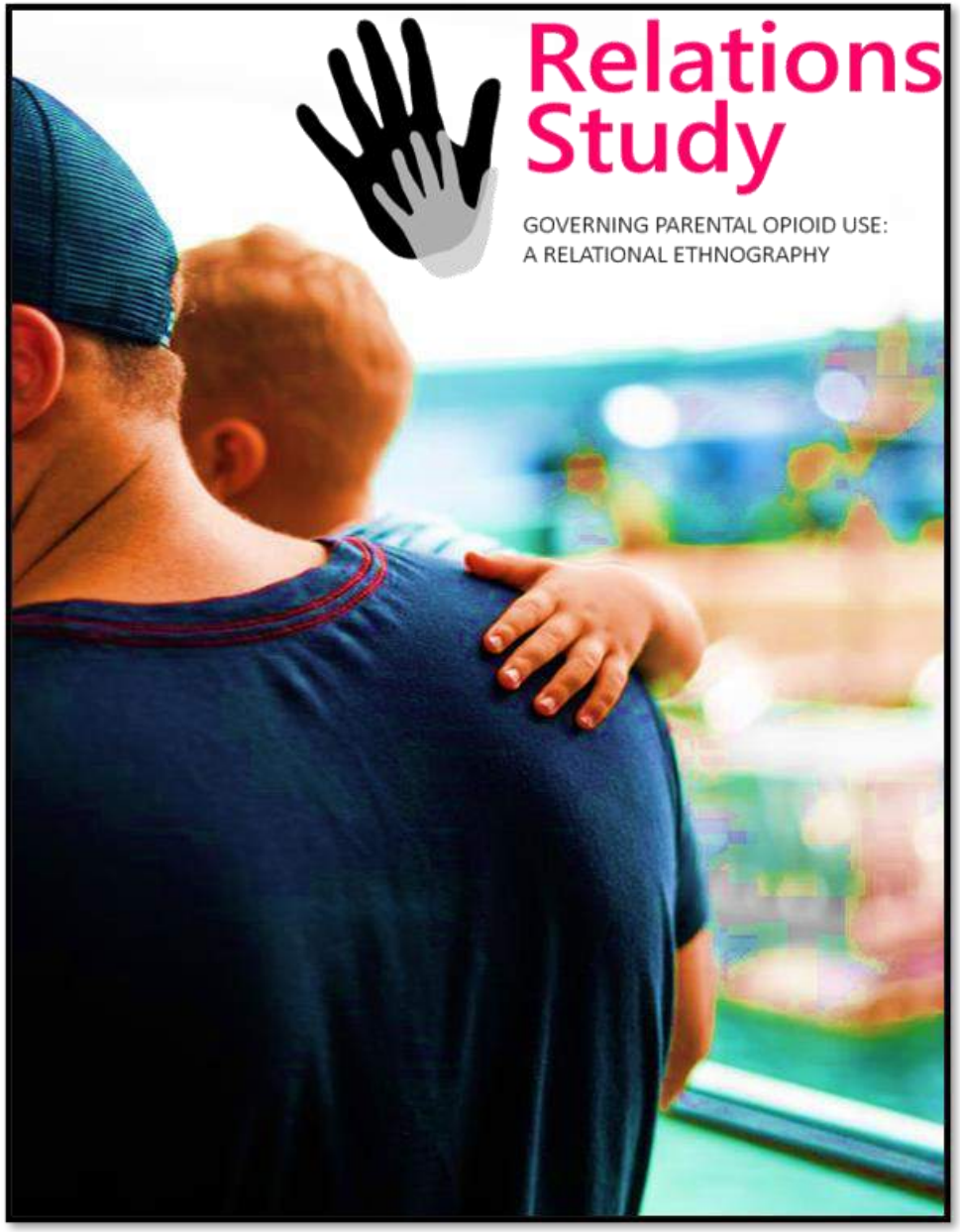


UNIVERSITY OF STIRLING

UKRI Economic and Social Research Council

The Relations Study

What is good care for parents who use drugs and their families?: results from a relational ethnography

Professor Anne Whittaker

Drugs Research Network for Scotland

8th June 2023

Research Team

Relations Study

GOVERNING PARENTAL OPIOID USE:
A RELATIONAL ETHNOGRAPHY

Principal Investigator: Professor Anne Whittaker

Co-investigators:
Dr Polly Radcliffe
Dr Emma Wincup
Dr Amy Chandler
Dr Hannah Carver
Dr Emily Finch
Professor Jane Callaghan

Researchers:
Dr Emma Coles
Judith Warburton
Dr Elaine Robinson
Dr Carol-Ann Getty
Dr Emma Beecham
Stephanie Fincham-Campbell

Funded by the Economic and Social Research Council (ESRC)

UKRI Economic and Social Research Council

Aim and research questions…

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

AIM: Explore the treatment and care of parents who use opioids and their families.

1. How is parental opioid use represented and understood?
2. What policies and practices underpin care?
3. How are these delivered (enacted) and experienced locally?
4. What are the effects on parents/families and professionals/services?
5. Are there alternative ways of responding to parental opioid use?

Methods…

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

Relational ethnography, conducted in Scotland and England.

- Participant observation e.g., staff team meetings, clinic and home visits, supervised contact visits, case conference/core group meetings
- Interviews with parents in the home, ‘walk and talk’ sessions in local community, telephone and video calls, visits to the park with their children, family, friends
- Interviews with staff, focus groups with staff teams, ‘workday debriefs’
- Analysis of organisational policies, practice guidance and parent information.

Parents & Families – a profile

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

- **27 parents** (families n=**22**, mothers n=**18**, fathers n=**9**). Age range = 25-55 years old
- **26 prescribed opioid substitution therapy (OST)** and other drugs. Some using illicit drugs (daily or sporadically), some not. Approx. **half** involved **in drug treatment >10yrs**
- **Single parents** (mostly mothers); **co-habiting parents** (concordant & discordant); **co-parenting** parents, living separately
- Some **first-time**, some **experienced** parents, some **grandparents**, some raising non-biological children
- **Most with complex histories**: childhood maltreatment; mental and physical health conditions; homelessness; unemployment; offending; extreme poverty

- **Total** number of **children** =**81**
- **Spread of ages:** children 16 and under n=**56** Adult children n=**25**
- **Living with parents** n=**27;** with other parent n=**22;** in foster care n=**6;** in kinship care n=**3;** adopted n=**3**
- **Current CPS** involvement n=**8;** past CPS involvement n=**11**
- **Current** involvement with **parenting/family support service** n=**9**
- **Complex needs** of children, some with significant disabilities
- Many families had **kinship support** and involvement

Services & Professionals – a profile

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

- **10 service ethnography sites:**
  - Drug Treatment (NHS & Third Sector)
  - Child Protection (Social Services)
  - Family Support (Third Sector)
  - Pregnancy Services (NHS & Social Services)
- **103 professionals:**
  - Frontline practitioners, service managers, commissioners, policymakers
  - from Health, Social Services, Third Sector Agencies, Government and Health Departments

- **Health professionals:** Drug treatment nurses, Doctors, Psychologists, Health Visitors, Midwives, Pharmacists, GPs
- **Social work:** Children & Families, Kinship Care, Parenting/Early Years; Criminal Justice
- **Third sector** (Drug Services, Family Support)
- **Policymakers, Commissioners, Senior managers** (Health, Social Services, Third Sector, Government)

Relations Study

GOVERNING PARENTAL OPIOID USE:
A RELATIONAL ETHNOGRAPHY

Summary of key findings

The care process

Assumptions and representations of parents

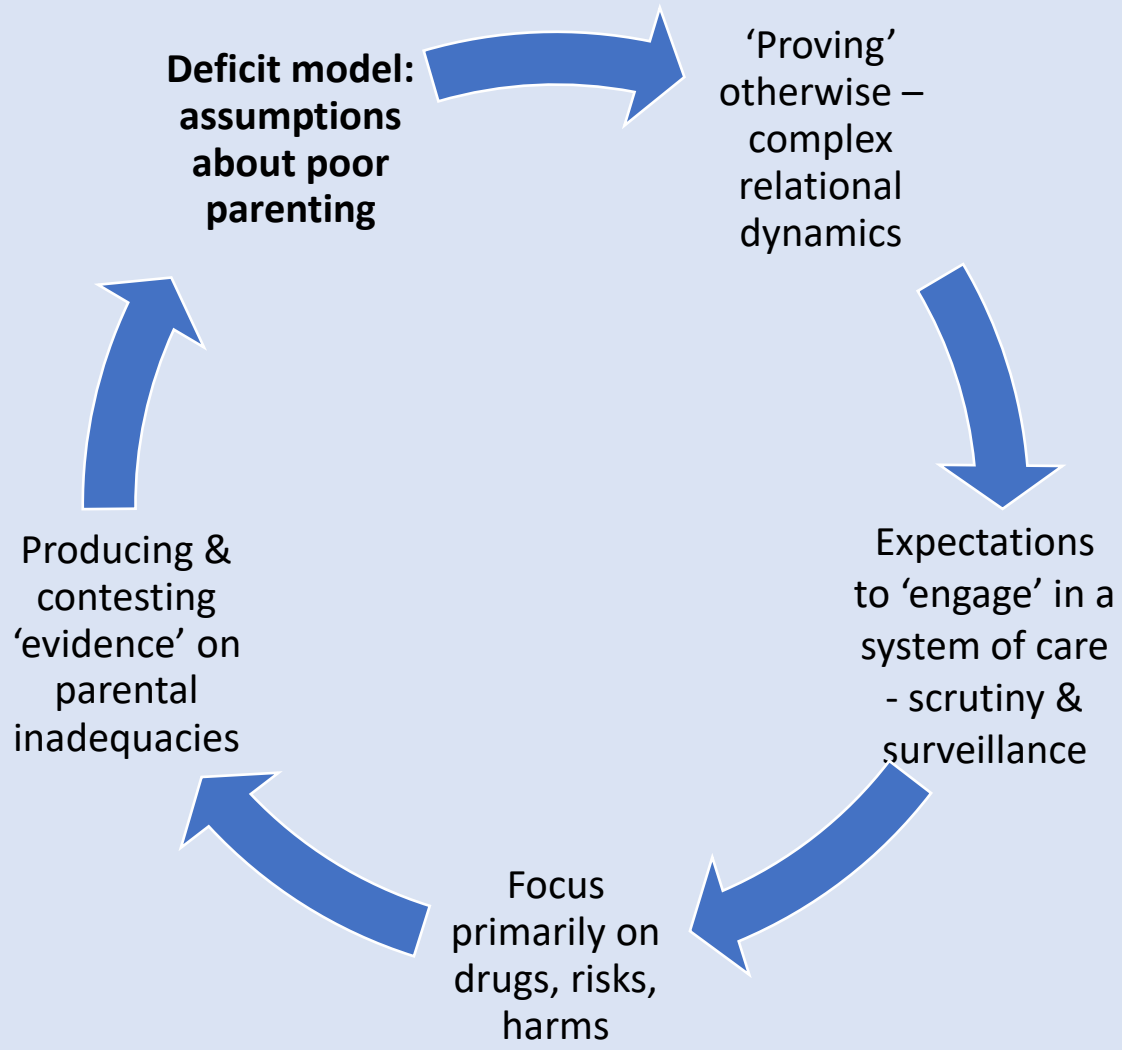
Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

Underlying assumptions, representations and expectations of parents and professionals produce certain types of responses (and not others)

- **ASSUMPTION**: Drug use **incompatible** with being a 'good enough' parent (deficit model, despite compassionate opinions on 'the problem').
- **Proving otherwise becomes the central task** of both parents and professionals/services (scrutiny & surveillance the norm, whether an adversarial/collaborative undertaking).
- **Practice** (engagement, assessments, interventions) primarily focused on **producing 'evidence'** related to parental drug use, drug treatment compliance, anticipated risks and harms.
- **Invokes complex dynamics -** certain types of care practices, behaviour and relations between parents, families, professionals, and services.

Effects on the care process

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY



Care process centres on assessment but often fails to extend to understanding, observing, supporting, and engaging in the everyday lives of parents and their families. Family strengths and assets not primary focus.

Identifying key 'problems' not seeing complexity

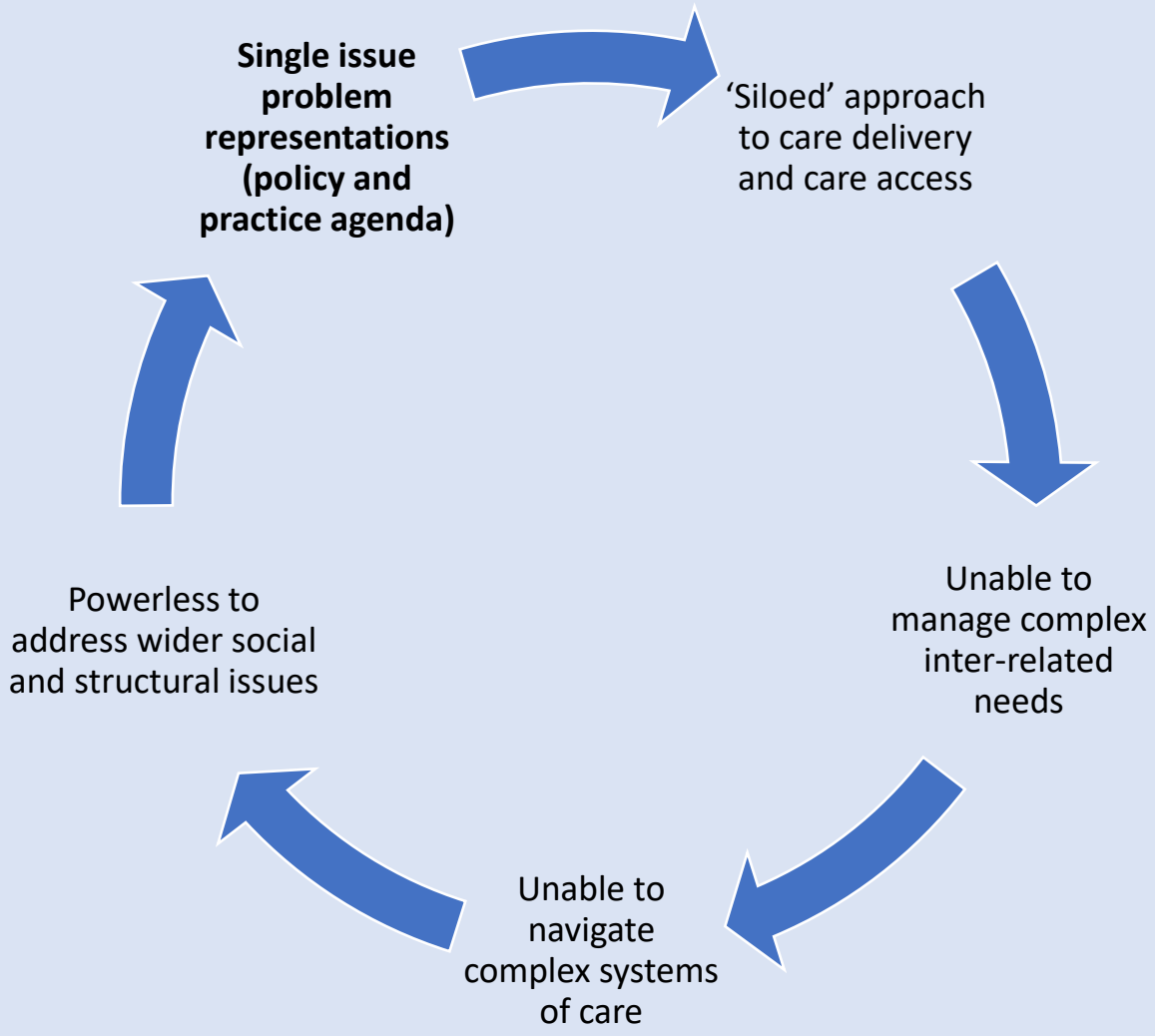
Relations Study
GOVERNING PARENTAL OPIOID USE:

Representations of 'the problem' tend to focus on single issues and single problem (not joined up) responses

- **Drug use** is the problem, or **illicit drug use** if on OST
- **Parents** are the problem - inadequate, 'risky'
- **Intergenerational** harm is the problem – trauma, ACEs
- **Professionals** are the problem – differing thresholds, knowledge, skills, attitudes, competencies etc
- **Services/systems of care** are the problem - not 'joined up', poor communication, under-resourced, inaccessible etc
- **Structural factors** are the problem – poor housing, deprived neighbourhoods, lack of employment, extreme poverty, stigma
- **Single issue 'problems', rather than see drug use, parenting and child welfare as part of a complex dynamic of inter-related factors.**

Effects on the care process

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY



Invokes a process that often fails to cope with complexity. Makes responding to wider social and structural factors that affect parenting and the wider caregiving environment of children more difficult.

Individualised problems, individualised solutions

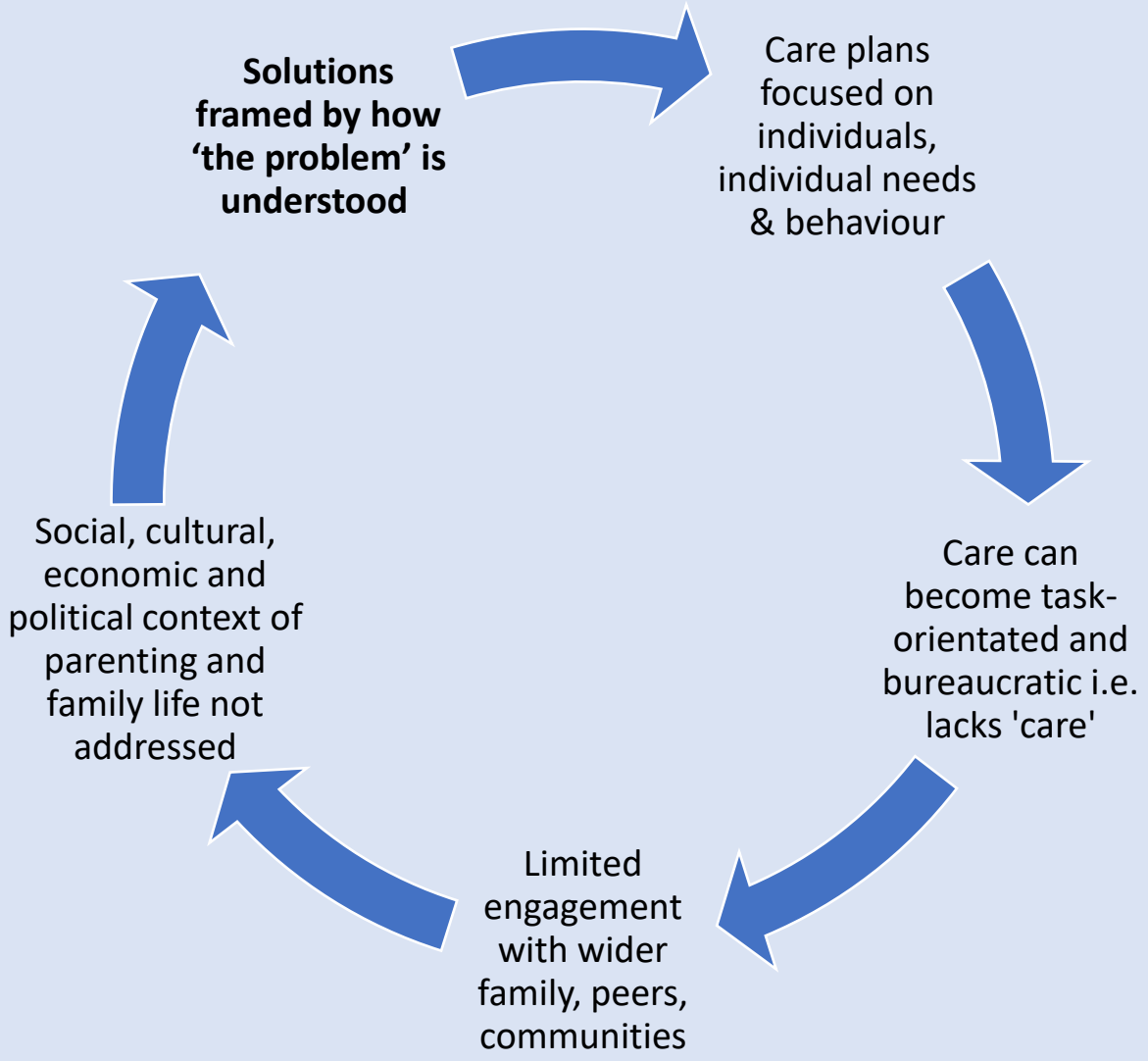
Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

'Solutions' framed and constrained by assumptions about the problem and responsibilities placed on parents, families, professionals & services

- **Practice responses** or **'solutions'** tied to how 'the problem' is understood.
- **Care** (and care plans) focused on **individuals,** individual needs, individual behaviours (children, parents).
- **Care** could be compassionate, relational and innovative, but it was often situated in a task-orientated, individualised, and bureaucratic system.
- **Engagement** with wider family, peers, local communities to support parents often ignored, viewed as immaterial, non-essential or extra work.
- **What really mattered to families and professionals was overlooked** e.g., resources for everyday positive relations between parents and their children; parents and other parents; parents and professionals; and between practitioners and agencies.

Effects on care process

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY



Care process can lead to approaches that place responsibility for solving 'the problem' onto parents and professionals. Wider societal concerns that affect family life often not addressed.

Reframing 'the problem', reframing 'solutions'

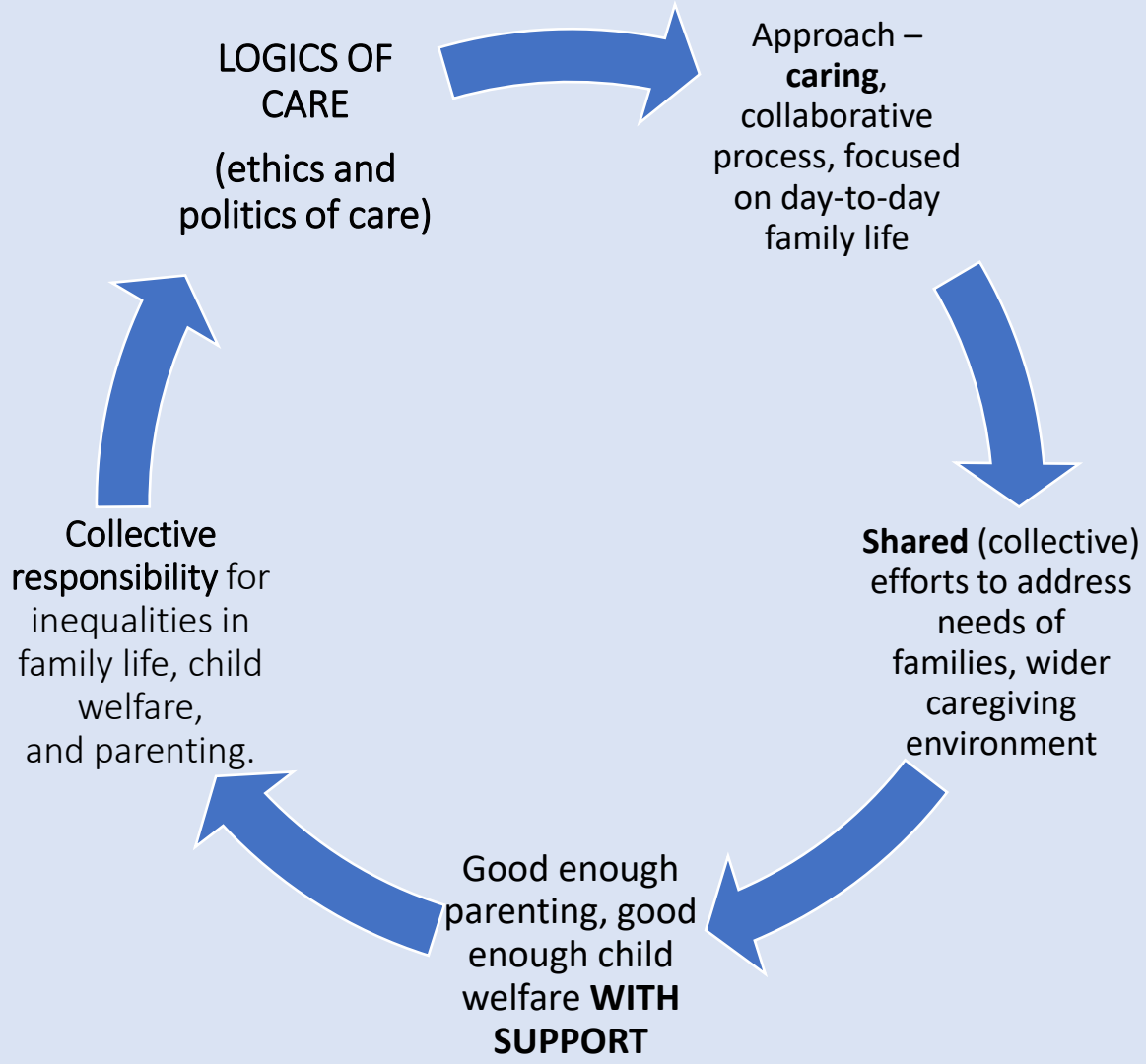
Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

Alternative approaches to caring for parents who use drugs and their families?

What is 'good care'?

- **Logics of 'choice'** places responsibility on parents (mostly mothers) for the health and wellbeing of themselves, their children and the whole family.
- Logics of choice also **responsibilise practitioners, services and institutions** to manage parents (mostly mothers) and also themselves.
- However, logics of choice **ignore wider factors and complex relational dynamics** (e.g., social determinants of health and wellbeing, ethical and political concerns) that are important for parents and families.
- **Reframing 'the problem' would mean** thinking differently about the 'causes' and 'consequences' of child welfare AND shifting our thinking about models or **logics of 'care'** (i.e., what processes, practices, relationships, systems of care, ethics of care matter most and how to produce 'good care').

Alternative logics of care?



Relations Study

GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

Alternative 'logics of care' involve **ethical and political responses** to societal concerns about family life.

Caring responses involve **social and ecological approaches** to understanding and improving family life and the **wider caregiving environment** of disadvantaged families who are **responsibilised** for a wide range of societal problems, including child welfare.

Relations Study

GOVERNING PARENTAL OPIOID USE:
A RELATIONAL ETHNOGRAPHY

Support for parenting, child welfare and family life:

enablers and barriers?

Connectedness: meaningful, therapeutic relationships

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

She was a brilliant doctor [GP], I was gutted when she left […] ***she talked to me***. […] *I'd keep appointments [with the GP] 'cause she knew what I'd been through, 'cause I told her everything, I didnae want to ever lie to her … other doctors I couldnae connect to, but this one I could …* ***even when I telt her … what happened in the past, what I'd done*** *[referring to history of violence] … she was all right.*
(Father, Scotland)

Lara [mother] described the [Substance Use Nurse] as "really good", someone she could be 'honest' with. She spoke about drug testing and feeling able to tell [the nurse] beforehand if she was going to 'fail' … Lara said that when working with [the nurse], she started reducing her prescription: ***"[she] gave me the confidence to say 'right, I can do this.'***
(Researcher Fieldnote, Scotland)

What kind of ‘care’ matters to parents?

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

“I met [social worker] … I didn't trust him, I told him that straightaway, “I don't trust you, I don't like youse, I don't have any faith in you.” … and he was like, ***“Let’s see if we can turn that around,”*** *and he literally did … he gave me faith back in, no' social work, but in him … [and]* ***it made me work wi’ other professionals better*** *'cause [the social worker] was always* ***by my side****.”*
(Mother, Scotland)

Marianne [mother] said … “if I didnae have [the new social worker] I still wouldnae have seen the kids by now.” The (previous) social worker had been resistant to Marianne having any contact - “he wouldnae let me have anything to do with [my two children]”, but his replacement … ***facilitated contact****. He saw that Marianne was pregnant and had made progress, and* ***arranged for initial contact, video calls, then face-to-face meetings****.*
(Researcher fieldnote, Scotland).

What kind of ‘care’ matters to parents?

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

[Mother] singled out her [Substance Use Nurse] for particular praise: “[Nurse’s] just amazing. ***She does my heid in*** *sometimes but she’s helped me a lot and* ***she’s pulled me through a lot of storms***”
(Researcher Fieldnote, Scotland)

*Lara [mother] talked about her [third sector family support service] … described the importance of having a “****safe, non-judgemental place to take our bairns****” … about many activities that allowed Lara, [her infant] and Gary [father] to make* ***“cherished memories”***
(Researcher Fieldnote, Scotland)

I've been working with a lot of ‘em [social workers] ... a couple of them, they’re brilliant […] ***they listen to me, they talk to me****. I mean if I was getting uptight,* ***one took my hand****, “It’s alright, you've nothing to bother about,* ***you've not done nothing wrong****, we're just asking you questions, we can see you are a good dad, we know that, so just don't get yourself uptight … we know it’s hard … and I went, “Well... just stop asking me they things, 'cause* ***I think you're gonna keep my son****.”*
(Father, Scotland).

Relations Study

GOVERNING PARENTAL OPIOID USE:
A RELATIONAL ETHNOGRAPHY

All about drugs, drug use?

All about parents and parenting?

All about children, safeguarding?

What else matters?

Narratives contend with basic assumptions about drug use

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

"I'm not feeling comfortable about [the parents] having a newborn baby, who might have NAS [neonatal abstinence syndrome]… it's a huge task and it's a huge ask… the baby needs 24-hour care, ***[the parents] can't take two hours off to allow them to go and smoke some heroin****."*
(Social Work Parenting Support Worker, Scotland)

"You could have a family who's misusing drugs ***but in actual fact are good parents****, looking after their children, they're well loved, they're going to nursery."*
(Health Visitor, Scotland)

Professionals carry responsibility for managing assumptions

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

*"They [a parent] might have said "I had a couple of drinks last night, I've not had a few drinks for ages", so do I share that with social work? Well, I could. But at the same time having a couple of drinks is not the end of the world either. So, it's trying to have a bit of discernment. Because... **social work might take a bit of an overreaction to that** ... you just have to be discerning ... there's others [social workers] who are **maybe less experienced with the substance use side of things**. So, it **does depend on the social worker**..."*
(Third Sector Family Support Worker, Scotland)

Emotional and relational effects of assumptions – parents carry responsibility

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

"You always think that other people are talking about you, they think you're nothing, you're scum, you're a drug addict. ***It doesn't mean you love your child any less****, it just means you've got a* ***problem****."*
(Mother, England)

"..being a new mum, stress, ***'mum guilt' about being on a prescription*** *because that wasn't part of the plan…when I went on my prescription I never thought there could be* [a baby]."
(Mother, Scotland)

"I think because being an addict, ***I feel like I need to prove myself*** *almost, that I am a good Mum."* (Mother, Scotland)

Reproduce ideas about harm, damage, responsibility

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

"There's no doubt about it, our addiction is having an effect on our kids … the little [child's] kind of got ***attachment issues****... [like] when I'm going to the shop or anything like that, [they are] kind of, where are you going? Even when I... put my coat on, it's like where are you going? … so,* ***you can definitely see the damage*** *that my using certainly has done to our kids."*
(Father, England)

I asked [Marianne, the mother] what it was like to see [her two children] for the first time in so many years … [she] described being ***nervous, anxious and tearful.*** *[She]* ***expressed a sense of guilt*** *… "A mother should know her ain children […] I was going to meet two strangers and they were coming to meet a stranger […]* ***I feel that I've let them down."***
(Researcher Fieldnote, Scotland).

Relationships with children matter

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

***Interviewer**: and what else are you hoping for, for you and your boy?*

***Father**: Well, what would be good … [my boy] growing up, to see things, not my way, but his way. I'd be happy for him no' to be sad when he thinks about his Mum. I want him to feel whatever he wants to feel [but] if he feels sad with his Mum, I told him "Come [here] with me, give me a cuddle. Talk to me. I just want you to grow up no' hating your Mum, no' hating anybody. Getting on with people, getting on with your life … get your goals and that. Every morning the alarm goes off … he used to be "argh" and now he laughs, he jumps on me, gives me a cuddle, gives me a kiss … he jumps on the couch, and hides away and goes, "Dad, you cannae see me." Every night he'll say to me, "Daddy, I love ye" "I love ye cause you make the best dinners" "I love ye 'cause you're my best friend in the whole world." … and I says, "Same, you're the best son." Make him feel better. I says, "You're a brilliant son".*

(Father, Scotland)

Relations Study

GOVERNING PARENTAL OPIOID USE:
A RELATIONAL ETHNOGRAPHY

Scrutiny, surveillance and regulatory care practices:

effects on parents, effects on families?

Systems of care based primarily on scrutiny, surveillance and regulation, produce emotional and relational effects

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

*"What she was talking about was having a **parent assessment done on her** and being asked question, after question, after question, after question. Where did you go? How did you grow up? What was it like? Also then having unannounced visits and how that made her feel like she had someone watching her all the time and someone unexpectedly turning up. **It reminded her of being in a relationship with a perpetrator** and I thought that was so powerful. I'd never even connected those dots before."*
(Third Sector Drug Recovery worker, England)

Multiple barriers to help-seeking and engagement

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

"All it really ever told me is, ***don't tell them the truth*** *[referring to domestic abuse with ex-partner] … manage it yourself ... I had to struggle through that my whole self without telling them how difficult it was, because* ***if I told them … then I wasn't coping****... I certainly* ***could never have called the police*** *… it means there's a situation that I can't control, and they will take my kid away."*
(Mother, England)

*"****We're treated completely different*** *… like* ***normal*** *folk can go in [to the chemist] at half-eight and get their prescription, we've got to wait till half-nine [outside] … we were there half an hour, Friday …[and] I had [primary school aged daughter] and I had [toddler, grandchild] … everybody looked at me … it was getting more and more* ***embarrassing*** *... I felt like there was a* ***big flag on my head*** *saying, 'I'm waiting on... drugs, basically. And it just felt like...* [sighs]

(Mother, Scotland)

Overwhelming multiagency working

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

*"Too many people there … and it's always the past they bring up**. It's all the bad and never the good**. The things I've done to prove myself [a good parent], none o' that seems to get brought up … There's too many people there with different opinions … and **you're standing there in a daze, after the meetings**, and you're like, what the hell do I do now? I dinnae ken who to talk to, who I trust."*

(Father, Scotland)

*"There was **always** somebody wanting to come and see me, even though they'd seen me the day before … sometimes one would come in the morning and then one would come in the afternoon … **it was just too much**, like, 'give me a break and **let me just try and focus on bringing up my [baby]**, learning to be a good mum and learning to deal with these situations and get passed them … without youse constantly always **being my shadow**."*

(Mother, Scotland)

Drug testing practices a pervasive topic – with emotional, relational, material effects

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

"Even though this [drug testing] …urine test, they say to us they're accurate when they're ***positive****, but when they're* ***negative****, these tests aren't that accurate … So, they're thinking that* ***we're tampering with tests*** *now when we're not, so now we've got to* ***degrade*** *ourselves to a point where we normally do the tests* ***in front of people, strangers****, it's not very nice, degrading, but again,* ***you do anything thinking you want to get your child back****."*
(Mother, England)

"For me it started when I had to do it for the children's services for when I was pregnant, and I volunteered to do it, basically twice a week. ***I just volunteered to do it as often as I could to prove to them that I was doing the most I could to keep my child.****"*
(Mother, England)

Drug testing questioned for different reasons

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

"You need to provide urine samples; you need to do all these things. ***But you know, that doesn't actually get to the root of the problem or difficulty, does it?"***
(Policymaker, Scotland)

"I just think there's so much ***emphasis on these tests****, rather than the* ***behaviour of the parent.****"*
(Third Sector Drug Worker, England)

*"****It's very invasive. It's very intrusive.*** *And has enormous impact on people's self-esteem and wellbeing... These [tests] are* ***often seen in isolation rather than you know, the relationship*** *between the service provider and the person using services****."***
(Policymaker/Commissioner, England)

Coercive practices and the principle of informed consent

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

"Because, at the very beginning, they were asking us to do a hair strand test, and I was adamant that I didn't want to do one ***unless a judge ordered me*** *to do one. And then they kept* ***pressurising*** *us, saying, 'Oh well,* ***you've got something to hide****,' I said, 'It's not something to hide,' I said,* ***'It's just the principle of the thing.*** *Why do I have to do a hair strand test?' "*
(Mother, England)

Relations Study

GOVERNING PARENTAL OPIOID USE:
A RELATIONAL ETHNOGRAPHY

Gendered assumptions, gendered practices:

effects on the family?

Mothers - scrutiny, judgement and blame

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

*"Let's face it, women are the main caregiver, even nowadays. So I think **if it's Mum who's the user it's more a concern**. Or if it's Mum who's not using [it] is less of a concern, because **she can gatekeep** if she's not using and say to the father, 'You need to leave the house,' if he's intoxicated."*
(Substance Use Nurse, Scotland)

*"**There's so much emphasis on the women, yet the males in that situation don't get the same … they're not getting drug screened** […] if they're living with a partner who's using why are we expecting all this of the women but not of the men?"*
(Children & Families Social Worker, England)

*"She's back having a baby with a man that we're extremely concerned about […] **she's very controlled by this man.**"*
(Health Visitor, Scotland)

Effects on mothers, fathers, children?

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

*"**My experience of fathers in drug services is that they're often not very supportive**. That's not entirely always true of course, but … **they're often part of the problem, not part of the solution.** I don't think we are very good at acknowledging the **importance of fathers, fatherhood, helping people be good fathers.**"*
(Senior Manager, NHS Drug Treatment Service, England)

*"I had a [pregnant] lady in this afternoon … got told by the locum pharmacist … 'you'd better get yourself off this [methadone and diazepam] or you will be responsible for harming your child' **and the dad was there … not a peep to him** … **I thought we were past shaming pregnant women into coming off their methadone**, rather than stabilising."*
(Substance Use Nurse, Scotland)

*"**We don't allow children on the premises**. If a parent is trying to do their best to stay sober and clean and attend their appointments and they don't have childcare, that can be a barrier for our service."*
(Third Sector Drug Recovery Worker, England)

Relations Study

GOVERNING PARENTAL OPIOID USE:
A RELATIONAL ETHNOGRAPHY

Rights and responsibilities:

Who's rights?

Who's responsibility?

The ethics and politics of care

Summing up: What is 'good care' for families?

Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

Good care more likely to be produced and experienced when:

- Child and family welfare is a shared, collaborative effort
- Ethical principles are understood and enacted in practice
- Those caring for parents who use drugs and their families are supported to work with the realities of day-to-day family life
- Most time and effort is devoted to helping parents be better parents, not proving they are not.
- Reframe 'the problem' to open up possibilities to reframe responses (how we care for families and how families experience care). Has resource and workforce implications!

Alternative ways of caring for families?

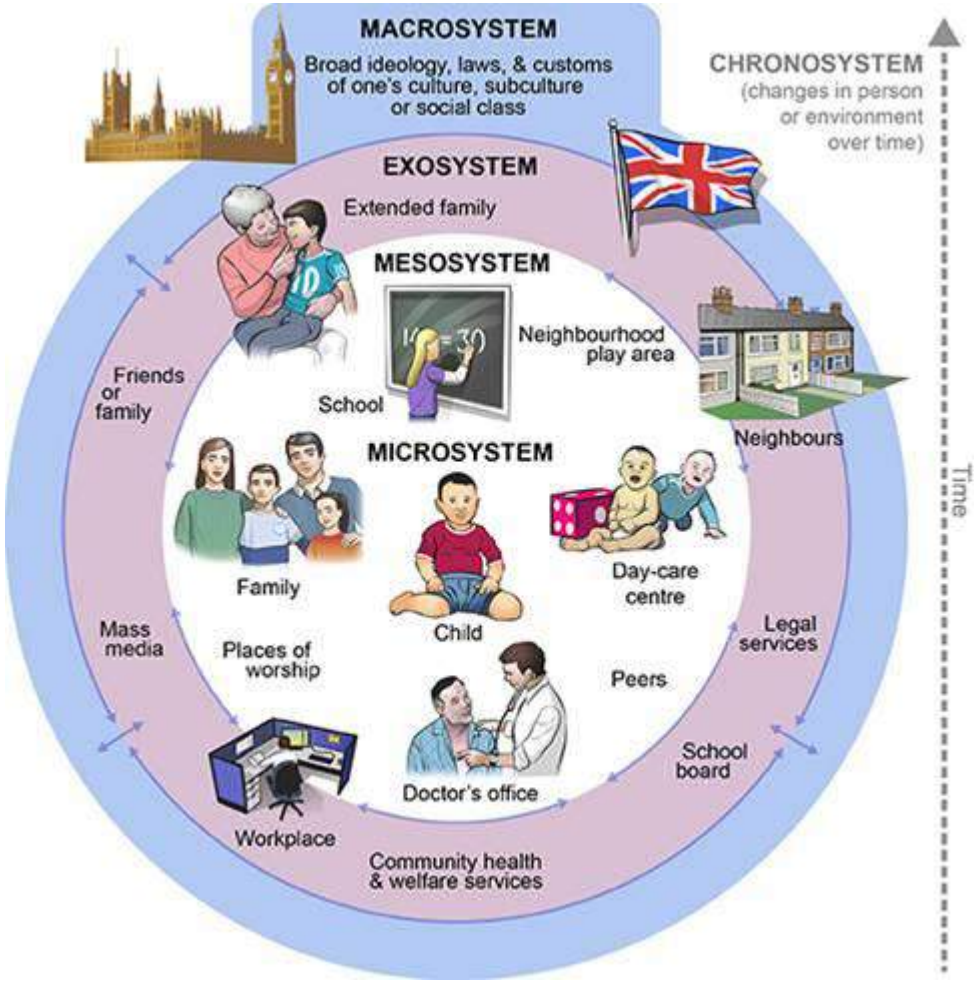
Relations Study
GOVERNING PARENTAL OPIOID USE: A RELATIONAL ETHNOGRAPHY

SOCIAL-ECOLOGICAL MODEL (rhetoric vs reality):

The health and welfare of families, especially the most disadvantaged in society, is **contingent upon** a complex set of dynamics and inter-related personal, social, economic and political factors.

Arguably, these should be a **shared concern for the whole of society**, not simply parents and families or practitioners and agencies who work directly with families.

Important aspects of the **wider caregiving environment** need greater attention e.g., child poverty, housing, local community services, access to good quality family support services.



Relations Study

GOVERNING PARENTAL OPIOID USE:
A RELATIONAL ETHNOGRAPHY