

Parenting support for mothers and fathers with a drug problem: issues and challenges for parents and healthcare professionals



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Key points

- Findings from this study suggest that 'parenting support' needs to be critically evaluated. It needs to be more clearly understood and have more clearly defined roles and responsibilities for practitioners.
- Both parents and professionals tended to equate parenting support with managing drug dependence, rather than focusing on the wider, more holistic, factors that are also known to impact on parenting and family life.
- Findings from this study demonstrate that the parenting support agenda is largely overshadowed by the issue of 'child protection'.
- Professionals expressed ambivalence about their parenting support role and questioned whether they were equipped to provide parenting support interventions.
- Equally, parents questioned their need for additional parenting support, and talked of the difficulties in accessing parenting support services that were acceptable and non-stigmatising.

The situation in Scotland

Addressing the needs of children and families affected by parental substance misuse (alcohol and drugs) is a priority for policy and practice (Scottish Government, 2013). The number of adults dependent on opioids and/or benzodiazepines has increased in recent years, and it is estimated that up to 60,000 children in Scotland are affected by a parent's drug use. Policy initiatives emphasise the importance of early intervention alongside evidence-based parenting interventions and recovery-orientated substance misuse treatment (ACMD, 2003; Scottish Government, 2008; Scottish Government, 2012).

Drugs are often understood to be damaging and dangerous for both mother and baby, particularly when taken during pregnancy. Although babies born to drug-using parents are more likely to have poor outcomes, it is difficult to disentangle how far these poor outcomes are related to drug use per se, or to other factors such as the effects of poverty, domestic violence, poor nutrition and inadequate health care (WHO, 2014).

Drug-using parents are often portrayed as 'a problem'. Viewing drug-using parents in this way both leads from, and contributes to, stigma (Chandler et al., 2013). It is increasingly accepted that stigma is damaging: associated with reluctance to seek help, low self-esteem, poor mental health and social exclusion (Lloyd, 2013).

Parents who use drugs may avoid seeking help, for instance, because they fear that they could lose custody of their children (Radcliffe, 2011; Rhodes et al., 2010). At the same time, parents who use drugs can require more support than other parents, and their children are viewed as

being 'at risk' of a range of poor outcomes including: injury, neglect, emotional and behavioural problems (Scottish Government, 2013).

The study

The study involved 45 in-depth interviews with 19 drug-dependent parents (14 mothers and 5 fathers from different families, aged 23-39 years). All parents were dependent on opioids and prescribed opioid substitution therapy at the time of the first interview (methadone, subutex). The majority used other substances in addition, notably alcohol and benzodiazepines. Four focus groups were also carried out with 18 healthcare professionals (GPs, midwives, health visitors, substance misuse nurses and doctors).

Parents were interviewed up to three times: at around 32 weeks' gestation during pregnancy, and twice in the baby's first year. Interviews explored a range of issues: preparation and support for parenthood; experiences of parenting and child care; parenting needs; family history; substance use and related problems; social circumstances; and involvement with services.

What does this study add to what we already know?

- Insight into the views of drug-dependent parents' experiences of 'parenting support' before and after the birth of their baby.
- Understanding about the way healthcare professionals engage with the 'parenting support' agenda within the context of problem drug use.

Focus groups with healthcare professionals explored their views and experiences of assessing and responding to the parenting needs of drug-dependent mothers and fathers.

Parents who took part in the research had differing characteristics in terms of: history of drug use and drug treatment, experiences of parenting, and involvement with services (see Box 1). The majority lived in social housing in areas of deprivation, all were unemployed and most described backgrounds which included a wide range of challenging issues including: offending or criminal justice involvement, domestic abuse, childhood abuse and/or neglect, and having multiple medical conditions (e.g. mental health problems and Hepatitis C).

All interviewees were prescribed opioid substitution therapy (primarily methadone) at the time of their first interview, all smoked cigarettes, and nearly all reported a history of using multiple drugs (e.g. illicit opioids, prescribed and illicit benzodiazepines, cocaine and crack cocaine, cannabis, amphetamines, ecstasy, mephedrone, and problematic alcohol use).

Box 1: Parent characteristics

	Male	Female	Totals
First-time parent	1	4	5
At least one non-resident child	3	4	7
At least one child living in the home	1	6	7
Reported heroin use in previous 12 months at antenatal interview	3	7	10
Reported relapse during study period	1	5	6
Total parents interviewed	5	14	19

Findings

What is parenting support?

Within both the interviews and focus groups, there was considerable doubt - and little consensus - about what actually constitutes 'parenting support', despite the provision of parenting support being central to healthcare policy regarding drug-dependent parents (Scottish Government, 2013). Professionals questioned whether they had a role to play in providing parenting support, and they expressed doubt about the reality and extent of parenting support for drug-dependent parents:

Substance misuse nurse: I don't know, if I would use [the term] parenting support, because I don't see them having the parenting support, I think when they are discharged from the hospital they have your support [...] the doctor's support, the substance misuse support, but all we're doing is the tick in a box.

Midwife: But the support could be a granny or an auntie.

Substance misuse nurse: But again, I just see that as a tick in the box, I don't think they're getting support in their parenting skills.

(Focus Group 4)

Parents often equated 'parenting support' with 'drug treatment', and both parents and professionals suggested that compliance with drug treatment (as measured by attendance rates and toxicology results) was a proxy measure of parenting capacity. The child protection agenda and the risks posed to children were a central issue for both parents and professionals, suggesting that parenting support within this context was a sensitive topic and loaded question.

I think clients are quite anxious though, about any suggestion of any kind of [parenting] support because a lot of them see it as a criticism ... they are being judged ... they just want to stay out of it because they all worry about social work, so even when people are doing quite well ... when you say, oh there is an agency that can offer you a little bit of support, they are a little bit reluctant to accept it, because oh, you know, what's going to happen, what's going to be next.

(Child Protection Advisor/Health Visitor Focus Group 3)

Is help needed or wanted?

When specifically asked about parenting support, parents often argued that they did not need any additional help with parenting. Parents' accounts tended to reflect dominant cultural views by emphasising that effective parenting came naturally, and therefore did not require external input:

It's natural, I think. In my opinion, it's just natural, [...] I have no worries, to be honest with you [...] I really haven't. I mean I'm trying my best with [nephew], so obviously when [son] does arrive, it's just carried on. (Stuart, interview 1)

Yes, I've got a domestic abuse worker, and a [family support worker], started coming out from this place called [names the support agency], and they help you and stuff but I don't really need her.

(Carrie, interview 3)

Where parents described using services they often highlighted the voluntary nature of these engagements, making it clear that it was their choice to access them:

Interviewer: So are you planning on going to some parenting classes anyway?

Cheryl: Aye I'll do it if it shuts them up [laughs].

Interviewer: And so have they asked you to go to them or...?

Cheryl: No, they've not asked me, we've asked.

(Cheryl, interview 1)

The role of stigma and social exclusion

Several parents noted how difficult they were finding the transition from their 'old life' of illicit drug use (and sometimes sex work and offending) to a 'new life' of being a parent who

had stopped using illicit drugs and who no longer associated with other drug users. Social isolation, lack of peer support and reputations were barriers to parenting support.

Everybody will always know about my past it's annoying, like people that don't even know anything about me ... call me junkie and all that, it is annoying.

(Carrie, interview 3)

Several parents suggested targeted parenting support services just for drug-dependent parents who were trying to make a new life for themselves:

People like myself, maybe, [could] be able to get put into a little wee group together, with the kids, that have been through the same thing, but have definitely sorted oorself out, so we can, like, meet and have somebody to talk to and that, because I've not got anybody.

(Nicola, interview 3)

Hazel: [something] for mothers who are basically wanting to come off [methadone]. You know, like mothers like myself.

Interviewer: So they could support one another as they go through that process?

Hazel: Uh huh, because I just feel at the end of the day although I'm saying I want to be away from people that are on it [methadone], it's going to take me a long time to get off it, but what I'm saying it would be so helpful to go through the stage where people are on the same position.

(Hazel, interview 2)

Practitioners also acknowledged the role of stigma in shaping parents' ability to engage with mainstream services. In contrast to the parents accounts, these suggested that mainstream services were ultimately, less stigmatising for parents. Others expressed reservations as to the benefits of specialist groups for drug-dependent parents, suggesting these might have detrimental effects (such as increased drug misuse).

Substance use or social context?

Most parents in our study had complex, difficult and disadvantaged lives, with multiple health and social problems in addition to their drug use. However, talk of a 'holistic' recovery-orientated approach was largely absent from both parent and professional accounts. Instead, parents tended to focus on abstinence, or reduction of drug use, as the primary goal to be achieved. However, despite attempts, only one participant reported being abstinent (of opioids) at her third interview (6 months postnatal) and others described 'relapses' during the course of the study (between 4-11 months postnatal). This included using illicit heroin and benzodiazepines (e.g. valium).

Parents suggested that focusing on 'coming off drugs' was important because of:

- The stigma associated with drug use and parenting.
- The constraints of being engaged in services as a drug-user (which participants indicated upset their attempts to live a 'normal' life).
- The impact of being dependent or 'addicted' to substances, and managing withdrawal symptoms and intoxicating effects of the substance (Chandler et al. 2013).

Professionals on the other hand, tended to focus on 'stability' as a goal of drug treatment, that is, working with parents to reduce drug use to more achievable and sustainable levels.

What works for practitioners?

Parenting and family support programmes that worked well, according to the parents and professionals in this study, tended to be services that were:

- Home-based, intensive and addressed multiple domains of family life, not just the drug use.
- Involved the whole family - including dads, other children and the wider family.
- Based upon good quality relationships with professionals which were sustained over time.
- Focused on strengths rather than deficits, and enabled parents to improve their social circumstances and day-to-day lives.

Recommendations for policy

- There needs to be more consideration of the ways in which parenting support can work within a context dominated by the child protection agenda.
- Parenting is a sensitive topic, and one which is strongly associated with stigma and marginalisation for drug-dependent mothers and fathers. If drug-dependent parents are to engage more with parenting support services we need to make them far more acceptable, and sensitive to the needs of mothers, fathers, children and the wider family.
- If healthcare professionals are to play an important role in assessing, planning and providing parenting support for drug-dependent parents then they need a clear role and remit to do so, and they need to be equipped to do so - with the right training (knowledge, attitudes and skills), support, time and resources.
- These findings have implications for both GIRFEC (Getting it Right for Every Child) and Child Protection practice, specifically in relation to the way parenting interventions are, or can be, delivered within this multidisciplinary/multi-agency context.