

'I just knew to keep it quiet . . .' Living with parental problematic substance use

Much of the following article reflects the knowledge, understanding and experience that the Aberlour Child Care Trust, a Scottish-based charity, has gained in working with women and children affected by parental drug and/or alcohol use. In 1988, Aberlour Child Care Trust opened Brenda House, the first National Residential Rehab for women and their children. We have provided two further residential services in Glasgow and since the late 1990s offered Outreach Services to Parents with problematic substance use and their children in Glasgow, Edinburgh and Dundee.

The quotations used are those of our service users, both children and adults, as well as quotations from our report, *Keeping it Quiet* (Aberlour Child Care Trust, 2003).

In the UK, while we are developing a fuller understanding of the extent of problematic substance use and its impact upon the individual user, we have not yet begun to routinely consider its wider effects on children, young people and other family members. The publication of *Getting our Priorities Right* (Scottish Executive, 2002) in Scotland and the UK-wide *Hidden Harm* (Scottish Executive, 2004) has resulted in growing awareness that this is an issue upon which our attention should be focused (also see Phillips, 2004). There is little doubt that this is critical if we are to ensure that a significant proportion of children growing up in the UK do not remain invisible, with their needs unmet.

A study of social work case files of parents who misused drugs or alcohol undertaken by Harwin and Forrester (2002) identified five types of concern:¹

- neglect of basic needs;
- violence;

- parental intoxication when in charge of children;
- harm to unborn and/or newborn babies;
- emotional welfare of children.

The pattern of concern regarding the child had a clear relationship to the substance used. Neglect, however, was a unifying theme as whatever the substance used children seemed to be at risk. Alcohol was strongly associated with violence in the home, with parental intoxication while in charge of children and with concerns about the emotional welfare of the children. Problematic drug misuse was strongly associated with the potential harm to newborn babies.

Problematic substance use cannot be seen as automatically leading to poor, inadequate or bad parenting. Nonetheless the nature of lapse and relapse often results in a lifestyle characterised by chaos and frequent change, as well as deprivation and inconsistency. It is this level of inconsistency and uncertainty that the child or young person is left to manage, make sense of and cope with:

I always loved them, I always gave them my love, but how can you give them your love? It's false love when you are stoned. When you have the hit you're 'oh my wee darling', play with them for five or ten minutes, then it's your fed up. That's truthful. (Parent)

So what do children say about living with parental substance use? One response is 'But I thought, this is life. Get on with it.'

Those of us working with parental substance use, whether as carers or as workers, must acknowledge our own values and attitudes to substance use and parenting. The stigma, prejudices and embarrassment that children experience

¹ While the conclusions are valid for the children discussed, care must be taken about generalising about drug use and neglect as wider issues.

mean they feel judged; they feel responsible and they feel angry and mistrustful. All too often they are ignored in the assessment and decision-making processes. It is therefore no surprise that they question any good that might come from others knowing. When children and young people can no longer remain with their parents, they are separated from the siblings for whom they may have provided care and with whom they have shared the good and bad times. That the parent cannot care for the child because of their substance dependency can lead the child to feel that their parent(s) chooses to be 'off their face' rather than to love or care for him/her:

Some are not interested in their weans at all – they're just there. They're just left to do what they want. I was like that.
(Parent)

Assumptions are made that all family members have the same experience and the individual child's identity and feelings can get caught up in the mass of assessments and decisions. The latter may not make sense to the child or young person or may even feel wrong:

I didnae need help, but other weans that might need help would know what kind of help they would need. Because I didnae need any help at the time . . . (Child)

What we know from our work and from talking to children and young people is that it is never all bad, but it is rarely consistently good. Parent/child roles can become skewed, with the children not being nurtured and cared for, so lacking the experiences of being a child who is appropriately parented.

Children and young people routinely say that being accepted is very important to them rather than being made to feel different or singled out:

Cos you would feel embarrassed that your teachers would know, and giving you sympathy and all that . . . I wouldnae like it. (Child)

Equally important is acceptance from

friends and other children and young people:

Some time you feel that you cannae offer them a drink cos they knew them wouldnae want to drink out of your cups. But the pals I would take in the house, I would make sure that they didnae feel that about me cos I would only take certain people in. (Child)

We have found that children and young people experience bullying associated with others in the community knowing they have a substance-using parent. They take a high level of responsibility for siblings from a young age; they carry a sense of fear and anxiety about what will happen to them or the family if people find out, on top of their ongoing fears that their parent will come to harm. As they grow older, it becomes even more important to them to protect their siblings from the related adverse experiences:

I said to my ma millions of times, 'I don't care what you do, I don't care how you do it, as long as they [siblings] don't see it, nothing, and I don't care.' (Child)

In order to be child centred we have to ensure that children and young people are heard and supported to develop and grow, working with them when they are ready to engage:

. . . that's how you are better off just letting it all out and telling somebody. And that's how I told my friend. (Child)

Supporting children to build their resilience while supporting adults to change is key. Within our projects we have children's workers whose role is to work alongside the child or young person. We have found that, in spite of their experiences, what is important to children and young people is to be with their family and to be 'normal'. Children aged from four to nine years were asked, 'If you had a magic wand and waved it what would you change?' These are some of the answers:

For everything to be made of chocolate.

To go to the beach for a picnic with you and my sister.

For me, my mum and sister to disappear.

My friends could come and play and I could go out to play.

We are taking some tentative steps towards greater awareness and understanding of the issues for children and young people. I would, however, suggest that in order to move to the provision of effective services to support children, young people and families we must adopt a far more inclusive and broad-based approach to both the models of practice and the range of services and interventions offered. This requires that we bring together models and practices from social and medical theories of dependency with those of child development, family work and parenting, and embrace the shared responsibility for working together to support children and their families to achieve sustainable change.

Before it would have been embarrassing; my mum wouldn't have had enough

money to get all the things that I would need for a sleepover, so I wouldn't have had it. Plus it wouldn't have been a good birthday, but I know, cos I've got all my friends around me and my mum is better now, I'm going to have a really good birthday. (Child)

References

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