

Practitioner Research

Parents who misuse substances' views of support

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SUMMARY

The overall aim of this study was to find out if substance misusing parents had actively changed their lifestyle on learning they were going to have a child or when they had their child/children.

I interviewed eleven parents about their experience of support to find out what makes it difficult for substance misusing parents to choose and access support; to explore the most appropriate time for support to begin and if support needs to be more focussed when a person finds out they are pregnant.

I also wanted to ascertain if parents are able to prioritise children's needs before their own and to find out what changes have taken place both through parents own efforts or at times of direct support.

The findings of this study were based on a very small sample. There are no conclusive answers to the aim of the study.

Overall, approximately 90% of the mothers in this study (all apart from one), have either sought to reduce their substance misuse, have stabilized their methadone or come off their drug of choice whilst pregnant.

From the information in this study it appears pregnancy was a motivator for mothers to seek direct support to change their lifestyle. For approximately 80% of the families, (where children had been accommodated or living with relatives) pregnancy was also a motivator as they did not want to risk 'losing' their unborn baby or child.

All the parents in this study reported that they found direct support beneficial to help them understand their child's development, ease isolation, give them confidence and to show those concerned that they could keep their children safe.

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I would like to thank the following people:

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INTRODUCTION

I am a Senior Practitioner in the Children 1st Young Families Outreach Project in the East Lothian area. The Project work with vulnerable families with children up to 8 years where an element of risk has been identified. Many of the children are involved in the Child Protection system and many under a Supervision Requirement through the Children's Hearing System. We work intensively with families in their own homes to offer support through family work, individual work with parents or individual work with children who are 'looked after'.

Families are referred to us for various reasons which are impacting on their ability to meet the needs of their children. There has been a marked increase in parental drug or alcohol misuse referrals and my current caseload reflects this. We work within the current legislation and child protection guidelines and strive to enhance inter-agency working practices with our colleagues in the statutory, health, education, criminal justice and voluntary services. I work in a manner to include parents and the wider families and professionals discussing and planning together what support a child/family need to ensure the child/children's needs are being met safely and appropriately. I participate fully in all aspects of Child Protection Case Conferences where children are assessed on their level of risk and the Children's Hearings System where it is decided if a child is in need of compulsory measures of care. Training for workers involved in Child Protection, working with parents where drugs or alcohol is an issue and related issues such as domestic violence and inter-agency working is something which our staff have all highlighted as important for their practice development and personal safety.

Children 1st have requested that a small piece of practitioner research be undertaken to help plan their future services. Workers have identified a number of areas where further training would be beneficial, and one such area is where parents misuse drugs or alcohol. The voluntary sector can provide a very valuable service in such circumstances.

"The Voluntary Sector is often very effective at reaching families where there is potential risk and where there may be parental reluctance to engage with official agencies for fear of children being removed. Children and young people themselves often feel more able to access the support they need from a Voluntary organization". (Hidden Harm Next Steps 2006)

I have spoken to a number of parents who have misused substances in the past or who are still using, in order to understand their experience of support whilst pregnant and since having their child/children. I was particularly interested in finding out whether they had sought to change their lifestyle on finding out they were pregnant. The reason for this is that pregnancy is often seen as a time when a mother to be can be motivated by the knowledge that she would like to give birth to a healthy baby, and at this time will be given information about what

could harm foetal development of their baby. It has been documented in many various sources that parental substance misuse can cause Neonatal abstinence syndrome which causes harm to a baby's development and can effect children's development throughout their life. Nobody has definitive answers as to how a particular baby would be affected by an individual's drugs use, or how long term use affects a baby and developing child. (Kronstadt, Spring 1991, Brady, Posner, Lang and Rosat 1994 and Hidden Harm) There has been recent research to suggest that ADHD may be caused by a mother to be using drugs when she is pregnant. We work with parents who find their children's behaviour difficult to manage for various reasons including the above. Neonatal Alcohol Syndrome is also well documented with social features identified.

Related Literature

Parenting capacity for those parents who misuse illicit drugs and/or alcohol and in fact parenting more generally has come increasingly to the fore of everyone's agendas, particularly in agencies supporting families and in the political arena. This subject is currently reported in the media on a regular basis. As a society we are becoming more aware of the impact of substance misuse on parenting and the impact this has on a child's life as more families experience a relative with a substance misuse problem, and the public are being asked to comment on this issue by participating in phone in radio programmes and through media e-mails.

We have heard throughout the media that children have been neglected or have tragically died whilst being in the care of parents who have misused illicit and/or prescribed drugs and alcohol or who may be seen as stable when they are using a prescribed drug such as methadone. A recent case in the East Lothian area, where a toddler died has highlighted how dangerous it can be to have prescribed drugs accessible in the family home. Councillor McCarthy said '*the whole methadone treatment programme now needed to be looked at*'. (Scotsman March 2006)

Families where parents are misusing substances can be difficult to engage with due to their lifestyle and reluctance to have any services involved. Children living in families where there is parental substance misuse often do not come to the attention of services until there is an incident which requires child protection measures to be implemented, or an enquiry conducted. There have been various publications produced, following enquiries that social work had failed a child, for example O'Brien Report, Getting it Right for Every Child (Children's Hearing Review); Hidden Harm, and Hidden Harm Next Steps (2006) The aim of these reports are to help the professionals and the public find out what children and families experiences are in order that services can be better planned and implemented to support children and keep them safe. There have also been various policy changes to protect children Recommendations such as

these from examples from Hidden Harm Next Steps (2006) suggests that agencies should be working towards a multi agency risk assessment for families where drugs or alcohol are involved and to work with families at an earlier stage. It is also suggested that worker's responsibility is to prioritise children's needs over their parents needs.

AIMS OF THE RESEARCH

- The overall aim of this study was to find out if substance misusing parents have actively changed their lifestyle on learning they were going to have a child or when they had their child/children.

OBJECTIVES

- To find out what makes it difficult for substance misusing parents to choose and access support.
- To find out the most appropriate time for support to begin, and whether support needs to be more focused when a person finds out they are pregnant.
- Are parents able to prioritise children's needs before their own.
- To find out what changes have taken place both through parents own efforts or at times of direct support.

METHODOLOGY

As qualitative researchers are concerned with explanations this method of research was chosen as this would give a wide coverage of opinions and I was interested in hearing the parent's views. I interviewed parents using a semi-structured interview (see appendix 1) with open ended questions in order to obtain the range of parent's views and experiences. Using face to face interviews as a method of gathering information seemed the best method for this research, as non-verbal cues could be picked up on and probed further also the interviewee could also feel more comfortable by meeting and seeing the person they were speaking to.

A pilot study was not undertaken due to time restrictions. The questions were planned and were discussed with colleagues to check their content would be relevant and understood by parents.

Parents were recruited for my study through colleagues within the Project I work and colleagues in other agencies in the East Lothian area, that is, Health Visitors, Midwives, Nursery staff and voluntary agencies such as Meld and Home-start to identify families they were working with who would be willing to speak to me. I phoned or met colleagues face to face to explain the aim of my research and gave them leaflets explaining the aims of the research project, to give to parents. I offered to speak to parents to give them more information before they agreed to respond to me. I also offered to meet with parents in a place where they felt comfortable. I worked in this way as I am aware that the group of parents I wanted to speak to might be reluctant and wary of the purpose of the study.

Parents were advised they had the right to decline at the time of the interview, or to stop the interview at any time or to decline to answer questions.

Out of the 30 explanation leaflets I gave to colleagues, I received two apologies and 9 families names to speak to. Two of the families, referred for the research by other agencies, were already known to Children 1st. One person's partner did not want them to speak to me and the other person sent a note to me to say that he was shocked that I had thought he was a substance misuser.

I chose not to contact the Social Work Department for referrals as I thought parents may have thought that this research was for the purpose of social work and would refuse to speak to me.

The interviews were conducted between June and September 2006. It took several attempts to conduct the interviews in four of the families due to them forgetting or illness.

BACKGROUND TO THE INTERVIEWEE GROUP

All of the families taking part in this research lived in the East Lothian area

There were four families where two parents were living together, two of these sets of parents agreed to speak to me. Out of these two families the women appeared to speak more openly to me.

Nine families took part in the research, in total I spoke to eleven parents.

There were five single parent families.

In all of the nine families the mothers were seen as the main carer.

Eight out of the nine families were known to Children 1st. One of the nine families was not known to Children 1st.

Five out of the nine families were currently receiving support from Children 1st.

There are 18 children living within the nine families interviewed, the age range was 7 months to 12 years. Eleven of the children were under five.

Of all the mothers interviewed one was employed, the other eight were full time carers and one was undertaking further education

One of the fathers was employed, the others were unemployed.

ETHICAL ISSUES

I took time when preparing my explanation of the research project and questions to word them in such a way as not to stigmatise or offend any of the parents I hoped to speak to. Most of the parents either did not comment or when asked about the terminology agreed that this covered how they saw themselves. There was one person who refused to speak to me as the person did not see themselves as having misused substances.

I am aware that the information parents have given to me are about how they are feeling on the day of the interview, and that issues such as their relationship with their partner can influence how they may be feeling and how they view their situation.

Parents only gave me the information they wanted to give which may or may not give a full picture of their experiences or situation.

Confidentiality relating to the information people gave me was an issue which concerned me, as I knew the parents I spoke to might be reluctant to speak to me wondering what I would be doing with the information. I reassured parents that this research was not for social work and that I would not pass on anything unless it was of a child protection nature and asked parents to sign a consent form relating to this and Children 1st using this report. I offered parents the opportunity to see the final report, four said they would like to see this.

As I was given all the families' names through colleagues I reassured parents that I would not pass on anything except for, as mentioned above, child protection concerns or if they gave me permission to do so. I was aware I was working with two of the families who gave me information that I did not know through working with them and possibly other workers did not know. This was relating to their past experiences. Although I have not passed this to other colleagues I have found this information of benefit to myself as an aid to understanding their situation, whilst working with the parents on a weekly basis.

I was also aware that East Lothian is a small area and that some of the families may know each other and was aware of having to scrutinize my anonymity of the parents for this report.

I was also given the name of a parent who I recognized as a relative of a child I worked with. I gave this person an opportunity to withdraw from the research the parent decided to continue.

An issue for me listening to parents with regard to my role is that keeping children safe is the main focus of work, I had to remind myself that the focus of this study was parent's views.

I am also aware that for at least one person interviewed their situation has subsequently deteriorated and they do not continue to have full-time care of their children, and was aware during the interview that she was in denial about her situation. I saw my role as interviewer to listen to her viewpoint and not to challenge this.

FINDINGS

Drug/Alcohol Use During Pregnancy

In eight out of the nine families the main substance misuse was drugs, in one of the families alcohol is an issue now, and in one of the families alcohol was an issue in the past which led on to drug use. Several of the families admitted to using a mixture of drugs and alcohol.

Three mothers stopped using their drug of choice during pregnancy. One reduced and two were stabilised. One changed from heroin to methadone and two continued to use their drug of choice.

Referral to Children 1st

None of the families had been referred to Children 1st whilst pregnant. Referrals came at time of family stress through GP, Social Worker and Health Visitors.

Support whilst Pregnant

Limitations to support

There were a number of factors that interviewees disclosed which showed that support can be restricted. Several of the families said that they had kept the extent of their drug/alcohol use from their families. One of the families could not

remember much about this time as they were using a cocktail of drugs, that they said their family knew nothing of. Two of the families told me they had not been ready to accept help. When the families were asked what support would have been useful to them during their pregnancy, several answered that they did not know, two answered they would have liked support to come off what they were using at the time.

Two of the families simply said they had received no support from anyone when they were pregnant.

Support from a variety of sources

Five of the families had family support during their pregnancies.

Three families received support from drug agencies such as MELD and CDPS

Four families accessed support through their GP, two of these families wanted to come off methadone. One of the families wanted to stop using heroin, however they stated their GP advised that pregnancy was not the time to do this, therefore one mother remained on heroin and the other two remained on methadone.

Two of the families where there was domestic violence from their partner accessed support from Women's Aid

Two of the families had support from mental health professionals e.g. Psychiatrist, CPN

Support Parents to be would have liked

Several parents said they would have liked someone to talk to. Others said 'the support they are getting now'. As mentioned previously several parents would have liked support to stop using methadone.

Parental support received

Three of the families had no family support when they became parents. One of these families moved to be closer to their family to access family support. Two of these families said they had separated from their own family due to their family's negative view of their drug use.

Six of the families had on-going family support, either from the maternal or paternal family, which they all said was supportive.

Four of the families said they had had support from their midwife initially.

Five families received support from Drug agencies regarding their drug use, there was a mixed response to how useful the families found this

Seven of the families said they had had substantial support from their Health Visitor, regarding child development and what to expect whilst entering the parental role, the majority of the families found this very useful.

Three families mentioned that their GP had been supportive, and had also referred them to other agencies for support.

Seven of the families mentioned the support they had had from Children 1st all of the families said that they had found this useful. They said they had heard about Children 1st via their Health Visitor, or GP and had valued the opportunity to have a choice whether to accept this support or not. One of the families said that they had chosen to work with Children 1st rather than Social Work.

Three of the families had received support from Home Start which they all found supportive.

Six of the families said they had had intervention from Social Work. Their views were mixed as to how supportive they had found this. The majority of the families said they did not want social work involvement as they did not want too many people in their lives and were worried about having their children removed. Six of the families had previous experience of this happening, for varying lengths of time. Two of these families' children are still living outwith their birth families. Two of these families later accepted social work intervention as they knew they needed support if they were to have their younger children remain in their care. One of the families has found day care beneficial to their situation. Two children are living with relatives.

One of the families received support from Women's Aid after their child was born.

Two of the families continue to receive support from mental health services.

Support Parents would like

When asked what support parents would have liked now they are a parent, two of the mothers said that they would have liked more support from their partners.

Several of the parents said they would have liked support from a childminder.

Also other parents said they would like someone to talk to, one parent said they would have liked support regarding their postnatal depression, and to access community resources.

Ongoing support

When asked if parents felt they needed ongoing support one parent said no. Six parents said they would like support, the reasons for this were because of the isolation they felt and one couple said they wanted to work towards their children being removed from the child protection register.

Two parents said no they did not need/want on going support, one parent did not know.

What makes it easier to access support?

Parents said it was easier to access support if they were motivated for example, four of the parents said they wanted support because they wanted to be better parents.

Parents said it was easier to accept support when they knew what was being offered and had found their GP and Health Visitors explanation of what support was available useful. They also said that by being given information on what was available they felt they were given a choice whether to pursue a referral and access support or not.

What makes it difficult to access support?

Parents said that their past experience of social work intervention made it hard to access support. Seven of the families who took part, (eight parents), had had their older children accommodated or were being cared for by relatives, or had experience of their other children being accommodated or cared for by relatives for a short period of time.

One parent said that when they had asked for help they did not get it, but, when the family was in crisis, their child was accommodated for a period of time.

Parents also said that there were at times too many people involved in their lives and they felt they were not able to say what they wanted to say.

Two of the parents said that they were not always given the correct information and were 'pushed from pillar to post'

Parental lifestyle

The parents in this study had a varying degree of parental substance misuse either in the past or currently. The research questions were not directly asking about usage of drugs/alcohol but from the conversations with parents I have summarized what they told me. Several of the parents taking part in this study did not consider themselves to be 'using anything' as they were on prescribed medication, that is, methadone, a heroin substitute.

Men

Two of the father's told me that they had continued to use drugs, throughout their partner's pregnancy and when their child/children were born. They were both prescribed methadone but also used other drugs such as heroin.

One mother told me that her partner had continued to use cannabis throughout her pregnancy and subsequently since their child was born.

Another mother told me that her partner had continued to take the same amount of methadone.

Women

One mother told me that she had stopped using completely. She said that a traumatic event had made her realize that she was not putting her children's needs first. She has been drug free for two years

A mother who had misused alcohol when she had her older children has since stopped, she went on to misuse drugs and on finding out she was pregnant she sought help from her GP and is on a methadone prescription which she has been reducing with support from her GP.

Two of the mothers sought help from their GP for their drug habit and changed from heroin to methadone when they found out they were pregnant. They are stabilized on methadone. Both of these mother's did not have their older children living with them and wanted to change their lifestyle for their subsequent children.

One mother who had an alcohol dependency said that she stopped drinking throughout the pregnancy as it made her feel sick, although she said she would have stopped anyway for the sake of her baby.

Two of the mothers said they had sought support from their GP to come off methadone completely when pregnant, they said that their GP had advised them to continue with their prescription and would review this after their children were subsequently born. One of these mothers had started to use heroin after the breakdown of her relationship with her older children's father and after he had refused to let her have full-time care of them.

One of the mothers told me that she had chosen to continue using heroin during her first pregnancy as she felt the side effects from using methadone would also be damaging to herself and her baby. She has subsequently stopped using heroin and is on a prescription for methadone.

One mother told me that she topped up her methadone at times when she was pregnant, to help her cope as she was living in a violent relationship, with a person who was also using drugs.

Other themes from findings

Several of the parents stated that they had become involved with drugs through a previous partner.

Several of the parents alluded to the reason that they use drugs was to escape the realization of past events and help them to manage in their daily lives.

Several of the families were homeless or living in temporary accommodation when they were pregnant and at the time of their child's birth.

Three of the babies suffered from neonatal abstinence syndrome. From the parents that were willing to share information or acknowledge this, I would presume the figures would be higher.

Violence was reported in three of the families. One of the families was threatened by drug dealers when they wanted to stop using, this led to the family moving to another area to try to break away from their previous lifestyle

Parents who had previous children either accommodated or living with relatives, were more accepting of support when they had subsequent children. They saw social work as a gatekeeper to support services and were motivated to using this support.

We know from literature and previous research that parents who have a chaotic lifestyle can disrupt children's routines and relationships, leading to early behavioural and emotional problems.' (Harrison, 2003). As mentioned previously, out of the small sample of parents in this study there were a number of families (7/9) where children were previously accommodated or looked after by relatives.

Changes in parents' drug use

People tended to top up methadone at times and had previously used a cocktail of drugs. However, a high majority of the mothers interviewed had tried to either cut down or stabilize their drug use whilst pregnant and subsequently when their child/children were born.

Two mothers said that they had previously misused alcohol and had changed their drug of choice to heroin

Three of the mothers spoken to said they started using drugs after their children were born.

ANALYSIS

40,000 – 60,000 children living in Scotland are affected by parents drugs/alcohol misuse. – ChildLine 2004 One in four children go on to misuse drug/alcohol in adulthood, to prevent this continuing we have to listen to parent's and children's views of what it is like to be living in this situation and what would help them to improve their situation.

Agencies involved need to work with substance misusers to educate and empower them to ask for and receive the help they need in order to meet their children's need and keep them safe.

Support with drug/alcohol use - Two of the parents spoken to said that they had not wanted to change at the time others expected it. However they realized that this decision led to their children being cared for away from them. Both parents were able to reflect on this and chose for this situation not to happen again with subsequent children. Penny said *"I have to live with the guilt every day. I wish there was more support, people wanted me to have the children back....I went to hell and back several timesIt would have helped to have had more day to day help with the children, I was on my own with the two of them...I was emotionally messed up, I would drink, if I had someone coming to the house to do things with, go out, just to talk ...I think it would have helped.* "Sophie said *"I was fine at that time I had had a habit for over 10 years, life was chaotic, probably because I did not get the help, I have now. When I had my youngest child life was more chaotic I was homeless and my oldest child stayed with mum because I was homeless, but I have had help now and we are all settled"*.

Two of the mothers spoken to said that they had wanted to come off their methadone when they were pregnant, however when they had spoken to their GP they stated they were advised to continue with it. These families said that they would rather not be on anything at all. Paula said *she reduced (heroin) by herself....she smoked just enough not to feel unwell, to feel there was a rush",*

she said she *did not want to take methadone because it' rots your teeth, 'gets into your bones' and felt it would be more damaging to the baby so she took enough heroin to feel ok. She said it would not have been safe for her and the baby to have just stopped. Sophie said that after the birth of her baby sought advice again from her GP and is currently on a methadone programme, her aim is to be drug free in the future.*

Being prescribed methadone v heroin is an issue which parents raised during this study. GPs would prefer to prescribe methadone so that parents are more stable, know what they are getting and do not need to finance their habit or have to take their children with them in order to get drugs. GP's may be advising parents to continue on their prescribed methadone as it is more beneficial to parents and children for them to be stabilised. If they were to come off and then enter a phase of their life which may cause stress for example the new role of becoming a parent or moving home the concern is that parents will not be able to manage and seek to use a substance to help them through this period, which may lead to them becoming chaotic again. Parents being stable is safer for the children involved for the reasons highlighted already in this study.

As mentioned several of the parents in this study do want to be drug free, and not be dependant on either illegal drugs or prescribed drugs such as methadone which appears to be seen as a long term option.

One of the mothers told me that she had gone 'cold turkey' and has been drug free for over two years. She said that she could not have done this unless her without the support of her family who cared for her children for several weeks. She said that it would have been 'too difficult' for her and she would have not been able to care for the children whilst going through what she went through and would not have wanted her children to see her at that time.

I think that other options to methadone have to be looked at for various reasons, people feel they are stigmatized as they have to be supervised taking their methadone which is not always undertaken in private, or are seen coming out of the chemist's on a regular basis which can make them feel vulnerable as members of the public see them as well as vulnerable to people who want to target them to sell them drugs. People when they feel ready to aim for a drug free life do not necessarily want to be on another long term drug.

In other countries such as Norway and America, children are removed from their parents earlier than here, whilst their parents are given the opportunity to become drug free and given the support at home to make the changes required in order for their children to be returned home to them.

According to The Scotsman (19 October 2006) there is to be a 'ground- breaking project to help drug users to go "cold turkey". The pilot scheme is to be launched in Edinburgh and the Lothians hoping to take 80 patients in the first year. This

will fill a gap for “drug users who want to become abstinent and end their drug use”.

We know from experience and research that family support is a protective factor in a child’s life, Three families initially said that they did not have this support, of the people who had this support the families, and I am sure the children, have found this to be beneficial. It is often helpful to bring families together to discuss the support that can be offered to safeguard a child’s welfare.

As mentioned above parents said they had felt isolated and would like someone to talk to. This emotional support is a normal thing to want as a parent and not just restricted to parents who misuse substances. When one of the parents was hospitalised she felt that having everything done for her led to a lack of stability/skills so professionals should be working alongside parents to enable them to have the skills necessary that they require for being able to care for themselves and their children.

Experience of Social work

All of the families in this Study have had Social Work involvement ranging from Social Work being a ‘gate keeper’ to other services to children on the Child Protection Register or children being accommodated on a long term or short term basis.

Parents experience of Social Work intervention was mixed. Several parents felt they were not always listened to by their Social Worker. They said they were not always asked what would help their situation. When this happened parents felt more able to accept support.

Betty felt her Social Worker had been supportive and had helped with practical things such as taking her shopping and listening to her. The social worker had also referred the family to Children 1st. Betty said she had been *happy with that, this was over 4 years ago and had had helped with routines and her younger daughter’s behaviour*. Betty said that she had also been referred to a drug agency and did not find this useful she said *“I told a sob story; and got a higher prescription”*.

Diane said *“that she did not like social work. Now it is the law for social work to get involved with parents who use drugs...I do see the positive”*

One mother’s experience was that she had not felt ready to have her children to returned to her after they had been accommodated. She said that the children came back to her and were accommodated again, this happened several times Penny said *“My older children went into care because of my using so much alcohol. I got my daughter back, not able to cope with her behaviour now living*

outwith the family people can support but at the end of the day it is up to yourself, wasn't ready to stop drinking."

Support when parents feel they need it

Several parents said they would like someone to come to their home regularly to speak to. Knowing someone was coming regularly is beneficial to the family.

Penny...there was a lot going on and I didn't get much support. It would have helped to have more day to day help with the children. I was on my own with the two of them....I was emotionally messed up, I would drink, if I had someone coming to the house to do things with go out just talk....."

Comments from parents when reflecting on what support they would have liked when they were pregnant were "Someone to talk to" "Support I am getting now". "I don't think there was anything available which would have helped". "More help from my partner" "I would have liked more support to come up methadone at the time I wanted"

Some of the parents had mixed comments about when they received support. Carol and Jim said that "you don't always get help when you want it, sometimes have to wait. When you get offered it you don't need it anymore".....they also said "it's difficult to get the right person, you get pushed from pillar to post". When asked what would help Carol said "A drop in where people could go to get advice" Jim nodded in agreement.

Ellen had asked Social Work for help and did not get it, yet she said when the family were in crisis her child was accommodated for several months.

CONCLUSION

The findings of this study were based on a very small sample. There are no conclusive answers to the aim of the study.

Overall, approximately 90% of the mothers in this study have either sought to reduce their substance misuse, have stabilized their methadone or come off their drug of choice whilst pregnant. For some of the mothers, this was with their youngest children. This has shown that mother's have actively sought to change their lifestyle on learning they were going to have a child. The very small number of father's who took part in this study did not change their substance misuse whilst their partner was pregnant, mother's did say they would have liked more support from their partner.

Once their child/children were born it appears that approximately 60% of the mothers were stabilised on methadone, approximately 20% of the mothers

slightly increased their substance misuse, about 10% who had abstained whilst pregnant started to use again and approximately 10% continued to use on the same basis.

Parents' barriers to accessing support were based on their past experience of Social Work intervention, the fear of their children being removed and the likelihood of a high number of people being involved in their lives and not being aware of what support would be available to them.

From the information in this study it appears pregnancy was a motivator for mother's to seek direct support to change their lifestyle. For around 80% of the families, (where children had been accommodated or were living with relatives) pregnancy was a motivator as they did not want to risk 'losing' their unborn baby or child. When looking at the most appropriate time to begin support 80% of the parents said that they had had enough support in pregnancy, or had not known what was available to them. 20% of mothers said that they would have liked someone to talk to.

Parents have not always been able to prioritise their children's needs over their own. From the brief descriptions I have had the parent's vulnerability is obvious and present as not having their own needs met. This raises the question of how can a parent put their children's needs first if they have not had their own adequately met?

All the parents in this study said that they found direct support beneficial to help them understand their child's development, ease isolation, give them confidence and to show to those concerned that they could keep their children safe. Several parents said they were able to access other support, through a service, once they had engaged in a service.

Parents raised that they are concerned that their children may be removed from them, based on the climate we are all living in where child protection is everyone's business and responsibility to keep children safe, this is a possibility if parents are not able to look at their lifestyle and make changes to keep their children safe. We can also see from the numbers of families in this study that this has been a reality for them.

Parents have said that the above concerns have deterred them from seeking support in the past. Several have been able to acknowledge that this has caused a negative situation for their child which has an impact on their development and behaviour and affects their whole life. We need to look at ways in which we can work with parents much earlier to prevent this kind of situation occurring.

Children 1st needs to look at how parents can access our services, and see them as relevant to them, to enable support to be accessed earlier. At the moment very few parents self-refer to our service, of the ones that do they have either

had support from the service before or have been given information and support to access the service. Support needs to be more accessible, listening to parents views and at a time parents feel they would benefit them. Services need to listen to be more proactive, not just to be a reactive service. Parents need to have more information about the effect of drugs/alcohol affect on their bodies and their unborn child or children.

From the media comments mentioned in this report we can see that the issue of children living in families where drugs or alcohol are prevalent and is ongoing in the public arena.

Parents want support that can be accessed directly when they need it without having to wait for a crisis situation which may impact negatively on their children. Parents do not feel they have a choice in accepting intervention as social work often are not involved until families are in crisis.

The comments that parents have raised regarding their feelings (not issues to do with substance misuse) are feelings that most new parents feel which raises the question that support should be offered to all new parents at an earlier stage or when they ask for it. In my experience of working with parents, parents who use substances are often difficult to engage for the reasons already mentioned in this report. However I have found parents engage more easily, accept support and try to put into place advice given more readily if support is offered at a time when they are ready to accept.

Future Research

This has been a limited project restricted by the number of interviewees, and that most of the interviewees were mothers, yet fathers who are playing an active role in family life did not participate.. There were also time restrictions regarding my practitioner role

There are three further issues that arose during the study but it was not possible to look at...

One area that I would have liked to ask specific questions about is if any of the parents babies had withdrawal symptoms, as these can make babies behaviour difficult for parents to care for. That is, babies often don't sleep, have high pitched crying, babies can be difficult to feed or be irritable and difficult to settle after feeds, have poor weight gain or weight loss to name but a few. This can leave parents feeling inadequate and possibly guilty about the cause of this, this may well affect the baby's attachment to their mother and other main care giver/s.

Through my work with families I know that cannabis is in common use, and that people use this to 'top up, help them relax' but of those who told me about their drug use very few mentioned their cannabis use. I can only assume that they do not regard this as an illegal drug. This is another area that I think could be followed up by asking more specific questions about parents' drug use.

It would be useful to speak to fathers about their role in the family and the topic related in this Report to see if they had any changes at the time of knowing they were going to be a parent or after they became a parent.

Fathers may be more willing to engage in family work if they had a choice of male or female worker, most of the practitioners in Children 1st are female, maybe this is another area which Children 1st should promote.

A related area for Children 1st to consider would be undertaking more joint work with agencies such as a drug agency.

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