malnutrition and bad sanitation, due to poor environmental factors, income, employment and housing. Schools often offer breakfast clubs and free school meals which could provide the child some nutritional meals. Furthermore these services and after school clubs may provide stimulation, a parenting capacity commonly neglected as parents are preoccupied with their own concerns. Family and friends may offer support, this needs to be encouraged to be utilise and classes to improve parent's skills, including eating healthily and staying fit, are often freely available from services for example sure start.

- Social representation and identity - Research shows PSM often creates difficulties keeping to appointments, delayed presentation and avoidance towards medical services. It could be assumed stigma and fear of discrimination to health services and fear's of being found out, often delay diagnosis and treatment for sick (Heijnders & Meij,2006). Stigma can also effect a child's...

Parent's will often try to hide their substance misuse from their children to limit the damage it will have on then, statistics show father's are more capable of doing this and mother's are the most common parent's coming to the attention of child welfare (Suchman et al,2006: Borelli et al, 2012)

Often managing to conceal the habit is down to whether parent is able to keep control of the drug (Melhuish, 2011). Therefore It's important to help reduce exposure to substances by providing access to services that can help by stabilising the substance misuse so it's manageable (Taylor & Kroll, 2004). Help can also be provided through prescribed drugs such as methadone (Coomber, 2013). This is important because children can be left traumatised from witnessing parents misusing drugs. An adolescent child describes a scene he remembers - *"about 10 years old, I watched my dad pull out his teeth with his bare hands, he sat in the corner rocking, absolutely steaming.* (SCIE,2013)' The effects of post-traumatic stress and shock can damage a child's emotional development for the rest of their life sometimes not emerging until later on in life (Walsh, MacMillan & Jamieson, 2003).

A Child can be psychological effected as substances misuse might render the parents less able to tend to their emotional needs (Leckman & Mayesm, 1998: Barnard 2007), this could create attachment issue's. Jessica aged 15 expresses her experience of living with PSM 'you feel like you're always put on the second shelf. You feel like you're not number one in your parent's life's and that makes you feel horrible.' Jessica was experiencing feeling's of grief through loss of being loved weakening her self-esteem and self-worth through her mother's poor attachment, which could have implications for her sense of being 'held' emotionally and consequentially effecting later relationships if left unresolved (Kroll and Taylor, 2009.) Attachments theories starting point is based on our need for psychological security, Bowlby believed this our most important bond between mother and baby in order to keep close proximity to protect them from predators, dangers and help regulate their emotional status, through proximity seeking and distress calls. In PSM the biosocial parental and child bond can corrupt and the parent can find themselves caring about themselves more then the needs of the child as the parent's primary attachment is to substances rather than their child (Holmes, 2001,). The emotional attitude of parents toward a child has life shaping effects and its our first relationships that our future well-being is determined from and our physical and psychological security depends and ability to protect ourself from emotional abuse utterly on our connections to other people therefore this is why its important to limit the effects of PSM on attachment (Winnicott, 1966: Holmes, 2001: Money 2010).