Practice implications of phenomenological research with substance-using parents whose children were subject to social care interventions

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Abstract
Purpose: This article reflects on ways that the experiences of vulnerable users of drug and alcohol services can inform social work practice and policy to improve treatment engagement and mitigate negative responses to interventions.
Methodology: The research used semi-structured interviews and photovoice in an interpretative phenomenological analysis of the experiences of people in treatment for drug or alcohol problems whose child was the subject of a Child Protection or Child in Need order.
Findings: The research gave insights into participants' experiences of loss of control, unfairness, and stigma. Participants described how they felt powerless in the social services system and were afraid to be open and honest with practitioners for fear of having their children removed.
Practice implications: The research highlighted the need for more training and professional development for social work practitioners to address power imbalance issues, and the need to promote non-threatening professional practice that removes penalties for disclosure of substance use, enabling substance users who are parents to be more honest about their drug use.
Social implications: The research showed the value of phenomenological methods for investigating sensitive issues with vulnerable users of treatment services in a way that can inform policy and practice.
Originality: This article explores ways that phenomenological research with vulnerable, hard-to-reach participants can produce insights about the potential benefits of social work practice that is non-threatening and encourages greater openness and honesty among substance users who are parents.

Keywords: Parental substance use; social work; child protection; policy and practice.

Sensitivity: Internal

Plain language summary
Interviews with drug and alcohol users whose children were at risk of being removed showed how vulnerable and powerless they felt when dealing with social work professionals, and how the threat of removal of children was a disincentive for honest disclosure of drug use. The ways that professional staff work with such vulnerable service users should take account of this to improve the experiences and treatment outcomes of service users.

Introduction
Based on 1996-2000 data, the Advisory Council for the Misuse of Drugs (ACMD) estimated that between 140,100 and 217,200 children in England and Wales were affected by parental problem drug use (ACMD, 2003). More recently, based on general population surveys in a disadvantaged urban region of Ireland in 2016, it was estimated that at least 3.7% of children were at risk because of drug use where parents were known to services, and between 14% and 37% of children were affected by parental alcohol dependence (Galligan and Komiskey, 2019).

Section 17 of the UK Children Act 1989 and 2004 obliges local authorities to safeguard the welfare of children who are 'in need,' defined as being unlikely to achieve or maintain a reasonable standard of health or development, or likely to have significantly impaired health or development (UK Government, 2022). UK Social Services have a duty to make Child in Need Plans for children identified as having complex needs that require coordinated responses and Child Protection Plans for children judged to be at risk of serious harm. If those plans are not followed, Section 31 of the Children Act enables courts to make care or supervision orders to remove children from their parents. Section 47 of the Act also places a duty on local authorities to take action if social workers or other professionals suspect that a child is suffering or is likely to suffer significant harm (UK Government, 2022).

In the UK, the *Hidden Harm* report (ACDM, 2003) sensitised social workers and child protection professionals to the potential risks posed to children by substance-using parents and contributed to the view that parental drug use was inherently harmful to children. Following the report, many children were removed from the care of substance-using parents; in a longitudinal study of 100 London families with social services involvement following parental drugs or alcohol misuse, 27% of children were in the formal care system at two-year follow-up (Forrester & Harwin, 2008). Similar provisions exist in other countries; in a study of 171 disadvantaged mothers on an opioid treatment programme in Sidney, Australia, 99 out of 302 children were in care, including 42 removed at birth and 49 removed during their mother's opioid treatment (Taplin and Mattick, 2015).

The high rate of removal of children has significant implications for the ability of services to provide effective care for drug using mothers. Services perceived as posing a threat of removal might discourage pregnant substance users from accessing them (Stone, 2015). Huxley and Foulger (2008) suggested that when substance-using parents do try to access treatment, services often lack the skills and experience needed to engage parents while

Sensitivity: Internal

balancing child protection issues. Effective treatment could be compromised because parents' fears regarding children's removal could affect their honesty about their drug use, especially about lapses during treatment.

The view that parental substance use is almost inherently harmful to children has been challenged since the publication of the *Hidden Harm* report (Whittaker et al., 2020), and it has been recognised that having a secure parental relationship can be a significant protective factor for children of substance using parents (Dawe and Dawe, 2007). Best (2012) argued for a general transformation of drug treatment in which 'mutual aid groups,' owned and directed by the members, bridge the gap between clients and professionals. This model might be more acceptable to drug using parents who feel at risk of having their children taken away. However, evidence about such different treatment models is sparse, and the numbers of families involved in care proceedings continues to rise (Alrouh et al., 2019), with clear evidence of the socioeconomic and health vulnerabilities of the families concerned (Griffiths et al., 2020; Johnston et al., 2022). The UK government's *Harm to Hope* report was a 10-year drugs plan whose goals included delivering 'world-class treatment and recovery services' (H.M. Government, 2021, p. 8), based on implementing key recommendations of part two of Dame Carol Black's Review of Drugs (Department of Health and Social Care, 2021), and an additional £200 million is being invested over the next three years in the cross-government Supporting Families Programme (UK Government, 2022).

Whatever the policy context, social workers and clinicians often have very difficult decisions to make about the potential for harm to children when working with drug using parents, and any professional suspecting or believing a child is suffering or is likely to suffer significant harm must report those concerns. Kellet & Apps (2009) explored how professionals assessed parenting and parent support needs, and they found that safeguarding issues were more prominent among health visitors and family support workers with backgrounds in social work, who tended to associate 'risky parenting' with vulnerable families.

However, limited evidence exists about the experiences of families with substance-using parents. Evidence like that could inform debate about the types of social work practice needed to provide enlightened models of treatment with realistic conceptions of recovery, particularly where there are significant obstacles to engagement. This could address an issue raised by the academic and other literature, which is the need to develop more effective professional practice for vulnerable drug using parents that takes account of how they experience treatment services. This article therefore explores how drug/alcohol-using parents whose children were subject to Child Protection or Child in Need orders experienced treatment interventions. A particular focus was experiences affecting the parents' engagement with services and their honesty about their use of alcohol and drugs during treatment.

Sensitivity: Internal

Research methods

Design

There were semi-structured, one-to-one, in-person interviews over three stages: 1) conventional interviews about participants' experiences of drug or alcohol services; 2) interviews using photographs taken by participants of objects that were meaningful to them as prompts for discussion about their experiences ('photovoice', or 'photo-elicitation'); 3) interviews using participants' journal entries as prompts for discussion. The rationale was to enable participants to explore sensitive aspects of their experiences and reduce obstacles to participation for anyone with communication difficulties. Journal entries provide insights into human experiences of everyday life (Bolger et al., 2003). Photovoice allows participants to focus on the photograph when the experience is painful to talk about (Hergenrather et al., 2009) and has been used with vulnerable, marginalised groups as a social empowerment tool, enabling vulnerable, marginalised individuals to express their experiences (Copes et al., 2018). Both photovoice and diary-interviews ensure that interviews focus not just on the schedule set by researchers but also incorporate participants' concerns and priorities.

Participants and context

The participants were eight drug or alcohol using parents (seven females and one male). The inclusion criteria were being over 18 years old; being parents; being treated for alcohol and/or drug use; and having a child or children subject to a social care intervention (Child Protection Plan or Child in Need Plan). The exclusion criteria were having known the researcher previously as a treatment provider or having a partner who was already a participant in the study. Three participants were in their twenties, four in their thirties and one in her forties. Five had children who were subject to a Child Protection Plan and three had children who were subject to a Child in Need plan. All were White British single parents. Six were unemployed and two were in employment. The study took place in an economically deprived area of the West Midlands, UK, with high unemployment and crime rates.

Procedure and data analysis

The interviews were conducted by the first author in the drug or alcohol clinic at times chosen by participants. Four participants completed all three stages of data collection, one completed stages 1 and 2 and three completed only stage 1. In stage 2, participants were asked before the interviews to photograph everyday items or objects that illustrated their experiences or feelings. During the interviews, participants chose the photographs to be discussed and described how and why they took the photographs as well as the experiences and feelings they represented.

Participants were given pseudonyms to protect their anonymity. The interviews were audio-recorded, transcribed verbatim, and analysed using Interpretative Phenomenological Analysis (IPA), an ideographic method that involves detailed examination of each case and explores individuals' experiences using a 'double hermeneutic' in which participants' interpretations of their experiences are interpreted further by the researcher (Smith et al., 2009; Smith & Nizza, 2022). IPA is designed to explore how people make sense of their

Sensitivity: Internal

worlds by focusing on experiences that are important to them. The photographs and diary entries were not analysed in themselves but were used to illustrate the themes identified from the data. The first author led the data analysis, but themes and their organisation were discussed and agreed between all the authors, and the analysis was guided by recommendations for high-quality IPA (Nizza et al., 2021).

IPA differs from other qualitative methods in that it focuses on understanding lived experience of everyday life from the point of view of participants themselves, and it is often used to obtain insider perspectives. Compared with thematic analysis, IPA produces deeper insights with hermeneutic rather than explicit interpretations, and it has an existential rather than pragmatic focus (Spiers & Riley, 2019). Combined with photovoice, IPA was chosen to put the participants in the role of researchers of their own lives, taking photographs of objects that were meaningful to them and then describing their experiences. The research was also designed and conducted to enable the researchers and readers to learn from participants' experiences and improve professional practice by promoting more open engagement between professionals and service users, thereby performing a role comparable to continuing professional development or serious case review.

Research findings

There were three themes labelled 'loss of control,' 'unfairness,' and 'stigma,' which gave insights into how participants' experiences of their relationships and interactions with social care and child protection professionals affected them emotionally. A fourth theme labelled 'social work practice' focused directly on participants' views about the ways social workers had handled their cases and how professional practice could be improved.

Theme 1: Loss of control

This theme concerned participants' experiences of having their lives controlled and the fear associated with that. In addition to feelings of having their lives controlled by drugs, participants felt controlled by drug treatment and social services, especially in relation to the removal, threatened removal, or possible return of their children. Participants had understood from what they were told by social workers, or learnt from previous experience, that social workers had the power to remove their children, and that this was to a large extent contingent on their drug use and any lapses to drug use. Sarah and Stephen took the photographs in Figures 1 and 2 to illustrate how they felt their lives were controlled by social services:

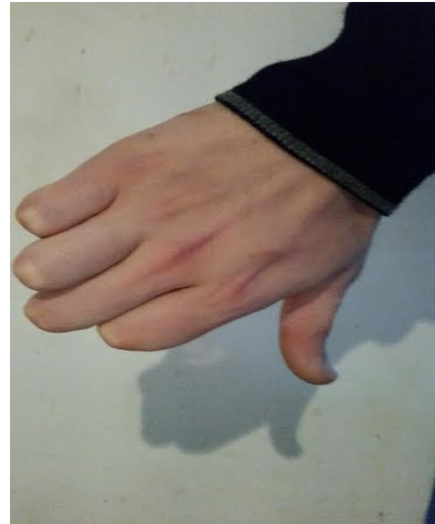
"*… social services were controlling whether or not my girls lived with me. I was not allowed to see Mike* [Sarah's partner; all names have been changed], *and he was not allowed to see the girls. I felt like a puppet*." (Sarah)

"I was under the thumb, and I felt like I was having to be on everyone's word and do exactly as I was told. Or else, basically. I just had to do what I was told, otherwise, or I would lose Josh [Stephen's son]. *It made me feel small."* (Stephen)

Sensitivity: Internal

Figure 1. ‘Remote controller’
Photo taken by Sarah.

Figure 2. ‘Under the thumb’.
Photograph taken by Stephen.



Stella also described feelings of losing control when her child was removed from her care, and Ellie described how there appeared to have been an open discussion in front of her about the professionals’ fear that her children had been exposed to drug use, and about their intention to go to court to remove the children from Ellie’s care:

"*… it just felt like they were punishing me. They kept getting my hopes up and then going back on what they were saying, ‘if you do this then Danny can come back. If you give clean drug tests, he can come home.’*" (Stella)

“They said ‘the mother is a previous drug user.’ They [the social workers and other professionals at the meeting] *said ‘what have the children been exposed to.’ I have got the minutes to that meeting.* [They said] *‘I think we need to go to PLO.’ They stopped me from seeing the kids.”* (Ellie)

Participants appeared to have internalised a social work policy that drug use equalled removal of their children, and described feeling a continuous fear of what would happen if they relapsed to drug use:

"If I went back down that road using again, I think they would take legal action and they would look to remove Josh [Stephen’s son] *and move him to my parents. That's what I feel would happen if I were to mess up again with drugs.”* (Stephen)

"*I have been constantly terrified that one little lapse that they would take her*." (Nicky)

One consequence of this fear was that participants had an incentive to conceal or deceive social workers about their drug use. For example, fear of removal of her child led Nicky not to tell the social workers about her lapses:

Sensitivity: Internal

"I had a few lapses, and I didn't tell them. I did not tell them. I was not trying to be, you know, like deceitful or pull the wool over their eyes. I was just terrified that they were going to take my baby just because of having a lapse because I had lost so much before. I didn't want to bring my child into the world for her to be took by them." (Nicky)

"I was scared all the time; I was constantly scared if I did stay clean if I didn't keep giving clean samples, they would take her from me. I think even from one lapse they would take her, that is why I never told them. I was scared and terrified to say anything to them although they had assured me over and over again that that would not happen." (Nicky)

Trust between social workers and their clients is important (Behnia, 2008), yet for some participants, previous experiences of having children removed affected their trust in social workers:

"I did not trust them. My trust was broken with the first social worker and they kept saying I could not hold or use that, they said 'we are different social workers you need to trust us.' They're still the opposition aren't they." (Nicky)

In some cases, it was only afterwards that participants reflected that they wished they had been more compliant earlier in the process:

"I should have jumped to do everything beforehand, before waiting until, before threatening me with child protection. I needed that kick." (Darcy)

Theme 2: Unfairness

This theme concerned participants' perceptions of the unfairness of pressure to comply with treatment and other requirements, leading to anger towards social workers and drug treatment workers. This included feeling angry that social workers appeared to focus on participants' drug use rather than their relationships with their children, and feeling angry about the perceived unfairness of being punished with the threat of removal of their children for lapses in drug use or non-compliance with drug testing procedures, when they believed those lapses did not affect their parenting:

"Anger is my biggest emotion really, angry that we have been treated unfairly for many years and nobody has took the time even though they have been there long, they haven't really took the time to come and see our lives properly, they might send us to this appointment, do a quick sample, have a quick chat but have they really seen our day to day living, and what relationship we have with Josh." (Stephen)

Reflecting previous analyses that treatments for substance misuse often focus predominantly on compliance with treatment and testing requirements rather than providing psychosocial support (Best et al., 2010), participants perceived that being pressured to produce drug-free urine samples and attend courses during pregnancy was unfair and stressful:

Sensitivity: Internal

"… it was the most stressful point in my life to expect me to just deliver clean samples from the off and give me like a week or two weeks to start giving them. I did not think that was fair at all. I felt like I could have been supported a lot more than I was. I did feel let down at the time." (Nicky)

"Umm, what they wanted me to do. I think they ask too much of mothers, especially when they are transporting, and they are heavily pregnant. That is wrong. They are all over the place. On courses. But no." (Reagan)

Participants including Nicky expressed anger at the injustice of being punished for their dishonesty about their drug use rather than social workers' genuine concerns about their children's welfare, and the injustice of not being given enough chance to be successful as parents in treatment. Stella felt she had not been treated fairly compared with other parents in treatment who had been given more warnings about the consequences of their drug use, and her anger was related to feeling deceived:

"I was angry. I just thought who the hell are you to tell me that because I had not told you the truth about something, you can take my baby away. I mean who the hell are you to say that. You've got no right to say that, you got no right to coming here, you're going to take my baby child because you got no genuine concerns about her, and you're not doing it to protect her. It is because I told you a porky because I was not truthful with you. Basically, going to try and punish me by taking something away that I've worked so hard to keep just because I hadn't been completely honest with you about something." (Nicky)

"I am so angry because I know people that were a lot worse than I was, I didn't get a chance. I know people in that situation, and they have had loads of chances. I did not even know they were involved, and they did that from day one. If I had a warning, I would have done something about it." (Stella)

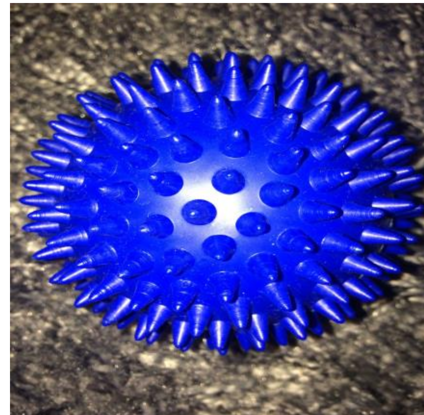
Stephen and Sarah took the photographs in Figures 3 and 4 to illustrate the feeling of pressure leading to anger and the sense of issues related to a Child in Need plan being blown up out of proportion:

"I took a picture of a kettle because I mentioned this in my first interview. The kettle represents the steam. It is boiling at the top. Like I said I was going to explode. It was building up and building up. You never know what could happen and you could snap. Anger or you never know where it is going to lead because it is at the boiling point. It was a good representation of the way we were feeling at the time." (Stephen).

Sensitivity: Internal

Figure 3. 'The Kettle'.
Photograph by Stephen.

Figure 4. 'Enlarged ball'
Photograph by Sarah



"Everything I do is just blown up a thousand times, you know, everything is enlarged, you know, I feel larger than life, every minute action I take is blown up, you know, do you know, it sounds funny, you know in Charlie and the Chocolate Factory, the girl that blows up is Veronica and she blows up into that huge blueberry and then she gets stuck, stuck in the pipes, that's how I feel." (Sarah)

Nicky described how she felt angry at the consequences of not having been honest with social workers about a lapse to drug use, and the fact that social workers had focused so strongly on her honesty rather than the needs of her child:

"I was angry about the fact that I felt like, because I hadn't done things the way they wanted, and I haven't told them the truth. At that point, I did not feel like they were doing their jobs, like they were trying to put the child's needs first. If the child was happy or not, it was more the case of, it was like, between me and them and that I had not been honest with them. Suddenly it bypassed the child, and it became between me and them, and that was what was making me feel angry." (Nicky)

Participants also described feeling angry because they felt the involvement of social workers in their lives was because they were labelled or judged unfairly as drug users:

"Well, I'm angry they're [the social workers] *in my life, I don't think that I'm that bad you know."* (Sarah)

"I was mad, I felt let down, I was shocked, and I couldn't believe it. I felt like if I weren't a drug addict, this wouldn't be happening." (Chloe)

"I was angry when all the authorities did get involved. They didn't for so long because you lot have monitored me, but at the time, I felt I was really judged." (Reagan)

Sensitivity: Internal

Theme 3: Stigma
This theme concerned participants' feeling of guilt and shame at being judged or labelled as a bad parent by social workers because of their drug use, and how the fear of wider social consequences led them to continue trying to hide their drug use and continue being dishonest with others about their problems:

"I'm ashamed that I'm not the mum that I want to be." (Sarah).

Ellie described her sadness and feelings of defeat about having her children removed, and how this had profoundly impacted her sense of herself:

"I just feel like I have lost. It just makes me so sad that I am a bad parent because I am just a drug addict, and nobody is ever going to think I am any better, and I do not deserve my kids. So, I feel like I have lost." (Ellie)

Darcy described how the involvement of social services led to embarrassment, stigma and fear of other people finding out, such as at her child's school, so she continued being dishonest with others about her problems, which would likely have made it even more difficult for her to get help and support:

"You hear 'social services,' it's embarrassing isn't it, 'social services involved, she's a bad mom she is.' Social services involved, they are going to take your kids away; she is not looking after it properly. I did not tell. I did not even want the school to know because they find out more about you. Then its drugs, oh God. It is even worse, let alone social services involved. You are a drug addict as well. It is horrible; it is a horrible feeling embarrassed. I could not tell anybody because they would be like how come they are involved. Drugs, fucking hell." (Darcey)

The struggle to remain drug-free with the constant fear of child removal, coupled with the constant desire to use drugs, led some parents to feel guilty. Nicky felt guilty that she desired the drugs, as well as wanting to be a parent, and felt terrible about herself because she had not been able to give up drugs during pregnancy:

"I felt guilty, and I felt horrible, but it is not the same as seeing the baby there in front of you. When they said that they had found drugs in her system I cannot even explain how I felt I just felt terrible. Nothing could have made me feel any worse, I hated myself." (Nicky)

Theme 4: Social work practice
This theme concerns participants' views and perceptions about social workers' professional practice and how it could be improved. For example, Stephen described his wish for social workers to work more collaboratively with clients, as well as for more continuity and less staff turnover:

Sensitivity: Internal

"To try and work with parents more instead of, at times, I felt like we had to watch what we say, we could not tell the truth as we felt that we could be caught out. It would be nice to get a more continuity umm not just changing the workers all the time." (Stephen)

"I've had three different social workers, and they all looked at things differently. That is another worry actually, another social worker can come in and look at the situation differently and change the whole process. Yes, it's another thing." (Stephen)

"I was coming every week and seeing a different worker. Sometimes I was not doing any work. I was just coming and doing my sample. The pressure was on me to give that sample with no help." (Stephen)

Nicky felt that social services should make greater efforts to keep families together and offer more support during vulnerable periods:

"Because so many people have lost their children. So many people have had their children taken away. I am just talking from my experience, but I think there is more that they could do first, especially if somebody is quite vulnerable. It is a vulnerable time in their lives, rather than just take the child away, try and see if there is anything they can do for them, first pull out all the stops to keep them together as a family. Which is what they say they do, what they say they want to do. I don't feel like that's what they do." (Nicky)

Sarah felt that the goals and deadlines she was given were unrealistic and could not have been met by someone without the support that she had from her friend, but also felt that the professionals' behaviour towards her had made her feel shamed:

"Social services set me an unrealistic goal. I did make it and I did stand by the detox deadlines that they gave me. But it has been the hardest thing I have ever had to do. I could have quite easily failed. If people did not have support as I did with my friend Sally. The week I did my detox they would fail. The result of that might be that they might take people's children away. The deadlines are unrealistic. They don't know what it's like to live to be dependent on alcohol and how difficult it is to stop." (Sarah)

"They need to come across in a way that is not shaming. I felt very shamed by the person who they were making me out to be." (Sarah)

Participants also felt that professionals should be more aware of the language they use when working with individuals who may have low self-worth. Darcy felt she experienced punitive language from the social worker; however, she then accepted this language, which may identify her low self-esteem or suggest that this was not negative for her:

"… I needed that kick. She even said it, that you needed that kick up the arse to get you to do this that and the other. She was like a dog with a bone." (Darcy)

Sensitivity: Internal

Nicky also expressed frustration that social workers seemed to focus only on their clients' drug use rather than their parenting:

"I don't think they can distinguish between good parents and bad parents. They focus too much on drug use. Although it is a child in need, I am always going to be terrified. I am always going to be scared if I lapse again and if they find out they going to take her away." (Nicky)

Darcy described her frustration with the lack of transparency in the way situations were communicated, and the fact that decisions about their children were based on their own drug use and whether they had been honest about that to the social workers:

"I want to sleep it away. They do not realise how they affect you. They see me as a second-class citizen. 'We have got no problems with your parenting skills'. Well, obviously, you have because I am not allowed to see her by myself." (Darcy)

"Yes, we had a meeting here with professionals, including the midwife at the time, and I asked them, do you feel like my baby is in any danger, and they all said no. They said we think she has [been] *really well cared for, it's because you told us a lie."* (Nicky)

When the treatment itself was perceived as not helpful or ineffective, it left individuals feeling frustrated and angry, as in Darcy's experience:

"Drug treatment is supposed to help you, but if they can't talk to anyone, just give you a script and fuck you off. Or they cannot be bothered to talk to you. Some of them do. She said 'we are not here to counsel people.' So, what are you here to do, just chuck us a fucking script? So, if we are not engaging, that's it. How about try and help me understand what the problem is." (Darcy)

In one case (see earlier in theme 1), a meeting when social workers discussed the potential removal of children was described by a participant as the trigger for her relapse to drug use:

"I had not relapsed yet; I think this was the trigger." (Ellie)

Discussion

All the participants' experienced power imbalances and the themes gave insights into the emotional consequences of that. Theme 1 explored how feelings of losing control and fear of having children removed eroded trust between participants and professionals, leading to non-disclosure of lapses. This means that the practitioner-client relationships the participants described lacked trust, which is a key ingredient of a productive therapeutic relationship in social work (Behnia, 2008).

Theme 2 explored participants' anger at the perception that social workers made important decisions about children based on participants' honesty about their lapses rather than their

Sensitivity: Internal

parenting or the best interests of the children. This echoed to some extent the findings of a previous study of parents' views about substance use during pregnancy and early childhood, in which participants expressed a kind of tacit knowledge about wellness and what causes harm (Benoit et al., 2015).

Theme 3 explored participants' feelings of shame and guilt resulting from social work practice that stigmatised them, consistent with previous descriptions of how negative labels influence people's behaviour in ways that exacerbate their problems (Finlay, 1997; Goffman, 1990). In a previous study, parents receiving treatment for substance dependence felt stigmatised as 'drug using parents' while in opioid substitution therapy (Chandler et al., 2013), but the present study provided new insights into how social work practice in the context of abstinence-based models of treatment, especially when coupled with the actual or threatened removal of children, make treatment for substance dependence especially stigmatising for parents.

In fact, many of the participants were drug-free at the time of the study but continued to live in fear because they believed that if they relapsed, their children would be removed. Participants also described a sense of opposition and conflict, with social workers as the opposition, and participants ultimately losing the conflicts and feeling defeated. However, the data also suggested ways that these negative responses could be reduced with the right types of support and intervention.

Theme 4 focused directly on participants' views about social workers' professional practice, which included the views that social workers should work more collaboratively with parents; that there should be more continuity and fewer staff changes; that social services should make greater efforts to keep families together; that goals and deadlines should be more realistic; that social workers should avoided shaming in their communication; that social workers should focus more on parenting skills and less on drug use; and that drug treatment programmes themselves should be more effective. This is consistent with calls for more genuine collaboration with parents who use drugs, and for policy and practice to move away from individualised risk-based models and towards public health models of childcare and protection (Whittaker et al., 2020).

Professional guidance already recommends that when families have lapses and relapses back into substance use, they should be helped and supported to maintain positive changes they have made (Cleaver et al., 2011). However, even in specialist services, professionals may feel ill-equipped to manage the complex needs of both parents and children. Fear of negative media coverage, as well as scrutiny, inspections and audits can result in more defensive social work practice (Ayre 2001; Munro, 2004). Trust is an important element of social work practice (Behnia, 2008), but is also extremely difficult to achieve (Smith, 2001).

Our intention is not to demonise social workers, who have an extremely difficult task. Without minimising the experiences of the participants, it is also important to recognise that the perceptions and impressions of vulnerable people, many of whom are themselves

Sensitivity: Internal

victims of trauma and abuse, may not always reflect the objective reality of what is, for all the people involved, a complex and confusing situation. However, if service users experience the actions of child protection agencies as negative and threatening, as suggested by the present study findings, this would be expected to influence the behaviour of all involved in ways that would compromise treatment outcomes.

Professionals must follow legal policies and procedures when safeguarding vulnerable children, but whether parents use substances should not be the only factor to consider when assessing whether they can adequately care for their children. The assessment should take a holistic approach, ensuring that safety plans are put in place, parents are accessing the right support and treatment, and the wider family is used as a preventive or protective measure or intervention. Professional responses should be systematic and not focused solely on whether somebody has lapsed or relapsed (Cleaver et al., 2011).

With time constraints and ever-increasing caseloads, the delivery of social care may be experienced by vulnerable individuals as oppressive, as illustrated by the participants in the present study. However, anti-oppressive practice is vital in the role of a social worker, so the importance of partnership and working together concerning any safeguarding issues should be a key aspect of training and ongoing practice development (Jones, 1994). Biased and judgemental beliefs about substance use and dependence could be a significant cause of practice that is perceived by clients as oppressive, so it is important that such beliefs are challenged when social workers and drug workers are training.

Based on interviews with mothers in an opioid treatment programme in Australia, Taplin and Mattick (2015) concluded that entering treatment could improve outcomes and reduce the need for further involvement with child protection agencies, so it makes sense to provide effective treatments for parents to overcome their substance dependence. Working within the structure of a recognised and accepted programme of treatment may also enable social workers to balance the competing demands of their task. The present findings are strongly supportive of proposed treatment models that involve greater collaboration between service and recovery groups and that limit the roles and power of professionals (Best, 2012).

Recent treatment programmes have involved working with children and parents together, for example in the Moving Parents and Children Together (M-PACT) programme, which was developed in direct response to the Hidden Harm report (Laing et al., 2019). Recent research on the neurobiology of substance dependence and parenting has explored how the demands of parenting may be uniquely stressful in a way that other stressors are not, so interventions that target parenting stress may be useful (Rutherford and Mayes, 2019).

The present study was conducted before the most recent developments in UK drug treatment strategy, but the experiences of participants and the findings of the present study support the recognition in the UK Government's *Harm to Hope* plan that "Recovery is a process that often takes time to achieve, and effort to maintain. People need something

Sensitivity: Internal

meaningful to do, somewhere safe to live and a support system in the community." (H.M. Government, 2021, p. 37). They are also consistent with the recognition that substance dependence is driven and accompanied by trauma and mental ill-health (Department of Health and Social Care, 2021), and with calls for more radically different treatment models that put more emphasis on long-term recovery and joint working between statutory agencies, communities and families (Best, 2012). It would be useful for future research to examine the issues examined in this paper in the light of more recent changes in policy and practice resulting from Dame Carol Black's Review of Drugs (Department of Health and Social Care, 2021) and the UK government's 2021 'Harm to Hope' 10-year drugs plan (H.M. Government, 2021).

To conclude, interviews with drug and alcohol users whose children were at risk of being removed showed how vulnerable and powerless they felt when dealing with social work professionals, and how participants' feelings of vulnerability and perceptions of threat undermined trust and reduced incentives to be honest about their drug use. The study findings gave insights that provided multiple points for reflection on professional policy and practice, especially about how social work practice can mitigate negative responses to social work interventions.

Learning points and conclusions

1. Parents using drugs and alcohol may fear children's removal because of the parents' substance use. Participants in this study expressed negative emotions that were mainly linked with uncertainty about what would happen to their children. There was a deep sense from participants that they could not be honest about their substance use without risking removal of their children. This resulted in secrecy and could lead to compromised compliance.
2. Anti-oppressive practice is vital when working with parents using drugs and alcohol. Communication, language and awareness of body language are part of anti-oppressive practice. There should be more collaborative working that sets realistic goals and deadlines. Social workers should use language and communicate with parents in a way that avoids shaming and promotes honest and shared working to protect children from harm.
3. Practitioners need to understand the processes of development and recovery from substance use and dependence. The experiences of parents in the present study tell us that negative responses could be reduced with the right types of support and intervention. This highlights the need to move away from simply looking at clinical measures to assess compliance. Equal importance needs to be applied to engagement and compliance of evidenced psychosocial interventions offered within a clinical setting.
4. Risk assessment and knowledge of treatment for substance dependence are essential. Evidence from treatment evaluations and experience of practice tell us that treatment and correct support can reduce risk. Knowledge of the relapsing condition of substance dependence is essential as intervention and support within the family context can reduce such episodes and, if lapses to drug use occur, then measures to protect children can be put in place to mitigate the need for child removal.

Sensitivity: Internal

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References

ACMD (2003). *Hidden harm – responding to the needs of children of problem drug users.* Advisory Council on the Misuse of Drugs inquiry report, Home Office, London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf

Alrouh, B., Broadhurst, K., Cusworth, L., Griffiths, L., Johnson, R.D., Akbari, A., et al. (2019). Born into care: newborns and infants in care proceedings in Wales [Internet]. Available from: www.nuffieldfjo.org

Ayre P. (2001). Child protection and the media: Lessons from the last three decades. *British Journal of Social Work*, 316, 887–901.

Behnia, B. (2008). Trust development: A discussion of three approaches and a proposed alternative. *British Journal of Social Work*, *38*, 1425-1441.

Benoit, C., Magnus, S., Phillips, R., Marcellus, L., & Charbonneau, S. (2015). Complicating the dominant morality discourse: mothers and fathers' constructions of substance use during pregnancy and early parenthood. *International Journal for Equity in Health*, *14*, 1-11.

Best, D. (2012). Addiction Recovery: A movement for social change and personal growth in the UK. Brighton, UK; Pavilion Publishing.

Best, D., Wood, K., Sweeting, R., Morgan, B., & Day, E. (2010). Fitting a quart into a black box: Keyworking in quasi-coercive drug treatment in England. *Drugs: Education, Prevention and Policy*, 17, 4, 370-387.

Bolger, N., Davis, A., & Rafaeli, E. (2003). Diary methods: capturing life as it is lived. *Annual Review of Psychology*, 54, 1, 579-616.

Chandler, A., Whittaker, A., Cunningham-Burley, S., Williams, N., McGorm, K., & Mathews, G. (2013). Substance, structure, and stigma: Parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods. *International Journal of Drug Policy*, 24, 6, e35-e42.

Cleaver, H., & Unell, I., & Aldgate, J. (2011). *Children's Needs – Parenting Capacity Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence* (2nd Ed.). London: The Stationery Office (TSO).

Sensitivity: Internal

Copes, H., Tchoula, W., Brookman, F., & Ragland, J. (2018). Photo-elicitation interviews with vulnerable populations: Practical and ethical considerations. *Deviant Behavior*, 39, 4, 475-494.

Dawe, S., & Dawe, S. (2007). *Drug use in the family: Impacts and implications for children*. Canberra: Australian National Council on Drugs.

Department of Health and Social Care (2021). *Review of Drugs: Phase Two Report*. https://www.gov.uk/government/publications/review-of-drugs-phase-two-report

Finlay, L. (1997). Good patients and bad patients: how occupational therapists view their patients/clients. *British Journal of Occupational Therapy*, 60, 10, 440-446.

Forrester, D., & Harwin, J. (2008). Parental Substance Misuse and Child Welfare: Outcomes for Children Two Years after Referral. *British Journal of Social Work*, 38, 8, 1518.

Galligan, K., & Comiskey, C. M. (2019). Hidden harms and the number of children whose parents misuse substances: a stepwise methodological framework for estimating prevalence. *Substance Use & Misuse*, 54, 9, 1429-1437.

Goffman, E. (1990). *Stigma: notes on the management of spoiled identity*. Penguin.

Griffiths, L.J., Johnson, R.D., Broadhurst, K., Bedston, S., Cusworth, L., Alrouh, B., Ford, D.V., John, A. (2020). Maternal health, pregnancy and birth outcomes for women involved in care proceedings in Wales: a linked data study. *BMC Pregnancy Childbirth*, 16;20, 697. doi: 10.1186/s12884-020-03370-4. PMID: 33198668; PMCID: PMC7667744.

Hergenrather, K.C., Rhodes, S.D., Cowan, C.A., Bardhoshi, G., and Pula, S. (2009). Photovoice as community-based participatory research: a qualitative review. *American Journal of Health Behaviour*, 33, 6, 686–698.

H.M. Government (2021). *Harm to Hope: A 10-year drugs plan to cut crime and save lives*. https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

Home Office and Department of Health and Social Care (2021). *About project ADDER*. https://www.gov.uk/government/publications/project-adder

Huxley, A., & Foulger, S. (2008). Parents who misuse substances: implications for parenting practices and treatment seeking behaviour. *Drugs and Alcohol Today*, 8, 3, 9–16.

Johnson, R.D., North, L., Alrouh, B., John, A., Jones, K., Akbari, A., Smart, J., Thompson, S., Hargreaves, C., Doebler, S., Cusworth, L., Broadhurst, K., Ford, D.V., Griffiths, L.J. (2022). A population level study into health vulnerabilities of mothers and fathers involved in public

Sensitivity: Internal

law care proceedings in Wales, UK between 2011 and 2019. International Journal of Population Data Science, 6, 7, 1723. doi: 10.23889/ijpds.v6i1.1723. PMID: 35520100; PMCID: PMC9053134.

Jones, J. (1994). Child protection and anti-oppressive practice: The dynamics of partnership with parents explored. *Early Child Development and Care*, 102, 1, 101-113.

Kellett, J., & Apps, J. (2009). Assessments of parenting and parenting support need: A study of four professional groups. Joseph Rowntree Foundation., https://www.jrf.org.uk/report/assessments-parenting-and-parenting-support-need and https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-support-need-full.pdf

Laing, K., McWhirter, J., Templeton, L., & Hannah-Russell, C. (2019). M-PACT+: supporting families affected by parental substance misuse. *Health Education*, 119, 1, 63-82.

Munro E. (2004). The impact of audit on social work practice. *British Journal of Social Work*, 348, 1075–95.

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, 18, 3, 369-386.

Rutherford, H. J., & Mayes, L. C. (2019). Parenting stress: A novel mechanism of addiction vulnerability. *Neurobiology of Stress*, 11, 100172.

Smith, C. (2001). Trust and confidence: possibilities for social work in 'high modernity'." *British Journal of Social Work,* 31, 287-305.

Smith, J.A., & Nizza, I.E. (2022). *Essentials of Interpretative Phenomenological Analysis*. Washington. American Psychological Association.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis. Theory, Method and Research*. London: Sage.

Spiers, J., & Riley, R. (2019). Analysing one dataset with two qualitative methods: The distress of general practitioners, a thematic and interpretative phenomenological analysis. *Qualitative Research in Psychology*, *16*, 276-290.

Stone, R. (2015). Pregnant women and substance use: fear, stigma, and barriers to care. *Health & Justice*, 3*,* 1, 1-15.

Taplin, S., & Mattick, R. P. (2015). The nature and extent of child protection involvement among heroin-using mothers in treatment: High rates of reports, removals at birth and children in care. *Drug and Alcohol Review*, 34*,* 1, 31-37.

Sensitivity: Internal

UK Government (2022a). *Children Act 1989*.
https://www.legislation.gov.uk/ukpga/1989/41/section/17

UK Government (2022b). *Supporting Families Programme guidance 2022 to 2025*.
https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025

Whittaker, A., Martin, F., Olsen, A., & Wincup, E. (2020). Governing parental drug use in the UK: what's hidden in "Hidden Harm?". *Contemporary Drug Problems*, 47, 3, 170-187.

Sensitivity: Internal