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Exploring the Impact of Parental Drug / Alcohol Problems on Children and Parents in a Midlands County in 2005 / 2006

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Abstract

This small-scale research project used semi-structured interviews and a 'Draw and Write' technique to explore the views of parents / carers and children and young people about the impact of parental substance use and implications for services. Most adult participants had recognised their need for help and had obtained treatment for their drug / alcohol use. Children were aware of the emotional turmoil caused by their parents' substance use; social workers were important people in their lives. Families in the study either needed substantial help from their extended family, or from Social Services (now Children's Social Care), or both. Most parents were ambivalent or self-critical about their abilities as parents and had tried to combine their substance use with ensuring that the basic needs of their children had been met. Access to methadone prescriptions had helped stabilise the lives of parents who had previously been heroin users. Parents' wish to look after their children properly, or to resume their care, was a powerful motivator for them to stop using drugs / alcohol. Children, who displayed considerable resilience, were largely aware of parental substance use and its impact on family life. Implications for professionals supporting substance-using families are highlighted.

Key Words: parents; children; drugs; alcohol; substance use

Introduction

"Mid-shire", responsible for a large area comprising mixed urban and rural communities, undertook an audit in one of its largest conurbations in 2002 which found that parental drug or alcohol use was a factor for three-quarters of families involved in care proceedings. In one rural area a third of Looked After children recorded parental drug or alcohol use as a reason for being accommodated. In one month in 2002, thirty per cent of initial Child Protection Case Conferences across the county recorded incidences of parental substance use. An Action Group in the conurbation identified a need for research in the county into the views and experiences of families. This eventually led to the County Council inviting tenders for a research project early in 2005 to explore the impact of parental substance use and implications for services for children and families. The target was to interview parents / carers and, where possible, children and young people, from up to twenty-five families. Families participating in the research were informed that Mid-shire's policy was that parental drug / alcohol use in itself was not a reason for considering a child or young person to be at risk of significant harm.

This article describes the methodology used and findings from the research.

Literature Review

The review was updated from the authors' earlier study (Blyth et al 2005) using the MetaLib Electronic Database between October 2005 and Autumn 2006, supplemented by a Zetoc search for new articles published after manual searches were completed. Search terms included combinations of *parental, maternal, paternal, drug, alcohol, substance, misuse, abuse and children*.

Estimates of the number of dependent children in the UK living with parents with alcohol problems ranged from 920,000 (Alcohol Concern, 2000) to 1.3 million (Prime Minister's Strategy Unit, 2004; DOH 2003) through to 2.5 million (Velleman et al 2003) and 4 – 6 million (Orford 2001). The Advisory Council on the Misuse of Drugs (2003) estimated that there were 200-300,000 children under the age of sixteen of "problem drug-users" in England and Wales (2-3% of all children in this age group), and between 40,800 – 58,700 (4-6% of all children in this age group) in Scotland. There has been increasing evidence of Government concern to identify policy responses and appropriate forms of intervention and support (see, for example, Advisory Council on the Misuse of Drugs, 2003). Differing policy emphases have been apparent within the UK. In England and Wales, Government has focused on supporting the family with the aim being "to keep children with their parents wherever safe to do so" with an emphasis on holistic support for the whole family (Advisory Council on the Misuse of Drugs, 2003) and early intervention to prevent social exclusion (BBC, 2006). By contrast the Scottish Executive's publication "Hidden Harm, Next Steps" (2006) noted that in cases of serious and chaotic drug use risks to the child could be so severe that *staying with the parents cannot be an option* (p1).

Kroll (2004) has highlighted that the needs of children growing up with parental substance misuse are frequently "invisible" to those whose role it is to ensure their welfare. Research evidence suggests that children tend to become aware gradually, from a very early age, of parental substance use problems (Barnard and Barlow 2003; Bancroft et al 2004). Studies indicate that some parents try to conceal their substance use from their children, for example by ensuring that this takes place when their children are not present (Smith et al 1999; Hogan and Higgins 2001). Children may become aware of their parents' substance use earlier than their parents realise (Barnard and Barlow 2003), although they may not understand it (Smith et al 1999, Velleman and Orford 1999).

Parents rarely openly admit their substance use to children or talk to them about it (Layburn et al 1996, Hogan and Higgins 2001, Barnard and Barlow 2003). American research had identified parental substance use as a major contributor and predictor of child abuse (Dore et al 1995).

A number of British studies have highlighted the frequency with which children whose parents use drugs or alcohol (or both) feature in social workers' caseloads, and specifically in child protection (Cleaver et al 1999, Gorin 2002). Forrester and Harwin (2006)'s recent study in four London Boroughs of newly-allocated social work cases found a similar proportion of substance use across the authorities, between 30 and 41%. Alcohol use was slightly more prevalent than drug use. Parental substance use was associated with severe social disadvantage, including in affluent areas. The majority of families were headed by a lone-parent (usually a mother), which meant that most children lacked access to a potentially "protective adult".

Barnard (2003) had noted that substance-using parents frequently needed support either from their extended family or from Social Services. Vangrove's (2002) small study based in the North of England found that in half the families studied, children were cared for by either a parent living apart from the substance-using parent, or by other relatives. Farmer and Moyers (in press) found evidence of conflict between birth parents and carers in over half the cases in their study. Tracy and Martin (2006), in their North American study, found evidence that children served as motivators to parents entering and completing treatment for substance abuse; and also highlighted the amount of support provided by children aged 6 – 11 for substance-using parents. Brown (2006) reported evidence of African / American cocaine-using mothers articulating what they perceived as "good" mothering behaviours, including protecting children from their own drug use, and cutting back or terminating their drug use due to concern for their children.

Adams (1999) found that most social workers wanted to support drug-using parents, although a minority doubted their ability to look after their children effectively. Social Services' interactions with substance-using families have been criticised by Addaction (Smith, 2005). Campaigners have criticised the Government for refusing to adopt recommendations (contained within Hidden Harm, 2003) for social workers to study substance use as part of their training (Goveas 2005). Taylor and Kroll (2004) identified a lack of knowledge in relation to substance use amongst child care workers. Where professional support has been available, children have been able to identify the characteristics of people and the sorts of intervention they find helpful (Christensen 1997; Liverpool DAT 2001). Dyer and Edomobi (2005) found that children's professionals were generally seen as positive and as having a significant impact on young people's lives.

Street et al's research (2004) found that maternal drug use does not necessarily lead to an unacceptable standard of parenting. Children are extremely resilient and able to devise survival strategies to cope with difficult family circumstances (Blyth et al 2005). Bancroft et al (2004) noted that some children distinguished between being *cared for* and *cared about*; in other words some parents continued to provide evidence of caring *about* their children, despite enormous difficulties in carrying out practical and emotional care tasks. Burns et al (1996) found that drug-abusing women on methadone maintenance and attending a Drug Dependency Unit may rear and care for their children as well as parents from a similar background who are not drug users. The majority of respondents in Adams' (1999) survey of social workers' Attitudes considered that most drug-using parents provided "*good enough*" parenting for their children and rejected the idea that their children were by definition "*at risk*".

Comment

Issues from the literature helped guide the research including: children's awareness and parental concealment of substance use; the contribution made by non-abusing parents and other family members who helped safeguard children's welfare; and children's ability to motivate adults to stop using drugs / alcohol.

Methodology

The research proposal was scrutinised and approved by Mid-shire's Research Advisory Panel (responsible for implementing the Department of Health's Research Governance Framework). Social workers involved with families with drug / alcohol problems were consulted about the appropriateness of inviting them to participate. Social workers then contacted families and obtained signed consent forms, usually over the course of two or three home visits, with full opportunities for explanation of the purpose and content of planned interviews.

Research information leaflets were devised for parents / carers participating, and for young people and children outlining reasons for the research, what participation would entail, confidentiality of data and participants' right to withdraw at any point. Permission to tape-record interviews was sought. (All but one family agreed to this). Children and young people were invited to take part after their parents / carers had given their consent. Young people's interviews focused on the impact of parental substance use from their point of view.

An age-appropriate methodology, the Draw and Write technique (Pridmore and Bendelo, 1995) was chosen for children under ten to enable them to discuss sensitive topics in a non-threatening way. The four youngest of the eight children interviewed used this technique. (For three siblings this was a group exercise with each child producing their drawing in response to discussion topics raised by the researcher). Children were invited to draw pictures of important people in their lives, and pictures illustrating children's experience of parents' drinking / taking drugs. Discussion focused on clarifying images portrayed and sources of help available.

The content of parents' interviews were described in detail in semi-structured interview schedules. These included questions about family structure; employment; and parents' previous and current substance use and its impact on children and family life. Children's knowledge and level of understanding of drug and alcohol use, and issues relating to the safe-keeping of drugs would also be explored, as well as their involvement with and support from child protection and looked after children services. The schedule also asked for information about parents' / carers' involvement with and support from statutory agencies, and support from drug and alcohol services, family and friends.

Interviews were tape-recorded and transcribed. A qualitative analysis of the interviews was undertaken to identify themes based on the subject areas included in the interview schedules, analysing data relating to children and young people (researcher 1) and parents' / carers' evidence (researcher 2) about the impact of substance misuse on family life; and their experiences of support. The researchers met to discuss emerging themes, based on key areas of interest identified by the commissioning agency. The analysis was informed by a phenomenological perspective (Kvale 1983), attempting to tap into participants' experiences and to understand their point of view. The semi-structured interview format gave participants freedom to elaborate on relevant issues. Children's drawings, and young people's and parents' own words were used to illustrate their point of view wherever possible. Participants were sent both a summary of research findings and a copy of the full research report on completion.

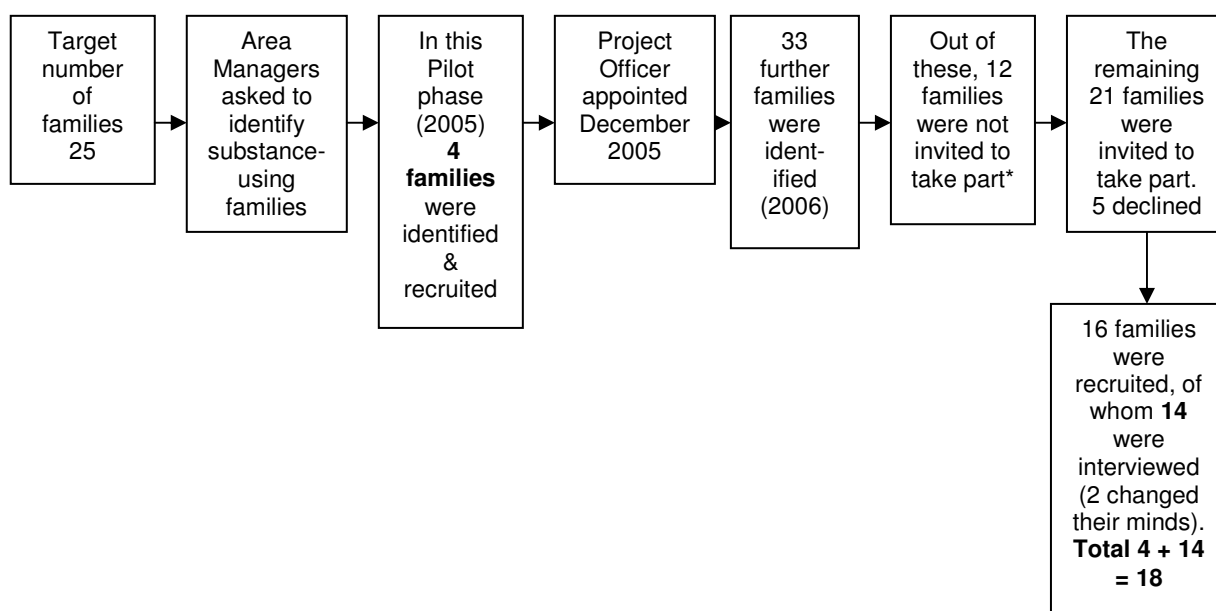
All except one of the parents chose to be interviewed at home. Parents' interviews were carried out by the female member of the research team. Where children as well as parents were interviewed from the same family, the male researcher interviewed

the parents while the female researcher met the children / young people. Two older girls living away from home were interviewed separately by the researchers.

Recruitment

Twenty-five parents from eighteen families (lower than the target) and eight children were eventually recruited as research participants over a fourteen-month period, as illustrated in the flow chart below:

Recruitment of 18 Families: Flow Chart



*Families were not invited to take part if they did not recognize drugs / alcohol issues; or if work was at an early stage; or if they had too many problems.

25 parents and 8 children were interviewed from the 18 families.

Initially, the six Area Managers were asked to identify families with children in need, or within the Child Protection arena, with an equal spread between parental drug use and alcohol use, a spread across the age range of children, and inclusion of families from minority ethnic groups. Area Managers identified a potential sample of families, but making contact with them proved difficult. Four families were recruited in this initial phase, three of them by a social worker specialising in supporting families affected by parental substance use. In December 2005, a Project Officer who had been involved in the initial inquiry into parental substance use in the county, was asked to help with recruitment. She contacted social workers with established relationships with parents using drugs or alcohol and a further 33 families were identified.

Twelve out of the 33 families identified were not invited to participate, either because they were at a very early stage of involvement with Social Services; or because they had not acknowledged their substance use with their social worker; or because they were considered to be experiencing particular difficulties which made it inappropriate to ask for their help. The other 21 families were invited to participate at this stage. Five of them declined, one as their case was about to be closed (and they wanted no further contact); and for the other four because of demands they were already facing,

and the number of people already involved with them as a result of their contact with Social Services. The remaining 16 families agreed to take part. Two of them later changed their minds, and 14 of them were interviewed (total 18).

Forty-one children were identified from the 18 families participating, of whom 8 (from five families) were interviewed. Six of them lived with a parent with a substance use history, and two were looked after away from home. One of the children was aged 0 – 4 years; three were aged 5 – 10 years; and four were aged 11 – 18 years. Reasons were not sought about why parents might not wish to involve their children in the research, although some were too young and others were not resident with the parent with a substance use history.

Participants - Children

The eight children interviewed comprised four boys and four girls aged between 4 and 14. They were all white British, and all but one were children of (in most cases former) alcohol users. Six were living with their parent(s) in the family home, and two were living in foster / residential care. Five participants belonged to sibling groups, three (two boys and a girl) from one family; and two sisters in Local Authority care.

Participants – Parents / Carers

Twenty-five parents from 18 families were interviewed. Seven couples, all female / male, were interviewed. All of them were white British. There were eight, two-parent and ten lone-parent families. Three of the lone parents were living with a partner. A further three lone parents and their children were living with grandparents at the time of the interviews.

Twelve of the parents were on methadone prescriptions at the time of the interviews. Four of this group acknowledged some continuing use of Class A drugs (either heroin or crack). Other former heroin users now on methadone prescriptions may also have had unacknowledged continuing drug use. One parent was continuing to use alcohol with a reduced level of consumption. Four parents had recently given up alcohol (or acknowledged occasional lapses) and two had stopped using drugs, but their memories of their years as drug or alcohol users remained vivid.

Children were living with parents in five families, three of them being supervised by Social Services. In addition, children in a further four families were currently, and children in another three families had previously been, on the Child Protection Register. Three children had been returned to their parents after periods in foster care. Children in three families were being looked after by grandparents, with their mother also resident. Two children from two other families were looked after by grandparents.

Findings

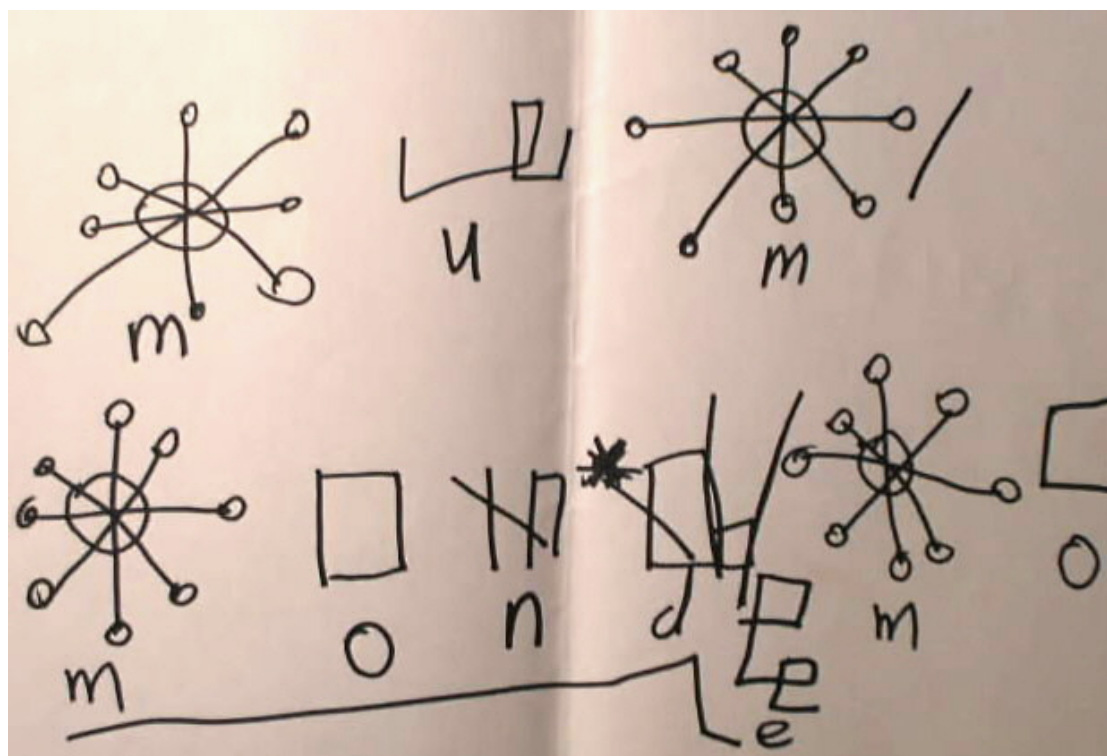
Children and Young People's Evidence – Summary

Out of the eight children, all except the youngest were aware of parental substance use and its impact on family life. Children adapted in different ways: some minimised its impact and were protective towards parents, while others, including older children, were critical of their parents' drug / alcohol use and were very opposed to alcohol and drugs generally. Younger children demonstrated anxiety and were worried about their security within their family. Children and young people unequivocally wanted their parents to stop using drugs and alcohol and were very pleased when they did so. All of them saw their future as being with their parents. Their resilience was evident from their ability to move on from damaging experiences to look forward to improved relationships with them.

Children and young people perceived social workers as important people in their lives, especially at critical junctures. They valued consistency and were critical of social workers who failed to deliver what they promised.

Impact on Family Life

The only child of former drug-using parents interviewed, using the Draw and Write technique, communicated via a "secret" coded language when the researcher asked about parental drug use. An example of this "language" is shown below (after letter labels have been added):



The researcher had to decipher the meaning of each symbol before the child filled in the letter as shown in the above example which refers to "Mum moaned more" (before when she was on drugs)...She also said...she is happier now...it made me feel sad, disappointed and unhappy (F8).

Three children (siblings) drew pictures of an episode when their mother had been drink-driving and crashed the car which led to the Police being called.



The picture (M8) shows the damaged tyre, and the Police coming to the house. The four-year old girl's picture showed the handcuffs used when their mother was arrested. The three children had positive memories of the caring attitude demonstrated by the Police.

Some of the children interviewed had a clear understanding of parental substance use, addiction and the need for Social Services to intervene:

I have always known that my Mum was drinking...because she rattles in the morning so she has to have a drink...then she has a drink at night to help her go to sleep (M9).

I lived with my aunty for four years...because my Mum was drinking and I got took away from her (M11 recalling being removed from the family home eight years previously).

Children and young people interviewed recalled the damaging impact of parents' substance use and its impact on family life:

I used to hate it when she was on the shots because she was nasty and violent...my Mum was in the pub 24 / 7...all her money went on alcohol. I had to get a job so I could feed my sister (F14).

She wasn't sorry for being drunk the morning after...it was a bit upsetting really (when Mum was drinking) because she wasn't really there like she was before...I went up (to the pub) and found her drunk and she wouldn't come home. I was angry with her...There was often no money left because it had been spent at the pub. The dinner-lady at school used to give me my breakfast for free (F12, sister of F14)).

Mum moaned before when she was on drugs, she is happier now...it made me feel sad, disappointed and unhappy (F8).

Children described having to protect and support their parents:

(Mum) used to take overdoses...so I used to hide all the tablets so that she couldn't find them (F12).

Another child saw himself as pivotal in his mother's detoxification support team:
...she gets her pills and takes them every morning...we've been checking on her, making her drinks of tea. I'm going to make sure she does it (M9).

Children seemed to wish to play down the significance of their parents' substance use:

...Mum just went into hospital to have a rest (F4, in response to her eight-year old brother saying she had gone to hospital because she had drunk too much).

...she has a drink, she still makes tea and stuff...I have never seen her drunk (M9).

Children in two families took exception to Social Services' involvement and to being made to feel different from other children.

M9's older brother (who was a heroin user) had told him it was much cheaper to purchase alcohol than drugs. Nonetheless, his view about alcohol and drugs was clear:

...I think they should be banned, it's better if people don't drink and use drugs.

The fourteen-year old girl living in residential care had reached the same conclusion:

Nobody needs it (alcohol) unless they can drink in moderation. But I think it should be banned completely, because nobody needs it in the end...drugs should be banned too.

The children interviewed were pleased when their parents stopped using drugs / alcohol:

I feel very happy now (that Mum has stopped drinking). I'm very proud of her (M11).

My Mummy doesn't drink any more! (F4).

The oldest participant was more circumspect about her mother:

She stopped, it took her a while but she has done it...let's hope she keeps it up (F14).

Experiences of Support

Social workers were important people in the children's lives. Positive qualities identified by the interviewees included openness, empathy, kindness, consistency, the need to be "up front" and to deliver what had been promised.

I love my social worker...this one, she tells you straight, she doesn't give no crap. I hate it when they say one thing and do another...my social worker (had) been through the same (as me) and so it is really easy to talk to her about it (F14, who believed her social worker had an alcoholic parent)

Social workers had been alongside the interviewees at crucial points in their lives:

She is the person who got me back with my Mum (M11).

I think it was better (when Social Services got involved)...because we had someone watching over us, coming and visiting (F12).

Some of the interviewees also had negative perceptions:

I can't remember all their names there have been so many of them (social workers) (M11).

Some of them would say they would do something but it would never get done (F12).

I just know that she (child's mother) was very ill and in bed all the time but nobody explained why they were taking me away. They didn't give my Mum a chance (M11).

I don't want anything to do with them...all they talk about is the negative things. I think families should be left to sort it out for themselves...When (the head teacher) reported me I had to move again and again because I got put on the (Child Protection) register...it messes up your life (M9).

The interviewees had gained some insight into their behaviour. The fourteen-year old girl had started drinking when she was moved to different homes. Now she had stopped:

It doesn't go away, the problems are still there and actually you feel rough as hell (F14).

The eleven-year old boy who had lived with his aunt for many years admitted that he had been...*a bit of a pest for a while. I used to start kicking people, I was just being a pest because I got took away from Mum for a long time. I was angry with my Mum for being taken away.* He singled out a teacher who had helped him...*she gave me high hopes, she encouraged me to do my school work...and listened to me if I was upset (M11).*

The eight-year old girl described how parents needed to see the impact of substance use from their children's perspective:

Children need to explain to parents how (harmful) use is, how it makes them feel. Then they will stop, they will listen to kids more than they will listen to them (professionals) (F8).

Parents' Evidence - Summary

A majority of the parents had experienced health problems, particularly depression. Substance use had dominated their lives and funding drug habits frequently wrecked family finances. Parents recognised the damaging impact of substance use on their parenting capacity. Many expressed remorse about harm done to their children. Most parents told children as much as they needed to about their substance use. Improving relationships with their children, or resuming responsibility for their care, were powerful motivating factors to parents obtaining treatment. After controlling their substance use parents were able to look forward to the future.

Parents had needed significant levels of support either from their families or from Social Services. Most parents recognised the legitimacy of social workers' concerns and most appreciated their help, and help from other agencies including drug and alcohol services.

Origins and Impact on Family Life

Parents interviewed related their drug or alcohol use either to their family background, to peer group or partner influence, or to specific crises or family tragedies. One father interviewed had grown up in care and described his alcoholism as an illness. Another father had drug-using parents. Other parents said that their substance use had been triggered by stress factors including loss of job and career, or by the birth of premature twins, or by sustained episodes of domestic violence, which was said to have been the cause for prolonged alcohol or drug use by five of the mothers interviewed.

For one couple interviewed, who had recently moved to Mid-shire, domestic violence and drug dependency were recalled as having been intrinsic features in the neighbourhood in which they had lived together for two decades. Parents emphasised links between their drug and alcohol use, health problems, depression and psychiatric illnesses. Two mothers linked their drug dependency to extreme stress following the birth of their children, and another mother's alcohol use had been prompted by a miscarriage. For some parents, mental and physical ill-health became intertwined with their drug or alcohol use; one of the mothers interviewed had experienced a cocktail of alcoholism, depression and serious heart problems.

Parents interviewed described how their substance use had dominated their lives and led to conflict within their families. One father interviewed said that he owed his father thousands of pounds. Two couples, whose parents had been the main carers over many years for their own children, admitted that they had stolen money from them to buy drugs. Another single-parent funded her heroin use by stealing and borrowing. Her mother drew the line at giving her daughter money for drugs, although she would always provide food for the children. Parents who were trying to control their drug use made sure that they did not carry money, to reduce the risk of purchasing heroin. Funding serious drug problems for parents interviewed could cost

a fortune, resulting in serious debts for some of the parents interviewed, and prison sentences for two of the fathers.

Parents acknowledged that they had little money to spare for their children when funding expensive drug habits, although they did not lose sight of their children's needs. Two parents had opted to drink cider rather than more expensive spirits, so there was money for food for the children. Parents who were successful in bringing their addictions under control acknowledged the financial benefits.

Parents interviewed were either ambivalent about their abilities as parents or unguardedly self-critical. One life-long amphetamine user, looking after his six-year old son knew he had the capability to be a good parent. Social Services had told him that it was his addiction not his parenting that was the problem. He acknowledged...*it'll take me years to totally repair all the damage (from drug use) because I was a nightmare.* After stopping using amphetamines he admitted...*you can't look after a child a hundred per cent so, there was some neglect...you can't run a house (properly) when you're off your face.*

The mother of twins argued that...*parents (with) addiction problems...are quite good at looking after their children, but needed a support network...Social Services forget...that parents want the best for their children.* But she admitted that when she became dependent on heroin she desperately wanted help...*because I knew it totally changed my personality.*

Two lifelong heroin users now on methadone prescriptions, continued to use heroin regularly to relieve stress and for recreational purposes. They did not see themselves as drug addicts, although their children were still looked after by their grandparents.

Other parents interviewed were full of remorse about their former drug and alcohol use. One mother, now on a methadone prescription after more than twenty years as a heroin user, had resumed the care of two of her four children with her partner...*it is really, really hard to get back to being a normal person...because I don't even know what normal is...We (are) not used to (having) teenagers around us.* She and her partner knew that spoiling their children was not the answer, and desperately wanted to improve their parenting skills. Another former heroin user now living with her own mother and her two children, accepted responsibility for the harm she had caused...*I know it's through my own fault, and I still feel guilty now over my kids having to go into care...I never thought anything like that would have happened to my kids. You don't realise how easy it is to get into (heroin), but how hard it is to get out.*

A former alcohol user was also clear about the harm her drinking had done to her family, neglecting her children and associating with her drinking friends which led to her being arrested and held in Police custody. Another former heroin user, now living with her daughter who was fostered by her own mother, accepted the harm which her drug use had caused...*obviously, you're not all there when you're on drugs...everything's different.*

Parents recognised the damage which their substance use had caused children, including withdrawal symptoms for infants, trauma resulting from sudden hospital admissions, and behaviour and school attendance problems. In all the families interviewed, parental substance use had led either to children having to be looked after by Social Services or other family members, or to intensive surveillance to protect the children's welfare. Two mothers had grown up sons with serious

addiction problems which they thought were linked to their exposure at an early age to their parents' substance use.

Parents acknowledged that their children had inevitably become aware of their substance use, without wanting to expose them to the worst aspects of their behaviour. Three mothers interviewed did not attempt to conceal their methadone (*green medicine*) use from their children. One mother had been open with her daughter about her heroin use, although never using the drug in her presence; and the father with amphetamine dependency had smoked in front of his small son, but made sure that he had not seen him use a needle. The mother who had given up drinking six years previously was the only parent to have decided, with her partner, on a policy of complete openness with their son, accepting that it would take a long time for him to overcome his insecurity and anxiety.

Support

In order to survive and / or recover from their drug / alcohol problems, parents in the study needed much support. In three of the families the children had been fostered by their grandparents, and the grandparents had also provided care for the children's mother: a complete life support service. Another parent had relied on support from her parents for many years while she and her husband had been living and drinking together. Two of the mothers who had stopped drinking had relied heavily on their partners for support (and one of them had a sister who had fostered her son). Three other parents with drug or alcohol dependency had received sustained support, one from an aunt, one from a daughter and one from a daughter-in-law.

Grandparents were continuing to care for children in two of the families. Their relationships with the children's parents were strained because of their past or continuing drug use. Two of the parents interviewed said that their relationships with their mother improved markedly after they had stopped drinking or taking drugs.

All the parents had long experience of Social Services' involvement, which carried the threat of children being removed. Parents distinguished between "help" which they valued, and "interference" which they resented. Those who had known Social Services for many years could still be influenced by recollections of negative experiences of social work involvement. One parent recognised that Social Services had had to be involved with her family, but found their approach hard to accept.../ *agreed the children had to go, and I needed that help, but it's how they spoke to me, and put me down.* Another mother was *devastated* when social workers became involved, but agreed that her children should be taken into care. She resented one of her social workers saying she would never have the children back, a view she was later able to successfully challenge.

Some parents were extremely knowledgeable about drugs, and three of them argued that social workers should attend training programmes for drug / alcohol awareness, including the impact of drugs on users' moods, problems of withdrawal, and problems associated with different types of drugs.

However, even parents in the most difficult circumstances acknowledged the legitimacy of social workers' concerns, particularly about the need for children to be protected. One of them said that Social Services would be bound to have heightened concerns about the welfare of children of drug users. Most parents' views of social workers went beyond respect for their role to appreciation of support provided, particularly those who had stopped using drugs or alcohol completely. The

former amphetamine-using father acknowledged that...*taking the child away was good for me*. Another parent, the former alcohol user whose health had been seriously threatened, praised her specialist drugs worker who had helped her to “dry out”...*It's like having a second sister. It's like she's not a social worker, she's a best friend*. The mother who had been dry for six years had changed her views about the social work support she had received...*I used to hate them as if it was their fault...I thought they were all wrong and against me when it was me that was in the wrong and they were just doing their best for (my son)*. Her non-using partner's assessment was...*Yes, I think they did their job properly*. The mother of premature twins had appreciated both her social workers, the first, who was...*a bit strict, but...very fair and very honest, and she was trying to help me*; and the second who had...*more of a caring, compassionate attitude*.

Four of the parents had found Social Services Family Support Workers particularly helpful. One father observed a difference in the power dynamics. The social worker had the harder job, supervising his rehabilitation:...*straight away the level of power goes up with a social worker*.

Another father, a lone parent with two small sons, welcomed Social Services' help for his family, but would have resented social workers becoming involved with his alcohol problems. Eight parents / families expressed appreciation of the help that they had received from specialist Drug / Alcohol treatment agencies. Social Services had arranged for one of them to see a Drugs Worker every week. These parents appreciated such specialist support. One of them said that it was...*just for me*. Another of these parents said that alcohol treatment had helped her...*to make sense of stuff that's happened that (I've) not been able to get over*. One mother who had needed intensive support to overcome her heroin dependency appreciated that staff at her local Health Centre...*don't look down on you...they just make you feel like a normal person*. Two parents had received crucial help from their GPs in obtaining treatment and others commented on effective multi-agency services. Altogether, more than two-thirds of the eighteen families had positively welcomed intervention and support by Social Services and / or other agencies.

Most parents interviewed had either decided to moderate or cease their alcohol / drug use by the time they were interviewed, or were actively seeking help to alter their substance use. Improving their relationship with their children, or resuming the care of children who had been looked after by Social Services, were powerful motivating factors. Two mothers had decided to stop drinking, both of them to enable their sons to be returned home from foster care. One of them said...*I wanted my son back. I wanted my life back*. She was certain that she would never drink again. The father who had been a lifetime amphetamine user, decided to stop so that his son could be returned to his care. Although he had received help...*nobody...and this is crucial...can quit any substance if they're not ready*. The two parents who had recently resumed care of their children had hit...*rock bottom*. One of them said...*it was just a terrible, terrible life...I just realised myself it was time to come off (heroin)...We spoilt their childhood, because they just wanted to be with us, they didn't understand that we were junkies*. Another parent, the mother of M5, had just started Antabuse treatment...*not wanting to die young*; and to improve her relationship with her children. Altogether, a wish to improve relationships with their children was an important factor in decisions to moderate their substance use for thirteen out of the eighteen families interviewed.

Discussion and Conclusions

The degree of success achieved by Mid-shire in recruiting families for the research appears to have been closely linked to the rigorous process of preparation adopted by the Project Officer; and also to relationships of trust between families and their social worker, which resulted in families agreeing to discuss difficult issues about the impact of substance use with the researchers.

The Project was less successful in recruiting children – only 8 from the 41 identified were interviewed, a significant limitation of the study. Before interviews with children could take place, both children and parents had to give their consent; given the sensitive subject of the interviews and its potentially disruptive impact on parent – child relationships, a high degree of attrition is, perhaps, not surprising. Further limitations were that all the parents were white British; and that the researchers mainly interviewed parents with well-established contact with Social Services; and not those at an earlier stage of involvement, or more overwhelmed by problems associated with substance use.

Participants were likely to be less problematic than non-participants (some of whom were ruled out because of the severity of the difficulties they were facing). The study's main contribution is in highlighting the experiences of the former group. The findings in this study about families whose drug / alcohol use has brought them into close contact with social care agencies, and who have tried to obtain treatment are likely to prove relevant for other similar groups. Other authorities or research agencies are likely to need to invest as much care and time as Mid-shire in securing parents' and children's voluntary and informed consent, which was assisted by Mid-shire's considered and supportive policy towards parents with experience of substance use. Another positive feature of the approach used was that a conflict of loyalties was avoided by mainly recruiting children whose parents had agreed to participate in the research.

The study reinforced previous research findings, while also breaking new ground. Parental substance use figured as prominently in social workers' caseloads in Mid-shire as in recent surveys in London boroughs. In line with earlier findings the study found that most parents were cautious about admitting their substance use to their children; families with substance use problems needed support either from their extended families or from Social Services; and parents on methadone prescriptions were able to improve the standard of care which they provided for their children.

Grandparents provided crucial support to families interviewed over long periods, including providing a home for the vulnerable parent and children, taking on the role of protective adults. Other relatives, or non-using adults, provided equally valuable support in some cases. Relationships between grandparents caring for the children of parents living elsewhere could be strained.

The parents' own view was that when their substance use had been uncontrolled, their ability to practically care for (rather than simply care about) their children properly was impaired. The study demonstrated clearly that concern to maintain or resume relationships with their children was a powerful motivator for parents to obtain treatment for their problems. Equally, children and young people showed determination to persuade their parents to stop using harmful substances. They wished to be treated as normally as possible, rather than singled out for special attention. Rather than dwell on past hurt, children looked forward to improved

relationships. The evidence also provided glimpses of the premium placed on help from teachers and Police by children and young people.

Both parents and children demonstrated resilience in being able to look forward to a positive future however damaging previous experiences had been. The evidence obtained provides some grounds for optimism that, while parental drug / alcohol use can fracture parent-child relationships, the damage need not be permanent if parents can resolve their substance use problems. Evidence from this study reinforces the need for help to be available promptly, when parents are ready to use it. The positive tone of parents' comments about agency support suggests that, once their problems are under control, they are more likely to appreciate external support.

Parents and children both recognised the importance and legitimacy of social workers' role and contribution. Parents' evidence reflected much high quality social work planning and support for their families. Social workers kept their primary focus on the welfare of children, supporting parents where possible. Parents rightly emphasised the importance of drug / alcohol awareness training for social workers. Crucially, social workers need access to consultancy and advice about those aspects of substance use which have the most direct bearing on children's welfare.

The study highlights the importance of long-term relationships of trust with social workers for both children and parents. Parents particularly were able to recognise social workers' moral authority, where their role was carried out appropriately. Social workers need to be able to take a long-term view. If drug and alcohol problems can be tackled parents can provide good enough care for their children. Rehabilitation, where this is desired by children and parents, can be a realistic aim.

The study also provided evidence of parents' preference to obtain treatment for their drug / alcohol problems from either health professionals or specialist drug / alcohol agencies rather than from social workers. This supports current emphases in children's and adult services for a multi-agency approach.

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