

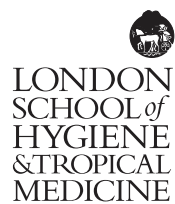
Juggling Harms

COPING WITH
PARENTAL
SUBSTANCE
MISUSE



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Acknowledgements

We would like to thank all the young people and parents who shared their stories with us and gave us an insight into their family lives. Thanks also to the family members, friends, teachers and service providers who took part in this research as well as to the following services for their time and effort in facilitating access to the families involved:

The Children's Society STARS Project; W.A.M., Nottinghamshire - What About Me?; The KCA Sunlight Project; The KCA Substance Misusing Parents Project; Young Carers, South Gloucestershire; Islington Young People's Drug and Alcohol Service (IYPDAS); CASA Family Service; Family Action Islington; The Margarete Centre, Camden and Islington NHS Foundation Trust; The Parental Substance Misuse Service, Islington; The Alcohol Advisory Service Camden and Islington (AASCI); and finally, thanks to Greg Holloway for facilitating contact with substance misusing parents outside of services.

We would like to also thank the co-investigators on this project: Dr Brynna Kroll, Dr Andy Taylor, Dr Chris Bonell and Dr Nicki Thorogood as well as members of the advisory committee. A special thanks to The STARS National Initiative for disseminating it through their website. The coordination of the study on behalf of the Department of Health was overseen by Dave Seddon at the Liverpool John Moores University.

The Family Life Project was conducted by the Centre for Research on Drugs and Health Behaviour at the London School of Hygiene and Tropical Medicine, University of London and the University of Stirling and was funded by the Department of Health. The Centre for Research on Drugs and Health Behaviour receives core funding from the Department of Health's National Coordinating Centre for Research Capacity Development, for which we are grateful.

The views expressed in this report are those of the authors and not necessarily of the Department of Health.

All the images used in this report have been selected from the public image site, Shutterstock, and are not connected with this study.

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INTRODUCTION

Background

It is estimated that 2 million children and young people in the UK are affected by parents' drug or alcohol misuse (Manning et al., 2009). The Hidden Harm report published by the Advisory Council on the Misuse of Drugs (2003), as well as a recent growing body of research has sought to map the impact of parental substance misuse on the lives of children and young people and other family members (Velleman and Orford, 1999; Velleman and Templeton, 2007; Kroll and Taylor, 2003; Barnard and McKeganey, 2004; Barnard, 2007; ACMD, 2007). This literature has linked parents' problematic substance use with household instability, child neglect, compromised child care and safety, detached parent-child relationships, and in turn, 'problem' behaviours and psychological harm among affected children (Barnard and McKeganey, 2004; Kroll and Taylor, 2003). Kroll and Taylor, for example, note that "for most children living with chronic substance-misusing parents, life can be very painful, difficult, frightening or dangerous" (Kroll and Taylor, 2003: 298).

Whilst mapping the potential harms of parental substance misuse, recent research has also acknowledged young people's potential to cope and 'get by' (Bancroft et al. 2004), or even capacity to respond positively and adapt to adversity, often referred to as 'resilience' to harm (Velleman and Orford, 1999). In their study of young people affected by parental substance misuse in Scotland, Bancroft et al. (2004) approach 'resilience' not as a fixed trait but as a series of choices and strategies adopted by young people to help them cope on a daily basis or 'get by'. They note that, "It is important to recognise their [i.e. young people's] own agency and ability to manage adverse life circumstances and, where appropriate, to enhance the processes they themselves identified as helpful" (Bancroft et al. 2004: x). Research to date, however, has lacked a specific focus on children as embedded within family relationships (Bancroft et al., 2004; Barnard, 2007), and thus neglected to focus on the constraints and enabling influences of the family context on the choices and strategies that young people are able to adopt in their efforts to cope with, and reduce the harms of, parental substance misuse (ACMD, 2007). A key recommendation of Hidden Harm and subsequent policy reviews is that the "voices of children should be heard" (ACMD 2007: 104). The Family Life Project was therefore funded by the Department of Health of England and Wales specifically to explore the experiences and understandings, including influence of the family context, of children and young people affected by parental substance misuse.

The key aim of the study was to create a detailed exploration of young people's experiences of family life over time, as changing contexts can have dramatic effects on young people's coping capacities. We have focused on trying to understand the processes of coping for young people affected by parents' substance misuse by focusing on the influence of family dynamics on their experiences and coping strategies. Coping was thus approached not as something inherent to individuals alone but also as an outcome of social relationships. In contrast to the one-off studies common in this field, the longitudinal aspect of this study has facilitated the exploration of coping as a dynamic process influenced by shifting family relations over time. This report is one of many study outputs. The focus of this report is family dynamics in particular. Explorations of changes over time will be explored in a separate paper.

Objectives

The specific objectives of the study were to explore: young people's lived experiences (daily life experiences) of family life over time; their relations within the family and extended family; their coping strategies and ways of managing family life; parents' lived experiences of parenting in a context of substance misuse; and service providers' perspectives on coping at the level of the individual and the family, and on service access and impact.

Outline of report

This report is an exploration of young people's relationships with parents, siblings and friends as well as with professionals in a supportive role. Three themes have emerged as core to young people's experiences of coping with parental substance misuse over time: 'caring for family', 'normalcy' and 'social harm'. What we mean by social harms are the harms done to relationships, identity formation and experiences outside of the family. These three themes, which emerged from the analysis, will filter through the different chapters of the report.

'Caring for family' refers to the importance young people place on family; to have a family is significant for young people's sense of self and these ideas may influence how they manage familial relationships. 'Normalcy' highlights young people's assessment of what is 'normal' and their growing awareness, over time, of how their home and family life transgress societal expectations around what is considered 'normal'. And finally, 'social harm' refers to young people's perceptions of the harms linked to not having a 'normal' family and reminds us that parental substance misuse is about social as well as hidden harms.

Having outlined the study design and participants we explore, in chapter 2, how parents and young people navigate parental substance misuse within the home. How are harms perceived by parents and young people and how do they attempt to manage and reduce these harms? In chapter 3 we consider young people's relationships in more detail and discuss the implications that these may have for their ways of coping. How do young people experience the parent-child relationship and what happens when siblings are part of the family? How does young people's

home life influence their relationships with friends and professionals outside the home?

A core ethos of our work is to enable young people and parents to speak for themselves. All participants quoted in this report have been given pseudonyms.

Study design and methods

The Family Life Project is a qualitative study and the approach to data collection has been to capture the participants' lived experiences as they describe and depict them.

The study involved interviews with 50 young people aged 10-18 who, at the time of recruitment, all had experiences of parental substance misuse within the last year. Parents were defined as any adults with care and parental responsibilities for young people. To capture experiences of family life over time, 16 of the young people were followed up, which involved between one and three additional interviews, anything from three to twelve months apart. Participants were followed up for a maximum of 20 months. Taken together, we undertook 73 in depth interviews with young people.

To capture the dynamics of young people's family and social relationships, the study included interviews with 11 of the young people's significant others such as grandparents, parents, friends, teachers and key workers, as well as interviews with 29 substance misusing parents unrelated to the young people in the study.

Finally, the study involved interviews with 17 service providers working within the field of parental substance misuse.

All participants for the study were recruited from five different areas in the UK: Kent, South Gloucestershire, London, Nottingham and Nottinghamshire. These sites reflected a range of different support services for young people.

A total of 130 in-depth interviews were carried out as part of the Family Life Project between May 2008 and May 2010. The interviews lasted between 30-90 minutes (typically 60 minutes), were audio recorded and transcribed. All interviews were carried out by the authors and were facilitated by a simple topic guide designed to explore participants' narratives of their experiences. The interviews were as non-directive as possible. Key areas explored during the interviews included: family life; parenting; awareness of substance misuse; harms related to substance misuse; coping strategies; help seeking; and recovery.

Young people

The young people sampled were all recruited through specialist services working with parental substance misuse. The services reflected a range of different approaches to supporting young people from short-term group work to long-term one-to-one support. The young people were purposefully sampled to include girls and boys of different ages and to reflect a range of diverse experiences related to parents' substance misuse and living arrangements¹.

The young people were introduced to the study by their key worker from the support service they were involved with. Young people below the age of 16 took part following parental consent while young people above the age of 16 were able to consent for themselves. However, all young people irrespective of age signed a consent form prior to the interview. The young people received a £10 gift voucher for taking part in a base-line interview and a £15 gift voucher for taking part in a follow-up interview. With the exception of a few young people who were interviewed at home or in cafés, the interviews were carried out within school or at the support services. Their key worker was available post-interview to provide support and standard child disclosure and protection protocols were used, as employed by both the services and best research practice.

16 of the 50 young people were included in the follow-up study and were purposefully sampled to include different ages and to reflect a range of different life transitions, for example changing school or moving house as well as changes in parents' substance misuse related to recovery or relapse. Those whose circumstances were fluid were most likely to be followed up. The follow-up interviews illustrated how young people's experiences of family life may differ substantially over a relatively short period of time as a result of critical incidents occurring or shifts in family relations.

The young people sample (further details about each participant is outlined in the Appendix, which is at the end of the report) comprised 20 boys and 30 girls². Just over half of the young people (28) were between the age of 10-13 and the rest (22) were aged 14-18 at the time of the first interview. The average age was 13. The sample included 5 pairs of siblings. The sample reflected a range of care arrangements: 24 of the young people were living with the parent(s) who had, or used to have, a substance misuse problem; 14 were living with a non-using parent; 5 were living with their grandparents; 4 were living on their own or in supported housing; and 2 were in foster care.

Almost half of the young people (24) were affected by their mother's substance misuse, 11 were affected by both their parents' use and 13 of the young people were affected by their father's use only. Two of the young people in the sample were affected by their grandparents', who was their primary carer, and siblings' substance misuse³. The sample included young people whose parents were using drugs, primarily heroin, crack and cocaine (17), alcohol (25) or both (8), and 34 of the young people had parents who were still using at the point of the first interview while the remainder were described as being in recovery, by which we mean seeking treatment and attempting to reduce use towards eventual abstinence. Two parents had died.

Carrying out research with children and young people on issues related to parental substance misuse requires a sensitive approach. In addition, children and young people in general are seldom asked to critically reflect on their parents' behaviour and we therefore anticipated the interviews with young people to be very difficult. Though considerable effort was put into designing various visual methods and tasks aimed at facilitating talk we were surprised by how little we came to rely on them as most young people were comfortable just talking⁴. While some young people

produced accounts that to some extent sought to minimise or defend parents' behaviour the majority gave very reflexive accounts and appreciated the autonomy provided by the interview space. Because parental substance misuse is normally fraught with secrecy (Kroll and Taylor, 2008; Barnard and Barlow, 2003) it is likely that the interviews encouraged a verbalisation of what had until then been largely unspoken or produced an extra degree of reflexivity in the young people. In general, while many young people found it hard to talk about their parents they nevertheless seemed to find it liberating to do so and appreciated that they were potentially helping others affected by parental substance misuse through participating.

Significant others

The young people's significant others were either recruited by the young people themselves as someone who could help them "tell their story" or were recruited by the researchers with the young person's permission. A total of 8 of the 50 young people had their significant others interviewed⁵. Significant others received a £15 gift voucher for taking part in the study. The young people were not present during the interviews and their stories were not shared with their significant others and vice versa.

The significant other sample, who were primarily non-users, comprised 6 people who were the legal guardians of the young people, (grandmothers and parents (using as well as non-using parents), 4 professionals (key workers and teachers) and 1 friend.

The significant other interviews were not carried out to cross-check the accounts of young people but to capture a more holistic understanding of relationship dynamics.

Substance misusing parents

The substance misusing parents were recruited as a separate sample and had no connection to the young people involved in the study. This was a decision taken by the research team informed by the views of young people participating and was due to the ethical concerns that would be raised around recruitment and write-up if we recruited the parents of the young people. The majority of substance misusing parents (n=20) were recruited via snowballing within social networks of problem drug users, who were largely dependent users of heroin and crack cocaine with little or no contact with drug-related helping services. Nine substance misusing parents were recruited through specialist drug services including for dependent users of alcohol. Parents were purposefully sampled to include parents who had children of different ages, were living with their children or had had them removed. Parents received a £20 gift voucher for taking part. The interviews were carried out at home or at the drug services.

The parent sample (see Table 2 for sample characteristics in the Appendix) comprised people currently using drugs problematically, through being dependent on them, (n=25) and people having stopped using in the last year (n=4). The approximate average age of the parents was 41 (range 35-55), and we interviewed roughly equal numbers of men (n=14) and women (n=15). All but three were primary

users of heroin and/or crack, and most of these had experience of injecting drug use. Around half (n=12) were currently in contact with methadone substitution treatment services. Most (14) were at least weekly users of their primary drug. A minority (6) described themselves as in a process of recovery from their drug use, and were either conscious to reduce their use, or had recently stopped (4). Participants had 59 children between them, aged between six months and 36 years (most were between 5 and 18 years). A minority (2) had had their children removed into alternative care.

Research on stigmatised behaviours such as parental substance misuse involves the discussion of socially illicit practices and experiences which are commonly 'unsaid' or 'unsayable' within wider society. All the interviews with parents were therefore led by them as much as possible thereby enabling a pace and topic focus appropriate for discussing sensitive issues. We found that by asking parents to "tell their story", the study created a legitimate space for the experiences of parental substance misuse to be spoken about and for some this was the first time that they had been able to tell their story within a confidential setting and to someone who was not directly involved in assessing their family or parenting skills. Especially for parents outside of all drug service contact, the study presented a rare opportunity to reflect on their experiences⁶.

While parents gave very open and honest accounts it is important that we do not overlook the context in which they were told. Their accounts were not only told to us, within the framework of a confidential study, but also in relation to dominant discourses around parental substance misuse. The cultural trope that 'substance users make bad parents' (especially those addicted to illicit drugs) prevails in discourse framing popular debate. In the UK, it is visible in the light of recent national television documentaries featuring the damage of problem drug use on family life (for example, Channel 4's *My Mum Loves Drugs, Not Me*), and bubbles under the surface in the light of heightened concerns surrounding the adequacy of strategies of child protection. For some parents this context may have produced accounts aimed at breaking down the trope of 'junkie parent'. More surprisingly, however, our interview conversations with parents often seemingly brought about moments of self-realisation and discovery which hints at the limited opportunities that substance misusing parents may have for openly reflecting or talking about the challenges they face.

Service providers

All service providers were recruited in consultation with the young people's projects and purposefully sampled to include experts working predominantly with young people, parents or whole families. The service provider sample of 17 comprised specialist key workers working directly with young people in either one-to-one support or through group work (n=9); service providers working with parents both in relation to treatment and parenting skills (n=4); professionals involved in assessing families in relation to child protection issues (n=3) and 1 service provider working predominantly with whole families.

Whilst the service provider interviews took their starting point in the participants' individual areas of expertise in relation to parental substance misuse key areas of discussion included: the perceived impact of parental substance misuse on child welfare; understandings of resilience; trust-building and engagement with young people; service accessibility and impact; and integration of services.

Service providers are not quoted in this report, but are reflected upon elsewhere. However their interviews have been used to contextualise and inform our interpretations as well as the implications and recommendations presented in the final section of the report.

Analysis

All interviews were transcribed verbatim, thematically coded and analysed throughout the study with a particular focus on relational dynamics. The first transcripts were coded jointly by members of the research team and emerging themes were discussed and incorporated into the topic guides thus allowing for further exploration of these issues in subsequent interviews. Although the interviews were thematically coded, care was taken to maintain the narrative whole of each interview and when the young people had been followed-up their accounts were analysed within the context of the previous and/or subsequent interviews. For some of the young people changes were thus captured over time while others reflected on changes (over time) within one interview.

The study had MREC ethical approval from the National Health Service Research Ethics Committee (Oxford) and also from the London School of Hygiene and Tropical Medicine at the University of London.

A case-study: Dena

This is a description of 17-year old Dena and her family life with substance misusing parents. Dena has been interviewed three times as part of the Family Life Project and has also invited her younger brother as well as three of her significant others to take part in the study. Here we present some of the key elements of her story told over time as a way of illustrating the types of data we have been able to collect through the follow up study.

Throughout Dena's life her Mum has had a problematic use of alcohol, coupled with periods of powdered cocaine use. Her Dad is a heroin user. Her parents are no longer together but are both still using and as a result Dena has been, and still is, the primary carer for her 10-year old brother, David who has a different dad. Dena has mainly been living with her Mum although over the years she has also stayed with her Dad as well as with many different members of the family; sometimes because she herself has decided to move away from her parents and at other times because her Mum has asked her to move. Social services have been involved on many occasions. Since the age of 16, and throughout her participation in the research, Dena has received specialist support related to her parents' substance misuse.

At the time of the first interview Dena was living with her friend's family together with David. She had decided to move away from her Mum a few months before the interview when the situation at home became unbearable due to her Mum's problematic use of alcohol. It was Dena's concerns for David especially which led her to move once again. Since moving Dena's Mum had stopped drinking for three weeks. This was the longest time that Dena remembered her Mum being sober for.

At the time of the second interview, almost eight months later, Dena and David had moved back in with their Mum, who had relapsed after having been sober for almost one month. Although she had returned to drinking problematically Dena felt that her Mum was now able to care more for David compared to before. The decision to move back had mainly been based on what Dena thought would be best for David who missed his Mum. Since the first interview Dena had completed her A-levels and was applying to go to university, which those around her, including her Dad, strongly supported. Yet, this was not an easy decision to make as moving away to university would mean leaving David alone with their Mum.

At the time of the third interview, just over 4 months later, Dena had not been accepted into university but was in the process of applying again. She had, however, decided to apply to a university closer to home so that she could still look out for David. Since the second interview, and following an incident of domestic violence, David had been put on the Child Protection Register as a Child in Need and their Mum was planning to go into detox again soon. Dena had moved in with her boyfriend's family but still visited her Mum and David every day. Dena no longer received support from the specialist support service.

Dena's significant others were interviewed in the time between her second and third interview. She had nominated her Dad, her friend as well as her specialist key worker to take part. Each of these interviews added to our understanding of the ways in which these relational connections influence Dena's ways of coping with her parents' substance misuse.

Dena's voice filters through the different sections of this report.

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NAVIGATING SUBSTANCE MISUSE

This chapter explores how harms in relation to parental substance misuse are perceived by parents and young people in this study. Through their stories we look at how these harms are managed and the strategies that parents and young people use to attempt to reduce potential harms and maintain normal family life

Unseen is unknown: Parents closing doors

In our data all parent accounts engaged with the idea that drug use is damaging to family life in some way and placed strong emphasis on damage limitation regarding the potential adverse effects of their drug use (Rhodes et al., 2010)⁷. Keeping drug use hidden from children, as well as from outside others, was a primary technique of damage limitation. The object here was to separate out the worlds of drug use/users⁸ from that of children/family life, at least as far as children's knowledge of the situation was concerned:

We didn't want him to be brought up in an environment where hard drugs were, you know, being used... We didn't want him to be conscious of that, because it might, you know, it might affect his behaviour at a later date I suppose. And that's, that's the kind of ongoing, kind of theme I suppose, is trying to keep it a secret you know, from [Simon] primarily, but from everybody else too.

-Zed

Separated time and space

Parents' strategies to separate out the parent's world of drug use from the child's world of family life are mobilised around time and space. Opportunities for drug use, or heavier use, arose at certain times of the day: "I'd always do it in the night when my boys were in bed"; "When he'd finally go to sleep that's when I would start smoking".

In the home, all parents we interviewed talked of creating separated spaces in which to use, away from their children's view, usually behind closed doors. While children were said to become accepting of parents having their separate space to "do their thing", the following extracts also acknowledge attempts made by children to seek attention of their parents when behind closed doors:

I used to go to the bathroom. We'd lock ourselves in the bathroom...
Yeah, "Why can't I come in, Mummy?" "No, I don't want to see you. I want to see Daddy." "But Daddy is on the toilet." "So why can't I go in?"
-Ebbe

We'd park him in front of the box [television], and go into the bedroom, close the door, barricade the bloody door, put something in front of it, and use... He'd call through the door, and we'd go "Yeah, yeah, hold on".
-Zed

When separated time or space was not available in the home, the time and space for drug use would be made: "Try to distract them, so that was the key thing, trying to distract them"; "I would give them money to get them out the house, to go and get some takeaway".

In addition to separated space, homes would be routinely cleaned up of evidence of drug use, both visual and sensory: "I used to wash the worktop off with bleach"; "I had to hide my paraphernalia, I had to make sure everything was in order so that they didn't see"; "I'd spray the house"; "I'd always put a bucket in the hallway with bleach in it so it would help take the smell away".

That which cannot be seen cannot be known

Separating out the worlds of drug use and family life is contingent on keeping drug use hidden. Such a strategy offers a rationale of that which cannot be seen cannot do harm for it cannot be known. Our data suggests that being seen to do drugs or to be a drug user was positioned by parents as a critical threshold to their children knowing their parents as people who use drugs. Accounts gave repeated emphasis to the "fact" that children had "never" seen evidence of drug use:

He's walked into a room a couple of times when there's quickly been some shuffling around, and I know he must have thought 'What the, what's Dad doing?'. But he's never actually, no, I've never allowed Jack to actually see me taking drugs.
-Rob

I'd hide the stuff, but no, he never saw me taking anything. I can say for a fact, he never saw me taking it. [...] I think he sensed that I was doing something, but he never saw. He didn't see me do it.

-Mary

The only voiced exception to the rule of keeping drug use hidden from view was when children were judged not old enough to know what they were seeing: "It was easy to use around him without it affecting him really, that's how we saw it at the time"; "He wouldn't have known what a piece of foil was when he was 3 years old"; "I think once he got to 6, 6ish, I think we made efforts... you know, he was now conscious of his environment".

Ambiguity

Maintaining drug use as 'unseen' places primary emphasis on drug use being known through children engaging directly with visible evidence (of activities, substances, users, paraphernalia). This enables an investment in, and appeal to, ambiguity; that keeping things visibly concealed maintains sufficient uncertainty to protect a parent's hope or belief that their drug use remains undiscovered, or at least unconfirmed. Mary, a long-term user, emphasised that she was never seen by her son to smoke crack. She makes an important distinction:

I think he sensed that I was doing something, but he never saw, he didn't see me do it.

-Mary

Knowing is seeing. Even in situations in which parents suspected their children knew of "something" – which was not unusual – accounts invest heavily in the idea that drug use is hidden from view. This is even while acknowledging that strategies of concealment are fragile and open to disruption. Here, Ziggy, a long-term injector of heroin and crack, characterises his risk management of drug use in the home as a form of 'edgework' in the face of liminal knowledge: his son 'knows' a certain amount, always wants to know more, but never gets to see (and thus, know) enough. Ziggy's drug use is sensed but unseen, and thus ambiguous:

You have to be careful. When I'm trying to do my thing, he's always trying to get a look at it.

-Ziggy

The fragility of damage limitation strategies

The accounts of parents also involved stories of disruption to their strategies of risk management, such as when their drug use is 'accidentally' seen or discovered. Most parents acknowledged the fragility of their strategies of secrecy in a context of regular drug use, accepting that these were open to exposure: "He waltzed in, and we tried to hide it, but he sort of sussed out, 'What you doing? I know you're hiding something" ; "I'd take him to school and I'd be in a real state [withdrawal]... I knew I was in a real state, and he looked at me like I was a state".

Every parent we interviewed reflected upon the dilemma that their children may know more than they have actually seen, or that they have seen enough to know more than their parents hoped. Yet even in such cases when their child would have an idea that they were being lied to about the drug use and the other drug users in their home, the illusion of secrecy appeared important to uphold:

I don't know if he knew, but, to me, he seemed, it was like he was confused what was going on. And that's the way I wanted to keep it. He didn't know what was going on... That's the way I wanted to keep it...

-Mary

My son would say, "Who was this?" And I'd say it was a friend, like, everyone was a friend. Maybe, in his head, he might have had an inkling, I don't know. But as far as I was concerned, no, they were just friends, and he didn't know anything else. He was none the wiser as far as I was concerned.

-Mary

Parents might pursue strategies of ambiguity concerning their drug use even in the face of their children communicating to them that they know:

We had a special drawer for all the needles and the drugs, and one day I opened up the draw and there were two plastic skeletons in there, you know, rubber skeletons.

-Larry

I didn't want them to actually catch me doing it. I didn't want them to see my paraphernalia. But then, there has been three occasions where I [have] come home and found my paraphernalia plonked right in the middle of whatever's gone on, where they've thrown things all over the place with their anger and frustration.

-Mwansa

The dilemma of whether and when parents should 'come clean' to their children illustrates this investment in ambiguity and denial of disclosure. Most parents repeatedly postponed this conversation, usually to an imagined time when they were clean of drugs:

Jack and I have actually never talked about it. We have never had a conversation about my drug addiction. Never. I've always kept it quiet from him.[...] If I am successful in cleaning up, then I'm sure I would, I'm sure I would have a conversation with Jack, six months, a year down the line.

-Rob

I know we're going to have the conversation, I know we will. But right now, I mean, I'm not ready for it now. And I think he's, kind of, like, I think he's waiting for me, to me, to actually come to him.

-Mary

Our data suggests that parents' disclosure to their children did not relate to age but instead they only tended to disclose their drug use only once their children indicate (unambiguously) that they know or when they are about to find out by some other means. The process of coming to terms with the idea that their children know – or know enough – is a gradual yet critical one towards accepting the illusory status of a narrative of damage limitation.

Key points

- Parents' damage limitation strategies are mobilised around time and space.
- Many parents engage with the rationale of 'that which cannot be seen cannot do harm for it cannot be known'.
- Parents invest in denial of disclosure and strategies of ambiguity concerning their drug use.
- Parents repeatedly postpone 'coming clean' to their children and tend to disclose only once their children indicate that they know or when they are about to find out by some other means.

Becoming aware: young people opening doors

While parents' accounts emphasise secrecy and keeping the substance misuse hidden from view, the accounts of young people emphasise an awareness that 'something is up' and that 'something is not quite right'. The young people might not know precisely what it is or what to call it, but they know it's there and that it affects their family life. This means that while parents attempt to keep their substance misuse behind closed doors or unsaid, the impacts of their use are not hidden but may pervade the experience of the home:

He always shut the door if he was using, but it was not something you can ever, I think, hide 100% when you're living in the same house as someone because you just know, you just know.

-Dena

You know things aren't right.[...] You might not necessarily know what she's using but you know something's not right.

-Sally

As a baby I didn't even notice anything wrong. (...)

Was there anything in particular which made you notice?

Not really, I just, kind of, noticed it in my head. Like, one time when I were a little baby, she left me at school until, like, nine o'clock at night and, like, then the next day, 'cause she was still, kind of, drinking, she didn't get me up for school and this were, like, when I was, like, six...five, she didn't get me up for school, so – and then, so we'd have a normal – we had a normal day as if it were weekend, I didn't know whether it was or not. Then she ended up taking me to school at about ten o'clock at night. I were trying to pull her back 'cause I noticed...'cause it were dark I knew it wouldn't be on if it were dark.

-Liam

Sensory experiences

The accounts of young people reveal that parents' use of alcohol may be less hidden than parents' use of drugs. Yet, the young people's experiences appear very similar, with an emphasis on their parents' substance misuse being sensed before it is verbalised and fully understood. Sensory experiences are thus often foregrounded in the young people's accounts as ways of building up awareness of their parents' substance misuse, especially in the absence of visual evidence of substance misuse (Wilson et al., submitted). As Jackie describes:

(...) I can still smell the smell of her room, of vodka, or... her breath. That was always the worst one. You know... you come struggling through the front door and you stink of mints...and your hands are sticky, and your jacket is sticky...

-Jackie

The appearance of the home space is also frequently used by young people as an indicator of their parents' substance misuse and well-being. Aiden for example recalls contrasting experiences of his domestic space when his mother was drinking and later, when she had been sober for a short period of time:

When you say it's good at the moment, is it the best it's been for a long, long time, or

...Yeah.

On a scale of 10, is it like 10 really good? Or 7?

It's, it's not really good, it's about a 7 or an 8 because like we never used to have carpets in the house or anything and like over the past 2 weeks we've got nearly all the carpets, a new settee and stuff like that. It's just getting herself together now.

-Aiden

Sensory experiences also seem to play an important role for young people in constructing whether or not a particular environment feels normal, predictable and secure. Young people describe listening out for certain sounds that communicate a sense of danger or insecurity which would then prompt them to 'act' either by checking on their parents or leaving the house to stay safe.

Well I didn't see it, I heard it [Mum's boyfriend being "'raged up"']. (...)I heard it, but she – I don't think my Mum thought I heard it, but I heard it.

Do you think you knew more of the situation than your Mum thought you knew?

Yeah, yeah.

And can you tell me why you think that?

'Cause, like, my Mum told me to shut my door, but I didn't shut my door, I were just lying on my bed, so I heard what's going on, and if – if I knew that he had hurt my Mum, I would go straight down there. I'd be straight down the stairs and hurt him.

-Mike

Knowing for certain

Young people's awareness of what is going on is a process, occurring over time. Whereas parents invest in strategies to conceal the substance misuse, young people tend to invest in strategies to reveal what is going on. They attempt to make sense of what they feel through strategies which seek to reveal more about what their parents are doing. They look for clues and try to interpret what these clues mean. Nonetheless, young people may never be sure how to interpret what they feel and see, and this sense of ambiguity can be perpetuated by a lack of trust in what their parents say:

I've got a feeling it might be drugs but I'm not sure.

How come you've got this feeling?

I don't know, it's just like, 'cause I keep checking my dad's arms for marks, and then I look at his arms and he's got a cut there, and he says it's so and so. I don't believe him, I think it's drugs.

-Emily

Our data suggests that knowing what is going on is very important for young people. However, this is also very difficult in the face of parental denial about their substance misuse and, as described above, parents using drugs may invest considerable energy in preventing young people having any visual evidence of their drug use:

'Cause most of the time they're upstairs – sometimes they're upstairs together and I don't know what they're doing?

If you want to know what they're doing do you ever kind of do anything to have a peek to see what they're doing? What kind of things do you do?

Go in there and peek around the corner.

And do they see you? And what do they say?

Get out.

What do you see – what are they doing?

Normally they're just...sometimes my dad pushes me out of the room but I don't know why.

-Abigail

When parents are using drugs we found that young people seek visual evidence to verify, without doubt or denial, their sense of what is happening. Most pervasive is seeing parents using which constitutes 'proof', and along with this, some relief:

I couldn't do anything [with the knowledge I had], 'cause they can lie through their teeth, I'm telling you that now... There's no point me going or saying to her, 'Oh, are you on it?', because she'd lie. So I just had to wait... I had to wait to prove it.(...) ...And then 2 months later I found, that was when I found her, her jacking up.(...) ...I felt relieved because I thought am I going crazy and just imagining all this? When I found out I was like, no, I'm not going mad, she's the liar, and she is doing that again. Because no one really believed me.

-Sally

(...) My Mum said I should have knocked first, but I knew what was going on, so I didn't bother in case they were trying to hide it, and I didn't want it going on forever.

-Emily

In general, the accounts of young people were permeated with comments suggesting that uncertainty and doubt are integral to the experience of parental substance misuse. Often the young people are aware that they don't know the full story and that their parents are withholding this from them. Even when the young people feel certain in their knowledge of what is going on, the issue often remains largely unspoken:

I just knew and they knew I knew.

Yeah. So you just, it was just something that you knew?

Yeah.

Yeah. Did you ever tell your Mum that you knew?

No, but she obviously [pause] knew that I knew (...)

-Daniel

While many young people seemingly accept this assumed unspoken knowledge, they would prefer for their parents to be honest with them about their use:

Like, I'd rather know than him hiding...with it, and all that.

-Alex

Was it quite nice when she sat down and explained it to you or?

Yeah, 'cause then I knew what was going on.

-Mike

What is 'normal'?

While young people become aware of parents' substance misuse this doesn't necessarily translate into an understanding of what this involves, either for themselves or their parents. Understanding comes with experience, and especially through learning over time, and through comparing and reflecting upon past home-life experiences in the light of new knowledge. Our data thus suggests that many young people 'adapt', over time, to their parents' substance misuse and ways of doing family life and not until later do they understand the seriousness of their parents' use or that their family life is not 'normal':

I knew she was taking drugs, but I didn't know how bad the drugs were... until like I grew up and I realised that they were really bad drugs, like one of the worst that you can get.

-Sarah

It's just, I didn't used to think it [the house being a mess] was that bad but now I'm thinking about it, it is.

Um. You didn't think it was that bad at the time though?

Because I just used to see it every day.

-Aiden

Well, I can always remember my Mum drinking, but when my Mum had my younger brother, I was eight or nine, and he was a baby and she used to go to the pub and I used to have to babysit...and she used to come home really late and I used to get really scared, completely drunk, like not just drunk as in everyday, but just completely out of it and then she'd come and she'd have, like, a black eye...and she's had a fight or she'd come and she'd wake – I would be awake because I wouldn't be able to sleep...and then I knew that I didn't like that. So that's what made me notice that she – drinking was bad and she's been doing too much of it.

-Dena

Adapting to parents' substance misuse means that having parents who are affected by alcohol or drugs becomes part of the young people's 'normal'; something that is not constantly questioned. 17 year old Dena describes this state of normalcy like, "having milk in the fridge, that's how normal it is". Our data suggests that this may push the threshold for what young people consider normal and acceptable behaviour, and thus ultimately push the threshold for when they feel the need to act and ask for help. Here, 12 year old Jacob describes a situation where his Mum transgresses his 'normal', which is for her to have "a fair bit of drink". This prompts him to call an ambulance for the first time. Jacob's comment also illustrates how young people's skills for managing parents' substance misuse develop over time

alongside shifting boundaries for what is considered 'normal':

She used to have a fair bit of drink, yeah, but she were never like that [unable to wake up], never. That's why I was worried about her [and called the ambulance], for – 'cause if that happened regular, I would be, like, knowing what to do and everything (...).

-Jacob

Reassessing my 'normal'

Ideas around what is perceived to be normal are not static but subject to ongoing evaluation and reflection. Young people's shifting assessments of their parents' behaviour as abnormal occurs over time. This happens not only during exposure to a divergence of experiences within the home, and in relation to parents' changing substance misuse as described above, but also through experiencing how others 'do' family life outside of the home – indirectly through the media and directly through interacting with their friends and their families. Here, Dena describes how her first sense of her 'normal' being different to other people's 'normal' was when she visited the homes of her friends:

I didn't really know that my Mum wasn't normal until I met other people's Mums and they were, like, they had rules and things.

Yeah, so how old were you when you started to meet, like, your friends' parents and found out that maybe your family was a bit different?

Well a lot of my friends at the time were my Mum's friends' daughters and sons, and so obviously my Mum's friends, they were mainly drunks as well... so to me, that was normal until I met some – other friends and it was when I was in year seven, so I was about 12 or 11, when I went round to her house and her Mum and Dad are together, and I'm not saying that that is normal because obviously single parents are normal as well, but it was weird how they had dinner at the same time every day, and they had to have a bath, 'cause I stayed there, and they woke you up in the morning and it was just completely different and I really liked it...and I was just – it made me feel uncomfortable to go back to my Mum's...knowing what I was missing.

-Dena

Alongside this growing awareness is a dislocation between the young people's experiences at home and what they see at other people's homes. This dislocation in experience shows their home to transgress social expectations around what is considered to be 'normal' family life and parental behaviour. The awareness that their parents' behaviour feels strange is often accompanied by shame and social embarrassment:

It's embarrassing because all your friends have got normal parents and you haven't...knowing that like, you're not going to have a birthday party or you can't invite your mate around for dinner because it's just, it's not appropriate and their parents won't let them. It's horrible, it really is.

-Sally

Managing hidden and social harms

Realising that family life falls short of expectations leads many young people to invest considerable effort in concealing their experiences from the world outside their home to maintain an impression of normalcy. Our data suggests that young people's reaction is often to sense that their normal has to be hidden. As a consequence, they invest considerable energy in presenting their family to others as if it were normal. This is a way to protect against the threat that their home and parents pose to their everyday life and social relationships with friends and at school. Many young people are concerned about what impression their friends and others may have of their parents, and also by extension of themselves, and worry that allowing people to know about their home life may threaten their social position. For some, this means that friends are rarely, or never, invited to visit, with life at home protected as a separate private world. In addition to not talking about their parents' substance misuse young people may try to avoid being identified as associated with having substance misusing parents:

Even though I was having them problems at home I didn't let it show in school. I'd still come in and do my work and act like a normal kid (...). I didn't let it show at all and I didn't say anything.

-Sally

The motivation for this separation between their home and outside lives is often to protect against the risk of being bullied or out of fear that if others knew then they would not want to spend time with them:

No, they [mates] didn't know 'cause they were, like, wallies and they'd, like, wind me up about it... If I told my mates, my mates could then tell the bullies, and, like, they would say, like, "Oh, is, like, Mummy not looking after you properly?"

-Ben

It's just that it prevents me from doing stuff because they know what's going on in my daily life.

What kind of things does it prevent you from doing?

Like, if I say, "Do you want to come out and hang around?" they say that they don't really want to right now.

-Ben

Others worry that being associated with their parents may spoil their own formation and maintenance of an identity distinct from their parents:

Is there a reason why you don't want people to...other people to know what's going on?

Because I just think, like, then people would know my life, kind of thing. I'd rather them see me...my athletics life and my new life.

-Alex

And I was worried that she'd [boyfriend's Mum] kind of say, I don't think this girl is very good for you. Look at her Mum...you know, she's probably going to turn out like that. So I was really worried about telling him...

-Anna

What these comments show us is that while knowing-for-certain about parents' substance misuse may reduce a sense of uncertainty and ambiguity about what is going on in the home, this does not mean that young people can act on this knowledge outside the home. Knowing does not easily translate into telling. Our data thus suggest that the majority of young people adopt two types of harm reduction strategies at the same time: first, they seek to reveal more about what is going on within the home as a way of creating security about what they know and to feel more in control; and second, they seek to conceal to others what is going on within the home by appearing as normal to outsiders as they can, thereby separating their home-life from their life outside the home. The second of these strategies is driven by young people's sense of social harm, such as a fear of bullying or rejection. This means that young people's need to manage or reduce social harms outside the home may inadvertently sustain the harms of parental substance misuse within it.

Key points

- Parents' substance misuse is often sensed before it is verbalised and fully understood.
- Young people's shifting assessment of their parents' behaviour as not 'normal' occurs over time.
- Young people's awareness of parents' substance misuse is often accompanied by a sense of shame and embarrassment that their family life is not normal.
- In response, young people invest considerable effort in concealing their family life experiences from the world outside their home, both to protect themselves as well as their parents.
- The need to reduce social harms outside the home may inadvertently sustain the harms of parental substance misuse within it.



COPING IN THE CONTEXT OF RELATIONSHIPS

This chapter explores young people's ways of coping with parental substance misuse in the context of their relationships with parents, siblings, friends, and professionals. By paying attention to young people's stories of how these relationships are experienced and managed in everyday lives, we look at the influence of these relationships on the choices and strategies that young people are able to adopt in their efforts to cope with parents' substance misuse over time.

Love, care and family

In the previous chapter we have seen how young people reassess their 'normal', comparing and evaluating their own experiences through a growing awareness of others' family life as well as societal expectations. As part of this reassessment, young people's accounts of love and care emerge as key themes. Experiences of love and care were not something which we asked about explicitly or envisaged being a central theme but were introduced by the majority of young people in the study, who questioned the relative absence of love and care in their relationships with parents (Houmøller et al., submitted).

Our data suggests that young people expect love and care to be implicit to families, unquestioned and unconditional. Yet, at the same time they are also aware that their parents' ability to care for them is affected negatively by their substance misuse. Managing these contradictions between unconditional love and sometimes inadequate care is a difficult and confusing process for young people and one which evolves over time. Learning to manage these contradictions, however, may be important for young people's ability to take care of themselves.

Questioning love

It is striking from the accounts of young people that they have firm ideas about the kind of love their parents are supposed to give them; often it is taken for granted that parents love their children and children love their parents. This is described as a kind of love linked to ties of blood:

Everyone can give you their love but your Dad has a special love doesn't he?

-Meg

This implied linkage between love and 'being related' makes it almost impossible for young people to question the unconditional love between themselves and their parents, even when the relationship is problematic:

(...) my Dad will always be my dad and I'll always love him...no matter what he's done...and no-one – I've had people say, "Yeah, but he's done this". I've said, "'Cause I don't care, he's my Dad".

-Zoe

Yet, while believing in unconditional love between parents and children many young people also feel that their parents do not always care about them when they are using drugs or alcohol, and parental care is therefore experienced as context-specific and unpredictable. For some, this absence of constant care feels like having missed out on having "a proper" Mum or Dad. This is not always experienced like an absolute state but is changing over time and often seems to follow parents' cycle of use:

I feel like I didn't have a Mum or Dad. Like a proper one where they... where you just spend time with them and they speak to you... and they ask you questions about what you're doing...and things. (...) And then it was different because he [Dad] would care for me a lot more...when he wasn't on drugs.

-Dena

(...) Sometimes she's a parent, but then sometimes when she needs to do what she has to do, she's not there.

-Lauren

Our data suggests that love and care is not something which the young people can take for granted but is instead questioned when parents do not consistently express love and care in ways that they are expected to as parents. This is often linked to the feeling that alcohol or drugs come first:

I feel like if you love someone and you're putting them...if you've got children then they should be first. They're not first if you take drugs or drink. They're always second after that and for me, I don't know, it really makes me angry because it's like if you love me you'd buy milk rather than that bottle of wine. Do you know what I mean?

-Dena

Continuing to love

It was rare, however, for a young person to unwaveringly conclude that their parents did not love them, even when care was missing, and often their talk about this issue remained ambiguous or doubting. Almost all of the young people interviewed continued to believe in their parents love for them and many managed to make a distinction between expressions of care and their parents' feelings of love:

And I know my Dad loves me, he's just not – he just don't care.

-Leslie

While almost all of the young people expressed an enduring love for their parents, their accounts also revealed that over time many of them had actively withdrawn this love and care temporarily in an attempt to deal with, and protect themselves from, what felt like their parents lack of care. However, withdrawing love was usually a short-term strategy and not one that could be maintained over time. Instead, young people felt that it was necessary to continue to love and not to give up on love for their parents, even when the relationship was problematic. Here, Anna reflects on the pain and potential damage involved in maintaining a relationship with her Mum and yet she feels that she still has to keep on loving her:

I don't particularly like her very much but I have to love her. (...) the best thing in an ideal world would be to turn away from her and say, "You're causing me too much hassle, too much pressure, too much hurt. I don't want anything to do with you". But at the end of the day, I only have one Mum and even if I don't like her very much, I have to love her. I have to numb my feelings over it, cause I know she's drinking now...I mean, I wouldn't be surprised if she's smoking now. But I just have to say, "Good morning" to her, "Have you eaten? Do you want me to make you a cup of tea?".

-Anna

The importance of being in a family

Our data suggests that young people's felt necessity to continue to love their parents is linked to the importance they place on being in a family and having parents, even if their parents do not really act like parents at all. Being in a family is important for young people's assessment of themselves as 'normal' and because it provides a sense of belonging as well as a sense of security:

(...) it is very important to have your Mum and Dad because there's going to be times in your life when you're going to just feel so lonely and you're going to want your family round you. The most important people in your family are your Mum and Dad really.

-Dena

Continuing to love is also important because turning away from parents involves breaking the moral expectations inherent to the parent-child relationship. Young people's continued investment in love is thus also about social obligations and norms; doing what is perceived to be 'right' according to expectations about love and care within families:

(...) it would be terrible if my Mum died tomorrow and, and I thought well my last, Mum's last memory of me would be me turning around and saying I don't want anything more to do with you.

-Anna

Accepting parents

Not only did the young people need to still love their parents but our data suggests that they also needed to find ways to excuse their parents' sometimes lack of care to enable this continued love. Our data suggests that young people's acceptance of their parents played a key role in enabling love and that this could help minimize the emotional pain involved in maintaining the relationship. This is how Anna and Dena explained their relationships with their parents:

We don't get on very well...but the way I see it is, my Mum's not very well...she's not going to live forever...I've just got to really try and ...even if it's just sitting together watching TV.

-Anna

(...) Now I understand why they are how they are. And before I didn't, I just thought that they chose to [use drugs and alcohol] and that's it. They chose it over me...and I want David [younger brother] to understand that before he gets too old enough to just go. "Well, I don't want nothing to do with you" 'cause I think it's important that he has a Mum.

-Dena

To fully accept their parents also meant learning to live with the chronic nature of the situation as described by Leslie:

(...) The relationship we have now it's the best it could be. It's the best it's ever going to be. It's never going to get any better.

-Leslie

For the young people this also involved coming to terms with their own inability to stop their parents' substance misuse:

(...) before I'd be right on it. I'd want to stop it. I'd want to try and do everything in my power to try and stop it but now I can't. I've realised I can't (...). She will find a way to do it if she wants to do it.

-Sally

Caring for family and self

Young people's acceptance of their own inability to change their parents is often linked to an increasing realisation, especially amongst older young people, that they have to also take care of themselves and to overcome a felt conflict between caring about their parents and caring for self. From a young age many of the young people had taken on a caring role in relation to their parents, however, as they grew older and more aware of their own future adult lives this became increasingly difficult. Here, Kerry reflects on her acceptance of her Mum's constant risk of relapse as well as her concomitant acceptance that she cannot always be around to keep her Mum sober:

It's like every day that she's not drinking is an achievement but we all know that there's gonna be a day when she's gonna wake up and she is gonna go on the drink. (...) it scares me but then it's like we, we always can't be here for her to say to her, "Mum, you can't do this. You can't do that", and we're all not gonna, we all want to live our lives and we can't be there all the time to say to her, "Now Mum don't have a drink, come home and have a cup of tea or some juice or something".

-Kerry

By accepting their parents' substance misuse and thus not investing any hope in their long-term recovery our data suggests that young people find a way to care about 'now' which minimises their sense of responsibility for their parents' recovery. This allows them to still love and care about parents without taking on the caring responsibilities that familial love normally entails and which could potentially compromise their ability to take care of themselves.

Key points

- Young people anticipate a norm of unconditional love between parents and children but feel that their parents do not always care about them when they are preoccupied with drugs or alcohol.
- The felt linkage between love and 'being related' makes it difficult, if not impossible, for young people to question the unconditional love between themselves and their parents, even when the relationship is problematic.
- Young people's felt necessity to continue to love their parents and care for family is linked to the importance they place on 'being in a family', and acting according to their expectations about familial love and care.
- Young people learn to explain away or excuse their parents' sometimes lack of care to enable a continued love.
- Overcoming a felt conflict between caring for family and caring for self is important for young people's sense of coping.

Caring for siblings

We have seen how caring for family is central to young people's experiences of parental substance misuse. Sibling relationships are an important aspect of this and our data suggests that siblings may accentuate a felt conflict between caring for family and caring for self. Relationships don't happen in isolation and alongside learning to manage their own relationship with their parents and get by, young people are also often dealing with their sibling relationships, and how their siblings are affected by parents' substance misuse. Through the accounts of young people it becomes clear that older siblings, especially girls, often take on a caring role for their younger siblings. Our data suggests that sibling order may thus be very important, with siblings going through different exposures and experiences and therefore potentially developing different competencies and skills for coping.

Immediate and long-term protection

When older siblings take on a protective role for their younger siblings this involves protecting them from the immediate risks of being around the substance misuse, such as potential violence or avoiding witnessing the direct results of their parents being intoxicated. This sometimes involves taking younger siblings out of the house or removing them to their bedroom when a situation becomes unsafe within the home. These strategies appear to reproduce parents' damage limitation strategies (chapter 2) – separating out the worlds of substance misuse from that of family life. However, caring for younger siblings also involves attempting to protect them in the immediate or long-term by avoiding social harms associated with having parents misusing drugs or alcohol, such as bullying, or by making the younger sibling aware that what their parents are doing is not 'normal':

(...) I do it [pay for brothers' haircuts] because, I, I hate to say it, my brother get bullied, they do, because of their appearance (...). (Sally is 18 and her brother is 11)

-Sally

Like I didn't think it was wrong [Mum's drinking] which was really scary because I hope my brother knows that it's wrong...because I wouldn't want him to think that drinking excessively is okay...or taking drugs is okay because your Mum does it. (Dena is 17 and her brother is 10)

-Dena

The strategies that young people use to protect their younger siblings illustrate the skills and knowledge that they have built through having to deal with their parents' substance misuse; they have had to become equipped to identify potentially risky situations and learn how to mediate and avoid them.

Skill-building

Young people's immediate and long-term protection strategies towards younger siblings imply that they protect their siblings from being exposed in the same way that they themselves were and our data thus suggests that sibling order is very important. This may mean that when younger siblings are parented or protected by older siblings they do not develop the same levels of knowledge or skills to identify what constitutes a risky situation or how to manage the potential dangers associated with parental substance misuse:

"I'm used to it. I had to put up with my Dad hitting my Mum. But he don't no more, but my [younger] sister ain't had to put up with that, and she's not really old enough to know what it's like." ((Emily is 13 and her sister Abigail is 10)

-Emily

Well, I can tell when she's [Mum] had something because her face looks a bit dozy, sleepy and she normally falls asleep quite a bit 'cause she used to do it. My [younger] sister [she don't know what's right and what's wrong. She don't know whether she's took drugs or she don't...so she don't know whether she's safe, so my sister gets a bit confused with it all, but...

Yeah. How do you know that your sister doesn't know like when it's right and wrong?

Because when I, I go Gemma, does it look like Mum's had something? And she goes, no. When I know that she has. (Meg is 11 and her younger sister is 10)

-Meg

Although protected by their older siblings, the accounts of younger siblings often reveal that they are aware of what is going on and of how much their older siblings are doing to look out for them. Still, our data suggests that younger siblings, to some degree, may become dependent on older siblings in dealing with their parents:

How did you manage, like when this [Mum being drunk] used to happen every day?

It was um, my [older] sister – she’s moved out now – she was quite young. She was about 15, 16...So she had to deal, handle it mostly. (...)Yeah, and my sister moved out...when my Mum came out of [hospital]...that was the end of my sister. She was 16 and she moved out.

Okay then. So that was it?

Yeah, so there was no sister anymore.

No. Did that change things for you? It must have?

Yeah, cause we had to do it on our own. It was never as bad as what it was before. But it was still – yeah sometimes my sister would actually have to come all the way down back home to look after my Mum. But most of the time we dealt with it ourselves. My older brother, he was mainly dealing with it then. (Julia is 12 and her brother is 20)

-Julia

What other stuff would, would you used to do, when things, you know, when it was a bad day or things were getting bad?

Go out...phone up my [older] brother or my sister and tell them what’s happened and see if they could come round and sort it out and stuff.

(Aiden is 13 and his sisters are 16 and 22 and his brother is 25)

-Aiden

While caring for younger siblings is described as a strenuous task, having younger siblings who thus need you is nevertheless sometimes mentioned by older siblings as a motivation to do well and as an important element in their own sense of getting by. This is Leslie’s reflections on what helps her get through her Dad’s drug use:

(...) it’s Ethan, my brother.

Okay.

I’ve always known that sooner or later, it’s going to be me that’s left looking after him. I’m going to be the one that he’s looking to. He ain’t got no-one else really. (...) And I know he needs me, otherwise I probably wouldn’t be here. (Leslie is 16 and Ethan is 6)

-Leslie

Different paces

Not only may siblings experience parental substance misuse differently due to their place in the sibling order but our data also suggests that siblings often move at different paces in how they feel about their parents' use and in their attempts to deal with it. As described above, some young people learn, over time, to accept their parents, however, our data also suggests that siblings often find themselves at different stages in this process towards acceptance. This is sometimes the cause of conflicts between siblings when they do not agree on how to love and care about parents:

(...) She [sister] was like, she would text me stuff and be saying, oh she's [Mum] not her Mum and all this.

She says she's not her Mum?

Yeah. Which got me like mad about her text.

What do you think?

Well she still is my Mum really, isn't she. (...) At the end of the day she is her Mum really. She can't just switch her off. (Kathy is 16 and her sister is 19)

-Kathy

(...) Everybody [her siblings] has seen me as letting my guard go right down and saying, "hello you should help Mum. She's got nothing". Whereas Aiden [younger brother] was turning round and saying, "Kerry she's old enough, do you know what I mean, you can't always, you're not always gonna be here" (...).

So he changed. He sort of had quite a different perspective didn't he?

Yeah. (...) it used to be the way that nobody could say a bad word about my Mum. And now it's like, well, he's the way I was. (Kerry is 16 and Aiden is 13)

-Kerry

Moreover, while older siblings have sometimes learnt to accept their parents' risk of relapse, often through experiencing parents' repeated relapses in the past, they are aware that their younger siblings are sometimes still full of hope in their parents' recovery. Therefore, whilst older siblings may have moved away from investing hope in their parents getting better, as a way of coping, this is complicated by being linked back in to the experience of disappointment through younger siblings:

I've got no hope for her [Mum] at all anymore and I really didn't think that was going to happen but it has (...)

So you, you used to have hope and you used to kind of want to believe when she said, "I'm going to be straight, I'm not going to use"?

Yeah I really, really did. And I can see that in my little brother. (...) she didn't even give me a [birthday] card. I don't, that, I don't care like, it doesn't bother me but for a young child [younger brother] when his Mum doesn't get him a card or a present like, I can see that being quite upsetting. (Sally is 18 and her younger brother is 11)

-Sally

Blurring of roles

Older siblings often take on the role of a quasi-parental sibling, hereby blurring the roles between being a sister or brother and being a parent. Our data suggests that older siblings may attempt to give their younger siblings the parenting that they themselves never had for example discipline or emotional warmth:

I've always tried to protect his head, keep him a child as long as – childhood's too short anyway...but that's never really going to be, but I tried to, you know. (...) And, you know, I've always complimented him on everything. (...) and, you know, I want him to feel wanted. (Leslie is 16 and Ethan is 6)

-Leslie

However, parenting younger siblings is often complicated by parents' shifting substance misuse; sometimes they are parents, sometimes they are not. Our data suggests that young people's parenting role is sometimes a cause of tension and arguments, especially during periods of recovery when parents come back on to the parenting scene and issues around authority in relation to younger siblings have to be negotiated between young people and parents. Through the accounts of young people it is clear that they are aware of the blurring of roles and that it is potentially problematic. As Dena recognises:

I do need to start seeing him as my little brother... rather than like, my baby. (Dena is 17 and her younger brother is 10)

-Dena

This is often linked to the realisation that caring for younger siblings involves down-prioritizing their own needs and that this is potentially detrimental to their ability to also take care of themselves. Moreover, young people also reflect on the fact that their parenting role in relation to younger siblings may prevent parents from working

towards recovery; that having to care for their children can be a motivation for parents to get better:

I thought that maybe...that with Noah [younger brother] going with his dad [removed by social services] that she [Mum] would wake up and see that she needs to make a change... (Lauren is 17 and Noah is 12)

-Lauren

Me taking Ryan [younger brother] would be a bonus for her [Mum] because then she hasn't got that responsibility you know.

That's right.

She'd be living the life that she wants to live. All the time she's got Ryan she's got, she has got that little bit of responsibility.(Sally is 18 and Ryan is 11)

-Sally

And then things turned around [Mum getting better]. I can't put my finger on what it was.

No.

But things that...I think actually it was as soon as we had the child protection conference. I think that scared her. (...) they're [social services] threatening my Mum that they will [remove younger brother]. Which I think is good. Like I like that. (Dena is 17 and her younger brother is 10)

-Dena

However, despite feeling that the blurring of roles may, to some degree, work against parents' recovery young people struggle to give up their role as primary carers as they also believe that while their younger siblings need their parents, they also need to be cared for properly. Sometimes this can only be facilitated by maintaining their role as carer:

(...) my little brother really wanted to move back [with Mum]. Like he really misses his Mum. And I didn't want him to move back on his own because I know that like, um, he wouldn't have been looked after properly, so I kind of had to go with him. (...)But, yeah I knew that if I wasn't there – I don't really know what would of – I don't think that he, that he would've been allowed to stay there [by social services] and stuff like that.

-Dena

Deciding whether or not to take on the role of primary carer for younger siblings is difficult, especially when young people are about to move away from home or are no longer living with their parents and siblings. As Sally describes, choosing between herself and her younger brother is associated with feelings of selfishness:

gradually I realised that it comes to the point now where I've got my own life to think about. My own worries. It's not selfish, whereas before I thought it was but it's not.

No.

Cause it's not my... as much as I love my brother, and I can still love him and look out for him... but he's not my responsibility.

-Sally

Coping together

Even though siblings are positioned differently in terms of exposure and knowledge about their parents' substance misuse, young people often find solace in having a sibling to share their experiences with, especially if they are close to each other in age:

Were there any things that really helped you kind of get through it?

Um, my little sister. She was there for me and I was there for her. (Macy is 13 and her sister is 8)

-Macy

So we've just got through it, like, between us. I mean, me and my sister was, like, we was like a couple, we was always doing things together.

We'd get through it together. (Nick and his sister are both 18)

-Nick

(...) but me and my brother got quite close 'cause...we were going through the same things, so – we didn't talk about it, but we knew what each other was thinking (...). (...) me and Sam would always, like, we'd be sitting there, and Mum would come downstairs, and we'd look at each other be like, "Yeah, she's pissed." And we always knew. And I think – I don't know if it's from his point of view, too, but from my point of view, if I hadn't have had my brother, it would have been a lot more harder. (Jackie is 15 and her brother is 17)

-Jackie

Jackie's comment illustrates that while having each other is a mutual support this, however, does not necessarily translate into siblings talking about their feelings openly with each other. Our data suggests that siblings' silent sharing of experiences may be linked to growing up with their parents' substance misuse together as their sensed 'normal' and thus not as something which is easily verbalised. Sometimes the accounts of young people reveal that this shared awareness makes talking seem unnecessary or even unnatural:

They [older siblings] know what it's been like and they don't like him [Stepdad].

Yeah. Were they quite shocked when you told them?

Told them what?

That, for example, that he was sort of using drugs quite a lot?

They already knew.

They did know, yeah.

I didn't obviously tell them. They just knew. (Daniel is 12 and his older brothers are 19 and 20)

-Daniel

Is there a particular reason why, why you think you don't talk about it – you and your brother?

Um, I suppose it's cause we've never been really brought up to really express how we, like, feel. Just kind of accept it and that's it. Deal with it kind of thing. (...) It would be really, really weird [to sit down and talk about it]. It would be like sitting down and, yeah. I couldn't picture it...

-Dena

For other young people, not being able to talk openly with siblings is related to ideas around protection. Kerry, for example, knows that her older sister has given up a lot to care for her and her younger brother because of their Mum's drinking and that this responsibility is stressful. In talking about what this awareness means for their ability to voice their feelings Kerry says:

I think she [older sister] don't like to say anything [about being stressed out from caring for them] because of it hurting our feelings. (...) I won't talk to her if she's stressed out. (Kerry is 16 and her older sister is 22)

-Kerry

Similarly, Sarah is afraid that she will upset her younger sister Bianca if they start talking about their Mum and her drug use:

I like prefer to talk to my friends than Bianca about it.

Why's that?

I don't know, I just don't like talking to Bianca about it in case I say something wrong and upset her. So like, I leave Bianca to talk to her mates about it so then, but like if she does want to talk about it she can always like come and ask me or something. But I'll wait till she comes to me, instead of me going up to her. (Sarah is 13 and her sister Bianca is 12)

-Sarah

The majority of young people in the study had older or younger siblings and felt that by sharing the experience they were coping with their parents' substance misuse together. However, a few young people felt that they were left to cope on their own as siblings' sometimes different prioritizations or feelings towards parents meant that one sibling was left with the primary responsibility of dealing with their parents' substance misuse. Anna, for example, resents that her older brother prioritized taking care of himself and left her alone with their mother:

I remember thinking, "well there's not much good you being here now Mark [older brother] because you walked out and I was 5 years old and I had to look after this woman then who was like dribbling and not washing" and, yeah, it was really hard. So I had all that resentment against him. (Anna is 15 and her brother is 27).

-Anna

Importantly, Anna feels that because she is the only child left it is even harder for her to turn away from their mother, even if she wants to, because her mother would then have nobody left to care for her. In this way, 'coping together' may not only refer to the mutual support within sibling relationships but also to the fact that the strategies for coping available to young people may be dependent on their siblings' availability, feelings, and prioritisations.

Key points

- Sibling order matters; when younger siblings are parented or protected by older siblings they may not develop the same levels of knowledge or skills to manage parents' substance misuse.
- Siblings often move at different paces in how they feel about their parents' substance misuse and in their attempts to cope.
- Older siblings often struggle to give up their role as primary carers and in consequence, often down-prioritize their own needs.
- Siblings often share their parents' substance misuse in silence. This may be linked to growing up with their parents' substance misuse together as their 'normal'.



4



GETTING SUPPORT FROM FRIENDS AND PROFESSIONALS

Practices of friendship

Young people invest considerable effort in concealing their experiences from the world outside their home as a way to protect against the threat their parents pose to their everyday life with friends and at school. However, our data suggests that trusted friends are sometimes allowed to transgress the boundary between home-life and life outside the home and are thus a significant source of support for young people (Bernays et al., forthcoming).

Disclosing to friends

The accounts of young people reveal that many of them do not talk to friends about their parents' substance misuse⁹. Some young people mentioned that they could not see the point of friends knowing or just assumed that their friends already knew, even if they had not talked about it directly. Many young people, however, feel that their parents' substance misuse is a private family matter, and not a subject which is easily talked about:

You don't have any mates that you, kind of, talk to about...?

No, 'cause it ain't really none of their business is it? I don't care how much mates they are.

No. So they don't know about – like, about any of all this?

Yeah, they don't (...)

-Mike

(...) I don't like talking about it. I'd prefer to keep it inside.

(...)What about your good friends and stuff, do they, do they know?

They know some parts of it, but no of course I won't tell them. No, so they don't really know much.

No. You haven't told them?

No.

No.

No.

So you don't have that need to share it with them?

No, they don't care anyway. I don't have really close friends...

No...

I have friends.

Yeah.

But not ones that I'd want to talk to about this with.

-Mike

Young people's anxieties about disclosing to friends need to also be understood within the context of fragile friendships. Our data suggests that many young people have been hurt by falling out with trusted friends who then told others about their family life:

"Cause like Claire [younger sister], she told someone about everything

The drugs?

Yeah, and then they fell out and her friend was like, "well if you don't do this, or you don't be friends with me again, I'm telling everyone that your Mum used to do this".

-Sarah

Others, like Julia, choose to build up a 'public story' about their family life which discloses parts of what is going on – just enough to keep further inquisitive questions, and thus a full disclosure, at bay.

So what do you – how do you explain it to your close friends?

Well, I just say, like, "My Mum and Dad's been arguing, and they've been having fights, and I have a Social Worker, somebody I can talk to," (...). They don't, they – like they say, "You don't have to tell me about all the story, like, you can say what you want to say."

Yeah, and you don't want to tell them the whole story?

Well, I've only told one of my friends, Tina, obviously.

-Alex

(...) what my story is at the moment is that I say, "oh my Mum had this accident a few years ago (...)" ...and I just say, "yeah and I live with foster carer and go stay with my Mum on the weekends so she has time to recharge her batteries" ...and that's normally enough. I don't need to go into details about stuff. But yeah, it was really hard to tell people like, the full story about it.

Okay. So you don't, you have got people who know – friends – who know the full story...

They know... they know, they know that my Mum's an alcoholic...
-Anna

When young people mentioned friends as sources of support the key priority in forming and maintaining these supportive friendships was being confident that they were able to trust their friends. To negotiate the uncertainty of how much you can trust someone, our data also suggests that young people sometimes adopt a strategy of selective disclosure; testing their friends' trust by disclosing information over time. Trust and loyalty in friendship is thus often demonstrated by being silent:

I told Rose and Jack something once and I've trusted them ever since cause they never said nothing.

-Emily

(...) that's how close a friend he is, he wouldn't say anything to anybody.

-Zach

However, rather than disclosure necessarily being facilitated through talking, our data suggests that friends often come to 'just know' by witnessing parents' substance misuse or an episode of violence within the home. While this can sometimes be through a dramatic one-off event, friends often come to know in the same way that young people learn about their parents' substance misuse; incrementally through environmental exposure. This may make the need for explicit disclosure unnecessary:

He knows because he actually always used to come and sleep over at my Mum's when I lived there...well he just knows it all.

-Liam

Even after disclosure has happened through witnessing parents' substance misuse some young people prefer to still not talk about it with their friends:

How come he [friend] knows?

Because he was there when it happened.

(...) Okay, have you talked – have you spoken about it?

No, not since it's happened.

You've never chatted about it with him?

No, we've both just forgot about it, carried on.

Would you have liked to have spoken to him about it?

What do you mean?

Would you have liked to talk about it with him?

No.

How come?

Just forget about it.

-Matt

Yet, our data suggests that this silent indirect disclosure in time may lead to trusted talk, and through the accounts of young people, friends' awareness of parents' substance misuse is described as a great source of support.

Talk and silence within friendships

The kinds of support that friends give are varied. Yet, the young people's accounts of friendship seem to orientate around their friends' awareness of parents substance misuse and of their ability to give the young people space and choice about when and how they want to talk. Importantly, a friend's awareness facilitates a more nuanced understanding of young people's home life which in turn makes it possible for young people to talk more freely and critically about their family life without feeling that they are disloyal to their parents:

She knows everything I've been through and she's met my Mum and she knows that my Mum's not a bad person. Whereas with a proper outsider you think well, maybe, perhaps she thinks my Mum's really bad, and she's not.

-Kerry

Moreover, a friend's awareness of what is going on also enables young people to not have to explain or talk about their family life all the time; friends learn to interpret what kind of support is needed at particular moments:

What was it about her that made it okay to talk to her, do you think?

Well, I think she, kind of, knew what I was going through. And she, like, when she could see that, like, I was having a bad day, she came up to me and started talking to me and stuff.

-Sam

We were with each other that much that we pretty much knew what each other needed without having to be told. It's like if I wanted a hug and a shoulder to cry on, she'd know...but if I wanted my space, she'd know.

-Leslie

The importance of silent communication between friends was also emphasized by Nathalie who was interviewed as Dena's friend. Throughout her account she talks about learning to read the situation and intervene to provide Dena an alternative space to hang out when things get too tense at home and emphasises how she makes sure to offer her support without explicitly talking about what is going on with Dena's Mum. This is not to suggest that Dena is not aware of this but rather that support can be done in silence:

(...) like if I um, went over there and um, one night she like, I was seeing that Lorna [Dena's Mum] was getting really agitated or Dena was upset, I'd be like, come stay at mine just watch a film or something. Not like make it aware that she's having a rough night, just be like, just come and stay at mine kind of thing.

So it wasn't something that you'd say directly you know...

No. (...) Yeah I'd just be like, just come and stay.

Yeah. Would Dena know...?

She'd know deep down what I was saying, but she would, like, we know what we're talking about without saying it...

-Nathalie (significant other)

Our data suggests that young people's appreciation of silent support is linked to their felt need to be in control of when and how to talk about their parents' substance misuse. In particular, young people appreciate the conversational space that their friends give them to talk or not talk about their experiences at home; trusted, good friends tend 'not to pry' and 'don't ask direct questions all the time'. This is not necessarily about avoiding talk, but just allowing the young person to be in control of how talking is done:

when I want to talk about it I'll bring it up and she [friend] will listen and then tell me something so we're kind of confiding together. She won't ask questions but wait for me to tell her.

-Sarah

Importantly, Sarah talks about the even power balance in this conversation; once she says something, her friend may also tell her something. The support of friends may thus seem to be effective in part because it can be reciprocal and therefore young people do not feel that they are a burden. Talking with friends, however, is not only about how they ask questions but also about how they listen. Nathalie for example described having developed conscious practices of listening, such as avoiding direct eye contact, as she figured out how Dena likes to talk:

I think Dena finds it easier if we're doing something to talk, like if we're sitting in my room I just kind of look down or fiddle with something so that she can talk to me.

-Nathalie (significant other)

A 'space' for respite

While silent support and friends' ability to know when and how to talk and listen is described by young people as a key element within their friendships, friends also offered a space for fun and distraction from parents' substance misuse. The accounts of young people emphasise that friends can provide a space for respite. Not only did young people spend time at their friends' houses when their own home felt unsafe but it was also in the company of their friends that they could laugh and be cheered up. While this space can provide a distraction from what is going on our data suggests that this space may also be used as a form of coping. Nathalie thus describes how joking and laughing is an important part of her friendship with Dena and how they find a way to communicate about serious issues through joking:

(...) the issues on there [tv-show] do relate to Dena...and we know that, but we laugh about it and we make jokes like, "oh my god. He's so drunk".

-Nathalie (significant other)

We came back and we were making like farm yard noises in Lorna's [Dena's Mum] room. But obviously Lorna was knocked out like, asleep, she didn't realise. But it is really fun.

-Nathalie (significant other)

In this way, friends who are aware of what is going on and have a nuanced understanding of parents' substance misuse may be allowed to talk and joke about parents in a way in which others are not.

Key points

- Many young people do not talk to their friends about parents' substance misuse. This needs to be understood within a context of fragile friendships and uncertainty around ongoing trust.
- Friends often become aware of parents' substance misuse in the same way as young people themselves – through environmental exposure. This often makes explicit disclosure unnecessary.
- Young people appreciate the conversational space that their friends give them to talk or not talk about their experiences at home: trusted friends don't ask direct questions all the time.
- Friends who are aware of parents' substance misuse and have a nuanced understanding of what is going on may be allowed to talk about parents in a way which others are not.

Engaging with professionals

When asked what advice young people would give to others affected by parental substance misuse, the majority mention 'telling someone' as an important way to access support. Yet, our data suggests that there is a contradiction between advice and practice. Talking to professionals such as teachers, social workers or specialist parental substance misuse workers is often accompanied by feelings of transgressing expected family loyalties by disclosing what is going on. Many young people also fear that they will be removed from their parents as a consequence of talking. Through the accounts of young people, issues around 'trust' and 'knowing' (similar to what young people value in friendships) emerge as key factors in their willingness to engage with professionals and establish supportive relationships.

Teachers becoming aware

While young people invest in keeping their parents' substance misuse hidden, some do disclose to their teachers. Our data suggests that disclosure tends to happen at crisis points when it becomes difficult for young people to maintain a separation of life at home and life at school:

I used to talk to my teachers and everything...about that [Mum's drug use] cause they used to look after me as well while I'm at school because I used to start crying...I used...I used to cry at school a lot and everyone used to take the mickey out of me and they thought I was a wining baby and I actually wasn't...

-Meg

Did you talk to any of the teachers, like, directly? Did they give you any help with your problems at home?

My Head of Year, when I said – I remember I didn't do my coursework and he said, "Why not?" and I said, "Well my Mum's been in – is in hospital and I'm living here and I just I can't do it" and he was, like, really shocked, but he was really nice...to me about it.

-Dena

First thing (...) when they split up, I went straight to my teacher, said, "Miss, could I talk to you?" And then she said, "What's up, Ben?" And I says, "My Mum and Dad have split up."

-Ben

However, many young people choose not to disclose to their teachers and instead the school often becomes aware of the family situation through young people's low attendance or through their involvement with social services. The accounts of young people reveal that without any direct communication with their teachers they are sometimes uncertain about whether teachers know what is going on with their parents, but often they assume that they must do. This assumption may be brought about by experiences of being treated differently to their peers.

(...) I don't know, I know it's meant to all be confidential, but I don't know how, but I would just remember all the teachers were, like, they knew... and they'd ask questions and they'd be, like, "Haven't you done your homework?" I'd be, like, "No, sorry." They'd be, like, "Oh, don't worry." And I just – I don't know why, but I just knew that they knew (...).

-Dena

The uncertainty around how much teachers know seems to link to a more general lack of transparency and communication with young people about their parents' substance misuse and who this information is passed on to. This may add to young people's anxieties about talking. As Dena's comment above also shows, many young people have experienced how information about their families is shared with others and is thus experienced as being out of their control:

Did they [teachers] know what was going on at home?

Um, only cause of social services.

And how did social services find out?

Um, I can't remember. Um, I can't remember now.

Were you ever tempted to tell anybody what was going on when it was bad?

Um, I didn't really want to tell anyone...

Why not?

...it would make the situation worse.

-Macy

Um, my head [of] house knows.

A teacher?

Yeah.

(...) How did they know?

Um, through social services I think.

-Kathy

'Knowing'

That teachers and other professionals are aware of parents' substance misuse, however, does not necessarily, from a young person's perspective, translate into 'knowing' what this involves or how this is experienced. The accounts of young people show how they sometimes question professionals' ability to fully understand what they are going through and that this may be a barrier to also appreciate the support that is offered:

Did the teachers understand the situation your Mum was in or did they not know?

They, they thought they did but they didn't really know what was going on. Like they just knew that she was drinking but they never knew anything else so they thought they knew what was going on but really they were saying to me "I know what's going on at home" but I was thinking, "But you don't know nothing". And trying to be all nice to me 'cause they think they know but really they don't know nothing. That used to wind me up as well.

-Aiden

'Cause my year six teacher knew my Mum, so it was easier to talk to him.

It sounds to me, from what you've said, is that both with Michael [friend] and him, it was easier in a sense to talk to people who knew your Mum?

Yeah.

Why is that?

'Cause, like, for people who don't know my Mum, they don't know what you're going through.

-Jacob

The same ideas around 'knowing' are also expressed by young people in relation to their experiences with social services. Some feel that even though social workers visit them at home they do not necessarily walk away with a realistic picture of what their family life is like. This is linked to the idea that knowing can best happen through experience (similar to young people's appreciation of shared experiences in friendships) and that the experience which social workers get during an announced visit cannot capture their everyday lives:

(...) she [social worker] come around, which wasn't a sort of unexpected visit and so my Mum had time to...tidy up, and put food in and do you know what I mean. It's so unrealistic how they do it. It's just, just ridiculous.

And can, do you notice that your Mum prepares for it? Is it obvious...

Definitely. Like she'll wake up, she won't drink so much, she'll clean up, she'll put food in the cupboard and milk. She might make a cake. You know what I mean.

-Dena

I phoned the social services on my Mum. Nothing seems to get done about it. They ring up and they say yeah we're going to be round on such and such date at such and such time, that's no good in my eyes. Cos then she can be straight on that day and she can sort the house out a bit and that...do you know what I mean (...).

-Sally

Armed only with the information gleaned from such announced visits, it may be difficult for young people to accept that social workers know what is best for them and their families. Here, Dena describes how she decided to move away from her Mum together with her younger brother, against the advice of social service:

(...) they [social services] told me not to go [and live elsewhere], and literally the conditions that we...me and my brother were in were just like disgusting and their telling us like, you can't go. So I, I'm pleased I made the decision to take my little brother out of that, that environment. And their decision, their decision was, I think, totally wrong.

-Dena

Talking to social workers

When young people talk about their experiences with social services they often mention social workers' ways of accessing knowledge about their family as invasive. This needs to be understood within a context of families' concerns that their involvement with social services may lead to removal, and for these reasons parents sometimes tell their children not to say anything about what is going on:

(...) my Mum said that I shouldn't tell them [social services] if my Mum was drinking and all that but sometimes I actually told them.. 'Cause she told me that they'd actually take me away (...).

(...) so did it help in any way, that social services got involved?

Just thought they was a bunch of um... nosy gits.

-Paul

As Paul's comment also illustrates, our data suggests that young people tend to interpret direct questioning, in the absence of trust, as interrogatory and confrontational. While the perceived tone of questioning from social workers needs to be understood within the context of child protection issues in which accessing information is crucial, from a young person's perspective this way of talking becomes indicative of the imposition of external mechanisms of control. This is sometimes experienced as undermining their capacity to explain or influence their own situation:

They would just ask me all the questions all the time and I used to just didn't like it....'cause they was so direct. They wasn't nice, it wasn't as if they'd come and say, "How are you?" It was coming in "Okay, so you're living with your Mum and your Mum's blah, blah, blah and you..." and they were so direct...and aggressive and straight to the point, boom, you answer it this way or that way, like you can't go, "Well." It was horrible... I kind of felt like I didn't have a choice but to answer questions...and I felt like I was constantly being analysed".

-Dena

There were, however, a few exceptions to this. Gemma, for example, liked how her social worker "talked about things with us" and David appreciated his social worker's confidentiality:

(...) so if a social worker asks you a question about your Mum...

Yeah.

...do you want to tell them or not?

Yeah, yeah. Cause I know that they're from the council and they won't tell anyone...

Okay.

...only their boss...which their boss won't tell anyone...I hope. Cause if they do they're in trouble.

-David

Also Lauren had a good experience with social services. Her comment demonstrates the importance young people place on ways of talking and being in control:

(...) their [social services] interactions with me were good, but some children just hate social workers and think they're all evil. And the...the social worker that I had, she was really nice, so. (...)

What do you think makes a good social worker?

Um, when, they don't tell you what to do. Like they listen to you. That they take things slowly and don't rush you into doing stuff.

-Lauren

A space to talk or 'just be'

The majority of young people's accounts engage with silence and talk as valuable enabling elements in establishing supportive relationships over time, similar to Lauren's comment above. In examining the data for instances in which young people feel confident talking to professionals these revolve around a relationship with a teacher or specialist support worker who gives them a space for silence or alternative talk. Allowing the young person to not talk about their experiences at home appears to elicit trust and therefore enable a safe space to talk. The young people in our study who mentioned their teachers as sources of support thus especially valued the space that they had been given within school to 'just be':

If I was having an off day, she'd [Head Teacher] let me sit in a corner on a beanbag and work in her office (...). She did it because she was generally a caring person who recognised a child needed help...and helped in the best way she thought was possible...which was giving her a safe environment to work in where she could just be on her own, just work...have a cup of tea and a biscuit and have someone to talk to that she trusts...and that's all anyone needs. That's all people who are going through the situation right now needs. That's all I still need.

-Becky

A similar viewpoint is expressed by Emily's teacher, John, who was interviewed as her significant other. John is only aware of few details in relation to Emily's family situation and while he doesn't try to talk to her about it, and she never brings it up when she sees him, she knows that he knows about her parents. John describes supporting Emily by giving her the space that she sometimes needs within school and by making sure that this space is available without her having to ask. Here, John describes how Emily sometimes looks sad or withdrawn and how he then gives her the opportunity to just be:

"Emily are you going to be finding it rough this morning? Yes sir. Well, just go and sit in the corner". (...) at times she just needed to be there and be, and not talk about anything that was troubling her. Just to chat...and I, that, that sense of normality and that sense of alternative parenting. (...) Leave her be. "You alright Emily? Yep. When you're ready. Take your time" You nurse it.

-John (significant other)

Also Emily's school therapist, Susan, acknowledges the supportive potential of a space to just be:

(...) she didn't have to talk. She just would sit. She would play with the equipment, the play therapy activities, clay...things like that. (...) um, and I would never ask Emily. If Emily wanted to tell me about it I knew Emily would. But equally I think that Emily knew that I knew that if she came to me she needed to...just sit...really.

-Susan (significant other)

Giving the young people the choice to talk, what to tell and at what pace seems to be a key element also of the specialist support workers' relationships with the young people in our study. Here, Jamie talks about how his project worker allows for a space for non-talk which establishes trust and respect:

She [key worker] knows if I say I don't know then I don't want to talk about it yet, and that's OK.

-Jamie

Lauren has a similar experience with her key worker:

He [key worker] changed that I could talk – when I first met him, I didn't want to talk to him. I was just, like, "Yeah, no," I didn't want to talk really but now we talk about everything now. With him he didn't just ask me questions directly like, "Oh, what..?" We've met about 100 times and not all of the time we've spoke about my Mum...and what's going on. So it's, like, I can talk to him about other stuff and talk about that so it's not I'm just being nagged at answering questions...and I find that I'm comfortable talking to him."

-Lauren

Similarly Alex and Leslie value being able to talk with their key worker, often on their own terms, about 'everyday stuff':

(...) we talk about sport, homework and all that. Like, you know, we don't have to talk about stuff... Like we can talk about school or people in my class and all that.

-Alex

I don't know, she [key worker] was almost that person that, you know, if I didn't want to talk, I'll talk about general conversation. Ain't like somebody being nosey, you know, or... I mean, if we'd go somewhere if I didn't want to leave the car, we could stay in the car.

-Leslie

However, young people's appreciation of being in control over when and how to talk is not only about talking in itself. Our data suggests that this is as much about the availability and accessibility of a space which is 'theirs' and which they can use how they want to, as well as having a trusted adult available to support them on a regular basis.

The importance of continuity in relationships

The majority of young people value spending time with the same adult over longer periods of time, in order to allow space to develop the trust and rapport which underpins effective communication. The key workers in our study who were involved in short-term intervention work were therefore conscious that this may not be an ideal form of support. Moreover, while short-term interventions equip young people with important coping-skills some of the key workers interviewed wondered whether short-term intervention left them potentially more vulnerable. This view-point is also expressed by Emily's therapist:

I think the [support work] that she was referred to enabled her to realise what was going on. Um, which was a good thing in a way but also it opened her eyes to the seriousness of Mum and Dad's drug problem... um, and the seriousness of her situation at home... living with these parents. (...) of course the knowledge is a good thing, but again it opened her eyes to the, to how bad her family situation really, really was. (...) Um, I think sometimes then you're left, or these children are left with a, "Oh my God. This is it 'cause who's going to help me" (...).

-Susan (significant other)

However, young people do not only experience lack of continuity in relation to support within specialist support services. The accounts of young people who had built supportive relationships with their teachers illustrate that these relationships are sometimes experienced as fragile over time, especially as young people change schools. Many young people also felt that the involvement of social services might not be sustained over time. After repeated experiences of having being 'left' by professionals some young people may develop feelings of resignation, which in turn may negatively affect their willingness to engage with professionals at a later stage:

I don't see the point of having Social Workers. No? 'Cause they don't really help and they just leave you after a while.

-Emily

Establishing trust and moving beyond silences and non-talk takes time. Having the same support person enables this process to take place and young people appreciate the opportunity for a continuous relationship. Here, Ben and Sarah describe the frustration of talking with different people and inevitably repeating themselves and how the consistency of having one individual to talk to has been a particularly helpful aspect of the specialist support service:

(...) it's never a different person, 'cause whenever I go to see somebody, Paul in my school...there's, like, six different people I have to go to...and I don't like it. No. And I just want one person to talk to...that I don't have to keep going there, and back there, and back to tell everybody, and I just want one person.

-Ben

And I didn't want to have to keep repeating myself...and it were getting on my nerves. But then like, with [support service] it's like the same person every time I come and see her. So, I don't have to keep like, repeating stuff all the time.

-Sarah

Some of the young people in our study were involved with the same key worker over long periods of time and our data suggests that this creates a sense of availability beyond the scheduled meetings. While some called their key worker or sent a text message if something happened in between their meetings others just found solace in knowing that their key worker was there and could be contacted.

Key points

- In the absence of early identification young people's disclosure tends to happen at crisis points.
- Professionals' awareness of parents' substance misuse does not necessarily, from a young person's perspective, translate into 'knowing' what this involves or how it is experienced.
- Young people appreciate professionals who give them the space to build trust as well as the choice to talk, what to tell and at what pace.
- Young people's repeated experiences of disrupted relationships with professionals may result in resignation and lack of engagement.

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CONCLUSION: IMPLICATIONS FOR COPING AND SUPPORT

Multiple and social harms

The findings from the Family Life Project support the current policy shift towards 'whole family support' (Social Exclusion Task Force, 2008), recognising the need for family focused approaches that engage with family dynamics. The complex interplay of actions and relationships within the family in the context of parental substance use, mean that the strategies adopted by one individual are likely to affect and may disrupt the coping strategies of others. Individuals within families may experience multiple forms of hidden and social harms, and our findings have suggested that parents' and young people's coping strategies over time may inadvertently reproduce these. They may thus be both protective in the short term and a barrier to further support. For example a young person may decide to deliberately conceal their problems at school to protect themselves and their younger sibling from being bullied, but this may perpetuate the harm at home. Minimizing the harms of parental substance misuse requires sensitive understanding of the obstacles which parents and young people face in disclosure and the need to tackle hidden and social harms at the same time. Our findings illustrate that parents and young people are concerned about protecting themselves, and each other, from a range of harms (including social harms) and their prioritisation of risks and harms are likely to be experienced differently.

Recommendations

Enabling environments for help seeking and talking

- A. Talking about the challenges of parenting in the face of drug use is not an easy thing to do, and needs to be made much easier. Our data suggests that some parents engage in a process of postponement, deferring the opportunity to 'face up' to their situation. This suggests the need for earlier intervention opportunities. Low threshold interventions, including harm reduction and drug treatment services, might give greater emphasis to creating the opportunity and space for parents who use drugs to talk about the challenges they face as parents. However, in a climate in which the trope of 'junkie parent' prevails in public debate there is a fine line between service efforts being feared as unwanted surveillance or as harmful and services being perceived as helpful. Parent-driven and peer-based interventions may thus create relatively 'safe spaces' for help and talk.
- B. The assumption amongst parents and young people that accessing help will lead to children's removal is dominant and often prevents parents and young people from disclosing. There is a need for social services to transparently engage with this fear: explaining to parents and young people the steps and procedures involved in their engagement with the family and possibly working with other parents who have successfully been through the process to provide support and encouragement to parents coming into contact with social services. This supports the holistic focus adopted in the Families First social work model in supporting families affected by parental substance misuse (Woolfall, 2008).
- C. School environments provide an important resource to support early disclosure. For many young people their first point of adult support was a teacher at school. Ensuring that links between the home and school are developed will help teachers more fully 'know' and understand about a young person's situation and would help young people to more readily open up within school when something happens at home. Our data showed that families particularly appreciated it when pro-active family liaison officers or teachers successfully attempted to establish a communication link with parents, as it made it easier for parents to feel 'safe' when their children are talking to professionals within school about the effects of their parents' substance misuse. In turn young people may feel more comfortable opening up to professionals within the school knowing that their parents are 'on board' and have given their permission. A central concern of interventions must be how they engage with the social harms of being identified with parental substance misuse.

Understanding the influence of family dynamics

- D. Parental substance misuse may involve a blurring of roles which is further complicated when parents are in a process of recovery. We understand recovery as a process not as the end point. Family support is crucial even when the family is no longer identified as 'in crisis', to help families rebuilding their relationships. This is a crucial element in supporting a family and parent's recovery, as the strain on relationships can increase the pressure on relapsing.
- E. When older siblings invest in protecting their younger siblings and in keeping the family together as a way to reduce the harms of parental substance use this may inadvertently keep the harms hidden as well as compromise young people's ability to prioritise their own self-care. There is a need for interventions which implement support opportunities for younger siblings to mediate the weight of the young people's responsibilities to parent.
- F. Young people affected by parental substance misuse are often the more 'hidden' young carers and need to be recognised for a range of caring roles. Whilst older siblings 'grow out' of support their sense of coping is often linked to the wellbeing of their younger siblings which suggests a need for support services to engage with their role as primary carers and keep older siblings informed about their younger siblings. This may assist older siblings in moving on and in considering their own needs.

Facilitated work with families

- G. Parents and young people often struggle to communicate effectively about parents' substance misuse with parents' postponing disclosure even in the face of their children communicating to them that they know. There is a need for support which focuses on communication between parents and children and on developing the skills and language to talk about parental substance misuse. This may be in the form of facilitated talking whereby parents and young people are supported in discussing parents' substance misuse within a safe space.
- H. Whilst support for young people as individuals equips them with key skills for coping with parental substance misuse this form of support essentially returns them to an unchanged environment where the relationship dynamics remain the same. Because young people's coping is interwoven with other family members there is a need for facilitated talk which engages with these relationships or, at the minimum, takes these relationships, their influence and effect into account. Ideally if support cannot involve the whole household, work with individuals needs to be connected by an individual or joint working.
- I. Although siblings grow up together with their parents' substance misuse this does not necessarily translate into direct talk, and siblings often worry about each other's feelings. Working more directly with sibling dynamics through facilitated talking may prevent some of these anxieties as well as develop the opportunities for support created by sibling relationships.

Support should be easily available and continuous

- J. There is a need for long-term support for young people, ideally where they are involved with the same key worker over time to facilitate trust. In order to improve their accessibility, young people should be able to contact services, ideally their own key worker, out of hours. Whilst our data suggest that facilitating long term retention of staff is preferable in supporting young people, this may not be feasible within some service settings. In such cases effort should be made to make the service accessible to young people by encouraging young people to feel a connection with and establish trust in the service organisation, rather than with just one individual. This would help young people manage staff turnover without feeling let down. Services which ran an out-of-hours telephone service, shared by project workers, seemed particularly effective at being accessible and approachable.
- K. Friends occupy a unique role in helping young people navigate their way through the experience of parental substance misuse, being able to offer support on multiple levels. This suggests that the supportive role of friendships needs to be taken seriously by services, especially during transition periods such as changing school or moving house when the potential loss of friendships may be experienced as significant by young people. Whilst this relates to young people aged 12 and over, this is not a fixed category as there were some participants who were 10 and 11 who also talked about the importance of their friendships.
- L. There remains a strong need for greater cooperation between services, not only between adult and children services but within children's services, in particular between young people's key workers and social workers. This would facilitate arrangements for additional support during transitional periods, for example when young people are moving between schools, to ensure that there is continuous support available to minimise the risks when a young person loses the support of a trusted teacher.

Overall the study findings suggest that the absence of social interventions that tackle the social harms associated with parental substance use may limit the impact of current interventions as well as reinforce hidden personal harms.

Appendix

Table 1: Sample characteristics, young people

Pseudonym	Age	Drugs/alcohol	Using parent
Abigail	10	drugs	both
Adam	16	drugs	Siblings
Aiden	14	alcohol	Mum
Alex	11	drugs	Dad
Andrew	15	alcohol	Dad
Anna	15	alcohol	Mum
Amy	10	alcohol	Dad
Ben	12	alcohol	Dad
Beth	14	alcohol	Dad
Candice	11	drugs and alcohol	Mum
Carla	16	alcohol	Mum
Daniel	12	drugs and alcohol	both
David	10	drugs and alcohol	Mum
Dena	17	drugs and alcohol	both
Emily	13	drugs	both
Gemma	10	drugs	both
Hannah	16	alcohol	Grandparents
Helen	17	drugs	Mum
Jackie	15	alcohol	Mum
Jacob	12	alcohol	Mum
Jamie	17	alcohol	Dad
Jasmine	15	alcohol	Mum
Jason	10	drugs and alcohol	both
Jenny	11	alcohol	Mum
Jessie	16	drugs	Dad
Joe	13	drugs	both
Julia	12	alcohol	Mum
Kathy	15	drugs	Mum
Kelly	10	drugs	Dad
Kerry	16	alcohol	Mum
Lauren	17	drugs	Mum
Leslie	16	drugs	Dad
Liam	13	alcohol	Mum

Maria	16	alcohol	Mum
Macy	13	alcohol	Mum
Meg	11	drugs	both
Mike	12	drugs and alcohol	both
Nick	18	drugs and alcohol	both
Paul	12	alcohol	Mum
Pete	12	alcohol	Dad
Phil	15	drugs	Mum
Rachel	10	alcohol	Dad
Ruth	11	alcohol	Mum
Sally	18	drugs	Mum
Sam	11	drugs	Dad
Sarah	13	drugs	Mum
Simon	12	alcohol	Dad
Tom	13	alcohol	Mum
Zach	10	drugs and alcohol	Mum
Zoe	17	alcohol	Mum

Table 2: Sample characteristics, parents

Pseudonym	Age	Drug use	Children	Gender
Adio	49	former crack	3 boys, 3 girls	Female
Ali	36	crack, heroin, alcohol	1 boy	Female
Barbara	42	former alcohol, crack	1 boy	Female
Carlo	38	former heroin injector	1 boy	Male
Carmen	36	heroin, crack, methadone (former injector)	1 boy, 1 girl	Female
Dan	47	heroin injector, bupremorphine	1 girl	Male
David	42	alcohol	2 girls	Male
Ebbe	50	heroin, methadone	1 boy, 2 girls	Male
Erico	37	subutex (former heroin, crack)	1 boy	Male
Ingrid	39	heroin, crack, methadone	2 girls	Female
Jack	36	heroin chaser (former injector)	2 boys, 1 girl	Male

Jan	48	methadone	1 girl	Female
Jenni	31	heroin, crack, injector, methadone	1 boy	Female
Jon	50	methadone	2 girls	Male
Kate	36	cocaine	5 boys, 2 girls	Female
Kirsty	36	crack, heroin (former injector)	5 boys, 2 girls	Female
Larry	49	methadone, heroin (former injector)	1 boy	Male
Lou	51	heroin chaser, methadone (former injector)	2 boys	Male
Mary	43	crack (former injector)	1 boy	Female
Mwansa	49	crack, cocaine	2 boys	Female
Nadine	41	heroin chaser (former injector)	1 girl	Female
Nanu	35	methadone (former injector)	1 boy, 1 girl	Female
Pete	35	heroin chaser (former injector)	1 girl	Male
Rich	47	heroin injector, methadone	1 boy	Male
Rob	41	heroin chaser	1 boy	Male
Stef	31	former heroin and crack	2 girls	Female
Sue	43	alcohol	1 boy	Female
Zed	41	heroin chaser	1 boy	Male
Ziggy	54	heroin and crack injector	1 boy	Male

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Notes

1. The study only included young people who were in contact with services offering specialist support in relation to parental substance misuse. Whilst young people outside of services may be a particular vulnerable group whose voices need to be heard, we did not feel that it was appropriate to invite them to take part in the research without having a specialist key worker available post- interview to offer them support if necessary.
2. This gender ratio, with girls over represented, reflected the client profile of the services through whom we were recruiting participants.
3. These represent an under-researched area which requires investigation. The young people were included to highlight these relationships and because they were keen to be involved in the study.
4. Information concerning disclosure of child protection issues was explained to the young people before carrying out the interviews. All the young people taking part in the research were familiar with issues around child protection through their involvement with the specialist support service and were comfortable talking about these.
5. We were aware that by introducing significant others into the research this could potentially introduce an increased risk of disclosure as there may be circumstances in which there is a disparity between young people's perceptions of significant others' awareness concerning a parent's substance misuse and what significant others may actually know. To avoid any risks of disclosure, we took care to assess how certain the young people were about their significant others' knowledge and took care not to include some of those nominated if we envisage this introducing any risk. We emphasised to the young people that they should only nominate significant others who were already aware of the young person's involvement with the specialist support services or in the research. Involving young people's friends as significant others were sometimes impossible as this required parental consent from their friend's parents who were not necessarily aware of what was going on.
6. All substance misusing parents taking part in the research were given information concerning disclosure of child protection issues as part of the informed consent process.
7. The majority of parent accounts relate to drug use. However, we found that although drug use might be more hidden than parents' use of alcohol young people's experiences of each appear very similar.
8. Parents' comments about separating drugs from family life refer to a separation of hard drug use rather than all drug use.
9. Our findings do not highlight significant gender differences in how young people approached and experienced talking with friends about parental substance use. We found that there were slightly fewer boys who spoke openly about it with their friends. Amongst the young people who did speak with their friends, their experiences appeared to be influenced by their ages and particular circumstances rather than gendered patterns.

About the authors

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