Challenging childhoods: Young people's accounts of 'getting by' in families with substance use problems

Kathryn Backett-Milburn*, Sarah Wilson**, Angus Bancroft***, Sarah Cunningham-

Burley****

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Address for correspondence

Professor Kathryn Backett-Milburn
Centre for Research on Families and Relationships (CRFR)
University of Edinburgh
23 Buccleuch Place
Edinburgh
Scotland
EH8 9LN

Fax: 0131 651 1833

Email: k.milburn@ed.ac.uk

* CRFR and Research Unit in Health, Behaviour and Change.
** Centre for Research on Families and Relationships
***Sociology, School of Humanities and Social Sciences
**** Centre for Research on Families and Relationships and Public Health Sciences
All at the University of Edinburgh

Abstract

Concern is increasing about children growing up in families where there are substance use problems but relatively little is known about the perspectives of the children themselves. We report on a qualitative study with young people who grew up in such families, exploring their accounts of their daily lives at home, school and leisure. We focus on the everyday interactions, practices and processes they felt helped them to 'get by' in their challenging childhoods, showing how the protective factors thought to promote 'resilience' were seldom in place for them unconditionally and without associated costs.

Key words

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The challenges facing children growing up in families where there is parental drug or alcohol use problem are an increasing concern for policy, practice and academic research. However, both research and policy have tended to focus mainly on younger children which has limited our understanding of the nature and impact of the problem on children as they grow up and of their own responses to it. It is estimated that, in the UK, there are 250 – 350, 000 dependent children living with parents who have problems with drug use and 920, 000 living with parents with alcohol problems (Alcohol Concern, 2000; Advisory Council on the Misuse of Drugs, 2003; Scottish Executive, 2003). There is an extensive literature on the outcomes for these children, showing the emotional and physical neglect they may face; detailing the risks such experiences pose for their future lives; and exploring those factors which might make for more positive or resilient outcomes (Velleman and Orford, 1999; Velleman, 2002). However, perhaps unsurprisingly in view of the secrecy and stigma surrounding substance use problems in the family setting (Barnard and Barlow, 2003), there has been relatively little research into the perspectives of the children themselves, despite increasing awareness of the impacts of these problems on other family members (Barnard and McKeganey, 2004). Such issues are further complicated by the fact that substance use is common in western societies and, in the case of alcohol, may be regarded as normative.

The social science of childhood and youth has shown that, whilst children's lives are constrained and influenced by socio-cultural contexts and by the adults surrounding

them, nevertheless they exercise their own agency, creating and re-creating their own social worlds (Prout, 2002). Studies of how children view and experience many issues seen by adults as 'problematic', such as social and health inequalities (Backett-Milburn et al 2003), divorce and separation (Smart et al 2001), spending quality time with parents (Christensen, 2002) etc often reveal somewhat different perspectives on the part of the child. The study reported in this paper set out to explore accounts from young people about growing up in families with substance misuse problems. In this paper we focus on the everyday practices and processes that they felt helped them to 'get by' in their challenging childhoods; these encompass both family practices (Morgan, 1999) and those in other areas of their lives. However, whilst such practices are constitutive of children's social worlds (Smart et al, 2001) and reflect their own agency, they are also textured and restricted by the range of psychological, temporal, cultural and material factors shaping their lives (Barnard, 2003). Our findings contribute to the growing body of work that documents the varieties of childhoods in the Western world, and related conceptualisations of children's competencies and transitions to adulthood, challenging the 'compulsive urge to refer to childhood as a unitary phenomenon' (Jencks, 2004: 5) . We also extend the assertion that children are 'epistemologically priviledged' (Gill, 1998: 27) ' in that they are better placed than adults to produce 'situated' knowledges that prioritize the importance of their everyday experiences' (Balen et al, 2006: 32) to include young people's retrospective accounts of their childhoods.

In this paper we first discuss the concept of resilience, which is particularly prominent in this area of study, consider its strengths and deficiencies, and reflect on other conceptual approaches which may help to illuminate these challenging childhoods .

We then describe the study itself. In our findings we focus on interactions, practices and processes recounted by these young people that they felt helped or hindered in their childhoods. We discuss what respondents growing up in families with substance misuse problems said about their everyday lives at home, school and at leisure, exploring issues such as: what ways, if any, did they personally find to 'get by'; what and whom did they feel helped them to deal with the problems in their childhoods; and what were some of the unanticipated complications or benefits of potentially 'resilience promoting' experiences.

Background

In studies of parental substance misuse, concern about outcomes for children has, in the past, led to a concentration on risk and pathology. However, often such work implicitly contained a notion of resilience as some children had better outcomes than others and some appeared relatively unaffected by their experiences (Gilligan, 2003). More recently there have been attempts to understand conditions for positive outcomes and how these might be fostered. 'Resilience' is the concept usually put forward to encapsulate such potential for survival and growth in the face of adversity; it has been described as an ability to survive against the odds or to bounce back from adversity, adapt and recover, encapsulating its dynamic and interactive nature. (Newman and Blackburn, 2002). Such concern with making sense of, and promoting, positive outcomes in the face of adverse and potentially compromising circumstances has a long tradition in psychology, social policy and child welfare. The kinds of factors and methodological approaches routinely associated with resilience studies tend to reflect those disciplinary roots. There has, for instance, been a focus on

understanding resilience as a quality of the self or how it may be promoted by particular social institutions, such as the education or care systems. From these perspectives the evidence suggests that the protective factors of particular importance for the development of resilience in children are: supportive families, social relationships and environments; absence of cumulative chronic life and health stressors; emotional and mental well-being promoting a positive outlook on life; socially valued and meaningful roles and achievements; resilience reinforcing social and economic policies (Newman and Blackburn, 2002).

However, promoting resilience is not simply about eliminating risk factors as the ability actually to manage risks in exceptionally challenging circumstances is seen as part of this process (Newman, 2002). It is now considered important to understand resilience not as a fixed attribute; instead, as resilience is also about abilities to cope with life and social relationships. Being resilient at one point in the lifecourse also does not automatically guarantee positive outcomes at another point; resilience may be 'context sensitive', as different factors can promote/sustain resilience in different circumstances and, indeed, at different points in the lifecourse of childhood (Gilligan, 2001). Moreover, it has been pointed out that identifying risk or resilience factors is not the same as understanding how they operate or inter-relate (Howard and Johnson, 2000). Resilience has also been formulated as ' the child's ability to retain his or her human dignity whilst coping with the negative cards that he or she has been dealt, and in the process, making a reasonable adjustment to the demands of daily life' (Grover, 2005, p527). It is evident, then, that resilience has been viewed as both a *process*, rooted in the social world, and an *outcome,* rooted in the individual (Olsson et al., 2003). Whilst such developments may indeed refine the concept, it remains, however,

essentially outcomes-focussed concentrating, for example, on issues of social competence or psychological adjustment as a child or adult. Much less is known about the everyday social processes, interactions and incidental events that may constitute 'resilience promoting' contexts, or, indeed, how these are made sense of at the time, or in retrospect, by the individual or individuals concerned (Gilligan, 2001).

An important part of our study was, therefore, to explore those practices, processes and mechanisms which these respondents themselves identified as everyday ways of 'getting by' and 'getting through' these challenging experiences in their childhoods, exploring their own perspectives on what helped and what hurt on a daily basis. Here, on the advice of our project advisory group (Bancroft et al, 2004) we use the term 'getting by' as we wish both to avoid the more evaluative tone of the often-used term 'coping' and to encapsulate a more agentic notion of repertoires of everyday practices grounded in, but constrained by, these particular childhoods. In this it is also important to note that it is the meaning children themselves attach to adversity that is important and this may vary between children and adults (Newman, 2002).

Further insights into how various contexts and constraints may frame these respondents' experiences can, however, be found in sociological research into disadvantage. Only a small minority of our sample came from middle class families; the majority were from lower social class backgrounds and were currently in work– poor households. A systematic review of qualitative studies in the UK examined how children talked about the impact of poverty and associated disadvantage on their lives as children (Attree, 2004). From this and other more recent research (Seaman et al,

2005) children's own accounts showed how resources and access to resources were mediated by disadvantage in the following ways.

Firstly, highlighting the general spatial regulation of children, particularly in urban spaces (Jencks, 2005), aspects of place and neighbourhood constrained what children from poorer backgrounds could do, both socially and physically. Children expressed concerns about unsafe neighbourhoods, whilst also demonstrating greater street-wiseness than their more affluent peers (Backett-Milburn et al, 2003). They described surveillance of their public social space and limitations on their ability to travel very far, thus limiting access to wider social and material resources (Seaman et al, 2005). Secondly, although close and confiding family relationships were strongly valued by children, they also described how constraints of hardship might undermine family life through, for example, lack of space in the home, marital conflict, limited parental resources to facilitate activities and friendships, and limitations on shared family activities. Thirdly, strong local networks, and social resources are generally seen by adults and children as protective and facilitating the building of trust, emotional support and social capital (Morrow, 2001; Phillipson et al, 2003). Attree (2004), however, concluded that 'children's ability to form and maintain supportive friendships is affected by disadvantage' (p685). Paradoxically, though, such strong networks may sometimes work to the detriment of disadvantaged children and young people and their supportive value appears to be far from straightforward. It has been argued, for example, that weaker parental networks in certain impoverished neighbourhoods appear to result in fewer child behavioural problems (O'Brien Caughy, 2003). Furthermore, stronger social ties to the neighbourhood might restrict

abilities to escape from poverty, change, adapt to new opportunities, thus reinforcing social exclusion (Crow, 2003).

Having considered some of the complexities associated with the concept of resilience and the particular challenges in 'getting by' facing children in generally disadvantaged social circumstances we now move on to a brief description of our study. In developing this study we were mindful of the fact that, in addition to these contexts of disadvantage, the lives of children growing up in families with substance misusing problems were likely to be framed by other issues, notably secrecy, collusion, lack of public validation of their familial and wider problems, all of which necessitated particularly sensitive, qualitative examination of their recounted experiences.

The study and methods

Older children (15 and over) who have grown up in families with a parental substance use problem are a less frequently studied group. Their views tend not to be represented in policy debates on this issue and there seems to be less support available to them, falling as they do between child and adult service provision. A main aim of the study was to explore their accounts of their childhoods and the daily practices which might be seen to constitute survival, resilience or coping. We explored processes and practices of 'getting by' through these retrospective accounts, examining both the children's own agency and the help they said they drew upon. Other aspects of the research, including problems faced both during childhood and

later; experiences of service use; and pathways to independence and adulthood and aspirations for the future are described elsewhere (Bancroft et al, 2004).

Qualitative interviews were conducted with 38 young people, aged 15-27, 20 women and 18 men living in Scotland. The main focus of recruitment was on the 16-23 age group; most respondents fell within this range. This age range was chosen as it is a transitional phase, allowing for reflection on past experiences and possible futures. Twenty two had parents with alcohol problems; eleven had parents with drug problems (including heroin, cannabis, dihydrocodeine, and amphetamines); five had parents with polysubstance (drug and alcohol) problems. Special care was taken to conduct interviews with sensitivity and to review the interviews on a case by case basis for ethical concerns (Alderson,1995).

Sampling was purposive. As studies have tended to be limited to clinical or treatment samples we wished to involve some young people who were not currently service users. Consequently, recruitment was very difficult, taking place in a variety of settings including community drug agencies; youth groups; young carers' organisations; personal contacts and a drug maintenance clinic. We also recruited some respondents from higher and further education institutions to access the experiences of young people who might classically be viewed as more resilient, at least in terms of their educational trajectories. As we did not wish to recruit only young people who thought of parental substance misuse as a problem, at recruitment we said we wanted to speak to young people whose parents had a substance misuse problem, whether or not they felt it was a problem *for them*. The definition of 'parent'

included anyone in a parenting role for a significant period of time, so our sample also included stepparents, a grandfather, a brother, two foster parents, and a cousin.

We conducted semi-structured qualitative interviews supported by a 'life grid.'(Parry et al, 1999); the life grid helped generate a retrospective picture of the respondent's life into which their experience of parental substance misuse was placed. This approach tried to avoid foregrounding parental substance use problems as the major factor shaping respondents' lives and brought their own practices to the fore (Wilson et al, in press). Interviews explored their talk about feelings, experiences, actions taken, interactions with parents, siblings, friends, neighbours, services workers and others. Trajectories were traced through respondents' developing awareness of parental substance use problems and changes over time in relationships and circumstances.

Data analysis was an iterative process; the team regularly discussed transcripts as the research progressed. These initial interpretive readings of the transcripts, shared by a research team who were all social scientists but had a range of additional disciplinary skills (social policy, law, community nursing), fed into the development of key themes and a coding framework. Interviews were then coded into NVivo, to aid data retrieval and further analysis; the coding framework was refined as further themes emerged. Completed life grids were reviewed alongside the interview transcripts. Team members then accessed coding documents to conduct more detailed analyses of particular topics, reflecting their own interests or expertise. Following her detailed analysis of a range of coding documents and transcripts relevant to resilience practices

and processes, the lead author worked collaboratively with other team members to compare interpretations and check these against their own analytical understandings.

Findings

The overall picture

Reflecting findings from other studies, our research identified a range of disruption, neglect, unpredictability and violence among the harms related to parental substance misuse, as respondents described their lives. Substance misuse emerged as central to respondents' experiences, but not in isolation – violence and mental health problems were also common, and sexual abuse experienced by a few. As stated above, most of the sample also came from disadvantaged backgrounds, with resources sometimes further diminished by a parent's substance use problems. The harshness of their experience was frequently illustrated by stark expressions, such as the following:

> *...well I've basically had tae look after myself my whole life*
> *(Lucy, 17, mother alcohol misuser)*

> *It was the most hellish experience that you could ever imagine*
> *(Ian, 23, both parents alcohol misusers)*

Respondents' recollections of their childhoods revealed a growing awareness of parental substance misuse and feeling that their home lives were not 'normal'. This sometimes found expression in the interviews when respondents poignantly described

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'normal' or 'happy' times, perhaps when a parent was dry or clean for a period of time, or when celebrations or a family outing occurred without disruption or embarrassment. Such realisation of not being 'normal' was described as bringing the experience of felt or potential stigma and a need to manage both information and the complex relationships within the family and beyond. Hiding parental substance misuse, as well as hiding from it, was a common story.

A large majority of respondents said that their substance misusing parents had not always looked after their basic needs; half the sample described themselves as having been active carers as children, looking after the practical and emotional needs of a parent and/or siblings. Others described their siblings as becoming carers. This enabled basic needs to be met (cooking food, cleaning the home, washing clothes) and sometimes protected them from immediate danger (calling on neighbours or extended family members for help), as well as ensuring the safety of the substance misusing parent (by making sure they did not harm themselves when drunk or high). Such role reversal not only added a further complexity to family relationships, especially if the parent became capable again from time to time, but was also sometimes described as a source of self-esteem and maturity (Bancroft et al, 2004). However, role reversal between parent and child was sometimes reported as making the transition to independent living difficult, as concern was still felt for the parent and siblings left behind. Respondents also described childhoods permeated by transitions and changes such as disrupted home lives and family relationships; neglect and poverty; disrupted schooling; and, for a large minority, ultimately their own drug use.

Children's agency and ways of 'getting by' within the home

Paradoxically, the very experience of living in families where there are substance use problems may open up opportunities for children to exercise agency as this may both reveal and challenge parent-child boundaries (Velleman and Orford, 1999, Bancroft et al, 2004). Classically, this is often presented as the child becoming the carer, though elsewhere we concluded from our study there 'was no simple story of 'deparented' parents and 'parentified' children, rather a complex of permeable, shifting boundaries between parents and children' (Bancroft et al, 2004, p124). Moreover, compared with adult carers relatively little is known about the experiences of children as carers, not least how they also look after their own needs in difficult family circumstances (Cockburn, 2005). In some respects, many of the findings we present could be seen as hampering children from exercising agency and choice over the nature and content of their childhoods and, indeed, were often reflected on by respondents themselves as ways of 'getting by' borne of necessity and not necessarily welcomed.

Challenging the user

As indicated earlier, it is important to understand children's agency as constrained by the spaces and places available to them. The young people described a variety of ways in which they had protected themselves and others while in the home. Invoking some sense of control over their environment seemed to be important. For example, respondents reported confronting the parent about their habit or trying to remove substances from them. Such attempts at direct control, by themselves or siblings, were usually reported to have taken place earlier in their lives and were described with hindsight by almost all as somewhat hopeless. By the mid-teenage years, most

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seemed to have given up thinking they might be able to do anything to control their parent's substance misuse. Alexis (17, Mother alcohol, heroin, poppers misuser), for example, had tried to limit her mother's alcohol misuse by controlling the family budget. She said she later abandoned this strategy as her mother would then buy alcohol on tab (credit) and she would have to pay off the resultant debts anyway.

Direct challenges to their parent's behaviour were mostly reported as being both futile and counter productive, sometimes leading to a worsening of the situation, for example through increased violence, as the following quotation illustrates:

> *And he was that, 'where's my bag o' kit?' (heroin and paraphenalia)*
> *And I says, 'It's doon the toilet.' And he says, 'Right. I'm gonna*
> *batter,' he battered me fer daen it and a' that.*
> *(Craig, 21, brother heroin misuser in a parental role)*

Escaping to their room

For much of the time, particularly when younger, there was little option but to find ways of dealing with the situation within the home. Most frequently, respondents reported removing themselves from the situation by going to their own rooms, often with siblings. Sometimes they put music on to drown out any noise, read or watched TV, cried, or vented their feelings in other ways, for example:

> *I wouldn't want to be in the house with her (mother) you know, just sit in my*
> *bedroom or watch TV or listen to music. And greet (cry) all the time and I*

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was just so sad. And it was just like, ken, (you know) I was on anti

depressants at fifteen year old.

(Lucy, 17, mother alcohol misuser)

Mark gave a vivid account of his strategies for dealing with his violent, alcohol-

dependent grandfather. Mainly he ran away and hid in the house, once, in this

process, falling through the ceiling of the loft. For some, it was their parents who

actively managed the space in the home, trying to keep the substance use, particularly

if illegal, away from their children, for example:

But eh when I was, right up till I was fourteen I was never really in the room

or I was kept, ken, through – in the bedroom. You're chased, you're chased

through, ken

(Dan, 21, mother and two stepfathers heroin users)

In these ways respondents described their practices of getting away from their parents

and expressing the emotions they were feeling. As we now go on to illustrate, they

were also reflective participants in the family settings, and, as such, were observing

and accumulating knowledge of the processes and likely outcomes of interactions and

exchanges taking place between its members.

Observing the experiences and reactions of siblings

One of the important social resources available to many of our sample was their

siblings, since opportunities to compare experiences with other peers was evidently

limited. The interviews indicated that reactions of siblings to their parent's substance misuse varied. It seemed that observing these reactions either played a part in how our respondents found their own way through the situation, or were used to justify decisions respondents themselves had taken. Some described how siblings had become depressed or themselves resorted to substance misuse. Julia contrasted her own reactions with her brother's as follows:

I don't know he's sort of ...he'd shout at mum about it more than, and he'd sort of like push dad out of the way, and start shouting at him. I was less likely to do that. I don't know why but ..

SW: And what did you feel about the way he reacted?

Um, just the fact that you could see that he was pretty depressed about it all ..like I don't know if it was directly from that ...like because he had less friends and that because he didn't go to school (SW right) And if you don't go to school you tend not to have friends obviously

SW: So did he stay in the house a lot?

Em, he was like always in the house and never really went out at the weekends, just that and the computer and stuff

(Julia, 16, mother and father alcohol misusers)

It was also possible to witness the results of siblings taking direct action, for example Emma said about her older sister:

I dinnae(don't) blame her. She said things that I would love to say but I just wouldnae say it because I knew what would go wi' it. I knew what happens

when I try to say they things. (SW: Yeah.) But M (sister) always got threw oot

(thrown out) all the time. Aboot four times or something she got threw oot,

when I was there.

(Emma, 21, mother alcohol misuser)

Siblings could also act as role models, several respondents mentioning that they themselves, or a sibling, had shown the way by getting out and establishing an independent life. Again, though, some respondents had mixed feelings about those siblings who had rejected the parent and, on the outside at least, started a different life for themselves, for example:

When I look at my sister and she's sort of thinks 'well, stuff the rest of youse',

ken. 'This has happened tae me but I'm gonna get on wi' my life and I will go

tae university and get a degree in psychology. And I will dae these things. I

winnae (won't) let folks put me down and treat me like this.

(Lucy, 17, mother alcohol misuser)

Comparisons between sibling reactions suggest that differing meanings attached to adversity by children, in addition, of course, to factors such as position in the family and gender, may lead ultimately to different responses through childhood and adolescence. Such differences, and how they are evaluated by other children in the family, show some of the knowledge that is drawn on in the process of 'getting by'. However, drawing on siblings' experiences also illustrates the double-edged nature of potentially resilient practices, as, for some, it evidently entailed severing ties and

leaving others behind, something many of our respondents said they were unwilling to do.

Ways of 'getting by' outside the home: what did children do and whom did they turn to?

In understanding the contexts of potential resilience it is important to understand both who was perceived as 'there for' these young people and what 'being there for' meant, as well as being alert to the kinds of incidental supports and encouragements which they recalled as helping them to get through their family difficulties. Here we consider respondents' views about schools, friendships and extended families.

Going to school

From these accounts of childhood it seemed that one of the most predictable features of lives spent with substance using parents was its unpredictability. Many described their schooling as highly disrupted. The interviews showed that school was an environment that had both possibilities and problems for respondents. Many spoke positively about enjoying sports, dancing or other school activities. Regardless of their experiences of school *per se*, most, though not all, said that they appreciated the chance to be with their friends and used this as a gateway to other enjoyable activities. The importance of school for developing friendships was highlighted by Rachel (17, Mother alcohol misuser), but she also pointed to the limits placed on this respite by her home situation. Fearing her mother might injure herself, she attended school less

and less frequently, explaining that, through this, she lost friends whose support had been important.

School, then, could offer social activities and resources of potential value to respondents. However, these were still compromised and constrained by their family circumstances. According to respondents, such social activities also had their limitations precisely because they offered an escape from home. Almost all of the sample said that, because of the embarrassment, chaos or unpleasantness, they could not invite friends back home, needing to keep boundaries around access to their homes and knowledge of their circumstances (Bancroft et al 2004). Most also chose not to speak to peers and friends about their difficulties, needing these positive social relationships as a sort of 'time-out' emotionally. A few spoke of never seeing their 'pals' away from the school environment; most told of only being able to go to their friends' homes and never asking them back to their own. Kate's account was unusual as her friend also had a parent with alcohol problems and therefore 'understood', but even she described difficulties in this respect:

> *I used to go to my friend's house- she just stayed round the corner. Or she*
> *used to come round to my house and we'd sit up in the room. But my dad,*
> *(substance misuser) I used to hate sitting in my room as well because he used*
> *to come up and annoy us in my room. I'm like that, shutting the door on him*
> *and everything. Trying to get him away from me.*
> *(Kate, 16, father alcohol problems)*

For a minority of respondents, mostly young women, simply going to school every day was seen, in itself, as something to hang on to, offering a chance of respite from

the pressures and unpredictability of home life. Such positive sentiments were mostly expressed about primary schooling, for example:

> *I probably liked the-the first primary school I went in … it was getting*
> *me out the house at the time … I probably felt safer there than I did at*
> *home.*
>   *(Jemma, 22, father heroin misuser).*

Other respondents, mostly young men, spoke of disliking school, of behaving badly and of being suspended or excluded. Problems mostly arose at secondary school. Several young men recalled it as a place of violence and bullying. They struggled to explain why they had found it so difficult to adapt to secondary school life, referring, perhaps somewhat formulaically, to difficulties in accepting authority. Overall, their accounts suggested that, at secondary school age, these young men found it difficult to 'leave home behind' when at school. One man suggested that he used school as a place to vent his frustrations at his home situation:

> *[Stepfather] would like get tanked up with drink and he'd abuse me.*
> *Hit me. Take it oot on me and that so I would just, I would go oot, take*
> *it oot on other people I suppose.*
>   *(Robbie, 18, Stepfather alcohol misuser)*

Again, the interviews highlighted the constraints respondents felt about accessing support. Teachers' roles were described in ambivalent ways; some were described as having been supportive, others were not. Respondents' descriptions of particular

events or interactions with teachers suggested that there were inherent difficulties

here: some support seemed to be needed, but it could not be overtly given so that the

child stood out in some way, or be too interventionist in nature. Issues of the control

of information and concern about the possible negative impact of revelations about

one's family circumstances formed both the context for and constraints around

support. Having their problems taken into account at school entailed people knowing

about them, which many said they did not like. Some respondents felt that teachers

'picked on' them when home disruption interfered with their schoolwork; others were

nervous about teachers asking them if anything was wrong. Lack of trust in these

potential sources of support further disadvantaged these children.

Having friends and going to other homes

It was apparent from our interviews, and in the literature (Barnard and Barlow, 2003),

that trying to keep the substance misuse secret and seeing few options but to live with

it characterised respondents' childhoods. Nevertheless, being able to turn to a close

friend, helpful neighbour or supportive relative stood out as having been very

important for most of them. Managing to get away from their families for a while

was one of the few options open to these respondents as children. Reports about

support from friends and friends' families suggested that important help could be

given by a range of people who provided respite but did not intervene. The very fact

that respondents could go to others' homes, sometimes stay there and be fed, seemed,

for many, to have been a practice which, if available, they readily adopted, for

example:

I always enjoyed staying at other people's houses a lot (SW:Right) But I

didn't stay there and there was a next door neighbour I always had tea with

and stuff so, when I wasn't cooking, I could always go round there for tea. So

if it was an arranged plan I'd go there at tea time and stuff and get fed.

(Julia, 16, mother and father alcohol misusers)

Such feelings were echoed by Tabetha who said:

I used to be really stressed sometimes, I used to phone my friend in the night

and she'd come and meet me half way and so I could go and stay with her and

stuff

SW: Was this the friend who you've been staying with?

Or if I'm really really stressed to the point I can't take it anymore she's talked

to me and she's told me it's gonnae be alright and stuff and just reminded me

of what we're gonnae do in the future and stuff.

(Tabetha, 17, mother alcohol misuser)

However, it was evident that, although friendships were highly valued and most

respondents said they had had at least one 'close' friend, sometimes there was a

downside to these networks; potentially supportive processes could also be risky. For

example, some respondents' accounts indicated that friendships had led to their

engagement in shorter or longer-term periods of self-destructive behaviour, including

excess drinking, criminal activity and serious drug misuse. Six young men recounted

how their heroin misuse had started through friends, whom they also described as

'family'. Four of them were still struggling with heroin addiction when interviewed.

Wider family relationships

The majority of respondents described varying levels of support from extended kin, particularly grandmothers and aunts, but it appeared that this very support could be withdrawn because of arguments, family mobility and divorce. Thus, although characterised as important by respondents, family relationships also seemed fragile in a range of ways; there was always a possibility of rejection or other kinds of dissolution of the relationship. For most of our sample, such relationships never seemed unconditional but were described as part of a complex web of contingent emotional ties. Although supportive extended family relationships are cited as important in the resilience literature, it appeared, from many of our respondents' experiences, that there might also be difficulties and risks associated with such support. For example, Rachel (17, Mother alcohol misuser) described how difficult she found it to cope with her otherwise extremely supportive grandparents because of their criticisms of her mother, whom she felt she had to defend. Lucy (17, Mother alcohol misuser) bitterly recounted how her aunt, who had called herself her mother, cut all ties when she (Lucy) became pregnant. She felt that this rejection made her unwilling to trust new people who came into her life. One man rejected his aunt and uncle after his aunt had told his grandparents that his mother had been put in prison, explaining:

> *My uncle, aye, I used tae be close tae him when I was younger. But*
> *then I just found out that they were just so twisted and two faced.*
> *(Dan, 21, mother and two stepfathers heroin misusers)*

Paradoxically, turning to wider family for support seemed sometimes to have reinforced the feelings of responsibility and love for the substance using parent. The risk of disclosure to the wider family was that many of these relatives were then critical of the substance user, which many of our respondents found hurtful and upsetting, as Emma said:

> *And I always felt like they were always horrible tae my mum. So like I didn't want tae live up there wi' them if they're being horrible. Even if my mum is horrible, it's still my mum.*
> *(*Emma, 21, mother alcohol misuser*)*

Holding yourself together: the importance to children of beliefs, caring, loving and trusting.

The importance of family

All of our sample said that they thought close family relationships, particularly those with parents and siblings, were important, even if this was demonstrated by the rueful reflection of a minority that they had not had this at all, or only partially, in their upbringing. Michael (19, Father alcohol misuser), for example, held on to the notion of familial closeness even though he felt he had none when he said: "*my pals are my family*." Most expressed expectations of parents that had often not been fulfilled. In spite of this, almost all said that they retained some closeness to, usually, one of their parents, sometimes the substance misuser. Their 'family', then, retained both a

symbolic and practical significance as relationships floundered, ended or were reformed.

As has been found in other research with children (Backett-Milburn and Harden, 2004), respondents said they expected parents to be there for them unconditionally, to protect them, and to care for and about them. This was the case even when respondents also indicated that they had given up expecting this from their own parents, at least for a time. An expressed need for giving and receiving love also permeated the interviews. Respondents' accounts showed how they wanted to love their parents, often despite everything; complete rejection of a parent seemed to be very hard and was quite unusual. One man said:

> *In time right, maybe when I move to [the Highlands] after a few years*
> *I'll forgive them. Absence makes the heart grow fonder and all that*
> *crap. But I keep reminding myself, no I cannae forgive them because*
> *they did put me through absolute hell every single day of the week. It*
> *was twenty-four hours as well, you know.*
> *(Ian, 23, Mother and father alcohol misusers)*

But later he said that, despite his growing up having involved disasters on a daily basis:

> *Obviously I still go doon to my mum and dad's right. Because it's your*
> *mum and dad, you know, and it's just a built-in emotion I suppose isn't*
> *it?*

Some still held on to the hope of change in that parent's behaviour. One man who had not been in contact with his mother for some months after he had given her an ultimatum to quit using and leave her boyfriend, nevertheless said:

> *[Sighs] well hopefully, all I can say is that I hope she phones me and*
> *tells me that she's off drugs and away from her boyfriend, and then I'd*
> *be right back down to see her but until then. (SW: You're not going to)*
> *I'll be waiting.*
> *(Graham, 18, Mother dihydrocodeine misuser)*

Many respondents spoke of feeling both angry at and sorry for their substance-misusing parent and of having, over the years, developed some understanding of their behaviour. The latter was particularly the case among young people who had themselves subsequently developed a heroin problem. It was the few who had felt completely abandoned, abused or simply not cared about, who expressed little hesitation about rejecting their parent.

Being cared about

Our interviews suggested that being a substance misusing parent seemed to be something that, if not ever accepted by their child, could, nevertheless be made sense of, perhaps with help and especially if that child was now out of the family situation. Being a rejected or abused child was a different matter, as these quotations from Michael about his alcoholic father illustrate:

I just went into care and I just, he didnae even bother to fucking phone me or

fuck all. So I just tell him to fuck off.

And later:

He's a radge eh, he's a prick. He's, he's just nothing eh.

SW: Yeah. Was he ever capable of being a good parent?

I don't think so.

(Michael 19, father alcohol problems)

Other respondents implied that they had not felt cared about if, for instance, mothers had done nothing to protect them from the substance misusing and abusive parents, as Jane explained:

I think I, I am cross with her for having not done anything for such a long

time. Because I remember telling, her telling me that I was a very difficult kid.

As if to justify what was going on. (SW: Right.) About being hit and stuff.

And you think, you know, I could never do that to my kid. Never watch my kid

being hit and not do anything for years and years. And just say that I was

naughty and you don't say that. So I think I was a bit mad about her. And I

don't think she realises to what extent he was hitting us

(Jane, 19, stepfather alcohol problems)

Many more of our sample said they had rejected or no longer saw their fathers than was the case with their mothers. The roles and behaviours of most step parents were even more harshly judged, especially if they had themselves been the substance user. However, even those parents who were described as having been little evident in

respondents' lives seemed not to be judged too harshly if they were felt at least to have tried to do something to help. For example, Graham said he had been closest to his father over the years and that his father was particularly important because he currently provided a haven for a half sibling from the substance using mother and also that:

> *my dad's stood by me through everything. Everything. He's been there, my dad's always been there for me. Even though I got put in a home and I did feel deserted and all that, I know now that my dad didnae (did not) want me to get put in the home, that my dad tried to stop it. But at the time, I didnae. (Graham, 18, mother dihydrocodeine misuser)*

Sustaining belief in the ideal of family

Their families, although frequently described in ways that suggest a damaged and damaging entity, were, therefore, of central importance to many of these young people. The interviews showed how respondents grappled with complex emotions of anger, pity and love, sustaining belief that their parent cared *about* them, even though s/he was not able to care *for* them. Maintaining some idealised sense of family, whilst experiencing its lack on a daily basis, seemed to lead some respondents to offer revised accounts; these accounts could themselves be interpreted as protective or resilient processes. Lower expectations of parenting or family life; cherished memories of infrequent, happy times; no longer expecting abstinence; not placing trust in relationships with the substance using parent, were all described in the interviews. Despite many examples of damaging experiences, the need for close,

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family-type, relationships still pervaded the majority of these interviews. Many

respondents, for example, spoke of family members, such as half siblings, little

cousins, nephews or nieces, whom they seldom saw but 'loved to bits'.

Talking to others

Another way of 'getting by', and an implicit feature of social support, is having

someone to talk to and who makes you feel cared about. However, although feeling

close to someone was evidently important to respondents, whilst they still lived as

children with the substance misusing parent this did not necessarily involve talking

through their problems. Respondents' accounts varied as to whether or not they

thought talking about things helped them to feel better or worse. A few remarked that

such talk was boring for others or that it was inappropriate to give others your

problems, both of these outcomes could be seen as risky for keeping friendships.

Some said they felt that talking eased their pain, perhaps acting as an important safety

valve, and that it was not good to 'bottle things up'(Stuart, 19, mother cannabis user).

Others, however, implied that 'just talking' increased feelings of impotence,

explaining:

> *So I just think well it's nae an important thing. The way I've learned tae deal*
>
> *with things as well. I just forget aboot it. If I cannae (cannot), cannae dae*
>
> *nothing tae help it myself, then just try and forget aboot it.*
>
> *SW: You find that works quite well for you?*

Aha, sometimes. Sometimes it disnae (does not) and sometimes it makes me

worse. And I try tae forget aboot it but you cannae forget aboot certain

things.

(Lucy, 17, mother alcohol misuser)

It seemed that talking about things was often experienced as more helpful once respondents had left home and were responsible for their own lives, whatever form that was taking. The interviews suggested that, as children, managing information and concealing what was happening was a major way of retaining a feeling of control. However, as young adults, a few were now in 'trusting' relationships where they felt better able to share things. Others had found workers/helpers with whom they now felt able to speak in total confidence. Some spoke of the positive benefits of sharing a problem either because help would become available or 'there's always somebody there watching for you' (Kelly, 16, father alcohol problems). For some, though, the need to talk had diminished once they had left the family home or no longer saw their parents. Others, unsurprisingly, spoke of difficulties both with finding and keeping people they could trust and with trusting people in general; the bottom line continued to be shame and embarrassment about their families, for example:

'even though I go out and I know what I want to do, I still feel ashamed when

people ask me about my family'

(Faith, 19, father alcohol problems)

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Discussion and Conclusions

Our analysis of respondents' rich and reflective accounts of growing up families with substance use problems, what had helped them and how they and others had tried to 'get by', showed that the protective factors classically thought to promote resilience were seldom in place for these children unconditionally and without associated costs. Most of the everyday ways that respondents found to get through these challenging childhoods had some element of contingency to them. Not only were most of our sample having to deal with the spatial, financial and social constraints of living in disadvantaged circumstances, but, from their reports of their childhoods, it seemed that they often had to 'get by' without being able to rely on parents to look after them.

In this paper we deliberately avoided consideration of the role of social services in these young people's lives; indeed, less than half of the sample reported any involvement with them whilst aged under 16 (see Bancroft et al , 2004, for discussion). This is partly because there is an extensive literature already on this topic, but also because we chose to focus on the young people's own reported practices and processes for getting by, as children. In many respects, therefore, these children were a hidden group. Moreover, while still living with their parents, many respondents feared that disclosure of parental substance misuse would result in their being taken away from home. It seemed that the risks attached to losing their families were greater for many of our sample than the challenges of continuing to live with them. Echoing other research (Barnard and Barlow, 2003), trying to keep the substance

misuse secret and seeing few options but to live with it characterised respondents' childhoods.

It seemed, however, that every potential practice or source of support, which could be seen as potentially promoting resilience at the time was, for these children, a double edged sword. Thus, although about half of our sample (and some of their siblings) exercised agency by taking over domestic and family responsibilities and protecting their substance misusing parents, this blurred family roles, deprived them of aspects of their childhoods and sometimes made transitions difficult. Given extremely limited financial resources, for most then, the practice with fewest potential repercussions was to remove themselves to another part of the house; even there, however, there might not be escape from personal emotions or further intrusions by the substance-misusing parent. Similarly, confronting the substance user, a very active practice, was usually reported as making the situation worse.

Other active childhood practices, such as making friends, trying to take part in social activities and going to others' homes, could result in temporary respite and escape, but also often highlighted an inability to reciprocate and the painful reinforcement of one's lack of 'normality'. Disclosure about the realities of home life risked rejection, so this required trust. Dropping one's guard and being accepted for oneself could therefore also be problematic. Asking for, or receiving, support from extended family members might reverberate in family criticism or broken relationships. Revealing problems at school could result in unwanted interventions or the loss of somewhere private to escape from these very problems. Some respondents learned about all of these consequences through their own actions, others witnessed and learned from the

often, apparently, futile efforts of their siblings. Finally, although respondents strongly valued the ideal of family and needed to feel they had parents who cared about them, the ability to hold on to these views seemed often severely compromised by their recollections of neglect and sometimes abuse. Perhaps the need to exercise love and care was just as important for 'getting by' in these challenging childhoods as was the need to receive these.

Understanding these young people's reports of being children in these complex contexts suggests, therefore, that practices that may be deemed resilient or active at the time are seldom without contingencies, risks and potential future problems. Moreover, as our respondents themselves reflected, some practices which helped to 'get by' at the time may, in themselves, be physically, psychologically or socially problematic in the longer term. Getting by in these childhoods seemed therefore to involve creating fragile webs of practices and processes which might help for a while, or at the time, but which were always potentially flawed, susceptible to damage, or open to disruption from the adult world.

(8,150 words)

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