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Mothers who use substances and implications for the care system: desk-based literature review

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Written by Deanne Mitchell, Rebekah Luff and Sharon Stevens

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Social Care Institute for Excellence
83 Baker Street, London W1U 6AG

www.scie.org.uk

Contents

Preface

In September 2021 Northern Ireland published *Preventing harm, empowering recovery: a strategic framework to tackle the harm from substance use (2021–31)* (Department of Health (Northern Ireland) 2021). This strategy sets out a 10-year commitment arising from the 'New Decade New Approach' agreement. The strategy presents a vision stating, on page 4:

> People in Northern Ireland are supported in the prevention and reduction of harm and stigma related to the use of alcohol and other drugs, have access to high quality treatment and support services, and will be empowered to maintain recovery.

The strategy sets out five specific outcomes:

- **Outcome A** – Through Prevention and Reduced Availability of Substances, Fewer People are at Risk of Harm from the Use of Alcohol & Other Drugs across the Life Course.
- **Outcome B** – Reduction in the Harms Caused by Substance Use.
- **Outcome C** – People have Access to High Quality Treatment and Support Services.
- **Outcome D** – People Are Empowered & Supported on their Recovery Journey.
- **Outcome E** – Effective Implementation & Governance, Workforce Development, and Evaluation & Research Supports the Reduction of Substance Use Related Harm.

The strategy highlights how those who suffer most from alcohol and drug-related harms have experienced domestic violence (in their family of origin and/or in intimate partner relationships) and how women are particularly vulnerable victims of domestic violence and sexual exploitation – however, men can also be victims of these traumas.

The strategy includes a number of actions relating to supporting families using the Hidden Harm Action Plan, updated by the Public Health Agency and the Health and Social Care Board with supports in place, in a stepped care approach, to reduce the risk for those children and young people who live with parents or carers with substance use problems. The Joint Working Protocol on Hidden Harm will be promoted and used across all services.

Key findings

- Substance use is typically just one dimension in a matrix of problems that represent a threat to the wellbeing of parents and children. Women with a substance use issue face significant social stigma and discrimination in relation to pregnancy and parenting and are less likely to seek treatment.

- There is a relatively low level of substance use support in the UK specifically for women, yet research shows that women-specific services have good outcomes and are preferred by women.

- There is growing concern about serial removal of infants/children, but a severe lack of research about mothers who use substances who are subject to repeat removal of their children.

- There is a paucity of literature about the additional impacts/costs to the care system when a child is placed in care due to maternal substance use problems. However, known impacts on the care system include: children spend longer time in care; there is an increased likelihood that a child will be removed from a mother's care; a high prevalence of substance use in a community predicts more children ending up in care; and there are cascading effects on the child protection system over the life course.

- The key impacts on the family due to maternal substance use are that families are more likely to be involved in the child protection system; women are more likely to have a range of complex support needs and less likely to seek support or disclose the full extent of presenting problems; and women may have difficulty engaging with and trusting professionals.

- There is not enough evidence from the research to clearly identify what interventions are best in preventing parents from losing care of their children.

- Family Drug and Alcohol Courts (FDACs) – the aim of which is to help parents address their substance use problems, improve family functioning and reduce the need for children to enter care – have a strong emerging evidence base. While they have been able to demonstrate an overall positive effect on family reunification, the evidence is not as strong in terms of their preventing children going into care or care re-entry.

- There are a number of interventions with an emerging evidence base that focus on improving parenting practices and family functioning and which provide comprehensive services likely to work well.

- Positive approaches or ways of working with women with substance use problems include providing services that are gender-responsive, trauma-informed, strengths-based, relationship-based, collaborative and family-centred.

- Enablers that might help to prevent mothers from losing care of their children include providing services that meet the complex needs and multiple

disadvantages of mothers, providing early intervention to improve parenting skills, offering support to mothers who use substances throughout the perinatal phase and trying to achieve high engagement with antenatal care.

- An enabling environment for women offers timely access to substance use treatment, addresses socioeconomic factors, delivers concurrent parenting and substance use interventions, provides recovery management and support, considers care coordination/case management, takes a non-judgemental approach and has ‘no wrong door’.

- Key factors to consider when making child protection decisions in relation to a mother’s substance use problems include: difficulty of disentangling the substance use issues from other problems in the mother’s life; that not all parents who drink or take drugs harm their children; consideration of the protective factors that may be present, which may enhance child resilience to harm; and that providing treatment for substance use could help address safety concerns of the child.

- Key factors to consider when assessing risk of harm to the child, when there are concerns about a mother’s substance use, include: not making assumptions that, at any particular level of substance use, harm to children is inevitable; the accumulation of psychosocial stressors, including housing insecurity; deficits in parenting knowledge and skills; deficits in emotional regulation; and decreased pleasure from the parenting role.

- Key insights from the literature point to what good service provision could look like for services supporting families with mothers or parents with substance use issues, such as Family Support Hubs. The insights relate to how services can be provided, the factors to consider when engaging with mothers and key principles for practitioners working with women with substance use problems.

1. Introduction

The Department of Health (Northern Ireland) is looking to strengthen support for families in contact with the care system. More specifically, the Department would like to understand how it can maximise the value of the existing Family Support Hubs in Northern Ireland as a collaborative interface across the statutory, voluntary and community sectors. In addition, substance use continues to be an issue for some mothers who have lost children to the care system. The Department would also like to understand what the literature has identified in relation to:

- the implications of not keeping a family together where a mother is using drugs or alcohol, both for the family and the care system
- what support needs to be in place to keep families together where a mother is using drugs or alcohol
- what practical resources exist to support social workers who are attempting to keep a family together, where a mother is using drugs or alcohol
- any key lessons and implications for Family Support Hubs.

The Social Care Institute for Excellence (SCIE) is working with the Department to undertake a project in three phases to understand and evaluate the role of Family Support Hubs. This report is part of the first phase.

Terminology used in this review

We use the term 'substance use' rather than 'substance abuse' or 'substance misuse' wherever possible in this review because it seems to be the preferred term used in the literature. We do recognise, however, that there are many different terms and definitions used in the literature and it is not always clear when 'use' crosses over to become 'misuse'.

We use the term 'child protection' rather than 'care system' or 'child welfare' wherever possible in this review, unless it is important for context to specify the exact term used in a study.

1.1 Research questions

The following research questions have been used to guide this review.

1. What are the additional impacts/costs to the care system and family system when a child is removed due to addiction compared with the other reasons why a child may be removed?
2. Which interventions or approaches to support mothers who are struggling with substance use problems are promising or effective?
3. Do any interventions help prevent mothers from losing care of their children?
4. Are there factors or circumstances when/if families should stay together when drugs/substances are an issue?

5. What practical resources exist to support social workers who are attempting to keep a family together, where a mother has substance use problems?
6. Are there any key lessons from the literature reviewed for Family Support Hubs?

1.2 Search criteria

The search criteria were based on the questions above, a review of background documents and the discussion at the inception meeting. We took an iterative approach and further refined our choice of sources and search strategies based on initial findings.

1.2.1 Sources

A combination of the search terms presented in the box below was used to search the following databases:

- Social Care Online (UK focused and includes specific Northern Ireland tagged content)
- HDAS (nine health databases including Medline, PyscINFO, CINAHL)
- Core (open access research papers)
- Social Systems Evidence
- Google Scholar

In addition, these specific websites were also searched: Family Support Northern Ireland; Children and Young People's Strategic Partnership (CYPSP); ADFAM; NSPCC; Alcohol Change.

Search terms

Population: 'mother*' OR 'women' OR 'maternal' OR 'families' OR 'family' OR 'parent*'

AND
Phenomena of interest: 'substance misuse' OR 'alcohol misuse' OR 'drug misuse' OR 'cannabis' OR 'marijuana' OR 'drugs' OR 'alcohol' OR 'addict' OR 'problem use' OR 'addict*' OR 'parental substance use'

(alcohol or substance or drug* or cannabis or weed or hash or marijuana) AND (use or using or misus* or abus* or addict or dependenc*)

Intervention: 'intervention' OR 'support' OR 'practical' OR 'resource*' OR 'family support' OR 'social support' OR 'signpost*'

Setting: 'care system' OR 'child protection' OR 'child protective services' OR 'looked after children' OR 'child removal' OR 'removal' OR 'out-of-home care' OR 'residential child care'

1.3 Screening criteria

The searches identified **506** potential references to screen for inclusion in the review. We used the screening criteria in the table below to screen the available references for inclusion. This identified **112** papers to review, **56** of which are mentioned in the evidence review section of this report; **33** are included in the appendix.

Criterion	Inclusion/exclusion criteria
Population	**Include:** mothers, women, families, family **Exclude**: fathers, foster carers
Scope	Mothers and drug, alcohol or substance use
Intervention	Support, practical resource, family support, signposting, social support
Evidence type	Empirical research evidence, views and experiences research
Location	Focus on UK, but if international research review that meets the other screening criteria, include Resource mapping*:* UK.
Date	2015 onwards

2. Context in relation to mothers' substance use

It's helpful for the context of this review to set out some of the key points made in the literature about the nature of substance use problems for women and their use of services and support. Four key themes, that help set the context, emerge from the literature.

2.1 Complexity of support needs of women with substance use problems

Although parental substance use is often identified as the primary problem within some families, decades of research clearly indicate that substance use is typically just one dimension in a matrix of problems that represent a threat to the wellbeing of parents and children (Dawe & McMahon 2018). Parental substance use and its effects on children coexist very often with a variety of other problems, such as poverty, mental health issues and unemployment. These other issues most often cannot be disentangled from the substance use problems (Smith 2017).

Women who have children and experience issues with their drug and/or alcohol use are more likely to have a range of material and personal support needs, a higher prevalence of psychiatric symptoms, early childhood and lifetime trauma experiences and a lack of social support. These issues present significant clinical challenges, and many of these factors may also inhibit the mother's attachment to her infant, the advancement of her parenting skills and her capacity to maintain child custody. In addition, mothers may face difficulties maintaining engagement with, or completing, substance use treatment (Greenfield et al. 2007).

2.1.1 Prevalence

Research from Wales (Griffiths et al. 2020) suggests that there is a high incidence of substance use (38% of mothers compared to 6% in the comparison group) and smoking (63%) during pregnancy among mothers in care proceedings in Wales. In addition, of mothers self-reporting a mental health condition, nearly half (48%) also had a substance use-related contact or admission. Substance use comorbidity with mental health problems is commonly reported in the literature (Gilchrist & Taylor 2009; Minnes et al. 2008; Taplin & Mattick 2013, cited in Canfield et al. 2017), with estimates that up to 75% have a trauma history (Center for Substance Abuse Treatment 2009). Recognising the role that traumatic experiences can have in women's lives provides social and drug treatment services with the opportunity to develop effective approaches and resources to address these (Elliott et al. 2005, cited in Bailey et al. 2020).

2.1.2 Conflicting demands

The literature also suggests that parents who are involved with child protection systems while struggling with substance abuse face conflicting demands (Neger & Prinz 2015). Child protection agencies are financially and politically pressured to find

permanent placements for children who have been removed from their homes within an expedited time frame, but successful substance use treatment requires parents to devote a sufficient amount of time to recovery (Dauber et al. 2012, cited in Neger & Prinz 2015). Policies that require parents to decide between fulfilling childcare goals and completing drug treatment place them in the unfortunate situation where either choice may be considered wrong by influential authority figures (Jansson & Velez, 1999, cited in Milligan et al. 2020).

2.1.3 Flexibility for mothers working toward sobriety

Another issue with child protection policies is that services often minimise the complexity of working with mothers who use substances, setting up a compliance-based reunification plan that provides little flexibility for mothers working toward sobriety (Grella et al. 2006, cited in Dunkerley 2017). Such plans often include drug testing to monitor abstinence and required completion of substance abuse treatment (Azzi-Lessing & Olsen 1996, cited in Dunkerley 2017). Sometimes there is little time for substance abusing mothers to achieve and demonstrate sobriety for a period long enough to appease courts and child protection (Semidei et al. 2001, cited in Dunkerley 2017). This pressure to abstain from substances immediately after child removal dismisses the often unpredictable and lengthy road to recovery for mothers (Azzi-Lessing & Olsen 1996, cited in Dunkerley 2017).

2.1.4 Substance-using families

A further difficulty for substance-dependent women from substance abusing families may be that they have partners and family members who struggle with substance dependence themselves, therefore being unable to support the mother-and-child dyads. These women may experience dilemmas with regard to their social network. They need support to stay abstinent and to take care of their child, while at the same time they may need to distance themselves from their social network and family. Maintaining contact with parents, siblings, friends and former partners who continue to abuse substances may imply a substantial relapse risk in a rehabilitation process (Marlatt & Witkiewitz 2009, cited in Wiig et al. 2017).

2.2 Stigma (in relation to mothers)

Women with substance use issues face significant social stigma and discrimination in relation to pregnancy and parenting. Along with the barriers posed by family responsibilities or lack of childcare options if they were to seek treatment, the stigma of being a substance using mother and the fear of losing custody of children are significant barriers to treatment entry and engagement (Greenfield et al. 2007; Mason et al. 2019).

2.3 What is known about women-specific services?

We know from research in England and Wales that there isn't a high level of substance use support specifically for women. The most common forms of support available are weekly women's groups within a generic service and a substance use midwife (Allcock & Smith, 2018). Literature also suggests that women access substance use treatment at lower rates than men and that a range of issues create barriers for women's access to substance use services, including social stigma, discrimination, experiences of trauma, childcare and child custody concerns, and financial issues.

Pregnancy and parenting are specific areas of need that require effective support and intervention for women engaged in problematic substance use. However, parenting programmes (PPs) rarely address the special needs of women with substance use problems.

2.4 Parenting and repeat removals

2.4.1 Impact on parenting of mothers who use substances

The literature suggests that mothers who use substances are at a greater risk for maladaptive parenting practices, including patterns of insecure attachment and difficulties with attunement and responsiveness (Suchman et al. 2006, cited in Renk et al. 2016). However, there is also evidence that, for some women, pregnancy and parenting can be influential motivators for change in relation to their substance use, such as entering and engaging with treatment (Greenfield et al. 2007; Jackson & Shannon 2012; Mitchell et al. 2008, all cited in NADA 2021;). See section 3.2.2 for further information about the impact of substance use by women on parenting.

2.4.2 Repeat removals

While there is a dearth of research about mothers who use substances who are subject to repeat removal of their children, the concern of serial removal of infants/children is growing in the literature (Broadhurst & Mason 2013; Grant et al. 2011; Taplin & Mattick 2013, all cited in Canfield et al. 2017). Research evidence from Broadhurst et al. (2015) has estimated that 24% of women in care proceedings in England had previously lost the right to care for a child, with a substantial proportion of infants being subject to proceedings at or close to birth. Women aged between 18 and 19 years and who have a pattern of rapid repeat pregnancy were at increased risk of recurrence of repeat removal (Broadhurst et al. 2015). To date, there is little information in the literature about how to support substance using mothers to break the cycle of involvement with child protection services, and there has been no review of the literature on which factors increase the risk of not retaining care of the child in this population.

3. What are the additional impacts/costs to the care system and family when a child is removed due to addiction compared with the other reasons why a child may be removed?

There is a dearth of literature about the additional impacts/costs to the care system when a child is placed in care due to maternal substance use problems. However, the literature covers the general impact on the care system related to mothers that use substances, with the key themes emerging as:

- children spend a **longer time in care**
- **high prevalence of substance use** in a community predicts more children ending up in care
- there is an **increased likelihood that a child will be removed** from a mother's care
- **reunification rates improve** for mothers entering treatment quickly
- **cascading effects on the child protection system** over the life course
- **potential increased crime and drug use** by mothers and risk of sexual violence
- **foetal alcohol spectrum disorders (FASDs)** are a significant lifelong issue for the child protection system.

The literature also suggests that the key impacts on the families of mothers who use substances are likely to be:

- families are more likely to be involved in the child protection system
- women/mothers are more likely to have a range of complex personal support needs, lower levels of parent–child bonding, more likely to engage in a range of maladaptive parenting strategies, have long-term negative psychological, behavioural issues if unable to regain custody, delay seeking treatment, and have issues with trust and engagement with services and practitioners
- children – maladaptive parenting behaviours impact on the child and are strongly connected to a child's socioemotional development and later capacities for parenting.

Each theme is expanded on in the next section.

3.1 Impacts on the care system

3.1.1 Longer time in care

Some research shows that mothers who use drugs are more likely to have their children in foster care for longer periods and/or to experience termination of parental rights (McGlade et al. 2009; Miller et al. 2006; Sarkola et al. 2011, all cited in Canfield et al. 2017; Smith & Testa 2002, cited in Kenny & Barrington 2018). Other

research also suggests that children with parents who suffer with substance use spend a longer time in ‘out of home care’ and are more likely to re-enter the foster care system than children whose parents do not suffer with substance use (Barth et al. 2006; Brook & McDonald, 2009; Brook et al. 2010, all cited in Murphy et al. 2017).

Analysis of case studies in four London boroughs where children had been allocated a social worker as a result of concerns about parental substance use reported that, two years later, only 46% of children referred remained with their main carer, 26% lived with a family member and 27% were in the formal care system (Forrester & Harwin, 2008).

While the strong relationship between maternal substance use and involvement with child protection is well documented, substance use is rarely the only risk factor for child removal (Marcenko et al. 2011). The literature suggests that fragmented services can also result in longer stays in care. Health treatment and social services often have different funding steams or priorities, which means a fragmented and sometimes conflicting service delivery system puts children at risk of longer stays in care and less stable reunifications with parents (see Marsh et al. 2011 for a review). For example, substance use treatment providers have often failed to consider parental trauma issues and the logistical complications of parenting (Werner et al. 2007).

3.1.2 High prevalence of substance use in a community predicts more children ending up in care

Research by Ghertner et al. (2018) in the US context infers that a higher substance use prevalence predicts more complex and severe cases of child maltreatment, with more children ending up in foster care in locations with higher overdose death and drug hospitalisation rates. The research also suggests that high prevalence of substance use disorder among family members may mean case workers have trouble finding kin to take care of children and are forced to place children in foster care (Radel et al. 2018).

3.1.3 Increased likelihood of children being removed

The literature suggests that parental substance use increases the likelihood of children being removed from the family home and placed in care (McGovern et al. 2018). There is also emerging evidence that parental alcohol use problems have a negative impact on the likelihood of a child being removed from the family home and placed in care (McGovern et al. 2018).

There is an increased risk of not retaining care of their children after birth and/or later in their childhood among mothers who use substances prenatally (Ogunyemi & Hernandez-Loera 2004; Simmat-Durand & Lejeune 2012, both cited in Canfield 2017). However, as not all children of substance using mothers are removed from maternal care, several questions remain about which specific maternal characteristics contribute to childcare outcomes. Moreover, it should not be assumed that all mothers who use substances neglect their children and need social service

intervention (Taplin & Mattick 2013).

3.1.4 Reunification rates improve for mothers entering treatment quickly

Doab et al. (2015) undertook a systematic review of programmes and strategies designed to facilitate the reunification of substance using mothers who have had a child removed from their care. They reported that psychiatric comorbidities, use of opiates and having a greater number of children presented particular challenges to mother–child reunification, because of mothers' complex and multiple needs. The review stressed that reunification rates improved for mothers entering drug treatment quickly, spending more time in drug treatment, and where matched services for mental health and programmes providing a greater level of integrated care were implemented. While Doab's review presents important factors associated with interventions aimed at promoting substance using mother's reunification with their children, the extent to which participation in drug treatment contributes to preventing mothers losing care of their children remains unclear.

Research, within a US context, suggests that when children were removed from parental custody and parents waited to access substance use treatment if services were available and affordable, waiting promoted a sense of helplessness in parents (Altman 2008, cited in Huebner et al. 2017). Conversely when parents entered substance use treatment quickly and stayed longer, they tended to achieve better outcomes (e.g., Connors et al. 2006; Green et al. 2006; Hoffman et al. 2011, all cited in Huebner et al. 2017) and children were reunified more quickly (Green et al. 2007, cited in Huebner et al. 2017).

3.1.5 Cascading effects on the child protection system

Research by West et al. (2020) infers that placement of substance-exposed newborns into foster care may have cascading effects for already overburdened child protection systems. In addition, West et al. assert that an extensive body of research on family stability and attachment has shown that early separation, such as through out-of-home placement, can have damaging effects on child health and development over the life course (Howard et al. 2011, cited in West et al. 2020).

3.1.6 Potential increased crime and drug use by mothers and risk of sexual violence

Harp and Oser (2018) examined the influence of child custody loss on drug use and crime among a sample of African-American mothers and found that 'formal' custody loss predicted increased drug use, and that informal custody loss (child looked after by a family member) predicted increased criminal involvement. Harp and Oser suggest that once children are removed from the mother's custody, many women turn to drug use or other harmful behaviours in a desperate attempt to cope – although this ultimately worsens their situation and chances of reunification (Nelson-Zlupko et al. 1995, cited in Harp & Oser 2018).

In addition, the complex family and social systems associated with women who use substances and who have had their children removed from their care may also be

related to an increased risk of sexual violence (Gilchrist & Taylor 2009) and sexual risk-taking behaviours that result in unplanned pregnancy (Sarkola et al. 2007). Other risk factors include having a greater number of children (Minnes et al. 2008; Taplin & Mattick, 2013) and younger maternal age (Lussier et al. 2010; Taplin & Mattick 2013). To help ensure that pregnancies are planned, services should be able to assess risks associated with the daily lived experiences of women who use substances that can inform a prevention response to sexual risk-taking behaviours and violence.

3.1.7 Foetal alcohol spectrum disorders

FASDs (foetal alcohol spectrum disorders) are lifelong disabilities caused by prenatal alcohol exposure. Studies from North America and Europe suggest that 1 to 10% of children in the general population have a foetal alcohol spectrum disorder (FASD) (Lange et al. 2017; May et al. 2018; Popova et al. 2019; Roozen et al. 2016). A recent UK prevalence study (McQuire et al. 2019) found that up to 17% of children screened positive for FASD. An Australian study (Walker 2011) found that FASD is a significant issue for the child protection system. The study found that children in care are 10 to 15 times more likely to have FASD than other children. They also stay in care longer than other children and place significant demand on the care system due to their high needs, which are usually undiagnosed. The study also found that children of parents with FASD are more likely to be involved in the child protection system and that mothers of infants with FASD who enter care are at a very high risk of giving birth to further alcohol-exposed children. Finally, the study found that children with FASD have very poor long-term outcomes, which are worse for children who are not diagnosed, as they grow into adults who have complex needs and require multi-agency support.

3.2 Impacts on the family

3.2.1 More likely to be involved in the child protection system

Literature suggests that when parents have substance use problems, the family is more likely to become involved with the child protection system, children are more likely to be removed from the home and they are less likely to be reunified (Canfield et al. 2017; McGovern et al. 2020). For example, in one study (Raitasalo et al. 2015, cited in McGovern et al. 2020) children of mothers with alcohol use problems were five times more likely to be placed in care by their seventh birthday than those raised by parents without alcohol use problems. Those born to mothers with drug use problems were over seven times more likely to be in care by the age of seven, while children whose mothers experienced both alcohol and drug use problems faced a ninefold increased risk.

3.2.2 Impact on women/mothers

Women who have children and experience issues with their drug and/or alcohol use are more likely to have a range of complex personal support needs. These have already been outlined in section 2.1. The Network of Alcohol and Other Drugs Agencies (NADA 2021) describes the impact of drug and alcohol use on parenting as:

> Significant maternal alcohol or other drug use is associated with a variety of caregiving, child and family functioning problems, including a greater likelihood of neglect or abuse of children, reduced emotional involvement and attachment, increased punitive behaviour toward children, insensitive and interfering behaviour, ambivalent feelings about retaining custody, feelings of guilt and increased parenting stress (Fraser et al. 2010; Suchman et al. 2011). The continuing presence of alcohol or other drugs significantly reduces an individual's dopaminergic response to stress, leaving the mother highly vulnerable to negative emotions and potentially lacking feelings of pleasure or reward ordinarily associated with caring for young children.

There is some suggestion in the literature that parental alcohol use problems are associated with lower levels of parent–child bonding, communication and overall relationship quality. However, evidence of neglectful parenting or inadequate parental supervision is limited (McGovern et al. 2018). Additionally, a mother's inability to regain custody may have long-term negative psychological, behavioural and other health consequences for her as well as her child(ren) (Harp & Oser 2018).

A related theme in the literature is that mothers often avoid seeking drug treatment or other services because they worry they will lose custody of their child. Both Marsh (2016) and Phillips et al. (2007), cited in Mason et al. 2019, reported that fear inhibited women from disclosing the full extent of presenting problems. Studies also note that anxiety about the possible removal of a baby can overshadow pregnancy, and in some cases impact on women's bonding with the unborn child (Broadhurst et al., 2017; Klee et al. 2002; Marsh et al. 2018, all cited in Mason et al. 2019; Ward et al. 2012).

3.2.3 Trust and engagement

Trust in social workers was noted as a particular difficulty for mothers who had previous children removed from their care, or who had themselves been in care as children (Broadhurst et al. 2107; Klee et al. 2002, both cited in Mason et al. 2019; Ward et al. 2012). Research also suggests women's experiences of previous, insensitive practices has a long-term impact on their engagement with professionals in the context of a subsequent pregnancy (Klee et al. 2002, cited in Mason et al. 2019).

However, other research suggests that some vulnerable women are motivated to engage with services because of concern for the health of their child, out of fear of

child removal or motivated by a desire to maximise the opportunity to evidence changes in their behaviours and alleviate professional concern (Broadhurst et al. 2017, cited in Mason et al. 2019).

3.2.4 Impact on children

A key message from the literature is that, as a group, parents with substance use issues not only have difficulties regulating their emotions but are also more likely to engage in a range of maladaptive parenting strategies (Bosk et al. 2019). In Bosk's review of the literature, eight key issues were identified.

1. Responding to their children harshly
2. Being less attuned to emotional cues.
3. Maintaining inappropriate developmental expectations.
4. Intrusiveness.
5. Overreactivity.
6. Lack of warmth.
7. Lack of structure and flexibility.
8. Decreased involvement.

Each of these parenting behaviours impacts on the child and is strongly connected to a child's socioemotional development and later capacities for parenting. For example, insecure attachments can be connected to a range of internalising and externalising behaviours that impact children well into adulthood (Borelli et al. 2010), and are associated with having a parent with a substance use issue.

3.3 Costs to the child protection system

Only one US study (Huebner et al. 2017) was identified that has attempted to calculate the monetary cost avoidance of a treatment intervention for families with substance use problems, considering the costs avoided from a child being placed in foster care. The programme studied was the Sobriety Treatment and Recovery Team programme (START) (see section 4.1.2.1 for further detail). The actual number of children served by START who entered foster care was subtracted from the number who would have entered with substantiated child abuse/neglect and parental substance use problems (41%) to estimate the actual cost avoidance. The analysis demonstrated that for every $1.00 spent on START, the potential cost avoidance was $2.22 (Huebner et al. 2017).

4. Which interventions or approaches to support mothers who are struggling with substance use problems are promising or effective?

Because of the complex nature of parental substance use, there is not enough evidence from the research to clearly identify what interventions are the best – for example to prevent parents from losing care of their children (Canfield et al. 2017). Additionally, it is not possible to isolate the effects of the multiple complex circumstances and interventions often taking place in the lives of women with substance use problems, therefore limiting the ability of researchers to determine a causal link between an intervention and an outcome, particularly when the outcome relates to a child who was not in direct receipt of the intervention. Despite these challenges with the evidence, an evidence base has emerged on the use of Family Drug and Alcohol Courts (FDACs). There is also promising evidence about a number of other interventions directed at women with substance use problems. These include PPs (parenting programmes) such as Parents Under Pressure, intensive case management, home visiting programmes and behavioural therapies. The evidence for each of these interventions is outlined next. Along with specific interventions, there are also a number of approaches or ways of working with women with substance use problems for which there is an emerging evidence base. These are also outlined in this section of the report.

4.1 Interventions

There have been a number of evidence reviews (e.g. Calhoun et al. 2015; Murphy et al. 2017; Syed et al. 2018; Zhang et al. 2019) focusing on interventions for parents with substance use problems. Murphy et al. (2017) specifically examined interventions aimed at family reunification for co-occurring child maltreatment and substance use issues and identified four promising interventions. These were:

1. **Family Drug and Alcohol Court** (FDAC).
2. **FDAC plus additional services**. Additional services might include coaching, motivational interviewing or trauma informed counselling.
3. **Comprehensive services** (also referred to as wraparound/intensive case management – ICM). These offer an intensive, individualised care planning and management process.
4. **Strengthening Families Program** (SFP).

Other key interventions where there is an emerging evidence base include:

- **Parents Under Pressure** (PUP). A home-based intensive PP (Barlow et al. 2018; Dawe & Harnett, cited in Calhoun et al. 2015; Hollis et al. 2018; Ivers & Barry 2018).
- **START** (Huebner et al. 2012, 2017).
- **Parenting skills/family focused behavioural couples' therapy** (Calhoun et al. 2015; Syed et al. 2018).
- **Brief interventions** (or BIs) in primary care including brief psychoeducational sessions, parenting skills interventions and psychoeducational groups (Syed et al. 2018).
- **Psychosocial interventions** (McGovern et al. 2021).
- **Behavioural therapies** (NADA 2021).
- **Peer support** (NADA 2021).

According to Syed et al. (2018), there is limited evidence in the literature on interventions for parental alcohol use problems regarding:

- social care settings including those aimed at reducing out-of-home child placements
- community outreach interventions including housing services and 24/7 social support for high-risk mothers with drug and alcohol use problems
- pharmacological interventions targeting pregnant women and the treatment impact this may have on children
- interventions that target fathers.

The specific interventions, where there is an emerging evidence base, fall into three key areas of focus: **ICM**, **parenting** and **psychosocial support**. The evidence for each focus area follows.

4.1.1 Intensive case management

4.1.1.1 FDACs

FDACs (Family Drug and Alcohol Courts) aim to help parents address their substance use problems, improve family functioning and reduce the need for children to enter care. The FDAC model is a multidisciplinary service concept incorporating social services, substance use treatment, therapeutic services, domestic abuse intervention, employment and housing, which aims to improve the coordination of services for families. The package of support is overseen by a court, which monitors parents' compliance and administers rewards and sanctions. FDACs originated in the USA but have subsequently been adopted more widely in other nations such as Australia, England (see Harwin et al. 2016a, 2016b) and Northern Ireland.

A recent meta-analysis (Zhang et al. 2019) examining the impacts of FDACs on child protection core outcomes found an overall positive effect on family reunification, based on high-strength evidence, but no evidence of an effect on foster care re-entry or maltreatment re-report. The evidence suggests that FDACs are able to support parents to make positive behaviour change, making it more likely they will keep their children safely at home.

Meindl et al. (2019) carried out a rapid evidence review on the mechanisms of effective implementation of FDACs for the What Works for Children's Social Care Centre in the UK and found that two stages were necessary to achieve good outcomes:

- **stage one:** creating internal change to increase engagement in treatment (i.e. increased motivation and self-confidence)
- **stage two:** creating behaviour change through treatment.

The Meindl review makes recommendations for the implementation of FDACs in the UK.

4.1.1.2 Intensive case management

Family Drug and Alcohol Courts, PUP, the SFP and intensive family preservation programmes (IFPPs) (e.g. START) are all examples of ICM approaches. IFPPs are commonly ICM-based and target high-risk alcohol and drug affected families with the aim of preventing out-of-home child placements. In England, the Troubled Families Programme (TFP) was commissioned in 2012 with features similar to IFPPs (Day et al. 2016). The TFP provides ICM support to at-risk families with complex social, economic and educational difficulties – including parental alcohol use problems, unemployment, physical and other substance use issues. The evidence suggests that while ICM and family-level interventions show some promise, further research is required before reliable practice recommendations can be made. An intervention that seeks to develop motivation based on the benefits of behaviour change for the family is most likely to bring about positive change in parents with substance use problems (McGovern et al. 2018).

4.1.1.3 ICM in children's social care for out-of-home placements

Syed et al. (2018) reviewed the evidence on parental alcohol use problems and the impact on children and found that in relation to ICM inventions there was an absence of robust comparative English studies focusing on ICM in social care. The few comprehensive studies reported mainly negative results in preventing out-of-home placements for children affected by parental alcohol use problems. Observational studies conducted in England suggest that ICM in social care is associated with a high risk of poor child outcomes, in some instances resulting in reunification with parents who continue to misuse alcohol. Further, there was no evidence for effective strategies focusing on joint working in social care to improve parental functioning and

children's coping. This suggests that more research focusing on interventions in social care for children affected by parental alcohol use problems is urgently needed.

4.1.1.4 Parents Under Pressure

There is a lot of literature about the PUP (Parents Under Pressure) programme, a home-based PP developed in Australia specifically to address the needs of multi-problem families including those with substance use problems. It is currently being tested in the UK by the NSPCC in Blackpool, Coventry and Glasgow. PUP begins with a comprehensive assessment and case conceptualisation conducted collaboratively with the family. As part of the process, specific targets for change are identified and these form the focus of the intervention which is delivered over a 10- to 12-week period. Hollis et al. (2018) cite a small randomised controlled trial (RCT) that showed PUP to be effective in reducing parental stress and methadone dose, and there were significant improvements in children's behavioural problems. More recently, a second English multi-centre home visiting RCT by Barlow et al. (2018) explored the impact of PUP on mothers with substance and alcohol use problems. The intervention consisted of 20 weeks of home visits by a trained practitioner to specifically targeted problematic mothers with children under 2 years of age. It was estimated to cost £34,095 per quality-adjusted life year (QALY) gained and was deemed non-cost effective (NICE guidelines recommended £20,000 to £30,000 per QALY gained).

While evidence is emerging, the exact degree of impact of the programme is unclear, but findings indicate that it has promise in terms of its flexibility and in enabling parents to learn to manage crisis events.

PUP is also considered to be a type of home visit programme or ICM approach. In a review of the evidence about strategies to reduce parental alcohol use problems that could be integrated into existing services for the Department of Health and Social Care (DHSC), home visitation programmes (HVPs) for young mothers with substance or alcohol use problems were the most frequently evaluated intervention. In total, 48 RCTs of HVPs, including four conducted in England (e.g. PUP, Building Blocks Nurse Partnership) were included in the review (Syed et al. 2018).

4.1.2 Parenting

4.1.2.1 START

START is a child protection-led programme evaluated in the USA and designed for families with children aged 5 years or younger with substantiated child abuse/neglect and parental substance use as a primary risk factor. START pairs specially trained child protection workers with peer recovery supports (family mentors). Together these dyads share a capped caseload of 12 to 15 families, providing intensive child protection services such as frequent home visits, family team meetings and support for parents and children. A large comparison evaluation of START (n = 1,000) found

that families served by START were about half as likely to be in state custody (Huebner et al. 2012). Specifically, 21% of children served by START and 41% of the matched comparison group were placed in out-of-home care in state custody at some point while the case was open. Currently, START is listed as having promising evidence of effectiveness on the California Evidence-Based Clearinghouse for Child Welfare (Huebner et al. 2017).

4.1.2.2 Parenting programmes and family-based interventions

In comparison to HVPs, PPs can be delivered in any setting. The evidence suggests that PPs delivered across settings are effective in increasing parenting skills for parents with substance and alcohol use problems, but are not associated with decreased alcohol or substance use compared to treatment as usual or alternative interventions (Syed et al. 2018). Family-based interventions involve at least one family member in addition to the problematic parent and include parenting skills interventions aimed at improving communication within the family to HVPs, psychological family therapy led by a trained practitioner and branded interventions such as the SFP. The SFP is a multi-component, 14-session family skills intervention where children and parents first receive individual support. The family later become integrated into joined sessions of playtime, communication training, family meetings and planning. Overall, the effectiveness of family-based approaches, including the SFP, remains uncertain (Syed et al. 2018).

4.1.3 Behavioural and social

4.1.3.1 Brief interventions

Brief interventions (e.g. primary care assessments, psychoeducation) and integrated treatment services (e.g. residential substance use problem treatment, supplemented by parent training) vary in terms of content and duration. They commonly include three key steps: screening/assessment; a brief intervention, ranging from brief advice to counselling by a trained practitioner; and, depending on severity, a referral to specialist treatment. The literature suggests that these types of intervention generally report positive results in encouraging affected parents into treatment and in improving family members' psychosocial functioning, compared to treatment as usual (Syed et al. 2018).

McGovern et al. (2020) reviewed the literature about the impact of non-dependent parental substance use problems on children and found there are no studies examining the effectiveness of screening and brief interventions with parents with substance use problems including those whose children are involved with child protection. The McGovern team suggest that this represents a missed opportunity to intervene with this population before a parent has developed substance dependency. Such intervention has the potential to prevent the development of more problematic patterns of use and prevent harm to children. McGovern's review asserts that social workers should engage in conversations with parents, which promote the parents'

ability to link their substance use problems with adverse experiences and risk of negative outcomes for their child. Such an interaction may replicate the 'teachable moment' found to be conducive of behaviour change following the delivery of brief interventions in other settings (Babor & Grant 1992, cited in McGovern et al. 2020), with resulting improved outcomes for children.

4.1.3.2 Psychosocial interventions

McGovern et al. (2021), in a recent Cochrane systematic review, examined the effectiveness of psychosocial interventions for reducing parental substance use problems. The review found that there was moderate evidence that psychosocial interventions help parents to make a small reduction in how often they drink alcohol and use drugs. The evidence suggests that interventions that focus on the parents' drinking and drug use as well as their role as parents may have the greatest effect in reducing parental drinking and drug use. More research is needed to understand whether these interventions can be helpful to both mothers and fathers. The current evidence suggests that interventions that do not involve children may result in a greater reduction in how often parents drink alcohol and/or use drugs.

4.1.3.3 Behavioural therapies

Behavioural therapies include dialectical behaviour therapy (DBT), acceptance and commitment therapy (ACT), the community reinforcement approach (CRA), cognitive behavioural therapy (CBT), motivational interviewing (MI), narrative therapy and mindfulness narrative therapy. These therapies focus on improving interpersonal, self-regulation and distress tolerance skills by integrating behaviour strategies and mindfulness practices. While these approaches are less researched for mothers with substance use problems than those described above, the NADA (2021) suggests that they may be just as effective and are in keeping with the themes of trauma-informed practice, a strength-based approach, a gender-responsive approach and family inclusive practice. In some research, psychological therapies have been shown to be effective in reducing alcohol use problems in adults, including 12 weekly 60-minute sessions of CBT, motivational enhancement therapy or counselling therapy (NICE 2011, 2014). More high-quality RCTs are needed to determine the long-term effects of individual psychological interventions for children and families affected by substance use problems.

4.1.3.4 Peer support

Peer support and self-help groups operate with those who have a lived experience of substance use. Peers support each other, share practical help and obtain goals of either abstinence or reduced harm associated with ongoing substance use. Research has demonstrated the value of peer support in helping parents involved with child protection to feel supported and to navigate complicated systems, while also providing parent-to-parent emotional support and experiential knowledge of the system (Lalayants et al. 2015, cited in Kenny & Barrington 2018).

4.1.4 Which factors help interventions work well?

The findings from Calhoun et al. (2015), an evidence review of RCT interventions for parents with substance use problems, suggest that interventions focusing on **improving parenting practices and family functioning** may be effective in reducing problems in children affected by parental substance abuse. Alternatively, the findings from the systematic review conducted by Murphy et al. (2017) were that the most critical aspect of successful treatment and reunification was whether parents received **comprehensive services** that were specifically matched to the individual, regardless of the chosen treatment model.

In addition, the following six components of women's treatment have been identified by the NADA (2021) as promoting positive treatment outcomes:

- access to childcare
- access to prenatal care
- access to women-only programmes
- psychoeducational sessions focused on women-specific topics
- mental health interventions
- comprehensive services that offer multiple components.

Furthermore, the literature suggests that a **coordinated care/case management** approach can assist with managing the multiple supports that are necessary for providing best practice treatment for women who are pregnant and/or have children in their care. The key message should be **'no wrong door'**. If a woman presents to a substance use treatment service that may not have the capacity to respond to all the issues relating to pregnancy and parenting, then all effort should be made to engage with her while additional or specialist services are sought (NADA, 2021).

4.2 Approaches

The literature suggests that there are some key approaches or ways of working with women with substance use problems that should be considered when developing or delivering services. These include providing services that are:

- gender-responsive
- trauma-informed
- strengths-based
- relationship-based
- collaborative
- family-centred.

In addition, some key factors that enable these approaches and interventions for women to work well have also been identified in the literature. Each of the main approaches and the key enablers are outlined next.

4.2.1 Gender-responsive approaches

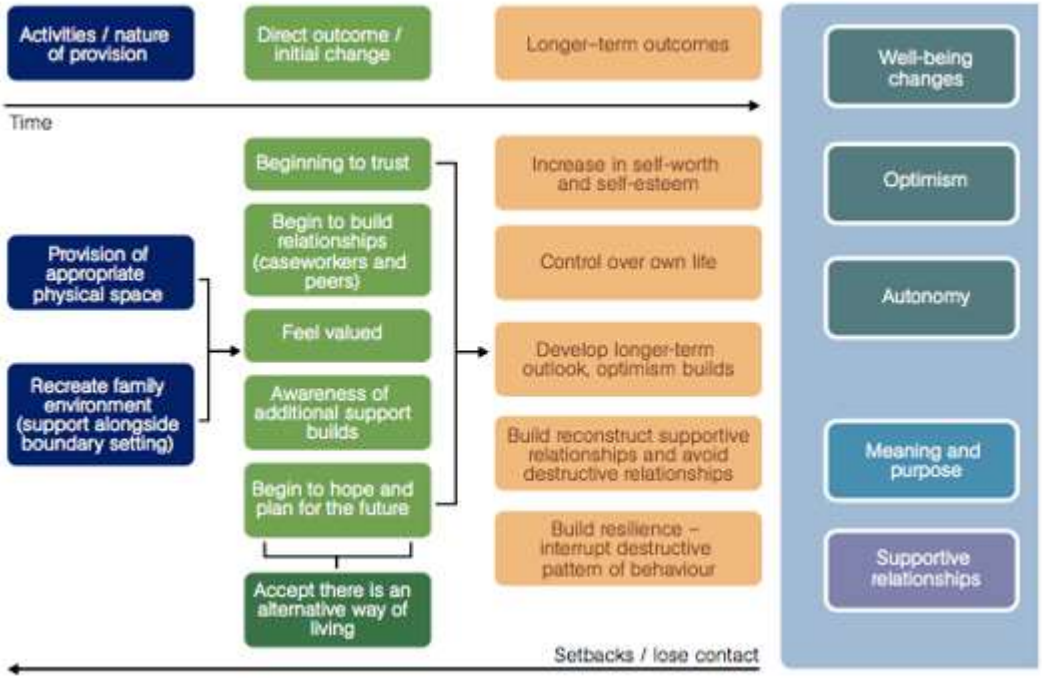
A gender-responsive approach is one where substance use treatment and services are shaped by, and are responsive to, women and their experiences. Providing a gender-responsive service involves intentionally creating a safe environment for women through site selection and staff recruitment, as well as developing programmes, content and material that reflects an understanding of the lives of women and girls, and responds to their strengths and challenges (Covington 2016).

McCrady et al. (2020) report that there has been substantial research on women-only treatment with female-specific content. Overall, the evidence suggests there is limited evidence for superior alcohol use outcomes, but they found greater satisfaction with the female-specific format and treatment content. The literature suggests that since these programmes are appealing to women, they may increase women's use of alcohol use disorder treatment, and enhance both engagement and retention in such treatment (McCrady et al. 2020).

Research also suggests that services directed at women, including mothers, generally have two distinct characteristics: they aim to **create an appropriate physical space** and have **distinct ways of working** (Nicholles & Whitehead 2012). Research suggests that effectively designed women's services may lead to improved outcomes in comparison to generic services, with women expressing a preference for women-only spaces (Holly 2017). Nicholles and Whitehead's theory of change and outcomes for women's community services (see Figure 1) provides a useful framework when considering what to measure and what the appropriate short- and long-term outcomes might be for services providing substance use interventions for women.

In addition, research also suggests that programmes specifically designed for women are better at addressing a history of trauma and mental health issues in combination with substance use problems (Grace 2017).

Figure 1 Theory of change and outcomes for women's community services



Source: Nicholles and Whitehead (2012)

Furthermore, the literature (Greenfield et al. 2007) tells us that effective women-specific approaches or interventions include:

- **family-inclusive practices** that focus on repairing relationships with children and family members and enhancing the quality of the family/domestic environment
- **addressing trauma**
- **developing support systems** to prevent relapse
- **comprehensive service models** for pregnant women
- **parenting skills for mothers on methadone** (and other pharmacotherapy) maintenance
- **relapse prevention for women** with PTSD, marital distress and alcohol dependence
- **dialectical behaviour therapy** for patients with co-occurring drug dependence and borderline personality disorder.

Being engaged in substance use treatment can provide women with an opportunity to address and reduce the risk of harm to children. Best practice treatment services for women with children according to the NADA (2021) in Australia include:

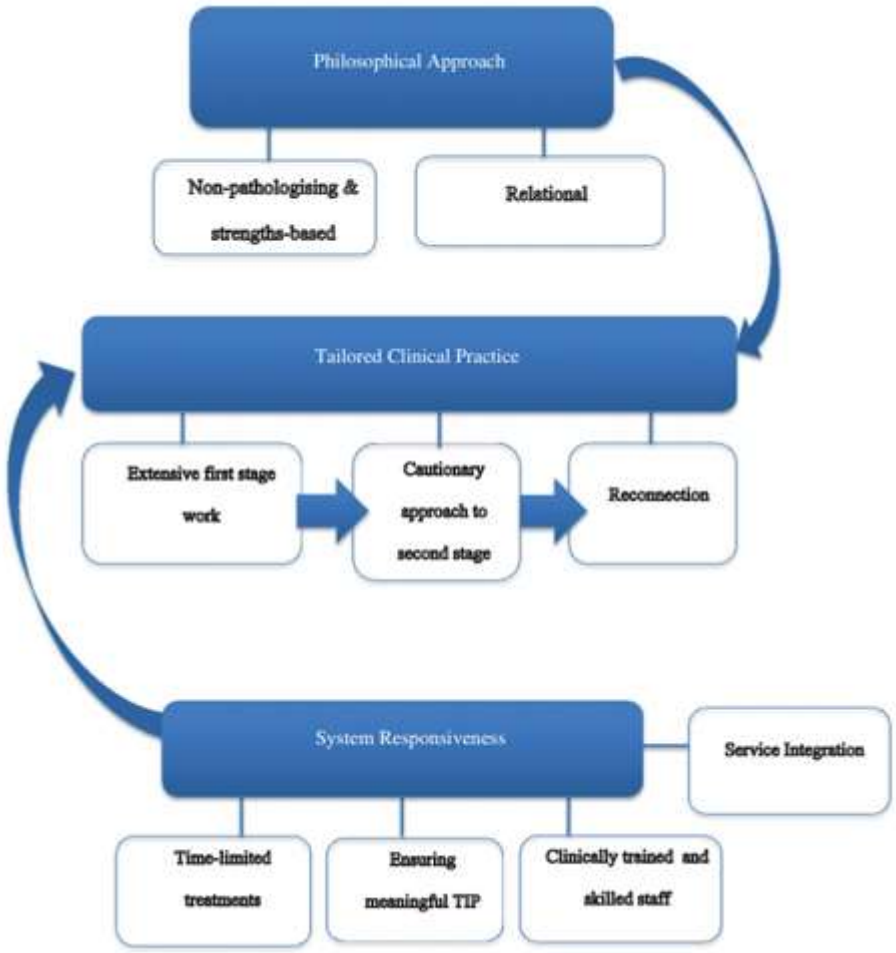
- **women-centred treatment** that involves children, such as women-specific outpatient clinics and day programmes; women-only residential treatment including residential services that allow children to stay with their mothers and/or family residential services
- **specialised health and mental health services**, particularly pre- and post-natal

health interventions and specialist mental health interventions such as individual or group therapies
- **home visits, typically by a nurse**, focusing on providing maternal support, promoting healthy parent–child interactions, and providing information and linkages to material resources
- **concrete practical assistance**, such as transportation, childcare and worker assistance to link with treatment services
- **short-term targeted interventions**, including psychoeducational groups, counselling or support groups and contingency management approaches
- **comprehensive and holistic interventions**, including programmes that integrate several of these components.

4.2.2 Trauma-informed practice

A trauma-informed approach recognises the prevalence and impact of trauma in women with substance use problems and adjusts treatment or services accordingly. UK substance use treatment guidelines promote trauma-informed practice (TIP) as 'core business' (UK Department of Health 2017), however little is yet known regarding the practical adoption of this approach in England. Bailey et al. (2020) explored how services in England are addressing substance use in their practice with women and produced a framework (see Figure 2) and some core principles for operating TIP. This includes the importance of relational, non-pathologising practice, extensive focus on physical and emotional safety and cautionary approaches towards using trauma-specific treatments involving trauma disclosure during practice with women who use substances. Bailey's framework reflects the five core principles of a wider organisational approach to TIP that services or staff can adopt: trauma awareness, safety, trustworthiness, choice and collaboration, and building of strengths and skills (Elliott et al. 2005, cited in Bailey et al. 2020).

Figure 2 TIP model



Source: Bailey et al. (2020)

4.2.2.1 Pause model

An example of a trauma-informed approach is the Pause model of intensive trauma-informed relationship-based practice support to women who have experienced removal of at least one child and are judged to be at risk of further removals of children. Pause is not just aimed at women with substance use problems, but is suitable for them. Pause has been evaluated by the Department of Education and Pause Northern Ireland supports women in three trust areas: Belfast, Northern and Western.

The evaluation of Pause (Boddy et al. 2020; McCraken et al. 2017) demonstrates the value of support for women at risk of recurrent child removal, and demonstrates that long-term trauma-informed relationship-based intervention provides an effective means of establishing positive changes in women's lives, meeting long-standing unmet health and welfare needs and addressing significant histories of trauma and adversity, including the loss of children into care and adoption. There are

corresponding benefits through reductions in rates of infant care entry, with indications that the presence of Pause in a local authority has a cumulative effect, as increasing numbers of women go through the service and continue to avoid further child removals post-intervention. The costs of intervention are offset by significant financial savings to the public purse.

4.2.3 Strengths-based approach

A strengths-based approach to substance use services or treatment with women focuses on their strengths and resilience, contributing to capacity-building and client self-determination. The literature suggests that empowerment can be fostered by emphasising parents' existing strengths and, wherever possible, including parents in decision making and treatment planning to promote their sense of efficacy (Broadhurst et al. 2012, cited in Meyer & Eggins 2018).

4.2.4 Relationship-based approaches

Policies and practices that are relational promote healthy connections to children, family, significant others and the community. They can also focus on repairing relationships with children and family members and enhancing the quality of the family/domestic environment. Research by Barnard (2007) also suggests that it may be worthwhile for professionals to support the mothers' significant others themselves, as well as their relationships with the mothers, as this strengthens what is already established. In addition, professionals can help mothers to overcome shame and fear of being rejected, and get acquainted with other parents by, for example, having someone accompanying them when visiting playgrounds, attending parents' meetings at school or kindergarten or joining voluntary organisations.

4.2.5 Collaborative approaches

The literature suggests that there is a need for the coordination of services so that tailored interventions can be developed which address early on the multi-layered and accumulated risks that are characteristic of substance using parents (McWey et al. 2015). Critically, this approach may further enhance engagement and help-seeking by facilitating a sense of trust in service providers because they are holistically addressing families' unique needs (Gueta 2017), but also by reducing the burdens associated with accessing fragmented services (Meyer & Eggins 2018). Mason et al. (2019) suggest that collaborative working can be established by:

- creating seamless service provision to women, supported by collaborative care planning and the implementation of supported referral processes
- creating strong respectful partnerships with other services to fill the gaps that may not be covered by substance use treatment
- creating clear goals, defined roles and responsibilities, and documentation that explains the nature of the partnership and that relates to governance.

4.2.6 Family-based approaches

Family-based approaches address the needs of all the family, not just the substance using parent (e.g. FDAC or 'Think Family'). Family-inclusive practice also responds to the significance of familial relationships for women. A scoping review of family-based interventions in drug and alcohol services carried out by Cassidy and Poon (2019) looked at the benefits and challenges of family-based interventions in drug and alcohol services. It found from RCTs that family-based interventions generally have more positive outcomes than individual-based approaches. However, the literature also suggests that the key challenge encountered in implementing family-based interventions is the individualised treatment focus within the drug and alcohol field. There is also evidence (see Syed et al. 2018) that family-based interventions focusing on systemic and behavioural couples' therapy provide consistent positive evidence of improved family functioning and reductions of parental alcohol use, compared to interventions focusing on the problem drinker alone.

4.2.6.1 Think family

'Think child, think parent, think family' refers to strategies that consider the effects of an intervention on the whole family, regardless of which family member the strategy is directed to. This may include providing a more integrated service to families with complex needs, such as supervised childcare while the parent is being treated for alcohol use problems. But this may also include linkage of healthcare records between family members, allowing practitioners to more readily identify children when presented with a parent with an alcohol use problem or vice versa, and examining parents' records when presented with signs of child maltreatment or behavioural problems (Woodman et al. 2018). The literature suggests that 'think family' approaches are a feasible route to early identification and intervention for at-risk families affected by parental alcohol use problems, but need more robust evaluation (Syed et al. 2018).

4.2.7 The 'Mapping the Maze' model

The 'Mapping the Maze' model integrates the gender-responsive and trauma-informed approaches to service delivery identified in this literature review. The model has four broad components:

- organisational ethos
- safe and enabling environment
- approach to working
- organisational practice (see Figure 3 for an overview).

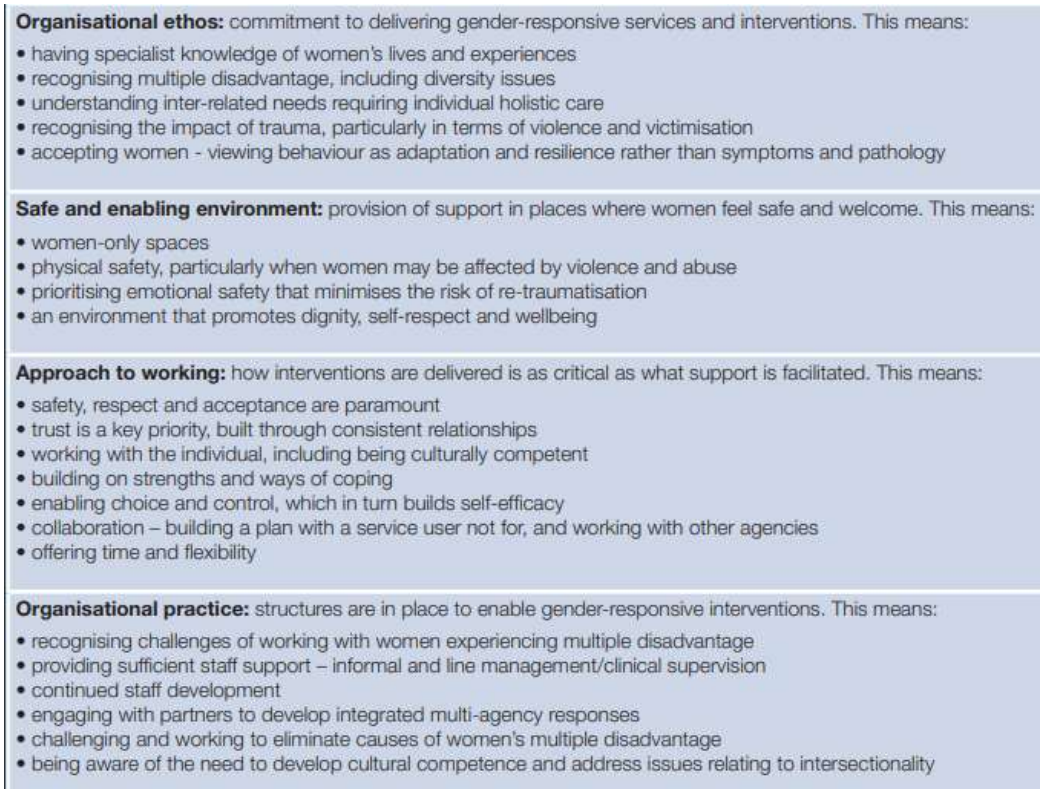
The model is helpful because women accessing substance use services may present with multiple complex issues and as a result may be overwhelmed by how they can navigate various services in order to improve their wellbeing and have their

needs met.

The recommendations for service providers using the model include specific actions under four themes (Holly, 2017) that closely align to the approaches in this section:

1. **Create a trauma-informed culture** – a whole organisation approach can deliver significant improvements for women as well as enhancing the skills of staff.
2. **Commit to providing holistic women-only support** – specialist women's services are generally better placed to meet the needs of women than generic providers.
3. **Build strong partnerships** – service providers should seek to form more partnerships across disciplines to enable more woman-centred, joined-up working.
4. **Speak to women directly** – involvement of women with lived experience is key in developing services.

Figure 3 'Mapping the Maze' model



Source: AVA & Agenda (2017)

4.2.8 Creating an enabling environment for women

While the Mapping the Maze model above already provides some key enablers for services to consider when providing or developing services specifically for women, there are some other key enablers that emerge from the literature that are worth

mentioning.

1. **Timely access to substance use treatment** – when parents gained access to services more quickly, mothers and fathers were more likely to achieve sobriety and children were more likely to remain with their parents throughout the START programme (Huebner et al. 2017).

2. **Address the socioeconomic factors** – research suggests that improving reunification for families with maternal substance use problems may be aided by reducing the total number of socioeconomic risk factors, rather than eliminating specific risks (Lloyd 2018). Examples of concrete supports include providing transportation to treatment, providing childcare to mothers and use of outreach workers to facilitate engagement (Neger & Prinz 2015). These services aim to address the practical and logistical barriers to treatment engagement that often go hand in hand with low socioeconomic status. The reviewed studies reported that concrete assistance improved how quickly mothers could access treatment, increased the likelihood of attending and completing treatment, was associated with greater levels of substance abstinence and decreased the number of days that children spent in foster care placement (Osterling and Austin, 2008).

3. **Provide concurrent parenting and substance use interventions** – research suggests it makes sense to enrol parents concurrently in substance use treatment and parenting interventions, as opposed to delaying the parenting intervention for months (Neger & Prinz 2015). However, there is a caveat. Parents seem to benefit most when the parenting intervention begins with fundamental psychological processes such as developing emotional regulation mechanisms, before teaching specific parenting techniques such as effective discipline strategies.

4. **Recovery management and support** – research suggests that family mentors are critical to supporting parents through the substance use treatment and child protection systems (Berrick et al., 2011, cited in Huebner et al. 2017). The presence of family mentors working side by side with child protection, substance use treatment and court staff was a catalyst for changing the culture, reducing stigma and showing that persons in recovery can make worthy community contributions (Berrick et al., 2011; Huebner et al. 2010, both cited in Huebner et al. 2017).

5. **Non-judgemental approach** – a non-judgemental approach by service providers is more likely to generate trust in them and possibly promote ongoing engagement and/or future help-seeking. To encourage activation, parents need to perceive their support networks as accessible and supportive, which could be fostered by offering facilitated support groups of similar

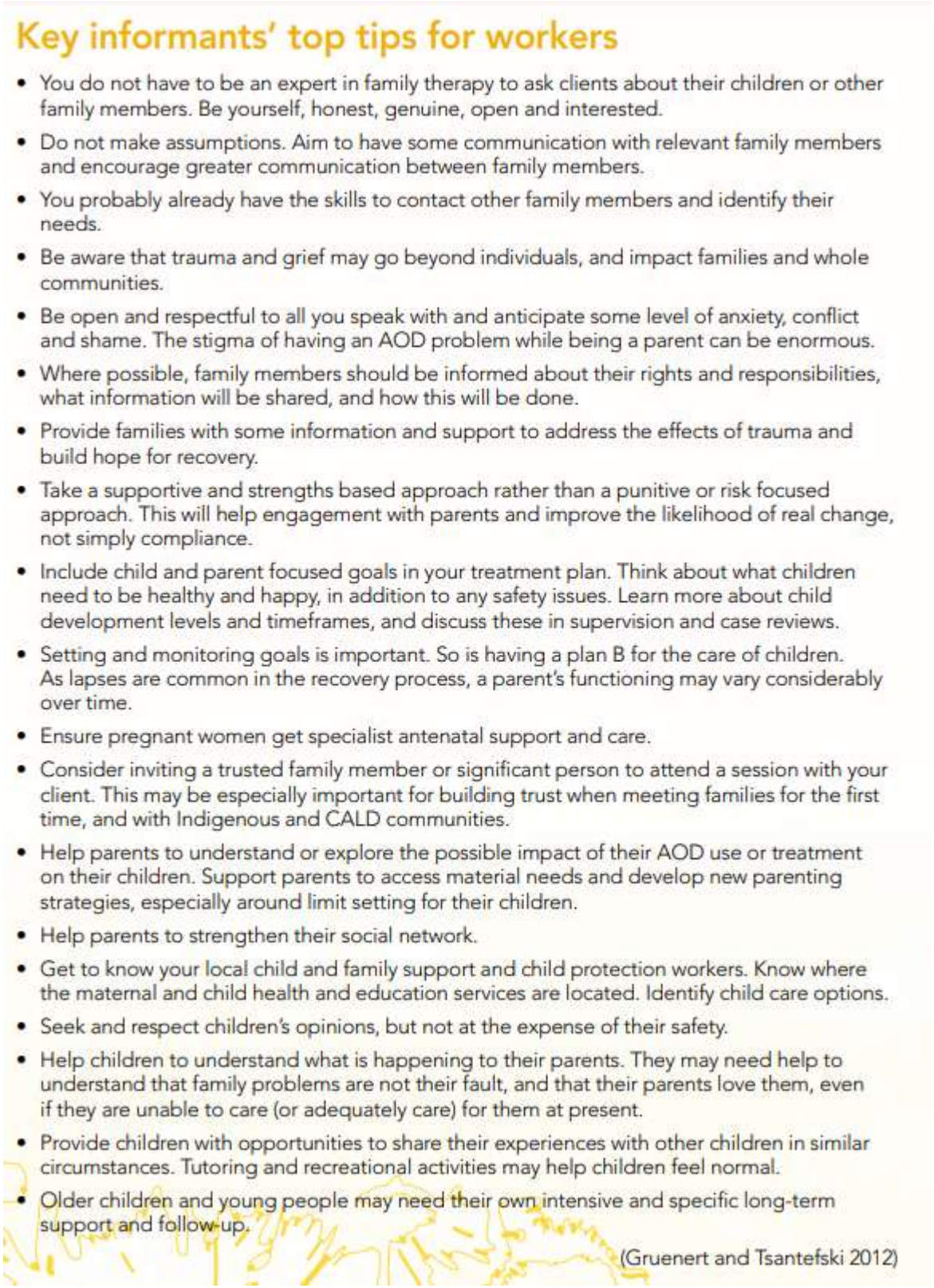
parents or outreach programmes (Grella & Stein 2013, cited in Meyer & Eggins 2018).

6. **Promoting well-informed and educated professionals** that understand the factors that might bring women into treatment and the services that might help these women and their families (Feller, 2017)

4.2.9 Top tips for working with women

Finally, a resource developed in Australia (Gruenert & Tsantefski 2012, cited in NADA 2021) provides some highly relevant top tips for workers, organisations, governments and other funders working with women with substance use problems (see Figure 4). Box 1 lists some key principles.

Figure 4 Top tips for workers



Key informants' top tips for workers

- You do not have to be an expert in family therapy to ask clients about their children or other family members. Be yourself, honest, genuine, open and interested.
- Do not make assumptions. Aim to have some communication with relevant family members and encourage greater communication between family members.
- You probably already have the skills to contact other family members and identify their needs.
- Be aware that trauma and grief may go beyond individuals, and impact families and whole communities.
- Be open and respectful to all you speak with and anticipate some level of anxiety, conflict and shame. The stigma of having an AOD problem while being a parent can be enormous.
- Where possible, family members should be informed about their rights and responsibilities, what information will be shared, and how this will be done.
- Provide families with some information and support to address the effects of trauma and build hope for recovery.
- Take a supportive and strengths based approach rather than a punitive or risk focused approach. This will help engagement with parents and improve the likelihood of real change, not simply compliance.
- Include child and parent focused goals in your treatment plan. Think about what children need to be healthy and happy, in addition to any safety issues. Learn more about child development levels and timeframes, and discuss these in supervision and case reviews.
- Setting and monitoring goals is important. So is having a plan B for the care of children. As lapses are common in the recovery process, a parent's functioning may vary considerably over time.
- Ensure pregnant women get specialist antenatal support and care.
- Consider inviting a trusted family member or significant person to attend a session with your client. This may be especially important for building trust when meeting families for the first time, and with Indigenous and CALD communities.
- Help parents to understand or explore the possible impact of their AOD use or treatment on their children. Support parents to access material needs and develop new parenting strategies, especially around limit setting for their children.
- Help parents to strengthen their social network.
- Get to know your local child and family support and child protection workers. Know where the maternal and child health and education services are located. Identify child care options.
- Seek and respect children's opinions, but not at the expense of their safety.
- Help children to understand what is happening to their parents. They may need help to understand that family problems are not their fault, and that their parents love them, even if they are unable to care (or adequately care) for them at present.
- Provide children with opportunities to share their experiences with other children in similar circumstances. Tutoring and recreational activities may help children feel normal.
- Older children and young people may need their own intensive and specific long-term support and follow-up.

(Gruenert and Tsantefski 2012)

Source: Gruenert & Tsantefski (2012), cited in NADA (2021)

Box 1 Key principles for working with women with substance use problems

- ✓ All substance use workers can benefit from having an awareness of healthcare issues relating to alcohol and other drug use in pregnancy.
- ✓ Providing factual information that is support-oriented can encourage women to seek assistance via substance use treatment and other specialist services.
- ✓ Women with problematic alcohol and other drug use who disclose pregnancy or childcare responsibilities should be provided with education, brief intervention and referral to specialist medical assistance – with support.
- ✓ Pharmacotherapy is best practice for pregnant women who are opioid dependent.
- ✓ No wrong door.

Source: NADA (2021)

5. Do any interventions help prevent mothers from losing care of their children?

There is not enough research evidence to clearly identify which interventions help prevent parents from losing care of their children when substance use is an issue. As already mentioned at the beginning section 4, it is very difficult to isolate the effects of the multiple complex circumstances and interventions often taking place in the lives of women with substance use problems, and this limits the ability of researchers to determine a causal link between an intervention and an outcome, particularly when the outcome relates to a child who was not in direct receipt of the intervention. Even in the intervention with the strongest evidence base (FDAC), it can only be shown that the intervention has a positive effect on family reunification. There is no evidence of its effect on care entry, care re-entry or maltreatment re-report. The evidence for FDACs and some of the other interventions aimed at women with substance use problems is that they are able to support parents to make positive behaviour change, making it more likely they will keep their children safely at home.

Canfield came to the same conclusion, in relation to substance use treatment interventions – that there is not enough evidence to develop firm conclusions on the influence of substance use treatment in preventing the loss of children from the care of mothers who use substances (Canfield 2017).

However, research identifies some of the factors in interventions that might help to prevent mothers from losing care of their children. These include:

- **Providing services that meet the severe and multiple disadvantages of mothers** who use substances is critical to preventing loss of childcare and to improve maternal and child outcomes. For example, meeting their housing needs and improving their education (Davidson-Arad & Mussel 2008; Lundgren et al. 2009; Wobie et al., 2004, all cited in Canfield 2017).
- The **development of early interventions that improve parenting skills in mothers** who use substances who are experiencing greater socioeconomic problems. Research has shown that precarious living conditions are often related to poor parenting ability among substance using parents (e.g. Flores 2004; Lussier et al. 2010, both cited in Canfield 2017).
- Evidence also suggests that it is imperative that **support is offered to mothers who use substances before and after birth to reduce cumulative risks**. This is because when drug use occurs in the context of other multiple risks, the mother's ability to care for their children is poor (Nair et al. 2003, cited in Canfield 2017). According to Canfield, Nair et al. found that the greater the cumulative risks, the more likely the mothers were to experience stresses related to caring for their children and to abuse or neglect their children. The effects of the stress related to caring for their children were stronger when the child was aged 18 months rather than soon after birth.
- In the context of **helping to prevent repeat removals**, Broadhurst stresses the

importance of developing a post-proceeding service that promotes psychological rehabilitation which recognises feelings of grief and loss in those mothers who have lost the care of their children, as a form of preventing successive removals (Broadhurst et al. 2015). Broadhurst advocates that integrating a post-proceeding service into substance use treatment services may not only enable women to overcome the impact of losing the care of the child, but it could provide efforts to improve their engagement with services and the ability to build skills that will allow them to take control of their actions.

- In some research, there was an indication of mothers who lost the care of their children **experiencing low family support and social isolation** (Sarkola et al. 2007; Simmat-Durand & Lejeune 2012, cited in Canfield 2017). In one study, mothers who had their children taken into care reported less social support, including low interpersonal resources (i.e., fewer friends, less supportive family, fewer people they trusted, and less time for establishing reciprocal relationships) (Lussier et al. 2010).
- With regard to findings from studies of mothers receiving drug treatment, two reported that **receiving methadone maintenance was a protective factor** for mothers retaining care of their children (Gilchrist & Taylor 2009; Lundgren et al. 2009, cited in Canfield 2017).
- Another study found that **higher frequency of previous substance use treatment** episodes and younger age at first substance use treatment were strongly associated with losing care of their children (Taplin & Mattick 2013, cited in Canfield 2017). Gilchrist and Taylor (2009) reported that the **risk of losing care of children increased** for those mothers who used substances who were **not receiving treatment**, help or advice for their substance use (Canfield 2017).
- Two studies reported the **association between pre- and post-natal care and loss of custody**, with poorer engagement with antenatal care more likely to result in loss of custody (Minnes et al. 2008), newborns transferred to intensive care units, delay in discharge from hospital and discharge from hospital without the mother (Sarkola et al. 2007).

5.1 Factors associated with mothers who use substances losing care of their children

In addition, Canfield found that the personal factors associated with mothers who use substances losing care of their children, in decreasing levels of prevalence, included:

- maternal characteristics (low socioeconomic status, younger age of first child, criminal justice involvement)
- psychological factors (mental health comorbidity, adverse childhood experiences)
- patterns of substance use (use of cocaine prenatally, injection drug use)
- formal and informal support (not receiving treatment for substance use, fewer prenatal care visits, lack of social support).

6. Are there factors or circumstances when/if families should stay together when drugs/substances are an issue?

This is an extremely difficult question to answer considering the statutory requirements to safeguard and protect children, and balancing this with the desire to keep families together as part of professional decision making. Weighing up the relative risks associated with each decision is challenging and the context for each decision is both complex and specific to that family.

Professional safeguarding guidance and protocols in Northern Ireland (DH(NI) 2017; Health and Social Care Board 2013; Safeguarding Board for Northern Ireland n.d.) provide advice for professionals about referral mechanisms and factors to consider when there are concerns about the substance use of parents when assessing parenting competence and the needs of, or risks to, any child.

6.1 Factors to consider when making child protection decisions

There are some general themes that emerge from the literature about the factors to consider when making child protection decisions in relation to a mother's substance use problems. These include the following.

- Parental substance use problems and its effects on children **coexist very often with a variety of other problems**, such as poverty, mental health issues and unemployment. These other issues most often cannot be disentangled from the substance use problem. This means that much of the evidence around the impact of parental substance use problems is unable to determine a directly causal relationship between substance use problems and specific impacts on children (i.e. it is not clear whether substance use problems are the main or only reason for negative outcomes).
- It must also be acknowledged that 'not all parents who drink or take drugs harm their children, but children living with parents with alcohol or drug problems can be at more risk of harm and neglect' (Barlow et al. 2018; Hollis et al. 2018).
- There is also a need to consider the **protective factors** that may be present, which may enhance child resilience to harm. This review has highlighted evidence that an association between parental substance use problems is greater when both parents experience substance use problems. Put another way, **the presence of one parent without substance use problems offers some protection**. Using the language of protection, rather than risk, affords an opportunity to view such protective factors as a possible intervention mechanism to enhance resilience (McGovern et al. 2020).
- Research suggests that when **appropriate treatment is provided, safety concerns can be addressed** and permanent family breakup can be averted. Murphy et al. (2017) advise that programmes that offer services to children (both

childcare and therapeutic services) have been shown to increase parents' retention in care and improve outcomes for women (Uziel-Miller & Lyons 2000, cited in Murphy et al. 2017). Retention and completion of treatment have been found to be the strongest predictors of reunification for parents who have issues with substance use (Marsh et al. 2011).

- Dunkerley (2017) makes the point that there is a **hesitancy to focus on the needs of mothers in child protection**, perhaps due to fears of losing sight of child safety or, more likely, the complexities and interrelatedness of issues that are difficult to manage within this system. Dunkerly asserts that the inclusion of mothers' needs, related to substance use issues, for example, does not have to occur at the expense of children's safety. Instead, it could increase safety in the child's own home.

6.2 Issues concerning risk

The literature also provides some suggestions or factors to consider when assessing risk of harm to the child, when there are concerns about a mother's substance use.

- It **cannot be automatically assumed** at any particular level of substance use that **harm to children is inevitable**. All parents who use substances (legally or illegally) do so on a continuum of risk of harm to their children (Smith 2017).
- **Intervene early** – while practitioners may find it challenging to identify parents whose use is not within the dependent range (Galvani et al. 2013, cited in McGovern et al. 2020), intervening early in parental risk factors including alcohol and drug use problems to safeguard children has been highlighted in guidance for health, social care and third-sector partners in the UK (Department of Health 2013; HM Government 2015; Munro, 2011, all cited in McGovern et al. 2020).
- Parenting within the context of problematic substance use can **exacerbate parenting challenges** and may increase risk for child neglect and harsh parenting behaviours (Roosa Ordway et al. 2018, cited in Milligan et al. 2020). Importantly, the presence of these risks does not negate the desire of many women to be effective parents (Milligan et al. 2020).
- Research suggests that there are **five key pathways** that may heighten risk for child maltreatment in the context of problematic parental substance use (Neger & Prinz, 2015). These are:

    - **accumulation of psychosocial stressor**, including housing insecurity, lower levels of education and employment, financial insecurity, experience of violence, involvement with the child protection, family court and criminal court systems, and decreased social support
    - **deficits in parenting knowledge**, including parenting skills and knowledge of child development (Velez et al. 2004, cited in Neger & Prinz, 2015)
    - **deficits in emotional regulation**, which include initiating, avoiding,

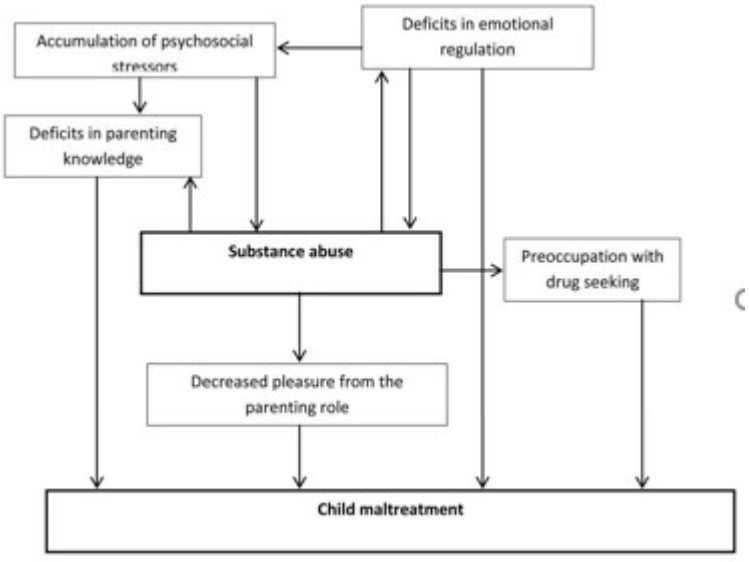
inhibiting, maintaining and modulating emotion-related states and processes within the context of parent–child interactions (Eisenberg et al. 2006, cited in Milligan et al. 2020)

- **preoccupation with drug seeking or craving** is understood as a subjective unwanted desire to use a substance when trying to abstain (Neger & Prinz 2015)
- **decreased pleasure from the parenting role** reflects the physiological impact of chronic problematic substance use on receiving pleasure (or neurobiological reward) from the parenting role, which may in turn negatively impact consistent and sensitive parenting (Kim et al. 2017, cited in Bosk et al. 2019).

Figure 5 depicts a conceptual framework on how the substance use problems risk factors connect with child harm. In the context of **comorbid mental health problems and substance use with parents**, US research (Roscoe et al. 2018) suggests three key safety threats:

- failure to meet a child's immediate needs
- presence of a drug-exposed infant
- caretaking impairment due to emotional stability/developmental status/cognitive deficiency.

Figure 5 Conceptual model



Source: Neger & Prinz (2015)

7. What practical resources exist to support social workers who are attempting to keep a family together, where a mother has substance use problems?

The resources listed in the Appendix provide a practical guide for professionals and people working with families and women with substance use problems. The resources include sources related to keeping up to date, organisations, practice guidance, books, resource directories, briefings and learning. The type of support (i.e. knowledge, skills, practical support, support groups and tools) with which each resource helps the practitioner is also listed.

8. Are there any key lessons for Family Support Hubs from the literature reviewed?

There are some key insights from the literature that point to what good service provision could look like for services supporting families with mothers or parents with substance use issues. The insights relate to how services can be provided, the factors to consider when engaging with mothers and key principles for practitioners working with women with substance use problems.

Family Support Hubs should seek to understand mothers with substance use issues at the early engagement stage and include and promote services that:

- are gender-responsive, trauma-informed, strengths-based, relationship-based, collaborative and family-centred.
- understand the need to refer families they are concerned about to Social Services who can then offer timely access to substance use treatment, address socioeconomic factors, deliver concurrent parenting and substance use interventions, provide recovery management and support, consider care coordination/case management, take a non-judgemental approach ('no wrong door')
- use the four key components of the Mapping the Maze model (create a trauma-informed culture; commit to providing holistic women-only support; build strong partnerships; and speak to women directly) to develop services
- consider providing education, brief intervention and referral to specialist medical assistance – with support for women with problematic alcohol and other drug use who disclose pregnancy or childcare responsibilities.

Family Support Hubs should consider the following factors when engaging with mothers who use substances:

- **No wrong door** – if a woman with substance use issues presents at a service that may not have the capacity to respond to all the issues relating to pregnancy and parenting, then all effort should be made to engage with her while additional or specialist services can be sought.
- **'Think child, think parent, think family'** – for early identification and intervention for at-risk families affected by parental alcohol use problems needing more robust evaluation.
- **Consider the effects on the family** and routinely ask about parental responsibilities and children at home.
- **Consider involving healthcare agencies** for the problematic parent or the affected child.
- **Implement safeguarding procedures** if there are immediate concerns about child safety. However, further evaluation is needed in terms of how to respond to

parental substance use that does not raise immediate safeguarding concerns (including the benefits and risks of safeguarding procedures).

- **Take a supportive and strengths-based approach** rather than a punitive or risk-focused approach. This will help engagement with mothers and improve the likelihood of real change, not simply compliance.
- **Ensure pregnant women get specialist antenatal support and care**.
- **Help mothers to strengthen their social network**.
- **Setting and monitoring goals is important**. So is having a plan B for the care of children. As lapses are common in the recovery process, a parent's functioning may vary considerably over time.

8.1 Key principles for staff working with women with substance use problems

- All staff can benefit from having an awareness of healthcare issues relating to alcohol and other drug use in pregnancy.
- Provide factual information that is support-oriented and will encourage women to seek assistance via substance use treatment and other specialist services.
- No wrong door.
- Be open and respectful to all you speak with and anticipate some level of anxiety, conflict and shame. The stigma of having a substance use issue while being a parent can be enormous.
- Engage in conversations with parents, which promote the parent's ability to link their substance use problems with adverse experiences and risk of negative outcomes for their child. Such an interaction may replicate the 'teachable moment' found to be conducive of behaviour change following the delivery of brief interventions in other settings.
- Help mothers to understand or explore the possible impact of their substance use or treatment on their children. Support mothers to access material needs and develop new parenting strategies, especially concerning limit-setting for their children.
- Get to know your local child and family support and child protection workers. Know where the maternal and child health and education services are located. Identify childcare options.

Appendix: Resources for practitioners

Publisher	Title	Resource type	Type of support	Brief description	URL
Children and Young People's Strategic Partnership (CYPSP)	Family Support Hubs Newsletters	Keeping up to date	Knowledge and practical support	Providing advice, support, resources and updates relevant to Family Support Hubs. Wider than substance use, but useful to discover relevant new resources or services.	http://www.cypsp.hscni.net/category/family-support-hubs-2/
Adfam	Adfam website	Organisation	Knowledge and practical support	Resources for practitioners and families from a national charity tackling the effects of alcohol, drug use or gambling on family members and friends	https://adfam.org.uk/home
Adfam	Making it happen (2017)	Guidance	Knowledge	A good practice guide to help commissioners and service managers provide effective support for families and carers affected by someone else's drug or alcohol use	https://adfam.org.uk/files/docs/Making_it_happen_final_PDF.pdf

Publisher	Title	Resource type	Type of support	Brief description	URL
Against Violence and Abuse (AVA)	Stella Project Toolkit: domestic abuse and substance use (2007)	Guidance	Knowledge	Provides guidance, models of good practice and training for frontline workers in both domestic violence and drug and alcohol services	https://avaproject.org.uk/resources/stella-project-toolkit-domestic-abuse-substance-use-2007/
Al-Anon Family Groups UK & Eire	Al-Anon Family Groups UK & Eire website	Organisation	Support group	Mutual aid group helping families and anyone whose life is or has been affected by someone else's drinking. Al-Anon also host Alateen meetings for teenage relatives and friends of alcoholics between the ages of 12 and 17	https://www.al-anonuk.org.uk/
ASCERT Northern Ireland	ASCERT Northern Ireland website	Organisation	Skills, knowledge, practical support	Charity providing services across Northern Ireland that have been reducing alcohol and drug related harm in our communities since 1998	https://www.ascert.biz/
Children and Young People's Strategic Partnership (CYPSP)	CYPSP website	Organisation	Knowledge and practical support	Resources for Family Support Hubs and parental support	http://www.cypsp.hscni.net/dailyupdates-24363-2/

Publisher	Title	Resource type	Type of support	Brief description	URL
CoramBAAF	*Dealing with foetal alcohol spectrum disorder: a guide for social workers* (2018)	Book	Knowledge	Provides advice for social workers and others who are working with or looking after fostered and adopted children who may be affected by FASDs.	https://corambaaf.org.uk/books/dealing-foetal-alcohol-spectrum-disorder
Drugfam	Drugfam website	Organisation	Practical support	Provides safe and caring support to families, friends and partners affected by someone else's drug, alcohol or gambling problems. This includes one-to-one phone or online support, bereavement support and support groups. Drugfam also delivers education and awareness talks in a variety of settings	https://www.drugfam.co.uk/
Drugs and Alcohol Northern Ireland	Drugs and Alcohol Northern Ireland website	Resource directory	Practical support	Resources and downloadable services directory for each region in Northern Ireland	https://drugsandalcoholni.info/self-help-resources/

Publisher	Title	Resource type	Type of support	Brief description	URL
Dunedin Academic Press	*Effective family support: responding to what parents tell us* (2018)	Book	Knowledge	This guide aims to assist staff in supporting families who need help with the task of parenting their children and offers practical advice and suggestions for approaches to and ways of offering support	https://dunedinacademicpress.co.uk/
FASD Network	Resources from FASD Network UK	Resource directory	Knowledge, practical support	Resources for practitioners, adults and carers about FASDs	http://www.fasdnetwork.org/resources.html
Health and Social Care Board (Family Support NI)	Family Support NI.gov website	Resource directory	Support group	Directory of support groups for alcohol/drug use problems	https://www.familysupportni.gov.uk/Section/Family/99
Health Service Executive	SAOR Model for Screening and Initial Assessment	Guidance	Tool	Support, ask and assess, offer assistance and refer model	http://www.drugs.ie/NDRICdocs/protocol1/templates/TheSAORModel.pdf
Institute for Research and Innovation in Social Services	*Parental substance misuse and social worker intervention* (2017)	Briefing	Knowledge	Evidence outline that explores the impact of parental substance use problems on children and identifies evidence for effective methods of intervention for social workers	https://www.iriss.org.uk/resources/esss-outlines/parental-substance-misuse-and-social-worker-intervention

Publisher	Title	Resource type	Type of support	Brief description	URL
Institute for Research and Innovation in Social Services	*Leading for outcomes: parental substance misuse* (2011)	Guidance	Knowledge	Practical guide for practitioners working with families for whom parental substance use is an issue	https://www.iriss.org.uk/sites/default/files/iriss_leading_for_outcomes_parental_subs.pdf
Jessica Kingsley	*Helping children affected by parental Substance Abuse: activities and photocopiable worksheets* (2015)	Book	Knowledge, tools	Provides specific examples of activities that people working with children can use to facilitate group sessions to reduce feelings of shame and isolation, better understand the nature of addiction, increase self-care and create healthy interactions	https://uk.jkp.com/
Jessica Kingsley	*A practical guide to early intervention and family support: assessing needs and building resilience in families affected by parental mental health problems or substance misuse* (2016)	Book	Knowledge, tools	Provides practitioners with early intervention techniques and effective support strategies for ensuring the best outcomes for parental substance use problems	https://uk.jkp.com/
British Association of Social Workers	*Alcohol and other drug use: the roles and capabilities of social workers* (2015)	Guidance	Skills	Sets out the roles of social workers and the capabilities needed to fulfil those roles, whether specialising in	https://www.basw.co.uk/resources/alcohol-and-other-drug-use-roles-and-capabilities-social-

Publisher	Title	Resource type	Type of support	Brief description	URL
				substance use or other adult or children's social work practice	workers
Nacoa	The National Association for Children of Alcoholics	Organisation	Practical support	A registered charity that offers information, advice and support to children of alcohol-dependent parents. Nacoa offers online resources and message boards as well as a free telephone helpline	https://nacoa.org.uk/
National Children's Bureau	*Adult drug and alcohol problems, children's needs: an interdisciplinary training resource for professionals* (2016)	Book	Knowledge	A practical resource to support practitioners working with families affected by parental drug and alcohol use problems	https://www.ncb.org.uk/
NADA	*Working with women engaged in alcohol and other drug treatment* (2021)	Guidance	Knowledge	This resource supports the provision of best practice interventions for women accessing alcohol and drug treatment in order to effect organisational change around becoming gender responsive, family	https://www.nada.org.au/resources/nada-practice-resource-working-with-women-engaged-in-alcohol-and-other-drug-treatment/

Publisher	Title	Resource type	Type of support	Brief description	URL
				inclusive and trauma informed	
NICE	Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors, CG110 (2010)	Guidance	Knowledge	This document sets out a model for providing antenatal services to pregnant women with complex social factors (including substance use problems) who often face barriers to accessing these services	https://www.nice.org.uk/guidance/cg110/
NSPCC	*Parental substance misuse: learning guide* (2020)	Briefing	Knowledge	Provides information about responding to and supporting children and families, strategy and guidance, and links to further resources	https://learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse
OpenLearn	Social work: Effective practice with substance abusing parents	Learning	Skills and knowledge	E-learning resource for social workers	https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/social-work-effective-practice-substance-abusing-parents#

Publisher	Title	Resource type	Type of support	Brief description	URL
Public Health England	Parents with alcohol and drug problems: support resources (2021)	Guidance	Knowledge, tools	A toolkit containing guidance, data and other resources to support professionals who are helping families affected by parental alcohol and drug problems	https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources
Public Health England	Parents with alcohol and drug problems: evidence slide pack (2021)	Guidance	Knowledge, tools	An evidence slide pack which presents a variety of evidence, including case studies, to encourage commissioners to invest in services working with families	https://khub.net/web/phe-national/public-library/-/document_library/v2WsRK3ZlEig/view_file/461559266?
Public Health England	Parents with alcohol and drug problems: guidance for adult treatment and children and family services (2021)	Guidance	Knowledge	Outlines the main issues for families affected by parental alcohol and drug problems and shows how services can work together to support them	https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-guidance-for-adult-treatment-and-children-and-family-services

Publisher	Title	Resource type	Type of support	Brief description	URL
Public Health England	Parents with alcohol and drug problems: investing in families workbook (2021)	Guidance	Tools	A social cost–benefit tool and a unit cost database . The database contains a range of costs relevant to vulnerable families and should be used with the 2021 guide to using case studies (below)	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986996/Parents_with_problem_alcohol_and_drug_use_-_Investing_in_families_workbook.xlsm
Public Health England	Parents with alcohol and drug problems: using case studies to estimate the cost–benefit of interventions (2021)	Guidance	Tools	A guide to using case studies to estimate how much money can be saved by supporting families who experience problem parental alcohol and drug use	https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-using-case-studies-to-estimate-the-cost-benefit-of-interventions
Public Health England	A framework for supporting teenage mothers and young fathers (2016)	Guidance	Knowledge, tools	A framework to help local healthcare commissioners and service providers review current support arrangements for young parents in their area. Covers the subject of substance use	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524506/PHE_LGA_Framework_for_supporting_teenage_mothers_and_young_fathers.pdf

Publisher	Title	Resource type	Type of support	Brief description	URL
SCIE	Parental Substance Misuse e-learning course (2011)	Learning	Skills and knowledge	Explores parental substance use problems, its effects on children and parenting capacity and the implications for social work practitioners	https://www.scie.org.uk/e-learning/parental-substance-misuse
Start 360	Start 360	Organisation	Support groups/practical support	Provider of support services to young people, adult offenders and families across Northern Ireland.	https://www.start360.org/
TSO	*Children's needs – parenting capacity: Child abuse: parental mental illness, learning disability, substance abuse, and domestic violence* (2nd edn, 2011)	Book	Knowledge	Provides an overview of the impact of parental problems, such as substance use, on children's welfare	https://www.education.gov.uk/publications/eOrderingDownload/Childrens%20Needs%20Parenting%20Capacity.pdf
Tusla Child and Family Agency	*Parents drug or alcohol use (for parents)* (2015)	Briefing	Parenting support	For parents of children between the ages of 6 and 12 who are living with parental drug or alcohol problems	https://www.tusla.ie/uploads/content/Parents_Drugs_and_Alcohol_d2.pdf

Publisher	Title	Resource type	Type of support	Brief description	URL
Tusla/HSE	*Seeing through hidden harm to brighter futures practice guide* (2019)	Guidance	Knowledge	This guide is mainly concerned with the care of children who have unmet needs: where there are concerns about the health or wellbeing of the child/unborn child or young person, and where these are linked to the impact of parental problem alcohol and other drug use on parenting capacity	https://www.tusla.ie/uploads/content/PracticeGuide.pdf

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