclerosis (MS). This is in the format of a spray that is sprayed into the mouth.

The NHS make it very clear that an NHS prescription **can only be prescribed by a specialist hospital doctor, or under a specialist's supervision.** The decision to prescribe cannabis-based medicinal products cannot be made by a GP and can only be made by specialist doctors. Medical cannabis treatment plans are carefully monitored by a multidisciplinary team of qualified health care professionals to ensure their safety and efficacy, and medical cannabis should only be used for mental health concerns under professional, expert

guidance. The medicinal cannabis prescribed will **never** be ingested through smoking, and will be given as a capsule, spray, or oil.

There are however private clinics, including those which operate primarily online, who may prescribe cannabis for a range of conditions.

A medicinal cannabis prescription is only valid for the specific form prescribed and the route of administration is dictated on the prescription. Cannabis smoking is illegal and possession of other cannabis remains illegal.

2. Cannabis and parenting

2.1 Impact on parenting

Living in a household where a parent uses cannabis doesn't mean a child will experience abuse, but it does make it more difficult for parents to provide safe and loving care. This can lead to abuse or neglect.

Safety and supervision

Cannabis can cause drowsiness, sedation, or slow reflexes which can affect their ability to ensure their child's safety and wellbeing. Using cannabis may reduce a person's ability to pay attention, make decisions or react to emergencies. This can affect how parents respond to a child's needs and keep them safe.

Parenting capacity

Regular cannabis use can lead to cognitive impairment, including memory loss and difficulty concentrating. This can make it harder to keep up with the demands of parenting, stay organised and parents may also miss cues for hunger, thirst, or the childs need for comfort, due to the use of cannabis.

Effects on demeanour and behaviour

Parents may act in a way that's irrational, unpredictable or withdrawn, which may frighten children and/or lead to emotional, verbal, or physical abuse. Using cannabis may affect parent-child interactions and attachment, and parents may dismiss or ignore the child's developmental desire to play and learn.

Pregnancy and babies

Use during pregnancy and breastfeeding poses risks. Studies show that THC can pass through the placenta to the developing baby. This exposure may affect brain and physical development. Breastfeeding infants might also ingest THC through breast milk, which could harm their growth and cognitive function.

Sudden Unexplained Death in Infancy (SUDI) and co-sleeping

Cannabis use may be associated with unsafe sleep practices and increased risk of SUDI. It is never safe to co-sleep if anyone in the shared bed has consumed drugs, including cannabis.

Physical exposure

Exposure to second-hand smoke is harmful to children, and exposure to cannabis fumes may lead to children experiencing effects of cannabis use directly. If cannabis or cannabis products (including legal CBD products) are not stored safely, there is risk of ingestion by children.

Normalisation

Children learn by observing their parents. Regular cannabis use can normalise drugs and criminality, potentially leading them to experiment with drugs themselves in the future.

> "…the parents' cannabis habit was costing hundreds of pounds a week and this had, in turn, led to significant debt. By the time the child was injured and subsequently died, the conditions at the family home had become extremely poor."
>
> Page 28, 'The Myth of Invisible Men', Child Safeguarding Practice Review Panel

2.2 Assessing risk

> "…there is a sense that usage is normalised by the system, taking for granted and not seen as a major risk factor demanding assessment. There is insufficient evidence that the level of usage is thoroughly examined or assessed, nor is the impact of the usage on parenting and levels of emotional well-being routinely understood."
>
> Page 49, 'The Myth of Invisible Men', Child Safeguarding Practice Review Panel

When considering the level of risk that may be posed to children and therefore what the appropriate response may be, it is important to understand the specific context and circumstances of the family.

Key questions to consider

- Is the parent using cannabis daily or heavily?
- Is the use affecting their ability to meet the child's basic needs?
- Is the child exposed to drug use, paraphernalia, or unsafe environments?
- Are there co-occuring issues (e.g. domestic abuse, mental health, alcohol use)?
- Does cannabis interfere or impede the effectiveness of any medication the parent requires?
- Is the parent open to support or in denial?

Risk indicators

> "It is highlighted that there is a tendency in professionals to minimise the impact of cannabis use in assessments, and it should be noted that substance misuse is also likely to make other issues, such as mental health or emotional regulation issues, worse and therefore act as an amplifier."
>
> Page 5, 'Non-accidental injury deep dive', Kent Safeguarding Children Multi-agency Partnership

- Cannabis use during pregnancy or breastfeeding
- Use in presence of children
- Missed appointments or chaotic routines
- History of substance misuse
- Co-occurring mental health issues
- Domestic abuse
- Co-sleeping

> "Parental substance misuse and cannabis presence in the household was a consistent feature, which is likely to be a contributing factor towards neglect and is a known risk factor in co-sleeping deaths."
>
> Page 11, 'Harm to Under 2s in Kent thematic review', Kent Safeguarding Children Multi-agency Partnership

Protective factors

- Stable housing and income, not getting into debt, able to provide food/pay bills, prioritising how spending money
- Supporting extended family or partner
- Engagement with services
- Insight into the impact of their use
- Occasional use with insight
- Abstinence during pregnancy
- Accessing mental health support
- Safe, stable relationships
- Clear boundaries and safe routines

Safety planning

Parents may already have safety plans or measures in place to ensure safety and wellbeing of their child(ren) whilst they are under the influence of cannabis. This should be explored to understand what is in place, how it is adhered to and whether it is sufficient to keep children safe. Professionals should be curious about information shared and corroborate

information given, rather than taking at face value. Where there appear to be obvious contradictions, this should be identified and discussed, to ensure an accurate assessment of risk.

Where a safety plan is not in place, then parents should be supported to consider what measures could be introduced. Considerations might include:

- Ensuring availability of a care giver (who is not under the influence of cannabis or other substances) for children during times when the parent is under the influence of cannabis.
- Minimising second-hand exposure of children to cannabis fumes.
- Safe storage of any cannabis products and paraphernalia (this may include a need for locks, as well as placing out of reach, particularly for older children), to avoid access or ingestion by children, whether accidental or deliberate.

Safety plans should also be reviewed regularly for practicability and efficacy. It should be explored whether the measures in the safety plan are able to be used as intended and whether they are sufficient to keep children safe.

Where a safety plan is in place, it should be shared with the family's wider professional network, particularly where it relates to the safety and wellbeing of children. This enables all relevant professionals to be aware of risks and how they are being managed, and to raise concerns if there are changes in circumstances.

Practitioners should be mindful of not legitimising or appearing to 'approve' cannabis use by parents or carers when creating safety plans, particularly where establishing a safety plan contributes to a decision to reduce support or intervention to a family. Whilst a safety plan may seek to create safer conditions for children, the overall aim should be for parents or carers to cease using cannabis. A safety plan alone is not a solution, consideration should also be given to how parents and carers can be motivated and supported to reduce and stop cannabis use.

3. Decision making and next steps

3.1 Determining action

The child's voice and lived experience should be a significant factor in assessing what impact cannabis use is or may have on the parenting capacity of the adult. The impact or potential impact should determine what action(s) is required.

When considering if there is a need for a safeguarding response, the driving consideration should be what the impact is on the child(ren) and whether the cannabis use places them at risk. The Kent Support Levels Guidance includes indicators related to parental substance misuse:

- **Additional Support Level 2:** My parents/carers health and emotional wellbeing including physical/mental/learning difficulty or substance misuse is becoming a cause for concern.
- **Intensive Support Level 3:** I am at risk due to my parents/carers health or learning difficulties or sub-stance misuse/offending behaviours having a direct negative impact on me.
- **Specialist Support Level 4:** I am at high risk due to my parents/carers mental health/substance abuse.

A Request for Support is only required where the level of risk is evidence at Level 3 or 4, and should be made following discussion with parents/carers. If submitting a Request for Support you must be clear about what the impact is on the child(ren) and what the risk of harm is - simply stating that there is cannabis use by a parent or carer is not sufficient.

Whilst not every parent using cannabis will require a Request for Support or meet the risk threshold for intervention from KCC Children's Services, professionals should be clear in expressing potential risks associated to children's wellbeing. Consideration may wish to be given to convening a multi-agency network meeting, where concerns are at level 2 of the Support Levels Guidance.

3.2 Information sharing and record keeping

Record keeping

Effective documentation of concerns and engagement can help to build a picture overtime, to ensure accurate assessment that considers the cumulative context.

- Be factual, objective, and specific (e.g. "parent was visibly under the influence at 10am during schools run")

- Record child's presentation and any disclosures
- Note patterns over time

Information sharing

Effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe. Data protection legislation such as the Data Protection Act 1998 (DPA) and UK General Data Protection Regulations (UK GDPR) does not prevent the sharing of information for the purposes of safeguarding children, when it is necessary, proportionate and justified to do so.

Chapter 1 of Working Together to Safeguard Children 2023 includes a dedicated section on Information Sharing. It highlights that the DPA and UK GDPR support the sharing of relevant information for the purposes of keeping children safe. Key points include:

- If a practitioner has concerns about a child's welfare or safety, then they should share the information with local authority children's social care and/or the police.
- UK GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis.
- Practitioners should be confident of the lawful bases and processing conditions under the DPA and UK GDPR that allow them to store and share information.
- The DPA specifies "safeguarding of children and individuals at risk" as a processing condition that allows practitioners to share information, including without consent.
- Practitioners should aim to be as transparent as possible by telling families what information they are sharing and with whom, provided it is safe to do so.

Information Sharing Advice for Safeguarding Practitioners sets out seven golden rules for information sharing:

1. All children have a right to be protected from abuse and neglect. **Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them.** UK GDPR and DPA provide a framework to support information sharing where practitioners have reason to believe failure to share information may result in the child being at risk of harm.
2. When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child and/or their carer(s), and **explain who you intend to share information with, what information you will be sharing and why**. You are not required to inform them, if you have reason to believe that doing so may put the child at increased risk of harm.

3. **You do not need consent to share personal information about a child and/or members of their family, if a child is at risk or there is a perceived risk of harm.** You need a lawful basis to share information under data protection law, but when you intend to share information as part of action to safeguard a child at possible risk of harm, consent may not be an appropriate basis for sharing. It is good practice to ensure transparency about your decisions and seek to work cooperatively with a child and their carer(s) wherever possible. This means you should consider any objection the child or their carers may have to proposed information sharing, but you should consider overriding their objections if you believe sharing the information is necessary to protect the child from harm.

4. **Seek advice promptly** whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case. Do not leave a child at risk of harm because you have concerns you might be criticised for sharing information. Instead, find out who in your organisation/agency can provide advice about what information to share and with whom.

5. When sharing information, **ensure you and the person or agency/organisation that receives the information take steps to protect the identities** of any individuals who might suffer harm if their details became known to an abuser or one of their associates.

6. **Only share relevant and accurate information** with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only share the information they need to support the provision of their services.

7. **Record the reasons for your information sharing decision**, irrespective of whether or not you decide to share information. When another practitioner or organisation requests information from you, and you decide not to share it, be prepared to explain why you chose not to do so. Be willing to reconsider your decision if the requestor shares new information that might cause you to regard information you hold in a new light. When recording any decision, clearly set out the rationale and be prepared to explain your reasons if you are asked.

The Kent and Medway Information Sharing Agreement provides openness and transparency in information sharing, as well as appropriate governance and support, which assists us to share personal information lawfully, safely, and securely.

3.3 Scenarios

It is not possible to provide specific advice or guidance for every possible scenario or concern that a professional might face in respect of parent cannabis use, however a number of possible scenarios have been considered below.

Drug driving

If a parent or carer is transporting a child in a vehicle when it appears they are under the influence of cannabis, this should be approached in a similar manner to as if they were intoxicated due to alcohol consumption. A report should be made to Kent Police immediately via the non-emergency number 101. The police control room will make an assessment of what action is required and provide further advice or guidance.

Noting cannabis paraphernalia/smell

When you notice cannabis paraphernalia or smell in a property, it is important to approach the subject with sensitivity and professionalism. Begin by calmly acknowledging the observation—using objective, factual language rather than assumptions or accusations. For example, you might say, "I've noticed a particular smell in the house today," or "I have seen some items that are sometimes associated with cannabis use." Emphasise that your primary concern is the wellbeing and safety of the child, and that your intention is to understand the family's circumstances to provide support where needed. Invite the parent or carer to share their perspective, listening openly and without judgment. By remaining respectful and empathetic, you encourage honest dialogue and create an opportunity for the parent or carer to discuss any challenges they may be experiencing.

You should record your observations and any discussions about them, clearly and in a timely manner. Good record keeping is a cornerstone of effective safeguarding practice. Records should clearly state what was noted, what concerns you held and why, and what discussions were held. Records should be stored in an appropriate place, where they can be accessed by relevant staff. Records should also be reviewed, in order to identify if there is a pattern which emerges of concern over time.

Possession (and therefore use) of cannabis is illegal. Illegal activity should be reported to Kent Police through routine reporting routes.

Denial

When engaging with a parent or carer who denies using cannabis, it is important to approach the conversation with empathy and without judgement, fostering a safe space where trust can grow. Begin by expressing concern for the child's wellbeing and explaining the importance of open dialogue in supporting the whole family. Use clear, non-accusatory language, focusing on observed behaviours or facts rather than assumptions. Be patient and offer reassurance that your role is to help, not to blame. Encourage the parent or carer to share their perspective, listen actively, and acknowledge their feelings or fears. This approach can help reduce defensiveness and make it more likely that the parent or carer will feel comfortable being honest, enabling a more productive and supportive discussion about any challenges they may be facing.

3.4 Engaging with parents

Professionals working with families play a vital role in safeguarding children and supporting parents or carers who may be using cannabis. Approaching this sensitive subject with empathy, openness, and respect is essential for building trust and enabling honest dialogue. Parents should be engaged about cannabis use in a way that centres the wellbeing of the child and the family, without judgement. Experiences of trauma often have a role in why parents may use cannabis and it is important to consider a parent's history and context to ensure a trauma informed approach. Giving consideration to how a parent can be supported to engage and where they may be within the change cycle can help inform your practice.

Top tips:

- Be specific about cannabis: when asking questions about drug or substance use, specifically mention cannabis.
- Be objective and factual: focus on what you have directly observed rather than making assumptions or accusations.
- Prioritise the child's wellbeing: clearly communication that your main concern is the safety and welfare of the child(ren). Reassure parents or carers that your intention is to support, not penalise.
- Foster open dialogue: Invite parents or carers to share their perspective. Use active listening – give them space to speak, acknowledge their feelings, and refrain from interrupting.
- Remain empathetic: Show understanding, patience, and compassion. Appreciate that there may be underlying reasons for cannabis use, such as coping with stress or mental health challenges.
- Use non-accusatory language: Avoid blaming or shaming. Frame concerns around observations and the desire to work together for the child's benefit.
- Offer support and resources: Be ready to signpost parents to further help—such as local support services, helplines, or mental health resources—if they express a need.
- Document effectively: Keep clear, timely, and factual records of your observations, discussions, and actions taken, following organisational policies for confidentiality and information sharing.
- Review patterns: Regularly review records to identify emerging patterns or escalating concerns, ensuring prompt and appropriate intervention if necessary.
- Stay up-to-date: Ensure you are familiar with Kent safeguarding procedures, referral processes, and relevant policies regarding parental substance use.

The KSCMP Clear Minds, Safer Homes Conversation Tool is available to support you in planning to talk with parents and carers about cannabis use. By embedding compassion, curiosity, and professionalism into your approach, you create a safer space for parents and carers to engage honestly. This not only supports better outcomes for children but also strengthens working relationships with families.

4. References and resources

Child Safeguarding Practice Review Panel: "The Myth of Invisible Men" Safeguarding children under 1 from non-accidental injury caused by male carers, September 2021

KSCMP: Harm to Under 2s in Kent thematic review, May 2022

KSCMP: Non-accidental injury deep dive, September 2021