“It depends.” A contextual exploration of how child protection social workers respond to parental substance use.

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Declaration of Authorship

I, Kim Heanue, declare that I am the sole author of this thesis and I have not used any sources other than those listed in the bibliography and identified as references. I further declare that I have not submitted any part of this thesis at any other institution to obtain an academic award.

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Abstract

Social workers interact with people who use substances on a regular basis. The need for them to have the skills to identify, assess and provide appropriate interventions for people who use substances is well documented. In child protection social work practice, research suggests that parental substance use (PSU) is a factor in a significant proportion of cases. Despite this, there is a lack of consistency in substance use education for social workers at pre-qualifying and post-qualifying levels. Where it does exist, it seems to be inadequate given that many social workers report significant gaps in their knowledge and a lack of preparedness to work with these issues. This research explored how social workers respond to PSU in child protection social work practice. It sought to understand how social workers in this setting assess PSU, how they understand the impact that it has on children and how they use this information to make assessments about the care of children. It explored what skills and knowledge social workers employ to respond to PSU and how social workers work in partnership with specialist substance use agencies.

Using the principles of constructivist grounded theory, this qualitative study has obtained first-hand accounts from social workers in child protection settings about their experiences of working with PSU. The thesis will present data from 16 in-depth interviews which were analysed using a constructivist approach to grounded theory analysis. The coding process led to the emergence of five theoretical codes: (1) work experience determines knowledge and confidence to respond to PSU (2) PSU is understood through knowledge gained from training and experience (3) understanding of role and responsibility determines practice responses (4) practice responses to PSU are determined by practitioner skills and knowledge (5) working with PSU is complex and practitioners face professional and personal challenges in

this area of work. These theoretical codes are discussed as themes in the findings. A discussion of the findings includes an original model of the contextual construction of risk by social workers when responding to PSU. The model sets out the subjectivities that impact on social workers' practice and how these subjectivities determine the ways they understand and assess the risks associated with PSU, while acknowledging the systemic and structural restrictions within which they practice. By offering new in-depth accounts about the way that child protection social workers conceptualise PSU, this research demonstrates the importance of understanding individual practices and the impact that these can have on outcomes for families. Finally, the thesis offers recommendations about the ways in which child protection social workers' perceptions of risk can be deconstructed and bias can be fully examined by social workers and their supervisors to ensure that practice is genuinely reflective.

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Part One
Introduction to the Research

Chapter 1: Introduction

This thesis presents findings from a qualitative research study that sought to explore how social workers respond to parental substance use (PSU) in the context of child protection practice. This introductory chapter will present the background for the research noting how my interest in this field has developed. It will present an overview of the research aims and methodology and offer some discussion on points of definition and terminology, before presenting an overview of the thesis structure.

1.1 Background to the research

Drug and alcohol use (hereafter substance use) is an issue that social workers respond to on regular basis and the need for them to have the skills to identify, assess, and provide appropriate interventions for people who use substances is well documented (Galvani, 2012a). In child protection, research has suggested that PSU is a factor in a significant proportion of cases (Galvani et al., 2011). Yet despite this, there is a lack of consistency in substance use education in pre-qualifying (Galvani et al., 2012; 2013) and post-qualifying (Hutchinson & Allnock, 2014) social work training. What does exist seems to be inadequate, given that many social workers report significant gaps in their knowledge and a lack of preparedness to work with these issues (Galvani et al., 2012).

The area of parental substance use and child welfare presents a number of challenges for child protection social workers who are most likely to get involved when the situation has become critical (ACMD, 2003). In these instances, the focus is safeguarding rather than support. This work takes place in a child protection system that is focused on the assessment of risk and one that generally views harm to children as located within the family (Featherstone et al., 2018). It also takes place in a system

that requires social workers to be able to respond to a wide range of social issues and where they are engaged in highly emotive work (Quick & Scott, 2019) and where high workloads, stress and burnout are key concerns for the profession (Hall, 2023). PSU has the potential to be a significant adversity for children and families (DfE, 2018). PSU is often present in cases of neglect and emotional or physical abuse (Brandon et al., 2020; Cleaver et al., 2011). Therefore, the need for social workers to be competent in responding to PSU is critical.

Research to date has showed limited evidence of such competence. Galvani et al. (2011) conducted a national study of social care professionals in England (n=646) that considered their experiences of working with people who use substances. The study included practitioners from a range of practice settings and considered the extent of substance use on their caseloads as well as their knowledge, training, and partnership working. Whilst this study is now somewhat dated, it was the first study to consider how social care professionals respond to substance use in their practice and it remains the most recent study of its kind and scale. The findings showed that substance use was a significant feature on caseloads, yet the majority of respondents were ambivalent about their knowledge base and their right to ask questions about substance use. The study also found that just over 50% of the sample asked service users about substance use on a regular basis, which suggests that there may be missed opportunities to identify substance use concerns. A key issue was a lack of guidance on how to assess substance use, and more specifically, what to ask.

This raises crucial questions about how social workers negotiate the process of identifying and assessing the impact that PSU has on children and families. If social workers feel inadequately prepared for dealing with substance use and are not given access to the right information through training and assessment tools, this will impact

their practice and the decisions that they make affecting families' lives. In the context of child protection, how can social workers be sure that they are able to assess risk and protective factors appropriately to make sure that the right information informs their decisions? This research addresses these questions. By building on the work of Galvani et al. (2011), the research explores the ways that social workers respond to substance use in the specific setting of child protection social work practice. Detailed accounts from child protection social workers about how they respond to PSU are not evident in the existing literature. Such accounts are necessary to fully understand what knowledge and skills child protection social workers use when working with substance use. By addressing this gap, this research makes an original contribution to knowledge as it identifies lived practice experiences that will inform an understanding of existing good practice and areas for development. This understanding will inform a discussion about policy and practice in relation to educating and supporting social workers to respond to PSU.

My interest in this issue is borne from my own experience as a social worker. Having worked in a specialist substance use agency, I have direct experience of supporting parents using substances. Following my career as a social worker, I moved into academia and for the last 15 years I have worked in social work education where I have supported students to develop their knowledge base in relation to working with substance use. Through my work I have seen the impact that substance use can have on individuals and families, and I have seen the tensions and challenges faced by social workers as they respond to substance use. These experiences have led to my evolving interest in how social workers respond to substance use, and how they can be better supported to negotiate this inevitable and vital part of their work.

1.2 Research aims and objectives

The overarching aim of this research is to explore how social workers respond to PSU in the context of child protection practice. The research objectives are:

1. To determine how child protection social workers understand substance use and the impact that it has on parenting.

2. To examine child protection social workers' perceptions of their role in relation to identifying, assessing, and responding to substance use when working with families.

3. To determine what strategies child protection social workers use to engage with service users about substance use, and what information they ask for.

4. To understand how child protection social workers negotiate the process of assessment when presented with PSU.

5. To understand how child protection social workers address gaps in their knowledge in relation to substance use when working with families.

6. To understand how child protection social workers determine risk and protective factors when working with PSU.

To address these objectives, I asked practising social workers detailed questions about their experience and training, and how they understood substance use and the impact it has on parenting. I asked questions about how they perceived their role and

responsibilities when working with families where a parent uses substances, and I explored the specific skills and strategies they use to talk about substance use and assess the impact that it is having on children (see Appendix one for full interview guide).

1.3 Research methodology

To meet the research aims and objectives, it was necessary to conduct empirical research that elicited first-hand accounts from practising social workers. The detailed descriptions needed to fulfil the research aims could only be obtained from a qualitative methodological approach. This study employed an interpretivist approach (Bryman, 2008) as it sought to understand participants' experiences and views of their lived experience of practice with people who use substances. The research strategy adopted principles of constructivist grounded theory (Charmaz, 2014) as a means of designing an inductive research approach that allowed new explanations of this field of practice to be generated from the data (Urquhart, 2013). Grounded theorists often rely on intensive interviews as a means of data collection (Charmaz, 2014). This tends to avoid standardised approaches to interviewing given the emphasis in grounded theory on building theory "from the ground up" (Foley et al., 2021:2). However, semi-structured interviews are appropriate where the researcher has identified some of the features of the phenomenon under inquiry which can then be built upon through interviewing (Foley et al., 2021). Accepting this, semi-structured interviews were used to collect data as this method allowed some control over the issues that were discussed, whilst also allowing for an in-depth exploration of practice. This dialogue provided data that has a depth and richness that could not be as well obtained from other methods. Theoretically, this research is framed by concepts of contextualism (Jaegar and Rosnow, 1988; McKenna, 2013).

Contextualism has informed my methodological position and has explained my own situatedness in the research. It has also influenced my interpretation of the data resulting in an original model depicting and explaining a contextual approach to child protection social work responses to PSU.

1.4 Definitions and terminology

This thesis is concerned with psychoactive substances that are used for non-therapeutic or recreational purposes; that is to say, it does not include any discussion of substances used solely for medical purposes. The Advisory Council on the Misuse of Drugs (ACMD) defines psychoactive substances as “any chemical substance people take to alter the way they feel, think or behave” (2006:15). Psychoactive substances can be classified in a number of ways according to their effects on the body, their chemical structure, and their legal status. Many commentators refer to ‘drugs and alcohol’, making a distinction between alcohol which is a legal drug and the term ‘drugs’ to refer to illegal drugs (Philips, 2004). Illegal substances are those that are controlled under current drugs legislation, namely the Medicines Act 1968, the Misuse of Drugs Act 1971, and the Psychoactive Substances Act 2016. This thesis will use the term ‘substance use’ to refer to the use of both illicit drugs and alcohol, recognising that alcohol is a psychoactive drug and causes as much of a challenge to social workers in their child protection practice as illegal drugs. The terms ‘drugs’ or ‘alcohol’ will only be used separately where there needs to be separate consideration of the legal status or policy responses to drugs and alcohol.

A number of terms are commonly used which convey a sense of how substance use is conceptualised as a behaviour, e.g., misuse, abuse. This thesis will generally refer to ‘substance use’ as term that avoids judgement about the use of substances; the

appropriate use of language will be explored in more detail in chapter two. Not all substance use is problematic; some individuals are able to use substances recreationally without causing harm to themselves or others (Shapiro, 2010). The notion of 'problematic' substance use is a contested one, but this thesis will adhere to the notion that substance use becomes problematic when it causes physical, mental, and/or social harm to the individual or to those around them. This distinction is important as it suggests that individuals do not need to be dependent on their drug of choice for it to be problematic. The emphasis on the risk of harm to others is an important consideration in cases of child protection.

This thesis is concerned with social work practice as defined by the International Federation of Social Workers (2014):

> "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing."

The emphasis on theory and knowledge in this definition, and how this is used to address life challenges, is particularly pertinent to this research, given its concern with how social workers use knowledge of substance use to address the challenges of PSU.

1.5 Overview of the thesis

This thesis is divided into five parts. Having presented an introduction to the research in part one, part two presents a review of the literature. This is presented in two chapters. Chapter two provides the context to the study, discussing how substance use is conceptualised, the scale of substance use in England and the policy response to substance use as a social and health issue. It also discusses the nature of social work and social work training in England, before discussing the relationship between social work and substance use. Chapter three addresses the response to PSU; this starts with a discussion of what is known in relation to training for social workers in relation to substance use and how social workers respond to substance use as an issue. It then discusses what is known about the impact of PSU on children and how services have responded to the needs of families affected by PSU. This literature review identifies the gaps in the existing evidence and presents the case for further research that explores how social workers respond to PSU.

Part three provides a discussion of the research methodology and methods. This is presented in three chapters. Chapter four provides a discussion of the methodological approach adopted in the study. Chapter five discusses the research design and the methods used to gather and analyse the data. Chapter six reflects on the research process, with emphasis on my own situatedness in the research.

In part four, the findings and discussion will be presented. These are organised over five chapters. Chapters seven to ten will present the findings categorised into the four overall themes that resulted from the analytical process. Chapter eleven will present an original model of the contextual construction of risk that emerged from the findings. Part five concludes the thesis with the recommendations and an overall conclusion to the study.

1.6 Chapter summary

This chapter has provided an outline of this research and the thesis. It has introduced the background to the study and the aims and objectives of the research. I have summarised the methodology and clarified key terms used in this thesis. The next section will offer a review of the literature and existing evidence that has informed this study.

Part Two
Literature Review

Chapter 2: Substance Use and Social Work in England

Social Workers respond to a range of social problems. The ways in which these issues are defined, conceptualised and understood by society, policy makers and human services determines how practitioners individually and collectively respond to them. Safeguarding is one of the key responsibilities of the social work role; that is to say, protecting people from harm. This means that they are central to decision making about people's liberty and interventions in families that can affect the family unit. In the context of substance use, this highlights the importance of social workers having a clear understanding of substance use as a risk factor for individuals and families. This understanding needs to be situated within a broader understanding of the ways in which substance use is conceptualised and the ways that substance users experience marginalisation and stigma, to ensure that decision making is evidence based and sits within a framework of anti-oppressive practice.

This chapter will therefore start with a discussion of the contexts of substance use and social work in England. It will discuss how substance use is understood as a social problem, the scale of substance use in England, the profile of people accessing treatment services and what the policy response has been. It will also set out the context of social work in England and explore the response from the social work profession and the extent to which substance use features on social work caseloads.

2.1 Defining and conceptualising substance use

The use of psychoactive substances is "woven into the fabric of human history" (Royal College of Psychiatrists, 2000:23) and for centuries has been a contentious aspect of human behaviour. As Galvani and Thurnham (2012) suggest, societal

attitudes to drugs and alcohol can be contradictory and ambivalent. On the one hand, the use of some substances has been accepted as central to our customs and traditions; on the other, societies have sought to regulate, restrict, and control the use of other substances through prohibition, punishment, and condemnation (Miller and Carroll, 2006). This ambivalence can be reflected in the language used to define substance use. Pycroft (2010) notes that language influences how responsibility for problems associated with these behaviours is attributed and how interventions and responses to substance use are designed. This ranges from concepts of substance use as a disease where the person is perceived as sick and in need of medical treatment, to moral weakness where the person is deemed as failing in their self-control (Macdonald & Peterson, 1991). Substance use has long been surrounded by moral judgement and social stigma that negatively impacts upon service responses. Categorizing substance use involves the use of opinion and judgement and behind these definitions there are *'*assumptions, beliefs and values about excessive substance use' *(*Forrester and Harwin, 2011:9). This is particularly pertinent for this study as personal *and* professional opinions will influence how social workers respond to substance use in their practice, which in turn will impact assessment outcomes for children and families.

Further influences on service responses include the dominant discourse that draws on the 'hard' and 'soft' drug dichotomy. These terms are generally value judgements based on the notion that some drugs are more dangerous than others (Shapiro, 2010). This is a contested notion; individual responses and patterns of use mean that degrees of risk cannot be so arbitrarily defined. These terms are not generally applied to alcohol because alcohol is a legal drug. However, current evidence shows alcohol-related deaths are at their highest level since records began (ONS 2022b).

Further contested notions include the categorising of patterns of substance use as ‘experimental’, ‘recreational’, and ‘dependent’ (Hussein Rassool, 2011:37). Recreational substance use is considered as a ‘lifestyle choice’ associated with pleasure seeking (Simpson, 2003), as opposed to dependent drug use which is associated with a lack of choice and control. Of course, these distinctions are not universal; people who use alcohol and stimulants at weekends may deem their drug use as recreational, but if this use causes social, physical, legal, or psychological harm, then it could be considered problematic and potentially dependent.

Another dichotomy is seen in relation to the ‘chaos/stability’ binary that is often applied to people using substances. Although more commonly used in relation to drug users rather than alcohol users, these terms are commonly used among professionals as well as in public discourse. Fraser and Moore (2008) argue that discussing drug users in relation to these states reinforces the belief that substance use is a negative behaviour and that there needs to be a boundary between acceptable controlled (or ‘normal’) behaviour and unacceptable uncontrolled substance use. This unhelpful discourse can negatively influence professionals’ judgements about individuals and their substance using behaviour. For example, in child protection social work, notions of ‘chaotic’ substance use need to be situated alongside clear descriptions of parenting capacity to avoid ambiguity and assessment outcomes based on inaccurate assumptions.

2.1.1 Problems and risks associated with substance use

A concept that underlies the ‘problematic/recreational’ and ‘chaos/stability’ dichotomy, is the notion of risk. Risk generally refers to “the possibility of something bad or undesirable occurring” (Bungay, 2012). The concepts of risk and protective

factors are central themes in this research, as they are fundamental to the process of assessment when social workers are considering the impact that PSU has on children (see chapter three). The idea and management of risk has become a common feature of contemporary society (Giddens 1990; Beck, 1992) and a dominant theme of the social sciences and responses to social welfare issues (Considine & Birch, 2009). In health and social care, this requires practitioners to be able to balance concerns about risk and protection from risk, with individual rights, including risk-taking (Kemshall & Wilkinson, 2011). The synergies with social work practice can be seen here; risk assessment and risk management are core features of social work practice. Risk is also a common theme in the discourse on substance use as risk factors are used in attempts to measure the likelihood of, or actual incidence of, negative effects from the use of substances. Clayton (1991:15) suggests that a risk factor is "an individual attribute, individual characteristic, situational condition, or environment context that increases the probability of drug use or abuse or a transition in level of involvement with drug users".

Whilst users of psychoactive substances seek the positive effects of drugs, there are also a number of associated physical, psychological, and social risks. Risks to physical health derive from the impact that substances have on the body and the way that substances are taken. As psychoactive substances can cause changes in psychological functioning there are risks to the short and long-term mental health of people who use substances. In addition, parental substance is associated with a range of harms and risk of harm to children thus presenting a challenge to child protection services (see s.2.5). For parents, the negative impact on their mental health is a key factor in concerns about parenting ability and its impact on children. These risk factors must be considered in any assessment of an individual's

substance use, not just in terms of the impact on themselves but also those around them. The assessment of risk is not simply an analytical process but rather it is a result of social interactions and the environment in which the risk is created (Douglas, 1992). In other words, the assessment of risk is context dependent and in relation to substance use, risk can be relative and can partially depend on the position of the assessor (i.e., how they view substance use).

Ideas about why people become dependent on substances are also underpinned by concepts of risk. Lloyd (1998) conducted a systematic review of literature relating to risk factors associated with the onset of problem drug use, he concluded that risk factors included having family members with problem drug use, family disruption, poor attachment to parents, childhood conduct disorder, participation in crime, mental disorder, social deprivation and a young age of first drug use. It is of note that these issues are often also characteristics of families on social work caseloads. In relation to alcohol dependency, there is a body of research based on twin and adoption studies that suggests that there is genetic predisposition for alcohol dependency (Young-Wolff et al, 2011). However, these studies have not been able to identify any genetic disposition that operates in isolation from environmental factors and so such risk factors should not be seen as wholly deterministic. Lloyd refers to an interconnected ‘web of causation’ (1998:217) which is relevant for this study as social workers responding to parental substance need to understand the context in which the person’s substance dependency has developed. Research by Bahr et al (2005) on the risk of adolescent substance use (n=4230), found that parental attitudes were a critical variable that had both direct and indirect influences on adolescent drug and alcohol use. This provides an important consideration for social workers in understanding the impact of substance use within the family.

However, Galea (2003) suggests individual risk factors do not fully explain substance use risk behaviour and offers a conceptual model of the contextual determinants of risk behaviours in relation to injecting drug use and the spread of HIV infection, which situates individual characteristics within the person's wider social environment, including social networks/support as well as social norms, neighbourhood disadvantage, social capital, health and social resources and physical environment. Galea's model offers useful insight for understanding the context in which substance use problems can develop and enables wider understanding of the individual within their environment which is crucial to the assessment of substance users and their families. While this understanding is helpful in understanding the contextual nature of risk, the model was developed in relation to injecting drug use and does not address the context of child social work practice, so a more nuanced understanding is needed.

2.1.2 Stereotypes and stigma

An added complexity to understanding and assessing risk, is the fact that people often use substances in ways and environments that put them at further risk as they seek to avoid the social stigma and negative stereotypes associated with substance use. The moral complexities of understanding and defining substance use in policy and practice have led to the stigmatisation of people who use substances and the development of unhelpful stereotypes. I noted earlier that assessment of risk can be based on relative concepts of what constitutes risk and the moral position of the assessor. If understandings of substance use are based on negative stereotypes, this is problematic for how professionals interact with people who use substances and warrants consideration. More than 30 years ago, Griffiths and Pearson (1988:13) noted "negative and ill-informed beliefs about drugs can be expected to

translate themselves into negative and ill-judged reactions to users". This, Robson (2009:18) argues, leads to professionals to have 'an unduly pessimistic view' of the harm that substances cause. Such views will negatively impact on the support they offer people who use substances, as a result of prejudice or a lack of knowledge and understanding (Paylor et al., 2012). Prejudice and negative stereotypes can prevent people from accessing services; this is particularly true for parents who may be fearful of child protection processes if they disclose substance use (Paylor et al., 2012). It is also important to note that most people who use substances do not come to the attention of professionals. As Robson (2009) notes, 'experts' do not see the 'invisible' users who do not access services and, therefore, base their expertise on people who are dependent, involved in crime, or are suffering ill health because of their substance use. Consequently, families that have individual or environmental protective factors supported by access to wealth and education are not being considered in this view of substance users.

In a report published by the UK Drug Policy Commission, Lloyd (2010) provided a summary of 90 research papers in relation to the stigmatisation of problem drug users. He concluded that public perceptions of drug users are that they are dangerous, dishonest and to blame for their difficulties and that health professionals can be judgemental and distrustful of drug users. This stigma is not just felt by drug users themselves, but also by their families (see chapter three).

To summarise, the ways in which substance use is defined, understood, and discussed, are influential elements of this study. They are central to the ways that social workers conceive of and assess the impact that substance use has on individuals and their families. These factors will also influence how social workers

are able to build effective relationships with people using substances and the interventions they deem appropriate.

2.2 Substance use in England

Statistics on substance use and the number of people accessing treatment services provide an important picture of consumption that enables governments to design and evaluate their drug and alcohol policies and interventions. In the context of this study, an understanding of how many adults use substances and which adults access treatment services offers important insight for social workers in terms of understanding risk factors amongst people they work with. Statistics are generally based on self-reporting or official documentation from services that support people using substances and will likely present an under-estimation of the true incidence of substance use (Newcome, 2007).

2.2.1 Patterns of substance use in England

Information on alcohol consumption in England is collected by the annual *Health Survey for England* (Health and Social Care Information Centre, 2022). The survey collects data from private households based on self-reports of alcohol consumption. The latest data from 2021 (n=12,112) found that 82% of adults in England had drunk alcohol in the past year and 49% said they had consumed alcohol at least once a week. Eleven per cent of adults in England had drunk alcohol on five or more days in the last week. The survey noted some gender differences with men being more likely to drink than women. It reported 43% of adults in England drink over 14 units of alcohol per week placing them at risk of alcohol related harm. The high incidence of alcohol consumption above recommended levels and the potential for under-

reporting suggests that it is reasonable for discussions about alcohol use to be a feature of social work assessments.

In England the annual Crime Survey for England and Wales provides information about trends in drug use based on interviews with representative samples of adults (aged 16 to 59) living in private households (ONS, 2022a). Findings from the 2021/22 survey suggested that 3 million adults or 9.2% of the adult population had taken an illicit drug in the last year (ONS, 2022a). For young adults aged 16-24, this figure rose to 18.6%. The survey findings suggested that 2.6% of the adult population (aged 16-59) are frequent drug users and reported illicit drug use more than once a month on average over the last year. It is worth noting that given the age range of the sample in this survey, there are missing data about the use of illicit drugs amongst young people and people aged over 60, therefore insights into the impact of substance use on families are limited because of this.

The 2021/22 Crime Survey showed that, in line with previous years, cannabis is the most widely used illicit drug amongst adults (used by 7.4% of adults); the next most commonly used drugs were cocaine powder (2.0%) and ecstasy (0.7%) respectively. In terms of Class A drugs, the survey found that 2.7% of adults had used a Class A drug in the last year, a notable reduction from 3.4% in the previous year (ONS, 2022a). It is widely noted that use of heroin and crack are most likely (compared to other illicit drugs) to lead to problematic drug use and that this is often associated with poor health and social problems, such as unemployment, involvement in crime, and lack of stable accommodation, all of which will have the potential to impact on parenting capacity (Public Health England, 2013; EMCDDA, 2013). Having an understanding of these trends can enable social workers to be vigilant to the potential for drug use in their cases.

Whilst many social workers will be familiar with the drugs discussed above, it is also worth noting that in recent years there has been an emerging trend towards the use of new psychoactive substances (NPS), or 'legal highs'. The fast pace of change in relation to NPS has meant that it has been difficult for policy makers and treatment providers to fully understand the implications of new patterns of drugs consumption and how to respond to the needs of people who are using these new drugs (NTA, 2013).

Whilst the focus on this study is not intended to fully explore the implications of the use of NPS in particular, the increase in NPS is having an impact on what drugs are used, how they are accessed and treatment engagement (EMCDDA, 2011). In a qualitative study of NPS users in Manchester Ralphs and Gray (2018) found that NPS use had had a significant impact on patterns of substance use and that NPS users were not engaging with treatment services. This has implications for child protection social workers in terms of keeping their knowledge base up to date. Being informed about new drug trends will support their response to substance use in families, while recognising that users of NPS may be less likely to be engaged with treatment services.

2.2.2 Substance use treatment

National Drug Treatment Monitoring System (NDTMS) data about who engages with treatment showed that 275,896 adults (aged 18 and over) accessed a drug and alcohol service in the year 2020/21 (Office for Health Improvement and Disparities, (OHID) 2021). The majority of these (51%) were for opiate use. Alcohol users accounted for 76,740 of people accessing treatment; 28% of the total accessed treatment for alcohol issues only. The statistics for 2020/21 showed that 21,308

people entered treatment who were using crack and opiates and 4545 people entered treatment just using crack (OHID, 2021).

This data showed that men were more likely than women to access treatment, with 68% (n=186,371) of the treatment population being male. However, 70% of drug users in treatment were male but only 58% of alcohol only users were male. In terms of age, the average age of opiate users was 43, whilst the average age of alcohol users was 46 (OHID, 2021). This is pertinent as this represents a group that are likely to have children. The NDTMS data showed that 110,095 people exited drug and alcohol treatment in 2020/21, and that 50% of them left treatment free of dependence use. Opiate users had the lowest rates of successful completion at 25%, alcohol users had the highest at 62%, while for non-opiate drug users, the rate was 57%. An understanding of these patterns is useful in the context of child protection. Recognising that not all substance users are able to engage with treatment programmes or exit drug or alcohol free can inform social workers' contingency planning and conversations about realistic goals. It is also important that social workers have an understanding of treatment pathways so that they can appropriately refer to substance use services. However, it needs be recognised that service provision has been subject to a shifting and complex policy landscape, as will be discussed in the next section.

2.3 The policy response to substance use

An understanding of the policy response is crucial for practitioners who are responding to the needs of people who use substances, as policy will determine the interventions and treatment approaches available to them. Furthermore, the legal classification (and therefore the potential legal penalties) of substance use and

related activities will inform any assessment of risk for substance users and their children. The use of alcohol is a legal activity in the UK, whilst the use of illicit drugs (substances used for non-medical use) is controlled by the Misuse of Drugs Act 1971. This classifies drugs into categories A, B and C with escalating legal penalties for use and supply of substances from C to A. An understanding of the classification of the substance(s) that a person is using will indicate potential harm and legal implications which may impact on people who live with the user. A brief overview of drug and alcohol policy will be offered here; further consideration of the policy response specifically in relation to the needs of children of substance users will be considered in chapter three.

2.3.1 Drugs policy

In the UK, illicit drug use and its links to crime and poor health has been a key concern of governments over the last 30 years (National Treatment Agency for Substance Misuse (NTA), 2013; H.M. Government 2017; H.M. Government 2021b; Black, 2021). Despite political commitment to drug control and treatment, the UK has seen high levels of recreational drug use and the highest level of dependent drug use in Europe (Reuter & Stevens, 2007). British drug policy has tended to focus on 'problem drug users' (Seddon et al, 2008). Concerns about reducing the harm caused by drug–related crime and the spread of blood-borne viruses associated with illicit drug use have formed the basis of the Drug Strategy for England in recent years (H.M. Government, 2017; H.M. Government 2021b). This has led to a focus on crime and punishment, prevention and treatment, which has excluded debates about the wider social aspects of substance use and the role of social care in responding to the needs of substance users and their families.

Notions of risk are a dominant feature of responses to substance use and this can also be seen in drugs policy where allocation of resources for services and interventions have been based on risk factors related to the occurrence of specific diseases (Rhodes et al, 2003). Understanding risk factors associated with drug use informs the design of education, preventative measures and interventions that are more likely to have positive outcomes (Rhodes et al, 2003). Examples of this can be seen in the 1980s focus on harm reduction strategies, such as the development of needle exchanges, as a means of addressing concerns about the spread of HIV and AIDs and the development of criminal justice interventions for substance use in response to growing concern about the effects of acquisitive crime associated with illicit drug use in the 1990s (Seddon et al, 2008).

In 2019, the Government launched an independent review into UK drug policies, noting concern about the effectiveness of policy and interventions given the high rates of drug use in the UK relative to comparable countries (UK Parliament, 2019). The review, led by Dame Carol Black noted some concerning trends in relation to increased violence in the drugs market drug-related deaths being at an 'all-time high'. It also noted that drug use amongst young people was increasing, and there was a significant link between the use of opiates and crack/cocaine and deprivation and poverty. Furthermore, the review suggested that government interventions to restrict the supply of drugs are not effective, and cuts to spending on treatment services have had a devastating effect on the expertise and capacity in this sector (Black, 2020). All of these issues have significant relevance for this study as they will inevitably impact on families where parents are using drugs, and indeed the review noted rising demands on children's social care as a result of the need for social workers to respond to these issues.

The review concluded that “the public provision we currently have for prevention, treatment and recovery is not fit for purpose, and urgently needs repair” (Black, 2021:3). The review set out a detailed list of recommendations to address these system failures, including the formation of a Drugs Unit to ensure central government leadership, increased and protected funding for treatment services, and improved commissioning of services. In addition, it recommended a need to enhance the capacity and quality of the workforce in treatment services, and a need to develop employment, housing, and health services that work in partnership with treatment services (Black, 2021). This has real implications for child protection practice; if substance use treatment services are failing, this creates concern for social workers who are relying on referral to specialist services to support parents to change substance use behaviours as part of child protection planning. The full impact that this is having on child protection practice is not clear. Issues of multi-agency working will be discussed further in chapter three.

In response to the review, the Government pledged to publish a long-term strategy that provides a ‘whole-government response’ to addressing drug supply and demand (H.M. Government 2021a). Later that year a new drugs strategy was published titled ‘From Harm to Hope’ (H.M. Government 2021b). With direct reference to Dame Carol Black’s reviews, the strategy aims to focus on breaking supply chains for drugs, improving treatment services and creating a generational shift in the demand for drugs. The Government pledged to invest a record of £780 million to rebuild the drug treatment system (Department for Health and Social Care, 2021). Whilst investment in treatment systems is most certainly positive, some writers have been critical of the policy as a whole, noting contradictions such as its objective of increasing punishments for drugs users whilst at the same time aiming to divert drug

users from the criminal justice system (Koram, 2022). Furthermore, and of particular significance for this research, Galvani notes the focus on the specialist workers in drug treatment in the policy, suggesting that social care and social workers have been 'completely overlooked' (cited *in* Samuel, 2021:1). Given the support that social care and social work offers to families who are affected by substance use, this is concerning.

2.3.2 Alcohol policy

The policy response to alcohol-related harm has inevitably been different to the response to drug use given the legal status of alcohol in the UK. As a legal substance, alcohol is often promoted and celebrated within socially acceptable boundaries and yet alcohol causes significantly more harm than illegal drug use, in terms of health indicators, hospital admissions and deaths (NHS Digital, 2022). Parental alcohol use is more likely to affect families than parental drug use (see chapter three). There is a complexity here for social workers who are required to navigate the social acceptability of alcohol in everyday customs and the potential for harm.

Consumption of alcohol in modern history has been primarily controlled through licensing laws, which have focused on preventing disorder and controlling the economic market for alcohol (Nicholls, 2012). The political response to alcohol has been complex, as political parties have sought to balance growing concern for the health impacts of alcohol consumption and the economic impact of seeking to control the supply and consumption of alcohol (Nicolls, 2015). Due to an increase in alcohol consumption over the preceding 20 years, the Government published its first Alcohol Harm Reduction Strategy for England in 2004 (Cabinet Office, 2004). It included

measures to promote alcohol education and improve health and treatment services for alcohol, which were welcomed by public health bodies, but the strategy was widely criticised as it set no limits on the consumption of alcohol. Unlike the concurrent drugs strategies there was no new funding to support the alcohol strategy and its main focus was on 'binge-drinkers' and the links to anti-social behaviour, thus disregarding the need to address alcohol consumption across all age ranges and patterns of consumption (Drummond, 2004; Drummond & Chengappa, 2006). Whilst the strategy acknowledged potential harms caused to families from alcohol use, these focused on families being victims of crime and the potential for family breakdown with no reference to safeguarding or the need for interventions from social care.

The subsequent Alcohol Strategy (H.M. Government, 2012) set ambitious targets aimed at changing public attitudes towards harmful drinking, reducing violent crime associated with alcohol use, and reducing alcohol use amongst young people, following pressure from public health bodies, practitioners, and researchers (Arnull, 2014). In addition, it set targets to reduce levels of harmful and 'binge' drinking and to reduce rates of alcohol-related deaths. In a critique of the alcohol strategy, Nicholls (2015) suggested that its policies were not widely implemented and in some cases were abandoned. One the key initiatives of the strategy was to reduce the availability of cheap alcohol, through the introduction of a minimum unit price for alcohol (Anderson, 2012). Following a consultation, the Government decided that minimum unit pricing would not be introduced in England, but instead they would impose a ban on below cost price sale of alcohol (Woodhouse, 2020). Again, the policy made little reference to social care responses to the needs of families as a result of alcohol use, only noting that treatment services and children's services were

‘increasingly working together’ with no recommendations for further work (H.M. Government, 2012:25).

At the time of writing there remains growing concern about a lack of focus on alcohol policy for England. In 2018, the Government announced that a new alcohol strategy would be developed, but this did not subsequently come to fruition (Morris, 2020). Gilmore and Williams (2019:2377) suggested that “the UK Government has abdicated responsibility, relying on voluntary schemes based on industry goodwill rather than evidence-based policies”. The Commission on Alcohol Harm published a report in 2020 which set out to examine current evidence and trends in relation to the harm caused by alcohol use and called for the UK Government to develop a new comprehensive strategy for alcohol (Commission on Alcohol Harm, 2020). The report came at a time when concern about increased alcohol use during the COVID-19 pandemic was escalating (Stevely et al., 2021; Jacob et al., 2021; Aldridge et al., 2021). The absence of clear policy direction and the lack of acknowledgement in previous policy about the role of social care in responding to alcohol use, leaves social workers to navigate alcohol use with limited guidance, which given the centrality of alcohol use in our society is a significant concern.

2.4 Social work in England

Social work as a practice is a contested activity. It has been shaped over time by political ideology and economic and social conditions (Hill et al., 2017; Harris, 2008). As discussed in chapter one, the global definition of social work states it is a ‘practice-based profession and academic discipline that promotes social change’ (IFSW, 2014). This emphasis on practice and academic learning is important for this study as it highlights the centrality of training and education in preparing social

workers to do the job. In terms of promoting social change, social workers work with people who can be vulnerable and who are facing challenges or crises in their lives, with a view to supporting them to be safe and to take maximum control of their lives (Horner, 2019).

Central to the social work role is the concept of ‘safeguarding’, that is, assessing the potential risk of harm and providing interventions to protect people from harm (NSPCC, 2022). Social workers work within a network of other helping professions (Higham, 2006) and the multidisciplinary context of the work is a central feature of the role (Dunk-West, 2013). The structure and organisation of care services in England can vary by region but broadly consists of statutory organisations in local authorities, national organisations, regional organisations, and independent agencies based in charitable or private organisations (Higham, 2006). This thesis is specifically concerned with child protection social workers with statutory powers, based in local authorities.

The title of social worker is a protected title and in order to use it social workers must have completed an approved social work degree and have registered with the professional body, Social Work England (SWE). Pre-qualifying training through degree programmes focuses primarily on generic social work knowledge and transferable skills that prepare social workers to work with any service user group (Stone & Harbin, 2016), although in recent years some specialist ‘fast-track’ pathways have developed that prepare students specifically for child protection or mental health social work. Through their training social work students are required to undertake 200 days of practice learning, through at least two assessed placements in different settings (SWE, 2021). Upon qualification social work students are expected to be able to meet the SWE professional standards which set out the key

competencies that social workers should be able to achieve in their practice. In order to maintain registration social workers also need to be able to demonstrate that they continue to meet these standards through their practice and engagement with post-qualifying training and continuing professional development.

The foundations of good social work practice are often considered in terms of knowledge, skills and values (Collingwood, 2005); recognising that social workers need a sufficient knowledge base to support them in making evidence-based decisions, the skills to interact with service users and other professionals, and a value base that aligns with the profession's commitment to practice ethically with respect for human rights and commitment to social justice (BASW, 2021). As Teater (2014) notes, as 'change agents' social workers need the knowledge, skills and values to be able to engage in problem solving, promote change and support people to reach their full potential. In relation to responding to the needs of substance users, it is useful to consider what knowledge and skills social workers will need and the impact that values can have on this area of practice. Some writers have been critical of the categorisation of elements of practice in this way as prescriptive and narrow, not allowing for an analytical discussion of how these elements intersect, (Livingston, 2014). Therefore, it is important to recognise the intersection of these categories, acknowledging that knowledge will inevitably impact on skills and values and that each of these will evolve over time.

Social work as a profession has an established commitment to holistic assessment that takes account of sociological and psychological perspectives in understanding human behaviour. The ecological model (based on the work of Bronfenbrenner, 1979) is widely used to locate an individual's or families' problems and solutions in their social environment. Trevithick (2008:1212) argues that social work is a "highly

skilled activity" that is underpinned by an "extensive knowledge base and considerable intellectual abilities". She offers a framework for social work knowledge that categorizes knowledge in terms of 'theoretical knowledge', 'factual knowledge' and 'practice knowledge', recognising that these types of knowledge intersect. This draws together the need for theoretical knowledge that illustrates an understanding of people and their experiences; the need for contemporary research, social policy, legislation and agency policy; and practitioners' reflections '*in'* and '*on*' practice (Schön, 1991).

Social work education is also underpinned by notions of experiential learning, hence the centrality of assessed practice placements. Whilst there are a range of theoretical models of experiential learning, Kolb's (1984) model of experiential learning has been particularly influential in social work education (Beesley, 2023). Kolb's theory recognises that experiential learning is a process that links personal development, education and work, and in doing so emphasises the connection between classroom- based learning and learning from 'real world' environments (Kolb, 2015). His theory presents learning as a cyclical model whereby a concrete experience leads to reflective observation, which leads to abstract conceptualization which leads to active experimentation, which leads to further concrete experience and so the cycle continues (Kolb, 1984; 2015). Through this model learning is conceptualised as a cognitive process that results from how individuals engage with their environment rather than as merely a product of instruction. Kolb's model is one of a large number of models of experiential learning. Whilst it has been influential, it has also been criticised for a lack of clarity in its typology of concrete and abstract learning (Bergsteiner et al. 2010). Bergsteiner et al. (2010) have called for a more holistic model that considers wider learning typologies and differentiates between

them. However, Kolb's model provides a useful starting point for this research in recognising the role that experiential learning plays in the development of practice knowledge.

Reflective practice is also a core theme of social work practice and is a prominent feature of the Professional Capabilities Framework (BASW, 2018) which forms the basis of the assessment of social workers during pre-and post-qualifying training. Moon (2004) suggests that reflective and experiential learning are forms of learning that build on formal education and extend beyond it. They are therefore crucial aspects of self-managed continuing professional development. This is significant for this study given the complex value base that surrounds substance use. The need to consider the knowledge base of social workers as they respond to substance use will inform what support they need and/or receive with this work and the role that reflective practice plays in experiential learning.

The complexity of social work as a task is described by Weinberg (2016) who offers a narrative of the inherent paradoxes of social work practice. She describes the challenges and dilemmas that social workers face in responding to social issues in terms of six paradoxes of practice:

- The first, "*care and discipline"*; relates to the responsibility that social workers have to provide care for people but also to regulate behaviour.
- The second paradox is the acknowledgement of "*more than one 'client' in a case*" which recognises that individuals in families may have conflicting needs.
- The third is "*non-judgmentalism vs. the need to make judgements"*.
- The fourth is "*the setting of norms vs. encouraging 'free choice' and client empowerment.* Weinberg acknowledges that moral regulation is part of the social

work role and yet social work as a profession also promotes empowerment and self-determination.

- The fifth is "*self-disclosure as necessary and risky for clients*" where openness with the social worker about behaviours that impact parenting risks further negative implications for the family unit.
- Lastly, the sixth paradox is "*equality vs. equity",* and relates to the need to offer consistent services, whilst also being able to respond uniquely to individual circumstances.

In considering the positions in these paradoxes it is clear that social work responses to social issues are multi-faceted and that value-based responses are complex. In the context of working with PSU these dilemmas have the potential to be further confounded by the stereotypes and stigma faced by substance users as already discussed (s.2.1.2). This highlights the need for reflective practice to enable social workers to explore and resolve these dilemmas of practice. As will be discussed in the next section social workers navigate these issues of 'care' versus 'control' in a highly pressurised environment and one that is ever mindful of pressure from external sources to avoid failure (Ferguson, 2011).

2.4.1 The current context of social work practice

Social workers respond to people who are often experiencing crises and the nature of statutory interventions which are often unwanted by the people subject to them, particularly in child protection, means that social work as a profession has the potential to be a highly stressful job. Given the nature of issues that social workers respond to, social workers are often engaged in highly emotive work (Quick & Scott, 2019). In recognition of this, Brechin et al. (2000) refers to the emotional labour that

social workers do as they manage the emotive and challenging situations that may cause distress and anxiety. Furthermore, Weinberg develops her discussion of the paradoxes of social work practice to consider the notion of 'moral distress' whereby institutional constraints prevent practitioners from doing what they perceive to be the right thing (2016:16).

This study has taken place following the financial crisis of 2008 that led to a range of fiscal austerity measures that have had a significant impact on social care services (Jones et al., 2019). The implication of this is that social workers have been working in more pressurised environments, as they manage higher caseloads due to limitations on resources in their own agencies, whilst seeing cuts to wider health and social care services that they may have referred on to. The review of drugs policy by Dame Carol Black in 2021 (s.2.3.1) noted that specialist services for substance use, which have experienced significant reductions in funding, were not fit for purpose. What is unknown is how these limitations on other services impact on social workers responding to PSU.

Practitioner stress and burnout are key concerns for the social work workforce. Recent statistics have shown that in 2022 the number of social workers leaving children and family posts exceeded the number entering these posts. This has been attributed to high caseloads as a result of austerity measures, as well as the effects of the COVID-19 pandemic and the cost-of-living crisis (Hall, 2023). A survey by the British Association of Social Workers found that 72% of social workers (n=2062) felt that they could not manage their workload (BASW, 2021b). These are significant considerations for this study. As discussed above, substance users have complex needs and there are concerns about specialist treatment services meeting the needs of substance users. Social workers have to respond to the complexities of supporting

families affected by substance use from a position that they are already potentially overwhelmed with competing priorities and demands on their time and concern about the repercussions of making mistakes.

The context for child protection social work in particular has evolved in response to changing views about the value and meaning of childhood over the last century (Ferguson, 2011). The current system has emerged from apprehension in the 1960s about child deaths and children being 'battered' by parents and have led to a focus on the family as a cause for concern and the investigation and monitoring of individual parents (Featherstone et al., 2018). Featherstone et al. (2018) suggest that the current child protection system is based around the following assumptions:

- *"The harms children and young people need protecting from are normally located within individual families and are caused by actions of omission or commission by parents and/or other adult caretakers;*
- *These actions/inactions are due to factors ranging from poor attachment patterns, dysfunctional family patterns, parenting capacity, faulty learning styles to poor/dangerous lifestyle choices;*
- *The assessment of risk and parenting capacity is 'core business' and interventions are focused on effecting change in family functioning;*
- *Developing procedures, expert risk assessment, and multi-agency working are central to protecting children"* (Featherstone et al., 2018:4).

Featherstone at al. (2018:20) go on to express concern that these assumptions and an individualised and narrow definition of children's rights have led to a 'child rescue' approach. This, they suggest, separates families from their social context and pathologizes the experiences of individual families. In particular they note the lack of consideration given to the impact of poverty on families in light of recent research

that has found a relationship between deprivation and the chances of children being placed in local authority care or being subject to a child protection plan creating a "steep social gradient in children's chances of a coercive intervention" from social care (Bywaters et al. 2020:5). The recognition that the socio-economic circumstances of families are a key indicator of child protection interventions is important for this study given the potential links between deprivation and substance use. Dame Black's (2020) review of drugs policy noted the links between use of class A drugs and poverty (see s.2.31). Approaches that do not recognise or address the impact of wider social context and only respond to a parents' substance use as an individual behaviour have the potential to pathologize the parents as substance users and not respond the wider needs of the family.

Whilst historically physical abuse and sexual abuse would have made up the majority of child protection registrations (Featherstone et al. 2018), in the current system these account for a smaller number of cases. In 2023 49.3% of cases on the child protection register were for neglect and 37.4% were for emotional abuse (NSPCC, 2023). Again, this is significant for substance-using parents who are being judged on their parenting capacity by a system that understands social problems as a result of lifestyle and risk choices rather than disadvantage and inequality (Featherstone et al. 2016) and therefore maybe more likely to find their parenting constructed in these categories.

Risk assessment has become a central concern of child protection work (see s.3.3.4), but as Ferguson notes (2011), child protection systems have become more risk adverse as they have sought to develop systems for identifying and managing risk. Debates about the effectiveness of child protection often take place in the public domain with media, academic and professional scrutiny (Stanley and Goddard,

2002). Serious case reviews often receive media attention that can be negative towards social workers and fear of blame culture can lead to defensible decision-making (Kemshall et al. 2013). This has led to a system that is focused on managing the risk of failure rather than one that celebrates success or seeks to promote learning (Ferguson, 2011). And whilst developments in child welfare have promoted partnership working with service users, the pressure to avoid mistakes, failure and blame has led to the focus on individualised child protection concerns as discussed above. Ferguson (2011) suggests that the response to child protection failures, often focused on high-profile child deaths, has been to implement bureaucratic and administrative changes through the introduction of legislation, policy and procedures. He also discusses the role that increased procedures and audit have had in the decline of practitioner skills as they spend more time doing administrative tasks and less time with service users. This then creates risks for families who have less time with their social workers and has amplified the pressures on social workers. This context is important for child protection with families impacted by PSU as it provides a lens through which parental behaviours will be assessed. The uncertainty of the risks associated with substance use creates a conflict for social workers who are potentially risk adverse in their practice in a professional culture that is fearful of failure.

2.5 Substance use: The challenge for social work

Given the high incidence of drug and alcohol use in the population, as discussed above (s.2.2.1), it is not surprising that social workers who often support people at times of crisis, regularly encounter the personal and social issues caused by problematic substance use in their practice (Paylor et al., 2012). The 2009 *Report of the Social Work Task Force* and the *Munro Review of Child Protection* (2011) both

identified substance use as an issue that impacts negatively on families and that may require social work intervention. Shepard (1990) noted that, generally, substance use is not the initial issue raised by service users, but it can be a significant factor in many circumstances that require social work intervention. He also noted that substance use can be one of several social issues that can exacerbate each other and cannot therefore be managed in isolation. People that use substances will often present with a range of concerns, including issues in relation to their relationships, finances, housing, offending, physical and mental health, as well as behavioural issues (Goodman, 2013). Where substance users are parents and these issues impact on children, they become a key concern of child protection services.

It has been argued that social workers are 'ideally placed' to respond to substance use issues, given their education, knowledge base, and experience in relation to the needs of vulnerable people (Collins and Keene, 2000; Galvani and Forrester, 2011). Additionally, it is important to remember that substance use does not just affect individuals but rather affects the whole family (Galvani, 2012a) and therefore social workers working with adults, young people and/or children should be well situated to respond to the needs of substance users. The extent to which a social worker takes on an assessor role in relation to substance use will of course depend on their specific job role (Cecil, 2012), but all social workers will have a role in recognising such issues and responding accordingly.

In recognition that social workers will inevitably work with people who use substances, a statement outlining the roles and capabilities of social workers in relation to alcohol and other drug was developed in 2015 (Galvani, 2015). This document was supported by the British Association of Social Workers (BASW), the

former College of Social Work (TCSW), and the Directors of Adult Social Services (ADASS) and set out a clear expectation of the roles that social workers can, and should, play in identifying, assessing and intervening in situations where people are using substances. The guidance was clearly linked to the Professional Capabilities Framework for Social Work providing a clear relationship between the need for knowledge relating to this area of work and the professional development pathway through a social work career. It noted that social workers have three clear roles in relation to working with substance users; to engage; to motivate and to support substance users. Social workers have a statutory duty to protect children and vulnerable adults from harm; therefore, an understanding of substance use and its impact on families must be a critical aspect of assessment and intervention. Whilst this guidance offered some clarity about expectations of social workers in relation to responding to people with substance use issues, the guidance was not subsequently adopted by the professional body for social work following the closure of The College of Social Work that same year. The guidance has therefore had limited impact on policy and practice.

Given the inevitable interface between social work and substance use, it is crucial that social workers have sufficient knowledge about substance use to enable them to assess needs and risks; to determine the impact that it is having on the individual and others; to identify motivation to change; and to refer on appropriately to specialist services. Cecil (2012:117) argues that to understand an individual's substance use, practitioners must be able to consider, "the substance user as an individual, the substance itself, the environment and finally, the individual practitioner's degree of knowledge, experience and attitudes towards substance use and those who misuse substances". Furthermore, having an understanding of the

socio-political and historical context of substance use will enable social workers to better understand the negative stereotypes associated with substance use that lead to marginalisation (Nelson, 2012). Most social workers do not specialise in substance use, nor do they need to be specialists. However, substance use poses a significant challenge in their work, and social workers need to be able to know when and how to ask questions about it (Galvani, 2012a; Paylor et al., 2012). Barber (2002) notes that the best predictors of positive treatment outcomes are social factors, and as such, this makes social workers well placed to respond to substance use. Herein lies the challenge, substance use affects the mind and body which requires a response from the medical profession but as Barbour (2002) notes the social impact of substance use is clearly the domain of social workers and so more integrated working underpinned by a clear sense of roles and responsibilities is needed.

Given that substance use is a frequent challenge for social workers, information about how often social workers encounter substance use in their daily work has been limited. In Galvani et al.'s report (2011) of the first national survey in England of social care professionals' experiences of working with substances users, 646 social work and social care practitioners were surveyed. Sixty per cent were qualified social workers. The study showed that, in children's services, social care professionals were more likely to come across substance use issues compared to adult services. They found that 1 in 6 cases (17%) contained concerns about someone's own use of substances, and 1 in 3 (33%) about the use of someone close to them. This has significant implications in terms of PSU in families although the data does not distinguish where these concerns are specifically about PSU or have come from children directly. Prior to this, the most notable national data came from the *Hidden*

Harm report (ACMD, 2003). This was an inquiry into the needs of children affected by parental drug use commissioned by the Advisory Council on the Misuse of Drugs in 2003. A survey of all social work, maternity and drug services in England of Wales yielded a 55% response rate and found that a quarter of cases on the child protection register featured problematic substance use (ACMD, 2003). This study is dated having taken place over twenty years ago, but it was significant in that it was the first major inquiry into the impact of PSU and there have been no attempts to obtain follow up data at the same scale.

Previous studies have attempted to collect data about the incidence of PSU. A range of studies in different English local authorities have found that between 22% and 62% of child protection cases featured parental substance use (Hayden, 2004; Forrester, 2000; Gorin, 2002; Forester and Harwin, 2006). These studies have been confined to one, or a small number of, specific authorities; they provide useful data about potential trends but do not reflect national variations. Forrester and Harwin (2006) also found that, where there was PSU, families had more complex needs and were more likely to require more intensive interventions, with 62% subject to care proceedings. In a follow up study, Forrester and Harwin (2008) considered the same cases (n=100) two years post referral; they found that 46% of children remained with their main carers, 26% were placed with wider family, and 27% were in the formal care system. Again, this suggests that PSU is a predicator of more serious child protection interventions. Furthermore, Forrester (2008), in a study of 400 referrals, found that re-referrals to child protection services were rare (at 2.75%), but that one factor associated with re-referrals included parental alcohol use. These studies are now dated and therefore do not give a current picture, which would certainly be useful for the debate. However, they have offered repeated evidence that PSU is a

significant feature of child protection cases and should be a key concern of safeguarding services. The difficulty with these figures is that they are selective, from small samples and lack wider detail about trends and patterns and as such are likely to be underestimates. What is clearly needed here data that reflects the national picture.

The Children Act 2004 introduced a requirement for Local Safeguarding Children Boards to undertake a Serious Case Review (SCR) where a child subject to abuse or neglect dies or is seriously injured (later changed to Child Safeguarding Practice Reviews, DfE, 2018). National analysis of SCRs between 2009 and 2019 have shown that between 34% and 47% of cases include concerns about PSU (Brandon et al., 2013; Sidebotham, 2016; Dickens et al., 2022). These statistics show some fluctuations in the rates but also show that PSU has remained a significant feature of SCRs and should be of no small concern to policy makers and practitioners. As discussed above, the *Hidden Harm* report of 2003 had identified substance use as a significant feature of child protection cases (25%), and these more recent statistics show higher incidences of PSU which would suggest that despite the awareness that the Hidden Harm report created, little has been done to address this as an issue. A national evaluation of the English Government's 'Troubled Families' programme, (Ministry of Housing, Communities and Local Government, 2018), a programme aimed at offering targeted interventions for families experiencing multiple problems, found that families where a child was on a child protection plan had a parent with a drug or alcohol problem in a fifth of cases. In 16.9% of families the programme had at least one person that was dependent on drugs or alcohol. Again, it is worth noting that these statistics rely on accurate identification of substance use issues by professionals and there is potential for under-reporting where issues have not been

accurately identified and so there remains a real challenge in understanding the scale of the problem. However, it is clear that parental substance is a significant indicator of potential serious harm to children and should be a crucial aspect of social work assessment of the welfare of children.

2.6 Chapter summary

This chapter has located substance use in England as a public health concern that presents the Government and social care services with a social and political challenge. It has discussed the centrality of language in setting the parameters of how substance use is understood and the responsibility that professionals have in the skilful use of language to avoid perpetuating negative stereotypes and stigma. The need for social workers to understand how substance use effects people, in terms of health and behaviour and the policy framework that surrounds it has been outlined. The chapter has also considered the context of social work practice in England, recognising the centrality of the safeguarding role and the need for social workers to have the knowledge, skills and values to enable them to respond to a range of social problems. Social workers encounter parental substance in their daily practice and so they need the knowledge and skills to able to respond to the issues it raises. This sets the context for the next chapter which will consider PSU as a social concern and the complexities of social work responses to PSU.

Chapter 3: Working with Parental Substance Use

The last chapter discussed substance use as a social concern and this chapter will now consider the specific impact that PSU has on families. To effectively assess the impact on children, social workers need to have an understanding of the ways that PSU creates risk, but also the potential for protective factors that can promote resilience in families. The chapter will present evidence on how well-prepared social workers are to identify and assess substance use, and the therapeutic commitment that social workers have to working with PSU. It will also consider the policy and practice response to PSU to understand the key drivers for service provision. Issues of stigma, risk management and the role of inter-agency working in relation to PSU will be discussed. Lastly it will consider what has been learnt from the evidence to date and will highlight the gaps in the evidence that this study will address.

3.1 The impact of parental substance use on children

Whilst concern about the impact of substance use on individuals and society has existed for much longer, the impact of PSU on the lives of children was largely ignored in policy and practice until the turn of the millennium (Allen, 2014; Copello & Templeton, 2012). The *Hidden Harm* report of 2003 was a seminal publication about the impact of parental drug use in the UK, that promoted a growing unease about the lived experiences of children of substance users (ACMD, 2003). Some years later, the Office of the Children's Commissioner for England (Adamson & Templeton, 2012) published '*Silent Voices'*, a report highlighting the needs of children of alcohol users. These documents highlighted the risks to children's welfare from PSU, and subsequently prompted an interest in developing new knowledge about the experiences of children growing up in households where parents were using

substances (Kroll, 2004; Kroll & Taylor, 2003), and a cultural shift in ensuring services for substance users took an active role in safeguarding affected children (Allen, 2014). This has led to a growing body of research that has sought to document the scale of the issue, and to document the known risks and protective factors that can inform assessments of the needs of children living with PSU. Consequently, political, and public awareness of PSU and its impact on children has increased (Russell, 2006).

It is worth noting that there are only estimates of children affected by PSU, the true extent is not known. Data on PSU is not systematically collected in the UK (Kenny & Hedges, 2018), and as families deal with the stigma and prejudice of PSU (McGovern et al., 2018), their accounts will often be shrouded in denial and secrecy (Kroll & Taylor, 2003). In any attempts to elicit narratives of lived experience, parents and children will be wary about what they are willing to share with researchers for fear of child protection interventions (Snoek, 2017; Barnard, 2005).

3.1.1 How many children are affected?

In the first attempt to collate national data about PSU, the *Hidden Harm* report used treatment data to estimate that in England and Wales, there were 200,000 to 300,000 children or 2-3% of all children under 16 living with at least one parent who was a problem drug user (ACMD, 2003). Manning et al. (2009) expressed concern that these estimates did not capture the children of parents who had not accessed treatment services, suggesting broader estimates were needed. Based on data from five household surveys, Manning et al. estimated that 8.4% (up to 878,000) of children under the age of 16 in England and Wales lived with a parent that had used illicit drugs in the last year, and 2% (up to 256,000) lived with a parent who had used

class-A drugs. They also estimated that, for children under the age of 16, 335,000 lived with a drug dependent user, 72,000 lived with a drug user in treatment, and 72,000 lived with an injecting drug user (Manning, 2009). Whilst Manning's estimates used broader data, it is still important to acknowledge the limitations of household surveys and recognise that their estimates do not reflect the true scale of the issue. Data from the NDTMS for 2020/21 showed that 29% of women and 17% of men entering treatment reported living with a child or being a parent; the average number of children per household in these instances being 1.9 (OHID, 2021). There were an additional 21% (n= 27,575) of those starting treatment that were parents who were not living with their children; for female opiate users, this was the case for 28% of women. The NDTMS data also showed that 12% (n=6,822) of these children had a child protection plan; for opiate users this figure was 20%. It is concerning to note that 68% (n=38,373) of these children were not in receipt of early help (OHID, 2021).

The legal status of alcohol can make it more difficult to understand the impact it has on children. Estimates of parental alcohol use can vary on the basis of how alcohol use is quantified (Taylor and Flood, 2020) and again often relies of self-reporting which may not be accurate. Manning et al.'s (2009) data suggested that 30% of children under the age of 16 (3.3-3.5 million children) in the UK lived with at least one binge drinking parent. They also drew on data from the National Psychiatric Morbidity Survey in 2000 which suggested that 22% of children under the age of 16 (2.6 million children) lived with a hazardous drinker, and 6% (705,000) with a dependent drinker. More recently, Pryce et al. (2017) considered data from the 2014 Adult Psychiatric Morbidity Survey, the National Drug Treatment Monitoring Service, and the 2011 Census to develop an estimate of 189,119 to 207,617 children under the age of 16 living with at least one parent who is alcohol dependent. Despite the

challenges of obtaining accurate data, and variations in estimates, it is evident that parental alcohol use affects more children than parental drug use (Murphy & Rogers, 2019).

Combining drugs and alcohol, the Children's Commissioner for England estimated that 478,000 or 40 in 1,000 children were living with a parent with problem alcohol or drug use in 2019 to 2020 (Clarke et al., 2019). The same report also suggested that, whilst 50% of people who enter treatment were parents, there is still a great deal of unmet need, with an estimated 80% of alcohol dependent parents and 60% of heroin dependent parents not accessing treatment services (Clarke et al., 2019). At the time of writing, there is also increasing concern about increased levels of alcohol and drug consumption during the 'lockdowns' resulting from the COVID-19 pandemic. The impact that this has had on children is yet to be fully appreciated (Stevely et al., 2021; Jacob et al., 2021; Aldridge et al., 2021).

3.1.2 The intersection of parental substance use and other adult co-existing concerns

Although there is a growing body of research that documents the negative impact of PSU on children, it is often part of a complex range of issues and environmental risk factors that negatively impact on children, making it difficult to fully establish any causal links (Suchman et al., 2013; Drummond & Fitzpatrick, 2005). PSU is often conceptualised as co-existing with parental mental-ill health and domestic violence, which have a negative impact of children's lives (Murphy & Rogers, 2019). The correlation between these issues has been a common feature of serious case reviews. Brandon et al. (2010) coined the term 'toxic trio' to refer to the impact of parental mental-ill health or learning disability, PSU, and domestic violence. This

sense of a ‘toxic trio’ subsequently became part of the social work lexicon and the term has been widely used by practitioners and academics. A report by the Office of the Children’s Commissioner estimated that 0.9% or 1 in 100 children in England were living in a household where at least one adult was facing issues in relation substance use, mental ill-health, and domestic violence (Chowdry, 2018).

The term ‘toxic trio’ has, however, recently been subject to challenge; it is considered to be a stigmatising term and has been criticised as it offers no theoretical understanding of the links between the issues and their impact on children and it does not consider wider contextual factors that impact on families, such as ethnicity, age of children, and socioeconomic disadvantage (Skinner et al., 2021). Featherstone et al. (2018) also warn of the heuristic use of this term in cases where not all three elements are evidenced and the potential to treat what are diverse issues as a whole. As a result, newer work has referred to ‘adult-oriented issues’ to refer to parental behaviours and challenges that have an impact on children (Skinner et al., 2021). These adult-oriented issues do not inevitably cause harm to children, but there is potential for family disruption that needs to be considered (Velleman & Templeton, 2006). It is, therefore, important that the full context of issues facing families are considered, but it remains true that multiple adversities will increase the potential negative impact on children (Velleman & Templeton, 2016; Taylor & Flood, 2020) and this should be taken into consideration when considering the impact of PSU (Murphy & Rogers, 2019). In a review of the impact of parental conflict and substance use on children, a recent report by Hogan-Lloyd et al. (2021) noted that wider stressors, such as poor housing, financial instability, crime, experiences of schooling, and parental mental health issues acted cumulatively alongside PSU and parental conflict to increase the risk of negative outcomes for children. This

understanding requires professionals to ensure that they do not reduce family problems to PSU alone, but rather take account of wider socio-economic factors.

3.1.3 The impact of parental substance use on children

PSU does not always lead to child protection concerns (Kroll, 2004), and not all families where a parent uses substances will need support from child welfare services (Lussier, 2010). Klee (1998) noted the need to understand this in discussions about PSU to avoid negative stereotypes of drug-using parents. It is not parental drug or alcohol use *per se* that harms children, but rather the potential for that substance use to impact on parenting ability, and therefore professional focus should be on parenting behaviours (Taylor & Flood, 2020) and family disruption (Velleman & Templeton, 2006). Allen (2014) stated that, while safeguarding children from abuse had been the public concern, professionals also needed to consider, not just instances of abuse, but also the potential for unmet needs of children of substance users. It is also worth noting that the impact of PSU on children will vary significantly depending on the substance used, quantity and patterns of use, cost of the substances, and the implications of all of these factors on lifestyle and parenting (Harbin & Murphy, 2000).

All of the above points are important in setting the context for how the impact of PSU is understood, but there is a growing body of research that provides accounts of negative outcomes for children in families where there is PSU. As discussed previously, *Hidden Harm* was the first major inquiry that sought to review the research and knowledge base about the experiences of children of problem drug users; the report made the claim that “parental problem drug use can and does cause serious harm to children at every age from conception to adulthood,” and

provided extensive detail on how PSU impacts on child development, parenting and the wider family environment (ACMD, 2003:3). The broad scope of the *Hidden Harm* inquiry meant that the messages from it were significant across the substance use sector (Evans, 2013) and led to new research into the impact of parental drug and alcohol use on the lives of children (Barlow, 2013). The findings from this inquiry will now be considered in relation to child development, parenting, and impact on family life.

The potential impact on child development begins in the pre-birth period. Substance use can affect the health and development of a growing foetus at any point (ACMD, 2003; Cleaver et al., 2011). Alcohol use can be particularly harmful as it can impact on foetal brain development at any stage of pregnancy (Mukherjee, 2017) with even low levels of alcohol use having potential to damage the developing brain (Mukherjee et al., 2006). Foetal Alcohol Spectrum Disorder (FASD) describes a set of disorders caused by maternal alcohol use in pregnancy; ranging from Foetal Alcohol Syndrome, to other conditions affecting development and behaviour, which often present as learning difficulties (Mukherjee, 2006). The risks of maternal drug use include the potential for miscarriage and premature birth (Whittaker, 2011). In terms of foetal development, drug use can impact on developing organs in the first trimester, and thereafter, on cognitive development and growth, with the potential for low birth weight (Cuthbert et al., 2011; Whittaker, 2011). Regular use of some substances may also lead to Neonatal Abstinence Syndrome as the new-born experiences withdrawal symptoms from the substance, as well as increased risk of sudden infant death syndrome (Whittaker, 2011).

Inevitably the impact of PSU on child development will vary from child to child, but research has shown that it does have the potential to impact on physical, cognitive,

and emotional development. In terms of physical health, children's growth and development may be affected by parental neglect where parents are unable to meet their child's care needs. For example, failure to engage with health checks or developing health issues may have negative consequences for children (Taylor & Flood, 2020). Periods of intoxication may mean that parents are not as alert to physical dangers as they would otherwise be, leaving children at increased risk of accidents (Barnard, 2007). Exposure to substances and substance use paraphernalia may put children at risk of accidental overdose and of coming into contact with blood-borne viruses. Parents who are focused on substance use behaviours may have less opportunity or impetus to provide stimulation to children, which can have an impact on their educational development (Harbin & Murphy, 2000). School attendance, and educational achievement, can be affected by unpredictable routines (Barnard 2007), experiences of bullying because of their home situation (Kroll & Taylor, 2008), and children taking on caring roles for parents and/or other siblings (Harbin & Murphy, 2006).

Some children whose parents use substances report feeling secondary to drugs or alcohol (Kroll, 2004); this can have an impact on the attachment between the parent and child (Kroll & Taylor, 2003). Where parents are not available emotionally for their children because of prioritisation of substance use, this can create anxiety and emotional insecurity in children (Taylor & Flood, 2020; Cleaver et al., 2011). Furthermore, studies have reported children of substance users living with feelings of fear; of being separated from their families, of violence, and for the health and well-being of their parents (Kroll, 2004). This is alongside a sense of shame and stigma that children face as they realise their family life is different and they fear speaking out about their parents' substance use, even when they do not fully understand it

(Kroll, 2004). Repeated periods of separation from parents because of imprisonment, care proceedings, or absences associated with periods of substance use mean that children experience loss and the fear of loss, which takes an additional toll on their well-being (Kroll & Taylor, 2003; Barnard, 2007). The impact of these complex emotional experiences for some children may mean that they become withdrawn (Kroll & Taylor, 2008) whilst others may display disruptive behaviours (Taylor and Flood, 2020).

PSU has the potential to impact on family life in a variety of ways. The “rituals of family life”, can be disrupted as substance use takes precedent (Taylor and Flood, 2020:20); this has the potential to impact on a child’s sense of family and belonging (Houmoller et al., 2011). As discussed above, exposure to violence associated with the acquisition of illegal drugs can be a common experience for children (Murphy & Rogers, 2019). At times, children may be left in households with inappropriate carers when parents are obtaining substances (Barnard, 2007). The secrecy and denial associated with the shame and stigma experienced by families experiencing substance use can lead to social isolation, as children and parents avoid contact with other families (Kroll & Taylor, 2003). Household resources can become limited when there is the need to spend income on substances; this can have a direct impact on access to food, clothing, and household provisions, which may impact negatively on children’s health (Velleman & Templeton, 2007; Taylor & Flood, 2020).

Some of these potential issues facing children of substance users are associated with daily/dependent use of substances, but recent research has encouraged professionals to be mindful that non-dependent use of substances by parents has the potential to impact on children in negative ways. A report commissioned by the Children’s Commissioner to consider the impact of parental alcohol use on children

noted that services should not just be concerned about parental dependent drinking, but rather other patterns of use, such as binge drinking, which can be harmful to children (Adamson & Templeton, 2012). Research has shown that non-dependent PSU can negatively impact on children's' physical and mental health and causes family conflict which has led to anxiety, shame and embarrassment for children (Foster et al., 2017; Adamson and Templeton, 2012; McGovern et al., 2018). Whilst these findings are significant, how far non-dependent PSU can be isolated from wider social factors that might contribute to the issues raised for children is not clear.

3.1.4 Protective factors and resilience

Taking all of the evidence above into account it is clear that social workers have to consider a complex range of potential risks and harms in the assessment of PSU and need to be vigilant about these throughout all stages of child development. However, there is also a growing body of evidence that recognises that not all children are negatively affected by PSU and documents the protective factors that mitigate against some level of risk (Velleman & Templeton, 2007; 2016). Research has shown that children can experience adversity from a range of issues and not develop problems as a result (Luther, 2003; Newman, 2002). The ways that children cope with their parents' substance use is often discussed in terms of 'resilience', although Adamson and Templeton (2012) warn against assuming that coping equals resilience. Velleman and Templeton distinguish between protective factors, the things that moderate risk factors, and resilience which is a 'process' that derives from the child's interaction with their environment (2007; 2016). Seeing resilience as a process allows us to recognise that the capacity for resilience can change and that this needs to be taken into account in understanding the impact of PSU (Velleman & Templeton, 2007). This requires social workers to practice continuous observation to

regularly review risk and to work in partnership with parents to nurture the development of resilience.

There are a range of documented individual and family traits, as well as community and environmental factors, that serve as protective factors. Some of the most crucial of these factors include, the child having a reliable caring adult in their life, the child's character, positive connections with school and community, support from friendships, and positive parenting styles (Taylor & Flood, 2020). Inevitably, the child's age will be a crucial factor in the assessment of risk and protective factors (Park & Schepp, 2015). In a qualitative study of eight drug using parents who were interviewed about their parenting, Valentine et al. (2019) found that the parents were very conscious of risks associated with their drug use and took active steps to minimise risk, such as using substances when the children were in bed or out of the house, keeping drugs equipment in locked boxes and ensuring that their children were not in contact with their drug using associates. Whilst this study is based on a very small sample and does not allow for generalisations, it does offer important insights into the importance of social workers being able to explore the ways in which parents are conscious of and seek to mitigate risk.

To fully understand the impact that PSU has on any family, social workers need to take into account both the risk and protective factors individual to family members, with a recognition that resilience and risk are not static, and that the coping strategies of one family member may impact on another's (Houmoller, 2011). In summary, "it is well established that children raised in families with parental substance misuse often have poor development outcomes, however, it co-exists with other risk and protective factors across multiple areas of family life, and it is the sum

of the various influences that determine the outcomes for children" (Dawe et al. 2008:1).

3.2 How well prepared are social workers for working with substance use?

Having understood the challenge that PSU presents for social workers (see chapter two) and the impact that it has on children and families, it is important to consider how social workers are prepared for this significant aspect of their work. Many of the studies discussed in chapter two (s.2.5) highlighted the incidence of substance use on social work caseloads and have recommended the need for improved substance use training for social workers at pre- and post-qualifying levels. In fact, the last 30 years have seen repeated calls to address insufficient training on substance use in social work education (Billingham & Billingham, 1999; Galvani & Forrester, 2011; Galvani et al., 2012; Paylor, 2014). Consideration will now be given to how well-prepared social workers are to respond to substance use and their perspectives on this work.

3.2.1 Social work training and substance use

Attempts have been made to address the concerns about limited education on substance use for social workers. In 1992, the Central Council for Education and Training Social Work published *Substance Misuse Guidance Notes for the Diploma in Social Work* (CCETSW, 1992). Whilst this was seemingly a positive step in providing educators with clear guidance, the impact of the guidance was not monitored, and anecdotal reports suggested little change was achieved (Galvani, 2007). Subsequently, in the development of the new pre-qualifying degree for social work in 2003, substance use received little attention. Then in 2009, the Higher Education Academy, produced a guide for social work educators, '*Social Work and*

Substance Use: Teaching the Basics' (Galvani and Forrester, 2009). In the reforms following the work of the Social Work Task Force in 2009, the College of Social Work recognised substance use as an area of educational need (TCSW, 2012) and alongside a number of curriculum guides, they produced one on substance use (Galvani, 2012b). Whilst both of these documents produced valuable direction on what social work curriculums should cover in relation to substance use, neither came with any mandate or obligation on the part of educators to ensure that substance use is included in pre- and post-qualifying training and consequently inconsistencies remain. The roles and capabilities of social workers in relation to alcohol and other drug use (see s.2.5) has provided a clear sense of how social workers should respond and intervene. However, social workers will only be successful in carrying out these obligations if they are appropriately trained and it is not clear why educators have not consistently responded to the appeals to improve the social work curriculum in relation to substance use. Given the breadth of knowledge that social workers need to know to respond to a range of social issues it possible that the lack of a mandate to include substance use in the social work curriculum means it is not receiving a high priority, but this is concerning given the frequency with which social workers are facing substance use in their daily practice.

Despite widespread recognition that substance use training is lacking, the research base about what training social workers have had is limited (Galvani et al., 2012). A study by Galvani et al. (2013) attempted to address this in relation to pre-qualifying training. They asked all social work programme leads (n=157) to use an online survey to report what training was provided on pre-qualifying courses. The response rate was 40% (n=63) and initial findings suggested that 94% of courses provided some training. Whilst ostensibly this seems encouraging, it must be recognised that

over half of programmes did not respond, and the authors reported that there was the possibility of over-reporting from those that did. Furthermore, their analysis showed that there was significant variation in the content of teaching on substance use (Galvani & Allnock, 2014). Most of the respondents indicated that teaching on substance use should receive higher priority which raises questions about why educators have not already addressed this.

Such inconsistencies in training have the potential to leave social workers ill-equipped for working with substance users. A number of studies have explored social workers' perceptions of their learning and have found over time that social workers do not feel adequately prepared for working with substance use when they qualify (Adams, 1999; Galvani & Forrester, 2011; Galvani et al., 2012). For example, in a study of 248 social workers Galvani and Forrester (2011) found that the majority of respondents reported that they were not equipped to work with substance use issues and specifically 60% said they were not adequately prepared to identify risks associated with substance use.

In terms of post-qualifying training, historically the *Hidden Harm* inquiry reported a survey of social work services that yielded a 56% response rate and found that 65% provided training on managing families with substance use problems (ACMD, 2003). Data was not collected about how often training is offered, or uptake rates amongst social workers, and therefore conclusions about the impact of the training cannot be drawn. Galvani et al. (2013) conducted a study that considered post-qualifying training which found that only 25% of qualified social workers surveyed (n=396) had received training on substance use. In a further study, developed from this research, local authorities were invited to use an online survey to collect data on the nature of employment-based substance use training (Galvani et al., 2013). The research team

made contact with 200 workforce development departments representing 94% of local authorities in England and received responses from 94 authorities. The findings showed that in the year 2011-12, 82% of the departments had offered substance use training; however, mostly this was not mandatory (only 23% said training was mandatory). The training tended to target people working in children's services and was offered at basic or intermediate level. Mirroring what is evident in pre-qualifying training, they found that content is covered inconsistently (Galvani et al., 2013; Allnock & Hutchinson, 2014). However, given the response rate for this survey was less than half of the local authorities contacted, there could be potential bias in that authorities that were more confident in their offer in relation to substance use training may have been more likely to respond. Seventeen percent of the departments did not offer any training; some of these did facilitate training outside the local authority, but five departments offered no training at all. Data on uptake of training was not collected; this leaves a concerning void in the evidence base. It is also worth noting that information has not been collected about social workers working outside of local authority settings. The findings led the authors to conclude that "it does not appear that training on substance use is given strategic priority within workforce departments in England despite its prevalence on social workers caseloads" (Hutchinson & Allnock, 2014:599).

These studies present a concerning picture in which social workers are being expected to undertake work that they have not been appropriately trained to do. What is not clear from the research is what the implications are for practice. With little or no training how are social workers able to make informed and considered decisions about PSU and the risks to the child? The research suggests that there is the potential for a qualified social worker to have had no formal training at pre- and

post-qualifying level. This is not just failing the needs of social workers, but also the needs of service users if social workers are not appropriately trained to respond to their needs.

Acknowledging the concerns about substance use training for social workers, Livingston (2014) noted that the traditional response had been to call for more education at pre- and post-qualifying levels. To widen the debate, he wanted to consider, specifically in relation to alcohol use, how social workers developed their knowledge base, recognising that knowledge is not just acquired from the classroom. Livingston distinguishes codified knowledge and non-codified knowledge drawing on work from Eraut (2004 & 2007, cited in Livingston, 2014) where codified knowledge is knowledge gained from formal learning, and non-codified knowledge is inexplicit knowledge gained from other sources. Livingston developed a model of knowledge that showed how codified knowledge, interacted with non-codified knowledge, as well as the social workers interaction with the individual alcohol user, to create an "individual knowledge framework" that a social worker will take with them into any interaction with an alcohol user (Livingston, 2014:780). Central to Livingston's model is the role that experiential learning has in the development of knowledge, both from professional and personal experience.

A number of USA-based studies have shown that teaching social work students about harm reduction favourably changes their attitudes towards it (Estreet et al., 2017; Fenster & Monti, 2017). Studies have also shown that training social workers and students to use screening, brief interventions, and referral to treatment tools has improved their attitudes towards working with substance users, and their confidence in identifying substance use and referring on to specialist services (Osborne & Benner, 2012; Pugatch et al., 2015; Osborne et al., 2016; Carlson & Schwindt, 2017;

Senreich et al., 2017). These studies are encouraging in that they show that practical training can equip social workers with the skills to assess substance use issues and work appropriately with other services. However, Bliss and Pecukonis (2009) note, having developed their own screening and brief intervention model for social workers that do not specialise in substance use, that workers need sufficient underpinning knowledge about substance use to be able to deliver such screening and brief intervention tools. This reinforces the concern about lack of consistency in training. A sector that is this ambivalent about how to train its practitioners in substance use issues will inevitably create professionals that are ambivalent about their role, as will now be discussed.

3.2.2 Attitudes towards substance use

Chapter two discussed the role of negative stereotypes and stigma that result from the idea of substance use as a moral issue. Although social workers share a value-base that promotes anti-oppressive and anti-discriminatory practice, it is important to consider how wider views on substance use can impact on social workers, and as a result, practice. As Shepard (1990:1) suggests “like the rest of society, professional helpers often have ambivalent attitudes to drug use and may have a fear of becoming involved in substance misuse problems”; such apprehension can be a result of lack of confidence or an acceptance of negative stereotypes from wider society. He notes that the language, ethics, and processes involved in specialist drugs and alcohol treatment can be a barrier for social workers in responding to substance use (Shepard, 1990). Billingham and Billingham (1999) discussed research findings that suggested social workers often held the same negative attitudes as those held by the general population. Whilst these comments are dated, it remains true that there is a need for social workers to critically reflect on their own

feelings and beliefs about substance use and those of the service user, recognising where they may be in conflict (Goodman, 2013).

Encouragingly, in a survey of child protection social workers (n=75) in a large outer London borough, Adams (1999) found that the majority (88%) felt that working with drug users was a worthwhile task and were able (96%) to identify the benefits of providing practical help. Again, it should be noted that this study is now dated, but it does offer some useful insights and there is a dearth of research that addresses these specific issues. Eighty-two per cent of respondents in Adams' (1999) study indicated that they believed that drug users were capable of change; whilst this is largely positive, it does mean that just under a fifth of respondents felt that they are not capable of change. Furthermore, 11% of respondents saw the problems of drug users as being of their 'own making'. That said, there was a near unanimous response that drug-using parents should be treated with the same respect as anyone else. Over two-thirds (68%) of the respondents said that many drug using parents could provide 'good enough' parenting; yet at the same time the majority of respondents (63%) held the view that parents should not use drugs, and nor should professionals suggest that it is acceptable (73%). This juxtaposition led Adams to question why social workers felt they should oppose drug use when they also felt that most parenting by drug users is 'good enough', and whether professionals felt a need to offer a 'professionally correct response' which they could not sustain with more nuanced questions (1999:22). This evokes a sense that social workers have a complex value-base in relation to PSU; what is less clear is how such potential ambivalence impacts on practice and assessment outcomes. The issue of social workers feeling the need to offer politically correct views on substance use is one

that must be considered as a potential bias in all research relating to this topic and one that will be discussed further.

Galvani et al. (2011) conducted a national study of social care workers' (n=646) responses to substance use, that considered 'overall therapeutic attitudes' (OTAs). Their findings suggested that the majority of scores for OTAs were in the middle range, suggesting that practitioners were unclear about whether they were positively or negatively engaged in substance use work (Hutchinson et al., 2013). Qualitative data from focus groups in the study suggested that practitioners had a sense of pessimism about positive outcomes for substance users. Given the lack of consistency in training on substance use in the pre-qualifying social work curriculum it is not surprising that social workers are ambivalent towards the issue. Rhodes and Johnson (1996) discuss the inconsistent messages that social work students receive from the profession about its willingness to teach them about substance use, and this in turn, breeds ambivalence and potential negativity towards to the issue. However, studies have shown that training social work students does lead to a positive change in attitudes towards working with substance users (Amodeo, 2000; Estreet et al., 2017; Spaid & Squires, 2006).

3.2.3 Therapeutic commitment to working with substance use

Galvani's et al.'s 2011 national study of social care workers' responses to substance use included the *Alcohol and Alcohol Perceptions Questionnaire* (originally developed by Cartwright, 1980) that was adapted to assess practitioners' knowledge and attitudes to working with substance users. Four factors were used to measure therapeutic commitment to working with substance users; these were role adequacy, role support, role legitimacy and role engagement. Galvani et al.'s findings showed

that the majority of respondents (71%, n= 346) were ambivalent about their level of role adequacy; that is to say that they were unable to score themselves as confident or unconfident. An increased sense of role adequacy was associated with higher levels of preparedness from professional training and previous experience of working with substance users. This was supported by Loughran et al. (2010) who found training and experience predicted role adequacy in a study of social workers and social work master's students and alumni (n=197) in south-western USA in 2005. Availability of support, and how far practitioners felt that working with substance use was a legitimate part of their job, all positively impacted on their sense of role adequacy.

In terms of role support, Galvani et al.'s study reported that just over half (56%, n= 282) the respondents were confident they had appropriate support, whilst 38% (n=39) were uncertain about how much support they had. This leaves 6% (n=30) of respondents who felt they had no support in relation to this work which is concerning. Analysis of the findings showed that increased role adequacy was the best predictor for increased role support. In the study's practitioner focus groups, participants suggested that they would mainly go to colleagues and managers for such support and that, support involved advice and guidance on how to progress work on specific cases.

The majority of respondents (75-85%) in Galvani et al.'s study felt that, at some level, they had the right to ask about substance use (role legitimacy); although only 54% (n= 277) felt confident that it was a legitimate part of their role. Only half of respondents agreed that service users would believe they had the right to ask. People working in children services were more likely to feel that asking questions about substance use was a legitimate part of their job. Greater casework experience

was correlated with higher perceived levels of role legitimacy, and increased role adequacy was the best predictor of increased role legitimacy.

Role engagement relates to practitioners' interest and their willingness to respond to substance use. The majority of the respondents (67%, n= 343) were ambivalent about their willingness to work with substance use and the satisfaction they received from it. Just under a third were positively interested in this area of work, whilst 3% (n=16) reported no engagement with it. Role engagement was negatively associated with practitioner age; older practitioners were less likely to be interested in this work. Higher role adequacy was found to be the best predictor of higher role engagement, and higher role engagement was found to be a predictor of higher role adequacy. Remarkably, qualified social workers scored less favourably than non-social work qualified staff on role engagement. This is interesting given that social workers are likely to have had a higher level of professional training given the need to be degree level educated compared to social care staff who may not have done degree level professional training. What is not clear here is how the burden of offering statutory interventions to people experiencing a wide range of social issues may impact on social workers' engagement with substance use specifically.

It is important to note that all four of these factors were found to be associated with how well-prepared practitioners felt as a result of their training and previous experience of working with substance use. Indeed, higher role adequacy was the best predictor of a sense of role support, legitimacy and engagement. This illustrates how crucial knowledge and experience are in enabling professionals to respond to substance use and validates the concerns about the lack of pre- and post-qualifying training for social workers discussed in the last section.

Whilst the findings from Galvani et al.'s study focus more broadly on social care practitioners (not just social workers) and are limited to staff in local authority settings, this study has been influential in understanding how the social care workforce responds to substance use in practice. The picture it has illustrated is a concerning one; with practitioners that feel ambivalent about their knowledge base in relation to substance use, a lack of consistency in access to support, practitioners that do not always feel they have the right to ask service users about substance use, and practitioners that are all too often ambivalent about their willingness to work with substance use. The study has shown that practitioners working in children's services are more confident in this area of work and, as discussed in the previous section, post-qualifying training is more likely to be targeted at children's practitioners. That said, there remains a worrying lack of consistency in training and practitioner response to substance use. In relation to PSU, questions remain about what knowledge underpins how social workers identify and assess the impact that it is having.

3.2.4 Working with substance users: challenges and issues

What has emerged so far is a picture of complexity. There are complexities in the way that substance use is understood, there are inconsistencies in the training that social workers receive about substance use and social workers are ambivalent about their role in responding to substance use. This lack of clarity provides a difficult starting point for practice, which is further compounded by a number of challenges faced in working with drug and alcohol users. Training on substance use would certainly appear to be the cornerstone of improving practice, but it is important to recognise that training alone will not be enough. Evidence-based practice and tools can be taught in the classroom, but organisational barriers can prohibit

implementation in practice (Bellamy et al. 2006). In the last section, the discussion highlighted the inter-dependency of support from colleagues and role adequacy; practitioners therefore need to feel they have support within their organisations to ask for advice on substance use issues. Team or agency culture can also have an impact on what practitioners perceive to be their role or not.

Hayden (2004) discusses the difficulties in using screening tools to identify substance use which rely on honest answers, given that denial can be significant feature of substance dependency. In the focus group discussions of Galvani et al.'s (2011) study, practitioners recognised that service users may be reluctant to discuss their substance use with a social worker who has statutory powers but saw honesty, defensiveness and denial as a challenge to practice.

Dance and Galvani (2014) considered a subset of the original 2011 study, practitioners supporting adults with disabilities who use substances (n=14). Practitioners reported a sense of responsibility in having to assess the competing rights of individuals' freedom to take risks versus the duty to protect them from harm. It is inevitable that this sense of rights versus responsibilities will be a dilemma faced by social workers in other settings. In child protection settings, social workers need to determine the rights of parents to make their own choices about substance use versus the responsibilities that they and the practitioner have towards children in their care. The focus groups in the main study also highlighted concern amongst practitioners that they had to manage risk when specialist substance use services were not involved. This highlights the role that multi-agency work can play in supporting families affected by substance use. If social workers do not feel confident in their own knowledge, it is reasonable to assume that they may feel concerned

about their capacity to respond to PSU if they are not able to work in partnership with specialist substance use services to support them in assessing the potential risks.

3.3 Responding to parental substance use

Having considered the impact of PSU on child protection systems, children, and families, it is clear that the issues faced by families where there is PSU are complex. In addition, there are inconsistencies and complexities in the way that social workers understand and respond to PSU. To better understand social and practice responses to PSU, the policy and practice context will be considered.

3.3.1 The policy response

All policy guidance that relates to safeguarding children is relevant to working with PSU (Nelson, 2012). The responsibility for this policy, therefore crosses several Government departments, including health, education, communities, and local government (Kenny & Hedges, 2018). As discussed earlier, it is only in the last 20 years that policy makers have specifically focused on the issues affecting family members of substance users; before this, substance use problems were seen as an individual issue, leading to interventions targeted at changing individual behaviours (Velleman, 2010; Templeton, 2013). The heightened awareness of issues relating to PSU and its impact on children, following the publication of the *Hidden Harm* report led to policies that were more holistic in recognising the needs of families and children of substance users as priority areas (Templeton, 2013). The *Hidden Harm* report recommended that effective treatment for parents had significant benefits for the child, and that services working with any family member need to work together to improve outcomes for children (ACMD, 2003). This is significant for child protection social workers as it suggests the need for them to work effectively with other

services and promote the use of treatment services as part of child protection planning.

The initial response was to use existing frameworks to recognise the needs of the children of substance users; the Government's overall strategy for children and young people, the '*Every Child Matters'* agenda, was promoted (Nelson, 2012; DCSF, 2003). This was underpinned by the Common Assessment Framework which provides a "standardised approach for the assessment of children and families, to facilitate the early identification of additional needs and to promote a coordinated service response" (Holmes et al., 2012) and which specifically encouraged practitioners to recognise PSU and respond appropriately (Delargy, 2009). However, a review three years later noted that, there was a need for a more 'explicit focus' on the needs of children of substance users to be embedded in the programme (ACMD, 2007).

In response to this, subsequent iterations of the Government's drugs strategy for England have placed emphasis on the needs of families (Home Office, 2008; 2010). The 2008 Drugs Strategy for England placed emphasis on the need for additional focus on families, recognising the needs of parents and children. It called for better working between institutions to protect children and tailored support to families with substance using parents (Home Office, 2008). The subsequent drug strategy of 2010 was not as bold in its aspirations to support families, but still recognised the importance of supporting children of substance users, noting that children were still sometimes "invisible" to services that were not proactive in identifying the impact of PSU (Home Office, 2010). Lagging behind the drugs strategy, the Government published an alcohol strategy for England in 2012 (H.M. Government, 2012). Much of the focus on children and young people in this strategy was on the potential for

their alcohol use at an early age. It also recognised that excessive parental drinking presents a risk to children, specifically noting the risks of FASD and alcohol as a driver in cases of domestic violence (H.M. Government, 2012). In the 2017 drug strategy for England, it was recognised that substance use is often part of a range of complex issues that families are dealing with. The strategy advised commissioning of substance treatment services to ensure they are aligned with local safeguarding procedures (H.M. Government, 2017). In the most recent drug strategy for England the emphasis was on cutting drug related crime and on improving treatment services (H.M. Government, 2021). The strategy does set out an aim to support families most at risk of substance use through early and targeted support; however, Galvani (2021) discussed the concerning lack of focus on the role of social care and social workers in the policy given that they have a crucial role in supporting families affected by substance use (cited in Samuel, 2021).

Alongside these developments in drug and alcohol policy, the concept of a ‘whole family approach’ was cemented in the ‘Think Family’ agenda developed in 2008 (Cabinet Office, 2008). This initiative was particularly aimed at families deemed to be at risk, notably those with “multiple and complex problems such as worklessness, poor mental health or substance misuse” (Cabinet Office, 2008:4). The approach encouraged all services to be a point of contact for families and to see individual needs in the context of the family. This was envisaged in the context of a strengths-based approach that seeks to build resilience in families (Cabinet Office, 2008). This was significant for the substance use treatment sector in that it required a shift from responding to an adults’ individual needs as a substance user, to recognition of their role within families; recognising that services should be part of a wider support network for all family members (DCSF, 2009).

Simultaneously, the *Laming Report* (2009), which considered child protection services in England following the serious case review of the death of Victoria Climbié in 2000, documented that 'adult issues' - including PSU, domestic violence, and parental mental ill health - were consistently featured in serious case reviews. It noted the need for professionals to be able to identify these issues and assess their impact on children (Laming, 2009). A further government review of child protection systems in 2011 suggested that services tended to focus on adults, and not enough attention was being paid to the needs of children affected by adults' issues (Munro, 2011). In response, the National Treatment Agency for Substance Misuse (NTA) published guidance that encouraged better joint working between treatment services and child safeguarding services in order to better recognise the needs of children whose parents are substance users (NTA, 2011; 2012). The Children Act (1989; 2004) places an emphasis on all services and professionals that work with families to take responsibility for promoting the welfare of children; and the 'Working Together to Safeguard Children' guidance which details how services should safeguard children, stipulates that all services should take a child-centred approach to safeguarding (DfE, 2018). Whilst the emphasis on recognising the needs of children affected by PSU was welcome in all of these documents, much of the statutory guidance remained generic, and as Templeton notes, "beyond broad policy statements there is often a lack of detail of how practice response to family members should be developed" (2013:105). In light of this, more recent publications by Public Health England (PHE) offering guidance on PSU have been welcome. In 2018 PHE published guidance for local authorities titled '*Safeguarding and promoting the welfare of children affected by PSU'*; this again emphasised a 'whole family approach.' The guidance suggested that local authority services should screen for

problematic substance use in parents, that they should assess the impact on and risks to children where PSU is identified, and that early help and support should be available to families (PHE, 2018:5). To echo Templeton's (2013) earlier concerns, the detail of such early help remains lacking.

In 2021, PHE published further guidance aimed at substance treatment services and child safeguarding services which recognised the need for 'capable and confident frontline staff' that can identify parental substance and refer families to appropriate services (PHE, 2021:5). Again, the need for a 'whole family approach' was promoted, and it notes the need for therapeutic services for children and families as essential. The guidance notes that provision of therapeutic interventions needs to be 'extensive' in light of high demand (PHE, 2021:7), but it remains to be seen what investment will follow for such services.

3.3.2 The practice response

In child protection practice the social worker's remit is to understand the risks to the child and impact of PSU on the child. However, to what degree they should directly support parents who are using substances to improve outcomes for children is less clear. As concern about PSU has escalated, a growing number of targeted interventions to meet the need of families affected by PSU have been developed (Templeton, 2014). Messages from the *Hidden Harm* report led to a recognition that there needed to be a move from interventions that target the individual user to more family-focused interventions that would improve child welfare outcomes (Baginsky, 2011). These interventions sit outside statutory child protection services but may employ specialist social workers.

It is beyond the scope of this chapter to discuss the full range of interventions that have been developed in detail, but examples of targeted practice responses for PSU have shown that intensive family-focused interventions can have a positive impact on family functioning (Dawe & Gullo, 2021). Certainly, in opening up spaces for families to talk about their experiences of PSU, they offer all family members a chance to identify with others who have experienced similar issues and enhance their understanding and communication between parents and children. There is some evidence that family-focused interventions have better outcomes in terms of reducing substance use and reducing risks to child welfare, when compared to interventions that target the individual user (Copello et al., 2005; 2006). A rapid evidence review of the needs and experiences of children of parents who use alcohol found that interventions that use a strengths-based approach were most beneficial in engaging families and promoting change (Adamson & Templeton, 2012). Furthermore, a systematic review of the effectiveness of psychosocial interventions for reducing parental substance misuse, found that interventions that combined a parenting element alongside a substance use element were more effective than interventions that just targeted the substance use (McGovern et al., 2021). Having said that, such interventions were shown to be most effective when children were not involved in the parents' session that addressed the substance use, which suggests that attention needs to be paid to the spaces in which specific issues are addressed (McGovern et al., 2021). Nonetheless, developments in family-focused interventions have been positive. What is concerning is that lack of funding means that such interventions are not widely or consistently available in all geographical areas. This has clear implications for statutory social work

interventions, as child protection social workers have a key role in working in partnership with such intensive intervention providers where they are available.

3.3.3 Substance use, stigma, and child protection

Chapter two discussed the shame and stigma that substance users experience in response to prejudice and negative stereotypes and the potential for this to prevent people from accessing services; this chapter has also discussed the shame and stigma that children face when they have parents who are substance users. For parents that use substances, the concepts of stigma and shame are layered throughout their experiences as parents, as substance users and as potential service users of child protection systems. Guilt and shame are emotions that underpin experiences of parenthood, and particularly motherhood. Liss et al (2013) discuss this in terms of self-discrepancy theory, that is to say guilt and shame arise from the discrepancy between how a parent perceives ideal parenting practices and their actual parenting ability and practice. This discrepancy is enhanced by fear of negative evaluation by others about parenting skills.

For parents involved in child protection systems, stigma underlies their experiences of being involved with these services. In a comparative analysis of the relationships between stigma and child welfare services in the UK, Netherlands and Spain, Colton et al (1997; 1999) undertook structured questionnaires with services users (n= 246) and service providers (n=123). The findings led them to conclude that stigma is the "cost attached at the point of access to social welfare services" (Colton et al, 1997:265). They attributed this to perceptions that parents who come to the attention of child welfare services are culpable for their situation. This was seen as a particularly prominent feature of UK social welfare systems, noting that policy in the

UK has focused on the “self-reliance of individual and families” and the negative stigma of using services has been a conscious part of the system design (Colton et al, 1997:268).

Quick and Scott (2019); in considering a single case study from a wider research project noted that parents experience a loss of status and ‘intense stigma’ when they are involved in child protections systems (Quick & Scott, 2019:486). This is tied up with feelings of powerlessness, desperation and fear which can lead to resistance to engage with services. This was also observed by Sykes (2011), in a qualitative study that interviewed mothers who had open cases with child protection services due to child neglect (n=16). They found that mothers resisted stigma and labels of being a neglectful mother by reconstructing their identity as a loving and ‘good’ mother. This was often in contrast to the concerns of child protection professionals. In a qualitative study where eight parents who used drugs were interviewed about their experiences of parenting, Valentine et al (2019) reported similar findings in that the parents resisted negative stereotypes about their parenting, instead focusing on the ways in which they minimised risk to their children and discussed feelings of guilt but not shame.

PSU adds an additional layer of complexity to child protection issues, which can be understood in the context of the moral judgement with which substance use is often defined (see chapter two) and ideas of the ‘good’ mother as one that does not use substances (Flacks, 2019). In an Australian based study Banwell and Bammer (2006) interviewed women (n=70) from three socio-cultural backgrounds and compared their experiences of parenting. The three groups included mothers who were using illicit drugs, women on low-incomes and women with medium to high incomes. Their findings showed that whilst all of the women in the study experienced

challenges from living on limited resources, social isolation and being at home with young children, the women who were using illicit drugs often felt ‘blamed’ for these difficulties in ways that the other women did not. This speaks very clearly to the stigma that substance users experience as parents and how this leads to moral condemnation.

When stigma is perpetuated through blame this can lead to punitive rather than therapeutic service provision which prevents people from accessing support (Weber et al, 2021). It is crucial that policy makers and practitioners have an understanding of this culture of stigma and shame in relation to PSU in order to create and sustain services that are accessible and focused on working in partnership with service users in order to create positive change.

3.3.4 Substance use, child protection and risk

As discussed in chapter two, risk is central to understandings of substance use as a means of measuring the likelihood of negative effects of substance use (Bungay, 2012). Risk assessment and risk management are core features of social work practice (Kemshall et al., 2013; Featherstone et al., 2018) and as Stanley (2018:104) suggests, “social workers are caught up in anticipatory risk work”. This is situated within a child protection system that has developed an understanding of problems faced by families as being a result of ‘risky’ choices or lifestyles (see s.2.4.1) and therefore focuses on individual behaviours rather than wider contexts of disadvantage or inequality (Featherstone et al., 2016). This chapter has considered what is known in terms of risks to children from the impact of PSU but also the potential protective factors that mitigate against some of these risks. PSU is often part of a complex range of environmental risks factors that families experience; this

requires social workers to adopt a ‘cumulative risk perspective’ (Fraser et al, 1999) that recognises the variety of social determinants that can elevate individual risks. The social worker’s role in child protection cases is to assess and determine the nature of vulnerabilities, risks and resilience in order to predict potential outcomes for children. Adopting a conceptual framework that encompasses cumulative risk, cumulative protection and resilience allows the development of effective interventions for individual families (Fraser, 1999). Whilst detailed consideration of risk legitimises social work interventions, this requires social workers to consider what might happen to children in cases of PSU, without absolute certainty that it will (Stanley, 2018). It should also be recognised that risk cannot be totally eliminated or controlled (Calder, 2016) and even the practice of risk assessment and risk management by professionals can create new risks (Beckett, 2008).

The assessment of risk involves complex decision making in situations where the views of the social worker, the views of the service users and community expectations about safety and risk, may not align (Kemshall & Wilkinson, 2011). This provides a real challenge for social workers who may be fearful of making mistakes about risk and concerned about the potential for blame, particularly in the context of risk assessment being a publicised feature of serious case reviews (Stanley, 2018; Kemshall & Wilkinson, 2011). Managing risk in relation to substance use requires social workers to understand their own value base in recognition that substance use is a socially constructed activity. Mitchell and Glendinning (2008) discuss the competing themes of ‘choice’ and ‘responsibility’ and the need for practitioners to accept the rights of individuals to choose to engage in risky behaviour and to take risks in their own homes, set against the responsibility to protect individuals and those around them from harm. Effective risk assessment practice also requires

social workers to draw on a range of skills and knowledge, including knowledge about the specific risks associated with the use of particular substances alongside legislation and wider policy. Kemshall et al. (2013:10) discuss the challenge for social workers in exercising the skills needed for effective risk management if they are finding it difficult to locate their work in a “very politicised and polarized context” which both child protection and substance use are. The development of a risk adverse society has led to the adoption of ‘defensible decision making’ in social work practice (Kemshall, 1998).

Baker and Wilkinson, (2011) warn that a consequence of this is that social work practice can become defensive, that is to say practice seeks to minimise the potential for blame on practitioners but in doing so minimises the potential for appropriate risks to be taken by service users. This should be a concern for practitioners and policy makers, since effective social work is not simply about risk avoidance, but rather supporting service users to take ‘positive risks’ to support change and personal development (Kemshall et al., 2011; Titterton, 2011). Lessons from serious case reviews have shown that central to the management of risk is good communication between services and therefore good inter-agency working is crucial (Sidebotham, 2016).

3.4 Inter-agency working

There have been repeated calls to improve inter-agency working in relation to PSU. A key message of the *Hidden Harm* report (ACMD, 2003) was that substance use services, maternity services, and children’s health and social care services needed to “forge links that will enable them to respond in a co-ordinated way to the needs of the children of problem drug users” (ACMD, 2003:14). This was not an entirely new

suggestion; six years earlier the Standing Conference on Drug Abuse produced policy guidelines for inter-agency working in relation to drug using parents, in recognition that responding to the needs of parents who use substances was a challenging and sensitive area of practice (SCODA, 1997).

Lack of co-ordinated working and information sharing between services has been a key concern of serious case reviews. Analysis of serious case reviews has repeatedly noted the need for effective multi-agency and inter-agency working, noting breakdown in communication and fragmentation of services as leading to failures in recognising safeguarding concerns (Sidebotham et al., 2016; Brandon et al., 2020). As these challenges permeate child welfare practice, it is not surprising that the need for more effective multi-agency working in relation to PSU has continued to be a key feature of policy and practice guidance. In specifically addressing the needs of children of alcohol users, the ‘Silent Voices’ report of 2012, again reiterated the need for joint working between services as crucial for improving outcomes for families (Adamson & Templeton, 2012). In 2009, the Department for Children, Schools and Families, the Department for Health, and the NTA produced best practice guidance aimed at the development of local protocols for joint working between substance use services and child safeguarding services. This encouraged the use of the ‘Think Family’ approach to develop local policies for joint working to improve outcomes for children and parents in families affected by PSU. This was updated in 2017 to take account of the Munro Review of Child Protection in 2011, updated guidance on child protection in the ‘Working Together to Safeguard Children’ guidance for practitioners, and the 2013 guidance from Ofsted on joint working between adult and children’s services (Public Health, England 2017).

This focus has been sustained by Public Health England (PHE) with further guidance in recent years; their 2018 guidance for local authorities included what to incorporate in joint protocols to ensure that substance treatment services were a clear part of local safeguarding arrangements (PHE, 2018). This was followed by further guidance aimed at directors of public health, commissioners of substance treatment services, and child welfare services to make joint working between services a strategic priority (PHE, 2021).

Continued focus on developing effective inter-agency working arrangements are important as this is often a challenging area of practice. Of course, the legislation that underpins child protection practice requires all social welfare services to work together in coordinated partnerships, but in practice different priorities and lack of understanding about roles and responsibilities can affect assessment and intervention (Taylor & Kroll, 2004). Successful inter-agency work relies on multi-agency training, mutual understanding of roles and remit, and effective joint protocols (Adfam, 2013). As discussed earlier, some of these facets of good practice have been seen to be missing for child protection social workers, so it is important that the strategic agenda retains focus on improving inter-agency partnership work.

3.5 Chapter summary

This chapter has considered responses to PSU. It has discussed issues of training and education for social workers in relation to substance use and what is known about their attitudes and commitment to working with these issues. It has also discussed what is known from research about the impact that PSU has on children, and subsequently what the policy and practice response has been in light of this evidence.

3.6 Summary of the literature review

Part two of this thesis has presented a literature review that has shown that there is a clear need for professionals who work with people who use substances to understand the effects that substance use has on health and behaviour. It has also shown that substance use is a value laden activity and understandings of substance use need to be considered in light of this. It has highlighted the responsibility that professionals have to promote non-judgemental practice.

Social work has a complex relationship with substance use; it is an issue that social workers face on a daily basis and yet there is uncertainty about the role that social workers should undertake in directly supporting substance users alongside specialist treatment services. This has compounded the lack of commitment to developing a consistent knowledge base for social workers as part of the pre- and post-qualifying curriculum. Despite repeated petitions to improve education in this field, worrying trends remain that suggest it is possible for a social worker to receive little or no training on substance use. This is situated within a context that social workers are practicing in very pressurised environments due to funding cuts to public services that have impacted their agencies directly and the wider health and social care landscape, creating challenges for multi-agency working. This creates a situation in which social workers are practicing having received limited training on substance use, having limitations on their time to address this and having reduced access to other services to support their services users with substance use issues.

In relation to PSU there remain unanswered questions about the implications of this for practice. There are complex values and attitudes that surround PSU, and it is not clear how this affects the assessment of a family's needs. We do not have a clear

picture of which social workers take up post-qualifying training in relation to substance use, and what the implications are for practice for those that do or do not access such training. If child protection social workers have not been appropriately trained in understanding why people use substances, what the effects of substances are, and what the treatment approaches involve, what then underpins their assessment of, and response to, parental drug or alcohol use? If, as discussed above, social workers do not have practice guidance and tools, what knowledge do they draw on to ensure that they are able to make appropriate decisions about the impact of PSU on children? Furthermore, how do they use role support and what do they do if it is lacking? These questions are central to the focus of this research.

Whilst estimates of the incidence of PSU vary, PSU does pose a significant issue for the welfare of children and is a concern for child protection services. Discussion of the policy response has shown that there have been repeated calls for whole family approaches during a period where there has been a high incidence of substance use and a high incidence of failures in communication between services in serious case reviews; this suggests that social workers and specialist substance use services are struggling to fully implement whole family approaches. Social workers need to understand the risks that PSU presents for families, but also how protective factors can mitigate risk; concepts that are explored in this research. This research explores how social workers respond to PSU in their practice to better understand how this is located within wider developments in policy and practice, and specifically in relation to inter-agency working and concepts of role and responsibility.

Chapter three has highlighted the potential impact of PSU on children and has reinforced the need for child protection social workers to have a good understanding of how PSU impacts on parenting capacity. What is missing from the evidence base

is a clear understanding of how child protection social workers understand and respond to parental substance in practice. It is therefore imperative that the voices of child protection social workers are heard and understood to better inform this area of work, to understand how social workers can be better supported to do this work and how practice can be improved. This is the foundation of this research and in meeting the research objectives this study adds to the evidence base by gaining these first-hand accounts from child protection social workers.

Part Three
Methodology and Methods

Chapter 4: Methodology

This chapter will start with a discussion of the research aims and objectives and how these have developed in light of the literature review. It will present the methodological approach, the research design and the methods adopted in this research.

4.1 Developing the research aims and objectives

The research design process set out with the formulation of research questions to be explored and developed throughout the research process (Mason, 2018). This is an important step in providing a clear direction for the study (O'Leary, 2010). The research questions were:

1. How do child protection social workers understand the relationship between substance use and parenting?

2. What are child protection social workers' perceptions of their role in relation to identifying, assessing and responding to substance use when working with families?

3. What strategies do child protection social workers use to engage with service users about substance use and do they see this as part of their role?

4. How do child protection social workers determine the impact of substance use on parenting in practice?

5. How do child protection social workers address gaps in their knowledge in order to negotiate the process of assessment when presented with PSU?

6. How do child protection social workers determine risk and protective factors when working with PSU?

These research questions formed the framework for more specific aims and objectives. The overarching aim of this research is to explore how social workers respond to PSU in the context of child protection. This research addresses the existing gap in knowledge in relation to how child protection social workers assess and engage parents who are using substances. The voices and experiences of these social workers are missing from the evidence base. The research provides an in-depth exploration of the perspectives of child protection social workers which is necessary to understand how they identify, assess, and respond to PSU in light of the paucity of education and training and the high levels of substance use in families where there are child protection concerns. To gain this understanding it is important to discuss this area of practice with child protection social workers. The research objectives were designed to obtain specific information about how child protection social workers understand substance use in relation to parenting and their role in working with people who use substances. The six research objectives are:

1. To determine how child protection social workers understand substance use and the impact that it has on parenting.

2. To examine child protection social workers' perceptions of their role in relation to identifying, assessing, and responding to substance use when working with families.

3. To determine what strategies child protection social workers use to engage with service users about substance use, and what information they ask for.

4. To understand how child protection social workers negotiate the process of assessment when presented with PSU.

5. To understand how child protection social workers address gaps in their knowledge in relation to substance use when working with families.

6. To understand how child protection social workers determine risk and protective factors when working with PSU.

In meeting these objectives, the exploration of social workers' views provides information to inform social work education policy and practice development.

4.2 Methodology

Methodology relates to the principles and ideas that contribute to an understanding of how research should be conducted. This in turn should determine the methods used to collect and analyse research data (Birks and Mills, 2015). That is to say, "it consists of the theories and practices for how we go about conducting research"

(Braun and Clarke, 2013:31). As Blaikie (2007) notes, methodological considerations require the researcher to consider the ways in which ideas, social experience, and social reality are connected. This obliges the researcher to contemplate the assumptions that are made about the nature of reality which will constitute the theoretical perspective that underpins the research (Crotty, 1998). Whilst mindful of this, it also seemed pertinent to consider Punch's assertion that:

> "The type of data that we finish up with should be determined primarily by what we are trying to find out, considered against the background of the context, circumstances and practical aspects of the particular research project. Concentrating first on what we are trying to find out means that substantive issues dictate methodological choices. The 'substantive dog' wags the methodological tail', not vice versa"
>
> (Punch, 2005:58).

This is supported by Crotty (1998: pp.13) who suggests that "our research questions, incorporating the purposes of our research, leads us to methodology and methods". This is not to negate the importance of a theoretical position in approaching research, but rather to acknowledge that the research journey started with a practice issue, which in turn led to the development of specific research objectives, and then consideration of a theoretical framework.

4.2.1 Theoretical perspective

In contemplating my theoretical position, the starting point was the overall research paradigm. A research paradigm is "a set of basic beliefs about how the world is and values about how the world should be" (Waller et al., 2016:7) and how it can be studied. This is expressed through ontological and epistemological assumptions

(Blaikie, 2007) which I will discuss in more detail below. Traditionally, there have been two dominant research paradigms: positivism and interpretivism. These divergent views are commonly associated with quantitative and qualitative research strategies respectively (Henn et al., 2009). It is worth noting that other paradigms have developed, but due to constraints of space, my position is initially located within this broad divide. The positivist tradition is based on notions of objectivism as developed by Durkheim, one of the early sociological thinkers in the late 1800s. This view suggests that there is a knowable reality that can be tested by applying the scientific method (as applied to the natural sciences) to the social sciences (Durkheim and Lukes, 1982). This rests on an assumption that every researcher will see the same thing when looking at an aspect of reality (Robson, 2011). Positivist researchers usually employ quantitative methods to collect empirical data that can be measured and analysed to 'separate facts from values' (Robson, 2011:21). This generally follows a deductive approach, whereby research starts with a hypothesis based on established theory and seeks to prove or disprove it through the collection of 'facts' (Bryman, 2016).

Interpretivism arose as a critique of the positivist assumption that the scientific method can be applied to social research (Kings and Horrocks, 2010). In contrast, interpretivism is based on notions of subjectivism; the idea that there is no single reality but rather reality is a product of the meaning created by individuals (Radnor, 2001). This position was originally developed by Max Weber (1949) and proposes that individuals interpret social interactions to construct and reconstruct reality. Weber suggested that human actions cannot be reduced to cause and effect but rather we must seek to understand the views of individuals. Interpretivism as a paradigm includes a wide range of approaches that are broadly concerned with how

the world is experienced and understood (King and Horrocks, 2010). As Radnor (2001:4) notes, “the purpose of interpretive research is to clarify how interpretations and understandings are formulated, implemented and given meaning in lived situations”. Interpretivist researchers usually employ qualitative methods to collect data that leads to a greater understanding of the problem (McFarlene et al., 2015). Qualitative approaches allow the collection of “rich-detailed and full” data (Charmaz, 2014) based on complex human experiences that leads to deeper understanding of phenomenon as compared to using statistical data associated with a quantitative approach (Braun and Clarke, 2013). Interpretive research therefore fits with an inductive approach, whereby data generated from research leads to the development of theory (Barbour, 2014).

Given the emphasis that the interpretive paradigm places on understanding lived experience, this is a natural fit with this research. The focus of the study, as described above, is on determining how social workers understand and respond to PSU. Some of the previous research that has informed this study has used quantitative approaches which have been useful in developing the data on the incidence of substance use issues on social work caseloads and the levels of pre- and post-qualifying training (see s.2.5). This was supported by qualitative data on social workers’ perceptions of their knowledge and training. This present research sought to develop an understanding of the implications for practice in child protection settings which is missing from previous data, and which requires an approach that would enable social workers to describe their understanding, knowledge and experiences. These experiences will inevitably be subjective as social workers interpret and give meaning to their own actions as professionals. Such data could not therefore be obtained through the adoption of a positivist paradigm. One of the

criticisms of positivism is that statistics do not provide detail about the uniqueness of human experience, which as McLaughlin notes, may include amongst other things, “choice, moral and political concerns, emotions, values or the self” (2012:29). Given the contested nature of substance use and of social work practice, such factors cannot be ignored. Adopting an interpretive paradigm has enabled the collection of rich data that details such features of practice in consideration of how social workers negotiate the process of working with substance users. I will now turn to the ontological and epistemological assumptions I have made within this interpretivist paradigm.

4.2.2 Ontological assumptions

The question of ontology focuses on the study of being, a way of understanding *what is* and what constitutes reality (Crotty, 1998; Gray, 2014). This asks the researcher to consider if there is an objective knowable reality (objectivism), or if reality is based on the social constructions of social actors (constructionism) (Bryman, 2016). Braun and Clarke (2013) discuss the ontological divide as a continuum from realism to relativism. The realist position assumes that reality can be known and studied independent of human interpretation; whereas the relativist position assumes that there are multiple realities that are dependent on human interpretation. Traditionally the realist ontology has generally been associated with quantitative research and objectivism; whilst the relativist ontology has been associated with qualitative research and constructionism (Braun and Clarke, 2013). Although the relativist position initially seemed the obvious fit within my interpretive paradigm, my theorising has led me to a position of critical realism which sits between the extremes of relativism and realism (Braun and Clarke, 2013). The “fertile middle ground” between realism and relativism has led to the development of theories that

seek to take a pragmatic stance between the two approaches (Barbour, 2014:36); critical realism is one such theory and was developed by the work of Bhasker in the 1970s and 1980s (Bhaskar,1989; Fletcher, 2017).

Critical realism “accepts the challenge of ontological difference between physical and social reality” (Archer et al., 1998:190). It allows the researcher to accept that there is a reality that can be known through empirical research, but that social interactions are open to individual interpretation, and therefore, what can be known is limited because knowledge is socially influenced (Braun and Clarke, 2013) or, as Bunge (1993:231) suggests, “that complete truth is hard to come by”. This perspective retains principles of ontological realism - whereby social, biological, and economic structures generate behaviour - but rather than suggesting these structures determine behaviour, critical realism suggests that they have *tendencies* that may impact on our lives (King and Horrocks, 2010). The production of knowledge is fundamentally subjective for critical realists, in line with principles of ontological relativism or constructionism (Madhill, et al., 2000). Critical realism acknowledges that perception is limited and that our beliefs and expectations impact on our perception of facts, which requires the researcher to adopt a sceptical attitude (Bunge, 1993). Using the lens of critical realism and accepting that there is a “real and knowable world which sits behind the subjective and socially located knowledge that a researcher can access” (Braun and Clarke, 2013:27) lends itself to the nature of this research. The research sought to understand the nature of social work practice whilst recognising that participants will interpret their actions in light of their personal experiences and their sense of professionalism and of their knowledge base, as well as professional expectations placed on them by various agencies, including myself as a researcher. Furthermore, a critical realist approach is often

associated with research that ‘leads to action’ or ‘makes a difference’ (Matthews and Ross, 2010; Stainton Rogers and Stainton Rogers, 1997). This is a central feature of this research, as it sought to produce knowledge that can be used to inform future policy and practice. Critical realists consider *generative mechanisms* as the processes that make up a phenomenon. Bryman (2016:25) notes that the *critical* nature of critical realism lies in the fact that the “identification of generative mechanisms offers the prospect of introducing changes that can transform the status quo”. Houston (2001:846) argues that critical realism’s potential for social work is significant given its focus on the structures which “determine, constrain and oppress” the activities of social workers and the “relevance for emancipatory forms of practice”. Bhaskar proposes that critical realism allows the researcher to understand reality, whilst recognising the events and discourses of the social world and states that:

> “We will only be able to understand – and so change – the social world if we identify the structures at work that generate those events and discourses. … These structures are not spontaneously apparent in the observable pattern of events; they can only be identified through the practical and theoretical work of the social sciences.”
>
> (Bhaskar, 1989:2).

In reflecting Bhaskar’s position, this research recognises how the context of social work education in relation to substance use (see s.3.2) has impacted practice (events) and how child protection social workers are able to discuss their role in relation to PSU (discourses). Understanding context is central to critical realism; context works in conjunction with generative mechanisms to create observable social

regularities (Bryman, 2016). Accepting this, context has been a central feature of the data gathering and analytic processes; information about the context of the discourse will be considered in light of the participants' previous training and experience. For critical realists, the world is 'theory laden', but it is not 'theory-determined' (Fletcher, 2017), which provides a useful starting point for this inductive research seeking social workers' views and descriptions of practice to inform the creation of explanations.

4.2.3 Epistemological assumptions

Whilst ontology is concerned with what constitutes reality, epistemology is concerned with ideas about how we can discover knowledge about and know such reality. As Gray suggests, it "provides a philosophical background for deciding what kinds of knowledge are legitimate and adequate" (2014:19). Ontology and epistemology cannot be viewed independently of one another (Braun and Clarke, 2013); one's ontological perspective inevitably informs one's epistemological perspective (Henn et al., 2009). Often the narrative about ontology and epistemology are intertwined but Fletcher suggests that the two issues need separate consideration: "one of the most important tenets of critical realism is that ontology (i.e., what is real, the nature of reality) is not reducible to epistemology (i.e., our knowledge of reality)" (2017:182). As such, my epistemological assumptions have been underpinned by my ontological stance based on critical realism and have taken into account Bunge's (1993) point, that the truth may be hard to come by and that experiences may not be universal.

Braun and Clarke (2013) draw on the realist to relativist continuum in presenting three broad epistemological positions. At one end of the spectrum, *positivism*, based on the notion that we can observe reality through empirical research, sits with

realism. At the other end, *constructionism* which suggests that we can only know individual interpretations of reality, sits with relativism. Between these two extremes, there is a third epistemological perspective, c*ontextualism,* which Braun and Clarke note is “somewhat akin to critical realism” (2013:30). Contextualism draws on ideas from constructionism that we cannot know a single reality and that knowledge is context dependent, but at the same time it draws on realist ideas in being curious about the truth, acknowledging that the truth is obtainable in some contexts. Contextualism takes the position that all knowledge is a product of location, situation, time, and culture, and that it is impossible to know facts about reality outside of this context (Jaegar and Rosnow, 1988; McKenna, 2013). This requires the researcher to accept that their understanding of how we experience our lives has to be located within the sociohistorical and cultural milieu (Jaegar and Rosnow, 1988). Madhill et al. (2000:9) note the relevance of contextualism for the human sciences because of its recognition that the research participant and the researcher are “both conscious beings interpreting and acting on the world around them within networks of cultural meaning”. Given my own position and professional interest in the field of this research, this acknowledgement is important.

Accepting these epistemological assumptions requires the researcher to obtain as much information as possible about the context of the knowledge being acquired; this was central to the research strategy. In terms of my own role within the research process, assuming a contextualist epistemology does not lead to a view of researcher influence as a source of bias (King and Horrocks, 2010). However, it is important to “reveal the situatedness of the researcher so that the audience can appreciate the position from which they write” (King and Horrocks, 2010:21) and accordingly this will be evident in my analysis of the findings.

4.2.4 Developing a research strategy

The development of my research aims and objectives, and the consideration of my theoretical position, has led naturally to the adoption of a qualitative research methodology. My ontological assumptions, as articulated in the form of critical realism, are ones that underpin a range of qualitative approaches (Braun and Clarke, 2013). Qualitative research is concerned with words as opposed to statistics associated with quantitative research (Bryman, 2016). It seeks to understand the meanings and perceptions of a specific group of individuals on a specific issue, and in doing so, seeks to generate a conceptual understanding of this aspect of their lives (Campbell et al., 2017). As Flick et al. (2004:3) suggest, qualitative research describes "life-worlds 'from the inside out', from the point of view of the people who participate". Central to this understanding is an appreciation of the processes, patterns of meaning, and structures inherent in the knowledge gained from research (Flick, 2004). This fits naturally with the research aims and my ontological and epistemological assumptions. A quantitative research methodology based on large quantities of data to create a single truth would not provide the sense of individual meaning and the impact of wider structures on individual patterns of behaviour as interpreted by that individual that I was seeking to acquire. Geertz (1973:21) suggested that "small facts speak to large issues"; this is a central feature of qualitative research in that, it is through understanding the everyday lived realities of individuals that we can understand the impact of wider issues on them. Understanding the lived realities of social workers' experience when working with substance users will provide important knowledge about their perspectives of impact that education and training have on practice.

My theoretical position has also led me to contextualism as a conceptual framework for the whole research project. I have drawn on the 'Contextual Constructs Model' of research methodology which offers a "framework by which the researcher is able to embrace the cognitive journey involved with identifying a research problem, formulating a means by which to investigate that problem, and finally developing the research vocabulary by which to describe the research as a whole" (Knight and Cross, 2012:40). The model recognises that all research involves recognising the synthesis between context and cognitively driven constructs. The model fits with my position of critical realism, recognising that "reality can be both constructed and constant" and offers a means of framing complex ideas in this critical-real world view (Knight & Cross, 2012:39). Rather than reduce research findings to individual fractions, the model supports the researcher to investigate multiple co-constructions and to consider the relationships between them (Knight & Cross, 2012). In chapter 11, I will return to this in terms of how this model framed the eventual understanding of the research findings.

I have already discussed the inductive nature of this research in keeping with a critical realist perspective. An inductive research strategy seeks to establish generalisations that can explain patterns found in the analysis of data (Blaikie, 2007). This has led me to a research methodology that is based on the principles of grounded theory.

4.2.5 Principles of grounded theory

Grounded theory as a research methodology was developed by the original work of Glaser and Strauss (1967:1) who defined it as "the discovery of theory from data-systematically obtained and analysed in social research". Grounded theory has

gained popularity as a research methodology since Glaser and Strauss' seminal text in 1967 (Clarke, 2007; Creswell, 2013), and although it can be compatible with a range of approaches, it has been widely used in qualitative studies, in keeping with their inductive nature (Urquhart, 2013; Somekh and Lewin, 2011; Creswell, 2013; Birks and Mills, 2015). The essence of this approach is that theory that develops from research should be grounded in the "material from which it was derived" (Tweed and Charmaz, 2012:2). Using this approach is, by its nature, inductive in that it does not seek to verify existing theory but rather to generate new theories that explain areas of social life that have previously not be explored (Urquhart, 2013; Punch, 2005). Using a grounded theory methodology, therefore, leads to the development of a theoretical framework to explain experiences, events, or situations rather than simply presenting a set of findings (Somekh and Lewin, 2011; Creswell 2013). As I was seeking to provide an explanation about how social workers respond to substance use which can inform future practice, rather than providing a narrative about their experiences without interpretation, I was drawn to grounded theory as an inductive approach as it would allow the development of this new explanation to emerge. As Somekh and Lewin (2011:116) suggest, the value of generating concepts grounded in data is in the capacity to use this as a stepping stone on "which to build knowledge and frameworks to guide practice". Furthermore, it offers the opportunity to generate theory which is firmly grounded in participants' own accounts and context, which corresponds with my epistemological position (Henwood and Pidgeon, 1994).

In grounded theory, data collection and data analysis occur simultaneously, with each process informing the other; this encourages the researcher to persistently interact with their data (Bryant and Charmaz, 2007). Analysis of grounded theory is

based on coding, and thus the theory that emerges from the data is based on the analytic codes and categories generated throughout the process (Clarke, 2007). There has been debate as grounded theory has evolved with the two founders of the approach, Glaser and Strauss, parting ways in their views on how grounded theory emerges from data (Creswell, 2013). Subsequently, Charmaz (2014) has provided a critique of classical grounded theory, noting that Glaser and Strauss did not acknowledge the potential for subjectivity and the researcher's active role in constructing and interpreting data. Charmaz's (2014:13) notion of 'constructivist grounded theory' which "highlights the flexibility of the method and resists mechanical applications of it", assumes the position that reality has multiple constructions, and that the researcher's own position and perspective is inherent in the research reality. Both the participants and the researcher will inevitably influence the construction of data and any meaning derived from it. The constructivist emphasis in Charmaz's approach to grounded theory felt like a better fit with my theoretical perspective; in keeping with my epistemological position, the approach emphasises the diversity of local worlds and the complexity of social experiences, views, and actions (Creswell, 2013). In adopting this approach, rather than a more purist grounded theory approach I can therefore acknowledge the subjectivity in my role as a qualified social worker with my own experiences of working with substance users, and as a social work educator with my own views on how social workers are prepared for this area of practice, and the impact that this may have on the research process. Charmaz retains the need for systematic practices in gathering and coding data to develop theory but places more emphasis on individual views, values, assumptions, and ideologies. This method provides an appropriate framework for this research given that "constructivist grounded theorists aim for abstract

understanding of studied life and view their analyses as located in time, place and the situation of inquiry" (Charmaz, 2014:342), which is consistent with my theoretical position. The application of constructivist grounded theory provides research with "focus and flexibility"; it provides a clear framework that guides data collection and analysis, but one that recognises the key facets of my interpretive paradigm (Charmaz, 2014:3).

There are a number of key principles from constructivist grounded theory that have influenced this work. Firstly, I have accepted Charmaz's recognition of subjectivity in the construction and interpretation of the data. Secondly, the inductive nature of constructivist grounded theory (and grounded theory more broadly) has enabled me to focus on theory construction rather than description (Charmaz, 2014). Thirdly, I have adopted a systematic approach to data analysis using analytic codes to categorise the data. And lastly, I have adopted an iterative approach to data analysis that enabled me to interact with the data using a systematic process.

It is important to note that I did not adopt a 'pure' constructivist grounded theory approach in relation to sampling processes and the review of the literature base. Grounded theorists advocate the use of 'theoretical sampling' (Corbin and Strauss, 2015; Charmaz, 2014), this was not possible due to the parameters of the research objectives and the limitations of access to the sample. In addition, I did not follow a pure grounded theory approach in that I had a good understanding of the literature base before I began data collection due to my professional background and further reading to inform the research proposal and the interview guide. The role of the literature review is a contested notion in grounded theory research. Grounded theory requires the researcher to put aside theoretical ideas to allow theory to emerge from the data. Glaser (1998) suggested that reading the literature before data collection

was problematic, whilst Corbin and Strauss (2015) suggest that researchers inevitability have knowledge of the literature that relates to their professional field and that this cannot be discounted when planning a research project. McCallin (2006:11) suggests that “there is a fine line between not doing a literature review in the area of study and being informed so that a study is focused”. Charmaz (2014) notes that consulting the literature base to see what previous research has found can be a useful basis for the development of an interview guide. I did have existing knowledge of the literature base and I further engaged with the research through a literature review to inform my research proposal and the development of my research objectives. As Urquhart (2013) notes, conducting a literature review is not problematic providing the researcher ensures that it does not influence the coding process, while also recognising that the literature review may subsequently change as a result of coding.

Whilst I adopted a systematic coding process associated with grounded theory, in a pure representation of constructivist grounded theory analysis I would have completed analysis during data collection that would have directed subsequent data gathering (Charmaz, 2006), this was not possible due to the constraints of time and for consistency I used the same interview guide for all interviews. I will elaborate further on how Charmaz’s constructivist approach to grounded theory has influenced the sampling and analytic processes in chapter five (s.5.3.3 and 5.5 respectively).

4.3 Chapter summary

This chapter has discussed the overall aims of the research and the resulting development of specific research objectives. It has considered the theoretical position of the research locating its qualitative approach within an interpretivist

paradigm. I have also discussed my ontological assumptions which are situated in a position of critical realism and my epistemological assumptions which are situated in a position of contextualism. Drawing on the contextual constructs model (Knight and Cross, 2012) I have discussed how contextualism has served as a conceptual framework for the research. Lastly, this chapter has also discussed the development of a research methodology for the study, which has applied the principles of a constructivist grounded theory approach. The next chapter will consider the research methods employed in the study, and I will provide further discussion of grounded theory in relation to my analytical processes.

Chapter 5: Methods

This chapter will report on the research methods used in this study. It will discuss issues relating to ethical approval, selection of the sample, and the interview process. It will conclude with a discussion of the analytical process.

The methods had to be in keeping with the interpretive paradigm and qualitative approach of this research. As such, I had to consider how best to facilitate the collection of in-depth data that would provide a narrative of social workers' experiences of working with PSU. In grounded theory research, Charmaz advocates the gathering of 'rich' data that places the participant in their relevant situational and social context (2014). A number of methods can be used successfully within a grounded theory approach, but intensive interviewing is a common choice for collecting qualitative data by grounded theorists (Birks and Mills, 2015; Charmaz, 2014; Clarke, 2007). While grounded theorists tend to emphasise the need to avoid "standardised or formulaic" approaches to interviewing (Foley et al., 2021:2), semi-structured interviews can be employed where the researcher has identified some of the features of the phenomenon that situates the enquiry (Foley et al., 2021).

Accepting that I approached this research study with knowledge about social work and PSU meant that semi-structured interviews were appropriate for data collection as they offered an opportunity to expand upon existing ideas and this position recognises the subjectivity acknowledged in my adoption of a constructivist grounded theory approach. Adopting the use of semi-structured interviews to meet the research aims and objectives has allowed the participants to describe and discuss their experiences through in-depth one-to-one discussion. This method offers an opportunity to access the 'experiences, views and attitudes' that are

detailed in the research objectives (Conlon et al., 2015:53). Other methods commonly used in grounded theory research include participant observation or document analysis (Charmaz, 2014; Urquhart, 2013). However, interviews provide "talk as data" (Flick, 2014) and allow the participants to give their own first-hand accounts, using their own words to give detailed insight into their perspectives as a response to questions specific to my research objectives. I might also have considered the use of focus groups; this method may have had advantages in allowing social workers to compare and debate their experiences of working with PSU. However, the potential for group effects (for example, some participants talking over others or some not contributing, censure of contribution to meet cultural norms) could have limited the data (Bryman, 2016). This method would also have given me less control as a researcher to direct the conversation (Bryman, 2016) and would be less likely to elicit the detailed accounts of practice from all participants that I was seeking.

5.1 Interviews

Interviews require the researcher to generate and sustain a conversation that can be then interpreted as data (May, 2011). Neuman describes interviews as a 'joint production' between the researcher and participant; that is to say they are an active participant in the research process, as subjective meaning is derived from their insights and feelings (Neuman, 2011:449). May (2011:131) suggests that interviews "yield rich insights into people's biographies, experiences, opinions, values, aspirations, attitudes and feelings", which is in keeping with the fundamental objectives of this study. Inviting the participants to talk about their experiences offers them an opportunity to reflect on their practice (Gray, 2014), and this reflection is a key feature of understanding their perspectives.

Semi-structured interviews were chosen as these allowed me, as the interviewer, some control over the issues that would be discussed, whilst also allowing for an in-depth exploration of practice issues that would provide rich data. Adopting a fully structured interview would not have allowed me to further explore particular areas of interest in relation to my research aims and objectives. A fully unstructured interview would have allowed participants to talk freely about their experiences of working with PSU, but would not ensure that participants focused on all of the issues outlined in my research objectives; this would greatly reduce the potential for comparability (May, 2011). Having the flexibility to clarify and elaborate (May, 2011) as answers are given by participants is consistent with approaching data collection with the 'open-mind to what is happening' that constructivist grounded theory requires (Charmaz, 2014).

Preparation is crucial when conducting semi-structured interviews (Galletta, 2013). Waller et al. (2016:78) suggest that it is useful to think of semi-structured interviews as a 'guided conversation'. Semi-structured interviews generally follow an interview guide that provides the researcher with a list of topics to be covered with a suggested wording and sequence for the questions which can be modified by the researcher as they respond to what the participant says (Robson, 2011; Gray, 2014).

5.1.1 Preparing the interview guide

The development of the interview guide (see appendix one) was a crucial step in exploring what information would provide a suitable data set and in creating a tool that would ensure that the interviews retained focus on the research aims and objectives. Despite the debate about the role of a literature review in grounded theory (see s. 4.2.5) knowledge of the literature base was an important factor in the

development of the interview guide; it enabled me to develop crucial questions about the context of the practice that would inform my findings. For instance, having considered the statistics on the incidence of drug and alcohol use on social workers' caseloads (see s.2.5), I was able to develop questions that would provide important data about participants' own experiences of working with substance use. In chapter three, I discussed a seminal piece of work by Galvani et al. (2011) concerning social care practitioners experiences of working with substance use issues. Having been influenced by the work of Cartwright (1980), they discussed practitioner responses to substance use in terms of role adequacy, role support, role legitimacy, and role engagement (see s.3.2.3 for a discussion). As this study has a specific focus on responses to PSU in child protection settings, my questioning was not limited to the factors outlined by Galvani et al., but they were useful in the process of framing questions in relation to how participants perceived their role and responsibilities in supporting people with substance use issues, and their therapeutic commitment to doing so.

I began the interview guide with a series of questions that would collect demographic information about the participants. I designed this section as a short questionnaire that could be completed by the interviewee in writing, taking on board advice from Barbour (2014) that this is an efficient way of collecting such data. Barbour (2014:114) also suggests beginning with less 'threatening questions' and then moving to issues that require more probing. I was conscious of this, and therefore started the interview guide with information about job role and experience, before moving onto questions that asked the interviewee to reflect on their specific practice.

Galletta (2013:45) encourages the careful crafting of interview questions and the order in which they are presented, so that the interview guide "reflect(s) the

researcher's deliberate progression towards a fully in-depth exploration of the phenomenon under study". I developed groups of questions that would allow a narrative to develop throughout the interview that would address the research objectives. I structured questions using full sentences which compelled me to pay conscious attention to language to avoid leading questions (King and Horrocks, 2010). I was also mindful of avoiding complex language and professional jargon in order to avoid barriers in communication. I was careful to construct open-ended questions that would prompt participants to give their own views, taking on board advice from Charmaz (2014:65) who suggests that "by creating open-ended, non-judgemental questions, you encourage unanticipated statements and stories to emerge". I included prompts in the interview guide that would encourage the participant to provide an answer to the question, by clarifying meaning and I was open to using probing questions in response to specific answers to elicit further detail (Gilbert, 2008; King and Horrocks, 2010).

To understand how an interview guide works in practice, researchers are advised to pilot it (Gilbert, 2008; Galletta, 2013). To this end, I asked a colleague with recent practice experience to participate in a pilot interview and then give feedback on their experience. This was useful in identifying questions that could be worded more effectively and in highlighting some areas of repetition and led to a final iteration of the interview guide.

The interview guide was detailed, as Charmaz suggests it should be (2014). However, I was committed to being flexible in managing the interview process to allow participants to direct the conversation in organic ways, to develop unanticipated areas of interest (King and Horrocks, 2010). In practice, this happened often, and in progressing through my interview guide I would arrive at questions that

had effectively been answered; in such instances I did ask the question again, noting that they had already discussed the issue, but inviting them to add anything else they felt pertinent.

5.2 Obtaining ethical approval and ethical considerations

Ethical approval for the study was granted by the Faculty Academic Ethics Committee at Manchester Metropolitan University in December 2017 (see appendix two). Given that the research is asking social workers to discuss potentially sensitive areas of practice it was important that full consideration was given to the implementation of ethical safeguards. Silverman discusses a number of ethical goals:

- Ensuring that people participate voluntarily;
- Making sure people's comments and behaviour are confidential;
- Protecting people from harm; and,
- Ensuring mutual trust between the researcher and people studied.

(Silverman, 2014:148)

Silverman (2014) suggests that these goals can be achieved through following ethical guidelines, and through giving careful consideration to responsible research practice. I sought to pay close attention to these issues through the ethics approval process.

Participation in the study was entirely voluntary. participants were sent electronic information about the study through their employers and were asked to make contact with the researcher if they were interested in participating. The information initially sent out included a detailed participant information sheet, which the participants were encouraged to read in detail before interviews were agreed (see appendix

three). The participant information set out clear details about the aim of the study, how the information would be used, and the interview process (including the right to withdraw at any time). At the start of the interviews the participants were invited to give their informed consent to participate by completing the consent form (see appendix four).

To ensure confidentiality, there was strict adherence to the University ethical guidelines; all data has been stored in protected electronic and physical spaces, transcripts have been anonymised, and all participants have been given a pseudonym. This was clear to participants on the written information and was verbally reiterated at the start of interviews. Given the nature of the discussions, it was important to acknowledge that there would be some exceptions to confidentiality. As a social worker myself I had to acknowledge that if information was shared that suggested someone was at risk of significant harm that was not being addressed, I would have to take appropriate steps to share this with a relevant service manager to ensure the person at risk of harm could be safeguarded. This may have posed a barrier to some participants, although in practice given that the participants were familiar with safeguarding procedures as professionals and that "ethical issues are integrally entwined at the heart of social work practice" (McLaughlin, 2012:47) all were fully accepting of this point.

Potential risks of participation and the potential for harm were considered. It was recognised that participants would have to take time away from their work to participate which may have interfered with their normal activities. This was mitigated through the fact that participation was voluntary and that information on the study had been disseminated through service managers so participants could discuss any impact with their manager. It was also recognised that participants may feel

uncomfortable discussing their own practice or sharing potentially sensitive information about practice situations. To mitigate this, each participant was reassured that they could stop the interview and/or withdraw from the process at any point.

In being open and honest with participants about the issues discussed above, and in being transparent about my own professional role as a registered social worker with experience of working with substance users and more recently as a social work educator, I was able to establish a degree of trust between myself as the researcher and the participants. I sought to reduce the potential for a power imbalance (with me as a researcher setting the agenda) by showing a genuine interest in their views as contemporary social workers with important information to contribute to the debate on this practice issue.

5.3 Sampling strategy and local authority profile

The research objectives have posed very specific questions about the way that a specific group of practitioners, namely child protection social workers, respond to PSU in their practice. This particular focus inevitably influenced the approach to sampling, providing a specific requirement to gain data from practising child protection social workers. Morse (2007:231) suggests that, in grounded theory, 'excellent participants' must be "experts in the experience…they must be willing to participate and have the time to share the necessary information; and they must be reflective, willing, and able to speak articulately about the experience". With these factors in mind, I sought to develop a sampling strategy that would deliver such participants.

5.3.1 Accessing the sample

The participants in the sample were recruited from three local authorities in the north of England. Appropriate permissions were sought through the local authority research governance procedures. Initially, I contacted local authorities that I had an existing working relationship with through my role as an academic. Whilst ease of access is a legitimate consideration in the selection of a sample (Kumar, 2014), I wanted to obtain a data set that I could use in my work with these local authorities as a means of facilitating discussion about practice development. Of four local authorities in this category, two were able to support the research and two were unable as they felt it was an additional demand on staff that they could not accommodate. I subsequently contacted a third local authority that agreed to participate. Initial contact with participants was through Principal Social Workers and workforce development departments. Information about the study was sent to the agreed contacts for each local authority who then disseminated the request for participants via email to relevant social workers in their organisation. This meant that details of the study were potentially being sent to as wide an audience as possible, as these contacts had accurate contact details for all child protection social workers in their authorities. It is worth noting that as there was a reliance on an intermediary there was the potential for gatekeeping of information and less control over the timing that the research invitation was sent out potential participants. However, based on my existing relationships with these intermediaries I was not concerned that this would be a significant problem.

Data collection took place between November 2018 and September 2019; half of the interviews took place within the first four months of this period and were accessed from Local Authority one. There was a delay in accessing participants from Local

Authority two due to a delay in appropriate permissions being granted by the authority. The third local authority was not contacted until the latter part of the data collection window when it appeared that no new participants were likely to come forward from the first two authorities and it was felt that additional data was needed.

5.3.2 Local authority profile

Appendix five provides details about each of the local authorities from which the participants were drawn; this is to provide context only. As this is a qualitative study, no inferences have been made from the demographic details of each area. Statistics are taken from the time period of data collection.

The table in appendix five shows that the local authorities in which the participants were based varied in size. Local authority one is a relatively small metropolitan, local authority two is a larger metropolitan borough and local authority three is large city. Life expectancy is similar in all three areas and the proportion of children living in a low-income family as a measure of deprivation is similar in each area (ranging from 18% in local authority two to 20.30% in local authority three). The rate of section 47 child protection enquiries per 10,000 varies significantly between the authorities, with rates being the highest in local authority one. Local authority one also has higher rates of children on child protection plans for the population and social workers have significantly higher caseloads than in local authority two and three.

5.3.3 Sample selection

A grounded theory approach generally requires the researcher to adopt a strategy of theoretical sampling; this involves sampling of concepts rather than people (Corbin and Strauss, 2015). That is to say, the emerging theory from the data directs the researcher to select new participants that could provide new insights into what has

already transpired (Neuman. 2011) and data collection continues until no new data emerges (Glaser and Straus, 1967). Given the parameters of my research objectives and the limitations of access to the sample in line with the need to adhere to local authority research protocols, precise use of theoretical sampling was not feasible. Instead, I used a purposive sample. Purposive sampling is a common approach in qualitative research (Creswell, 2013) which allows the researcher to build a sample based on specific characteristics that meet the needs of a specific project (Robson, 2011). This approach is appropriate given the nature of my research objectives and methodology as it allows the collection of individual practices that exist within a specific location, context and time (Gray, 2014).

I therefore selected participants that met inclusion criteria relevant to the study (see s.5.3.4 for further discussion); this would ensure that the sample could "purposefully inform an understanding of the research problem" (Creswell, 2013). The recruitment information advised that participants must have been working in a child protection setting for at least 12 months and must have direct experience of supporting families where PSU has been identified. These restrictions would ensure that participants could provide a narrative of current practice in a setting that they were familiar with. Purposive sampling can be supported by snowball sampling, that is, using the networks of participants to establish contacts with other potential respondents (Silverman, 2014: Bryman, 2016). As I was relying on self-selection, this became a useful way of promoting the study and led to the recruitment of a number of participants.

5.3.4 Sample profile

Sixteen social workers were recruited, all of whom met the inclusion criteria in that they were practising social workers in a child protection setting, they had at least 12 months experience in this setting, and direct experience of supporting families where PSU had been identified. Participants were self-selecting as they volunteered to take part. Four potential participants initially said they would take part but did not subsequently respond to a meeting request to conduct an interview. A further two potential participants arranged an interview date but then cancelled it and subsequently did not respond to a request to re-schedule. Table one provides an overview of the sample characteristics, while table two provides an overview of each participant's social work experience. All participants have been given a pseudonym that will be used throughout the findings section, to maintain their confidentiality.

Table 1: Sample overview (n=16):

Baseline characteristic	**Sample characteristics**
Gender	Male = 4 Female = 12
Age	Average age of the sample = 39 years Oldest participant age = 53 years Youngest participant age = 30 years
Ethnicity	White-British = 13 Mixed-race British = 1 White-Irish = 1 No response = 1
Social Work training	Trained in England = 15 Trained in Poland = 1
Current job role	Social Worker = 7 Advanced Practitioner (role in supporting other staff as well as managing complex cases) = 9

Time qualified	Average time of qualification = 8 years 8 months Longest time qualified = 21 years Shortest time qualified = 4 years
Work experience	Average length of time with current employer = 7 years Average length of time worked in Children's Social Care = 8 years
Number of participants from each participating authority	• Local Authority 1 = 9 • Local Authority 2 = 4 • Local Authority 3 = 3

The information in table one shows that the sample was dominated by female social workers and by white British social workers. For one participant English was a second language. There were no newly qualified social workers in the sample and overall, the sample were an experienced group of social workers with the average time of qualification being over eight and a half years. Over half of the sample worked in a senior social worker role and given that the average length of time with the current employer was seven years this suggests that the social workers were all well-established in their roles. Given these characteristics, the sample does not offer narratives from more newly qualified social workers which would have offered a useful contrast to more established practitioners. Additionally, a more diverse sample would have offered more insights into the potential impact of culture on responses to PSU. Having said that the sample has offered accounts from established practitioners who have significant experience of child protection and responding to PSU and who can therefore offer important insights into practice in this area in line with the research objectives.

Table two provides an overview of the individual participants in terms of which local authority they work for and their length of time in social work practice and in children's services.

Table 2: Work Experience by Participant (n=16)

Participant	Current job role	Local Authority	Years in social work practice	Years worked in children's services
Sally	Social Worker	1	5	5
Tom	Social Worker	1	6	6
Kate	Advanced Practitioner	1	13	13
Jackie	Advanced Practitioner	1	7	6
Mike	Social Worker	1	5	3
Emily	Social Worker	1	5	4
Sarah	Social Worker	1	9	8
Jane	Social Worker	1	4	4
Mia	Social Worker	1	21	6
Ruth	Advanced Practitioner	2	7	7
Greg	Advanced Practitioner	2	5	8
Claire	Advanced Practitioner	2	15	24
Tracy	Advanced Practitioner	2	6	5
Anne	Advanced Practitioner	3	11	11
Cheryl	Advanced Practitioner	3	11	11
Noah	Advanced Practitioner	3	11	11

As discussed above this table also reinforces that this is an experienced sample in terms of social work practice and practice specifically in children's services. In local authority three in particular there is a noticeable longevity of service with an average of 11 years working in children's services. All of the participants from local authority two and three were advanced practitioners, whilst in local authority one, two participants were advanced practitioners, the rest were social workers.

5.4 The interview process

all participants had received written information about the study and had contacted me voluntarily to participate (see s.5.2). Interviews were subsequently arranged through email. A number of people initially agreed to participate and then did not respond to an invitation to arrange a specific time for an interview; these were subsequently followed up with a further invitation, but one which made it clear that there was no obligation to participate and further invitations would not be sent, so as to avoid undue pressure to take part. Participants were given the option to meet at a place of their choosing, noting the need for a quiet/private space to conduct the interview. Five participants opted to come to the University where I was based, and the other 11 interviews took place at the participants' workplaces. It is important to consider the impact of the physical space in which the interview takes place on the participant. Some people may see the University as a formal setting which may be intimidating (Braun and Clarke, 2013) and may prefer to be at their own place of work where they feel they have more control. Some participants said it would be too distracting to do the interview at their workplace and preferred to come to the University. I was keenly aware that participants were taking time out of their workday to participate in the research and so I was keen to be as flexible as possible regarding time, date, and location to minimise the burden on them.

The interview was designed to take approximately an hour, but the length varied from 45 to 90 minutes depending on how much the interviewee had to say. The average length of the interviews was 57.62 minutes. I began all interviews with a summary of the research aims and a reminder of how data would be used as per the participant information sheet. All participants were asked to sign the consent form. Interviews were audio recorded for later transcription; this allowed me to be present

in the discussion and focus on the detail of the participants' responses (Braun and Clarke, 2013). This was particularly important as a grounded theory approach invites us to "attend to what we hear, see, and sense while gathering data" (Charmaz, 2014:3). At the end of each interview, the participants were invited to add anything they felt important that they had not had the opportunity to say; in the majority of cases nothing new was added here. A number of participants remarked that it been useful to have the opportunity to reflect on this specific area of practice and that it had prompted them to do more thinking about their practice with families affected by substance use.

The interviews were transcribed as soon as possible after the interview took place. I fully transcribed the data myself which was an important part of the research process. Urquhart (2013:69) notes that a problem in using text-based data is that it "loses context once we cannot see the video or hear the tone of voice that the person used". Whilst this may be inevitable to some degree, it felt important to re-experience the interviews in the detail that the transcription process allows. It is important to recognise that transcription will inevitably involve the researcher's construction of the exchange (Hammersley, 2010); to minimise this, I transcribed verbatim; only leaving out superfluous aspects of speech in the form of verbal fillers like 'um' and 'ahh'. The process of transcription allowed me to familiarise myself thoroughly with the data and therefore was the first part of the analytic process (Braun and Clarke, 2013), which I will discuss in more detail in the next section. In total there was 15.36 hours (922 minutes) of data from the interviews that were fully transcribed.

5.5 Analysis of the data

Qualitative research data is often subject to thematic coding as a means of drawing out the key issues in the data (Braun and Clarke, 2013). Although I had used the principles of grounded theory in designing this inductive study, I was aware that a number of approaches to data analysis could be employed that would draw out the key themes of the data set. Recognising this, I undertook an initial task of comparing and contrasting forms of thematic analysis; namely template analysis (Brooks and King, 2012), framework analysis (Gale et al*.,* 2013), constructivist grounded theory analysis (Charmaz, 2014), and thematic analysis (Braun and Clarke, 2006). This was a useful exercise, in that it enabled me to consider the stages of analysis in each approach and I was able to reflect on how these processes would enable me to elicit meaning from the data that would meet my research objectives. Contemplating these different approaches to data analysis confirmed that Charmaz's (2014) constructivist approach to grounded theory analysis would provide me with a clear framework to work within that would acknowledge the contextual bias of the data that I had recognised in my theoretical position and would offer a systematic method of coding the data (Charmaz, 2014; Braun and Clarke, 2013). I was conscious that thematic analysis can be critiqued in terms of being too simplistic and has the potential to produce description only (Braun and Clarke, 2006) which I wanted to avoid in keeping with my desire to adopt an inductive approach. I was also conscious that template analysis and framework analysis have the potential to restrict the emergence of new themes if templates/frameworks are strictly applied (Brooks and King, 2012; Gale et al, 2013) which would not be compliant with my inductive approach and my desire to stay true to the data in accordance with the principles of constructivist grounded theory.

The aim of grounded theory analysis is to “generate a taxonomy of categories from the data” (Braun and Clarke, 2013:176). Through coding, the researcher sorts the data into fragments that can be given labels to represent their meaning (Charmaz, 2014; Tweed and Charmaz, 2012). Relationships between these analytic labels, or codes, can then be considered in relation to one another and the research objectives as the process of sorting and synthesizing progresses (Braun and Clarke, 2013). The researcher is encouraged to begin the process of analysis during the data collection period so that early coding enables data to be compared and re-ordered as it being interpreted (Pidgeon and Henwood, 2004). This is supported by Charmaz (2014:4) who suggests that “as grounded theorists we study our early data and begin to separate, sort, and synthesise these data through qualitative coding”. Central to this process of analysis is the concept of constant comparison, the researcher should compare developing codes and categories throughout the analytical process to ensure the analysis represents the complexity of the data (Braun and Clarke, 2013). I adopted this commitment to constant comparison throughout each stage of data analysis.

The process of analysis was organized through the use of a qualitative data analysis computer software package; namely, NVivo (QSR International, 2018). Transcripts were uploaded to the NVivo 12 package and coding was completed using nodes as labels for sections of data. I was mindful that critics of such software packages warn of more attention being paid to the technical aspects of coding rather than the interpretation of the data (Robson, 2011). However, noting that it facilitates the sequential interpretation of data, in keeping with a grounded theory approach (Flick, 2014), it was an appropriate way of managing the data, particularly given that the interviews were of considerable length. As the analytical process progressed NVivo

was a useful tool as it allowed me to quickly add new codes and alter existing ones, and then build categories of focused codes (Bryman, 2016). Charmaz suggests a sequential approach to coding that begins with initial or open coding, then moves onto focused coding, and then theoretical coding (Charmaz, 2014). I will now discuss these stages in more detail.

5.5.1 Initial coding

As discussed above interviews were transcribed as soon as possible after the interview. Due to the pattern of data collection this often meant that interviews were conducted and then transcribed in clusters. The transcripts were subsequently uploaded into NVivo in these clusters. Whilst a more traditional grounded theory position would be to transcribe and code interviews one by one, transcribing in clusters still allowed the development of coding in stages that subsequently led to developments in the interview guide. The coding process began with a re-reading of the transcripts to familiarise myself with the data. I then began the process of initial coding using NVivo nodes as labels for each code.

Grounded theorists start the coding process through open or initial coding which seeks to code small sections of data (Tweed and Charmaz, 2012). These initial codes aim to interpret what has been said to “move beyond concrete statements in the data to making sense of stories, statements and observations” (Charmaz, 2014:111). Whilst initial coding is often conducted through line-by-line coding, Charmaz (2014:128) notes that an alternative way of coding by ‘incident with incident’ can be used; given the significant connotations inherent in language about substance use (see s.2.1), I adopted this approach as I felt it better enabled me to consider descriptions of practice in context.

In naming the initial codes, I was mindful of the need to develop codes that reflected the data rather than the application of an existing framework (Charmaz, 2014). That said, I acknowledge that in having asked consistent questions about my research objectives, I was inevitably influenced by the concepts I had set out to explore. I noted above (see s.5.1.1) that the notion of conducting a literature review in grounded theory studies is contested but does not have to be problematic. Andrew (2003) notes that one way to ensure that the literature does not impose a problematic framework on data analysis is to ensure that theoretical sensitivity is maintained throughout the analytic process. This involves constant comparison of data and memo writing to note analytic ideas as they emerge. This is in keeping with Charmaz's (2014) approach to constructivist grounded theory as she acknowledges that researchers will have pre-existing ideas but can be open to allowing the data to determine initial codes.

Charmaz (2014:244) notes that "to gain theoretical sensitivity, we look at studied life from multiple vantage points, make comparisons, follow leads and build on ideas". To this end, I began the process of creating codes, and using memos and interview notes to compare and relate them to one another. This process informed subsequent data collection. As new data was collected this was coded using either the existing codes, again looking for relationships, or creating new codes where appropriate. Half-way through the data collection process I had created a significant number of codes and I had to consider at this point whether I had indeed created a template for subsequent analysis, which led to me to reconsider if template analysis (Brooks and King, 2012) was an appropriate tool. As I had started the research journey using the principles of grounded theory and a desire to let the data speak for itself, I continued using the analysis framework offered by constructivist grounded theory (Charmaz,

2014) as I did not want to be constrained by a set framework but rather remain open to new ideas emerging from the data. It is also true to say that this recognition of patterns in the coding process was useful in that it showed that key themes were indeed emerging, and it enabled me to consider how to adapt my questioning in subsequent data gathering (Holton, 2007). As Urquhart suggests, this stage of coding is an iterative and reflective process (2013) and as I coded and compared data, I moved through a number of iterations of my initial codes. I sought to be analytical as I developed codes, aiming to see beyond description, and asking what meanings were inherent in each section of data (Charmaz, 2014).

5.5.2 Focused coding

The second stage of coding is the creation of focused codes to "synthesize, analyse and conceptualise larger segments of data" (Charmaz, 2014:138). The process of initial coding led to the construction of 69 codes. As these codes were identified, ideas for focused codes inevitably developed and I started to make some groupings throughout the analytic process (Urquhart, 2013). As I entered this stage of coding I organised and re-organised my initial codes into clusters to highlight what were the most significant analytical issues (Charmaz, 2014). As with the initial coding phase, this was an iterative and reflective process that prompted me to critically look at the data and how I had coded it. Through this process, I developed nine focused codes that would then contribute to the core categories of the findings (Urquhart, 2013). At this stage, I also considered how these focused codes related to my research objectives; this led to the final stage of theoretical coding.

5.5.3 Theoretical coding

The intention of this research is to provide an explanation about how social workers in child protection settings respond to PSU. In the final stage of theoretical coding, I revisited this aim and considered the focused codes that had been identified and how these answered the research objectives. Theoretical codes allow the researcher to theorize from their data by drawing together initial and focused codes into an "analytic story that has coherence" (Charmaz, 2014:150). To do this, I considered the relationships and connections between the focused codes in order to identify the key themes that would provide a framework for my analysis (Charmaz, 2014). By continually comparing and contrasting codes with the research objectives I was able to develop a tiered list of focused and theoretical codes. Table three provides an example of levels of coding that produced a theoretical code.

5.5.4 Conceptual saturation

In developing the research proposal, an indicative sample size of 20 was proposed to allow sufficient data to be collected, whilst also recognising that the process of conducting in-depth interviews would be time-consuming. However, an evaluation of conceptual saturation (Corbin and Strauss, 2015) was undertaken during the data collection period, and this determined the final number.

Conceptual saturation is a key principle of grounded theory and relates to the point at which no new concepts are being identified in the data (Corbin and Strauss, 2015; Tweed and Charmaz, 2012). As data collection and analysis occur simultaneously, conceptual saturation occurs when new data can be coded into categories that have been established (Waller et al., 2016; Urquhart, 2013). It was therefore important that I was able, through analysis and reflection, to recognise where the amount of

new information was negligible to determine the data saturation point (Kumar, 2014). My selection process was guided by conceptual saturation rather than a more purist grounded theory approach that is determined by theory development.

Table 3: Example of the development of a theoretical code.

Theoretical code	Focused Code	Open Codes	Research Objectives
Parental substance use is understood through knowledge gained from training & experience	**Understanding of D&A use**	Reasons people use D&A	
		Use of frameworks to understand D&A use	1: To determine how child protection Swers understand sub use & impact it has on parenting
		Impact PSM has	
		Can sub users effectively parent?	
		Cannabis use as normal	
		Toxic trio	
		Mental health & sub use	
		Chaotic use of substances	
	Knowledge	Confidence in responding to PSM	
		Pre-Qual training	CONTEXT
		Post-Qual training	
		Gaps in training	5: How do CP Swers address gaps in their knowledge in relation to substance use when working with families?
		Ever asked employer for training?	
		Training identified in supervision or appraisal?	
		Current train needs	
		How deal with terms don't know?	

From this process, five theoretical codes were identified. The overall themes of these theoretical codes will provide a structure to the presentation of findings. Table four provides an overview of the final focused and theoretical codes, as well as the overall themes for the findings.

Table 4: List of focused and theoretical codes.

Theme	Theoretical Code	Focused Codes
Context	Work experience determines knowledge and confidence to respond to PSU	Experience of working with PSU
Understanding PSU	PSU is understood through knowledge gained from training and experience	Understanding of drug and alcohol use
		Knowledge of drug and alcohol issues
Understanding role & responsibility	Understanding of role & responsibility determines practice responses	Perception of role
Responding to PSU	Practice responses to parental substance use are determined by practitioner skills and knowledge	Strategies to engage substance users
		How assess PSU
Working with PSU: the layered complexities of practice	Working with PSU is complex and practitioners face professional and personal challenges in this area of work	System challenges
		Practice challenges
		Professional challenges

5.6 Chapter summary

This chapter has considered the methods, process of data collection and analysis adopted in this study. Semi-structured interviews have been used to elicit the detailed narratives of practice required to meet the research objectives. I have offered a detailed overview of the research process including the design of the interview guide, ethical considerations, the sampling strategy, and the interview process. I have also discussed my approach to data analysis for which I adopted a constructivist grounded theory framework. The final theoretical codes from the process of data analysis will be used as themes for the presentation of the findings.

The next chapter will consider some reflections on the methodology and method, as well as the impact I have had as a researcher on the research process.

Chapter 6: Reflection on the Research Approach

This chapter will offer some further reflections on the research process. It will consider the impact that I have had on the research as a social worker and an academic. It will also consider the potential limitations of the research methods used in the study.

As a qualitative researcher I sought, throughout the research process, to be reflective and reflexive (Wilkinson, 1998; Creswell, 2013). My theoretical position is one that recognises that social interactions are open to interpretation; it is therefore important to understand that the research participants will interpret their own actions and that the situatedness of the researcher needs to be clear and considered (King and Horrocks, 2010). Braun and Clarke (2013:9) discuss the need to adapt a 'qualitative sensibility' when undertaking qualitative research. This requires the researcher to orientate themselves to their research by showing interest in their topic, adopting a critical and analytical stance, as well as the ability to reflect and be reflexive. As Agee (2009:431) suggests "the idea of qualitative inquiry as a reflective process underscores the strengths of a qualitative approach".

Through reflection, I endeavoured to appraise and evaluate my practice as a researcher, both during and after each interview. This allowed me to continually consider my research approach and review the questions that I was asking and the data that I was gathering. This was a process that enabled me to consider the point at which I had reached conceptual saturation of the data (see s.5.5.4). Being open to a continual process of reflection was also important as I analysed the data and developed codes (see s.5.5 for a discussion).

In keeping with my theoretical position, reflexive inquiry “assumes that the meaning of all research claims are constructed in a dialogue between researchers, the researched and the users of research” (Gilbert, 2008:512). Reflexivity requires the researcher not just to reflect on the research process but to be critically aware of the role of themselves in the research; they should engage in “disciplined self-reflection” (Wilkinson, 1998:493) of their biases, values, and subjectivity (Creswell, 2013). My research approach prompted me to engage in this process. As Charmaz (2014:13) suggests, “viewing research as constructed rather than discovered fosters researchers’ reflexivity about their actions and decisions”. In doing this, the researcher becomes more aware of the impact they have on the data and an increased sensitivity to their interpretations of it (Somekh and Lewin, 2005). This required ‘self-scrutiny’ at each stage of the research to ensure that I was able to recognise the impact that I was having on the research (Seale, 2012), as well as recognise that this is indeed part of the process of qualitative inquiry (Flick, 2014). Being reflexive also requires the researcher to consider, not just the impact they have on the research process, but the impact that the research process has on them (Barbour, 2014). The next section will discuss my reflections on the impact that I had as an interviewer.

6.1 Interviewer effects

Through interviewing, I sought to encourage social workers to talk openly about their experiences of responding to PSU. I was mindful that my own behaviour, as a social work researcher, would impact on how honest participants would be prepared to be, and that the participants may feel uncertain about professional exposure in being asked about the nuances of their practice, particularly by an academic with known links to the authority in which they were working. In recognition of this, I sought to

ask questions in a clear and non-threatening way (Robson, 2011). I also sought to show active listening throughout the interview, through the use of 'active listening posture' (Green and Thorogood, 2014:117) and ensuring that I spent the majority of the time listening rather than talking. I was clear at the start of the interviews how I would use the data collected from the interview and how I would protect the participants' confidentiality; this was an important step in developing trust, which is crucial in cultivating the reciprocity needed for qualitative research (Creswell, 2013).

As discussed in section 5.2, I was clear at the start of all interviews about my own role as a qualified social worker, an academic, a PhD student, and someone who has worked in drug and alcohol services. I was also honest about how this experience had prompted my interest in the field of study. I hoped that sharing my background would promote trust and would encourage the participants to be open about their experiences (Neuman, 2011). Creswell (2013) discussed the need for reflexive researchers to be conscious of their bias, values, and experience, and in doing so, suggests the researcher should discuss their experience with the participant and then to be honest about how these experiences shape their understanding of the subject of study. To do this, I explained to participants how my experiences of social work practice and social work education had led me to want to study how child protection social workers respond to PSU, so that each participant had a sense of my frame of reference. In keeping with my research approach, I hoped my subjectivities as a social worker and academic would be a 'research tool' (Braun and Clarke, 2013) in ensuring I was asking informed questions. During analysis, I had to be mindful that I was interpreting the data in light of my own work experience and ways of thinking (Barbour, 2014) but I also felt that this allowed me

to understand the data more effectively because I did have a frame of reference for working with PSU.

In doing this I had to be alert to the potential for interviewer bias and that my presence could influence the participants' responses (Gravetter and Forzano, 2009). My experiences in the field gave me credibility, enabling me to show recognition of issues the participants spoke about and allowing them to use professional jargon, I also had to be mindful that my presence could be prompting the participants to 'display' their knowledge. For instance, the first interview I undertook was with a social worker whom I had taught on her pre-qualifying course some years earlier; as she spoke about her practice, she took out specific tools and papers that she had brought with her in what I perceived as an attempt to show that she was competent in responding to PSU. I was able to identify with De Leeuw's assertion that "interviewers are assets and liabilities at the same time" (2008:314). In this particular instance, the participant's knowledge of me had prompted her to think about how she responds to PSU before the interview and this pre-interview reflection may have elicited useful information. But at the same time, her eagerness to demonstrate her capability to me may have meant she was reluctant to discuss the challenges she faces in full (Gilbert, 2008). Another participant at one point responded with "you're testing me now, that's a good question" which prompted me to reflect that the participants may have felt under pressure to answer 'correctly' knowing that I had some expertise in this particular field of practice. Having said that, the process of analysis did lead me to feel that the participants had generally been very candid about their experiences, offering detailed explanations of the challenges they faced. It was also evident from informal comments often made after the end of the formal

interview that the social workers had welcomed the opportunity to reflect on this aspect of their practice.

As discussed above, being reflexive also requires the researcher to consider the impact the research process has on them. As a social worker this process of reflection came very naturally to me; reflective practice is a central concept that underpins social work education and practice and had been a key feature my social work training and practice (Knott and Scragg, 2007). I found that I would engage in post-interview reflection on the journey home from each interview and then promptly engage in the transcription process. This allowed me to submerge myself in the interview material again. I found the process of listening to participants' accounts of their practice fascinating and I was able to make links between their experience and my own. Many of the participants shared stories about particular cases they had worked on, and I found this had an emotional impact on me as it allowed me to reflect on the lived experiences of the families that are affected by PSU and the importance of services that can support them. The stories I heard moved and challenged me and, as a social work educator, they prompted me to think about how students are prepared for practice. The interviews enhanced my respect for social workers who have to respond to the complex needs of families experiencing PSU. This inevitably had a significant impact on my teaching, as I found myself contemplating the stories that the social workers had told me as I prepared and delivered my teaching on PSU. In particular, the accounts of the challenges they faced in relation to multi-agency working prompted me to reflect on the need to prepare students for best practice when working with other agencies.

6.2 Limitations of the research approach

The use of semi-structured interviews allowed me the flexibility to pursue interesting themes during data collection, however, this can lead to criticisms about a lack of standardisation, which in turn raises questions about reliability (Robson, 2011). To mitigate against this, I endeavoured to remain conscious of covering all themes in my interview guide. This was challenging at times when participants moved between topics and themes (Barbour, 2014). Interviews can be time-consuming; I was clear in the participant information that the interviews would take approximately 30-60 minutes, although in reality, some took longer than this. This time commitment may have felt too onerous for some social workers, who are managing significant caseloads and competing priorities and demands on their time. This may have prevented them from participating, which may have implications for the bias in the sample that was achieved (Robson, 2011).

The previous section discussed the potential interviewer effects in this specific study; some of the concerns discussed here also relate to the challenges of promoting open and honest conversation in interviews. From a research participant point of view, Gilbert (2008:249) discusses the potential issues of ‘rationalisation’, ‘lack of awareness’, ‘fear of being shown up’, and ‘over-politeness’. Many of the participants said they had welcomed the opportunity to reflect on this area of work, but if they had not done so before, a lack of awareness could have impacted on how they were able to articulate the issues under discussion. It is possible that these factors may have negatively impacted on the validity of the data collected, which fits with the criticism of interviews that they “only provide access to what people say not what they do” (Green and Thorogood, 2014:104); but it is hoped that open and honest discussion about the purpose of the study provided mitigation for these influences.

The sampling strategy comprised a purposive sample based on self-selection and snow-balling (Silverman, 2014; Bryman, 2016). It should be acknowledged that there is potential for bias here; participants may have responded based on an interest in working with PSU, and therefore may not be representative of their wider peers. Given the discussion above about the potential for 'displaying' knowledge and the fear of 'being shown up', it is possible that participants who felt less confident in this area of practice were less likely to respond to the request to participate. Through the data analysis process, conceptual saturation was evident (see s.5.5.4). Whilst this suggests a degree of reliability in the data, it is fair to assume that a larger sample would have provided a greater sense of reliability and generalisability.

There is also the potential, particularly in smaller studies, for data to be over-theorized (Clarke, 2007). These were concerns that I endeavoured to be mindful of during the coding stage. However, through reflection at each level of coding, I was mindful of preserving the integrity of the data and through the use of a systematic process I sought to maximise the validity of the data.

6.3 Chapter summary

This chapter has presented some reflections on the research process. I have sought to follow a reflexive approach throughout the study and to remain critically aware of myself throughout the research process (Wilkinson, 1998). In doing this I have been able to recognise my own bias and subjectivities and to be conscious of the impact these may have had on data collection. The chapter has also offered some considerations of the limitations of the research methods. The next section will present the findings from the research.

Part Four
Findings & Discussion

Chapter 7: Understanding Parental Substance Use

The findings will be discussed in the themes drawn from the theoretical codes outlined in chapter five. Specifically, this chapter will begin by setting the context of the participants' experience of working with PSU in their role as child protection social workers and will then focus on how the participants understand PSU, in the context of their knowledge of substance use. Chapter eight will discuss how the participants understand their role and responsibilities in responding to PSU. Chapter nine will consider how the participants respond to PSU; with a discussion of the strategies, they employ to engage substance users. Finally, chapter 10 will focus on the complexities of practice that the child protection social workers faced in responding to PSU. In accordance with the coding process, these challenges will be discussed in terms of system challenges, practice challenges, and professional challenges. Chapter 11 will consider the overall implications of the findings and will present the emerging theory from the findings.

This chapter will address research objective one, which was to determine how child protection social workers understand substance use and the impact that it has on parenting. It will also address research objective five, which asked how child protection social workers address gaps in their knowledge in relation to substance use when working with families. The findings offer original insights into the ways in which gaps in knowledge in relation to substance use are addressed and into the ways that child protection social workers' understanding of substance use is informed by personal values and practice experiences.

7.1 Experience of working with parental substance use

All participants were practising social workers in a child protection setting, having at least 12 months experience in this setting, and direct experience of supporting families where PSU had been identified. Half of the sample (n=8) reported having experience of working in a specialist setting that supports people using substances; either in a placement whilst they were training to be a social worker, or in paid employment post-qualification. Social work training includes academic and practice-based learning; the influence of practice learning through placements can be significant and long-lasting (Livingston, 2020) and for those social workers the exposure to substance use in a specialist setting will have certainly enhanced their knowledge base. This was interesting given that the sample was self-selecting and may suggest that these participants were interested in PSU because of their experiences. If this is the case, it has a bearing on the findings as a professional interest in this work will inevitably affect the social workers' responses to it. The sample profile showed that the participants were experienced social workers (the average time of qualification being over eight and a half years). Constructivist grounded theory locates research within the situational conditions in which it takes place (Charmaz, 2017) and aims to generate theory grounded in the participants' own accounts and context (Henwood and Pidgeon, 1994). Therefore, the findings of this study need to be considered in the context that the participants were experienced practitioners and had self-selected to take part. The idea of experiential learning is central to social work training and skill development (see s.2.4); the sample represents a group that have had considerable opportunities for experiential learning in relation to substance use from repeated exposure to substance use through their work experiences. The complexity of the participants' work and

personal experiences will inevitably lead to a distinct subjectivity in the participants' discussion of their responses to PSU. However, this subjectivity will also be illuminating as their narratives will offer accounts of practice as experienced social workers who have an interest in this area.

The participants were asked to consider how much experience they felt that they had of working with PSU; inevitably answers were subjective, but this provided an interesting sense of their own perception of how experienced they were. All of the participants discussed having considerable experience of working with PSU as a regular feature of their child protection cases. In order to situate their experiences within the research base relating to how often social workers encounter PSU, the participants were asked to indicate the proportion of families that they worked with that were affected by PSU; all of the participants suggested that PSU was an issue in at least 50% of their cases. One participant suggested that it could be 80-90% of their cases, noting that it might not be the primary concern, but it would be a factor. This high incidence of encountering PSU corresponds with their perception that they were experienced in working with PSU as a common feature of their work. This is consistent with previous studies (see s.2.5) that have suggested that PSU is a common feature in child protection cases (Forrester, 2000; Gorin, 2002; ACMD, 2003; Hayden, 2004; Forrester & Harwin, 2006; Galvani et al., 2011).

7.2 Knowledge base

A key finding of this study is the lack of consistency in training for social workers on substance use which supports previous work in this field (see s.3.2). The participants often talked of developing their knowledge of substance use through practice experience. This was summarised by Noah:

More of my knowledge has come from practice wisdom rather than formal training…It would be good if there was better training.…It's…little things like…what does 60ml of methadone a day mean?… What is available [for those who] *want to try and become abstinent and reduce their drug use, you know harm minimisation? You work that out as you go along as well, and it often changes cos the agency who provides the service often changes.* (Noah)

Given that substance use issues were a significant feature of their work in child protection, this sense of learning from practice experience led to a narrative of 'practice wisdom' or knowledge from 'hands on experience', which meant that the participants were generally positive about their sense of confidence in responding to PSU:

It comes from experience…just working a lot of cases over the years really, so I do feel pretty confident. (Anne)

Like Anne, Mike recognised that confidence does come from repeated exposure to substance use issues, but warned that this could lead to complacency:

I would feel confident, more just as a matter of course because it's so common…that's just part of the job…But I think that confidence is misplaced to some degree, because you…just see it as a given really, especially if you're busy and you're reading the assessment quickly, you very rarely take time to linger on, oh mum is an alcohol user and how is that different to cannabis user or heroin user…you make a very quick assessment…you build a picture probably in your mind what that means. (Mike)

Through a constructivist lens, this insight from Mike suggests that the commonality of substance use on caseloads and time pressures, lead to the use of heuristics as a common feature of responses to PSU.

However, levels of knowledge and confidence varied depending on the focus or task relating to PSU. Ruth and Tom noted that their confidence in responding to PSU was in relation to being able to recognise and assess the impact that it has on children, rather than in providing interventions to substance using parents to support them in addressing their substance use. Likewise, Greg and Mia noted that they felt confident in responding to PSU in the capacity of referring on to specialist services:

> *I wouldn't feel confident…doing one-to-one work with parents… but I am confident to talk to them about the problem they've got, making referrals to relevant agencies*. (Mia)

The participants generally talked of being confident about responding to PSU, but what this meant in practice seemed to have different meanings. The participants' perception of their role and responsibility will be further explored in chapter eight. For this group of respondents, experiential learning was a critical indication of how social workers achieve confidence in working with substance use. It was experience rather than formal education in their training that led role adequacy, however this was limited to particular aspects of PSU. Recognising that knowledge is socially influenced and constructed based on life experiences, the participants' prior experience in this area will inevitably affect their perceptions of their acquisition of 'practice wisdom' but how this relates to skill in the work is less clear. This will be discussed throughout the findings.

7.2.1 Pre- and post-qualifying training

For the majority of the participants, issues relating to drug and alcohol use were not a key feature of their qualifying social work training. Eight of the participants said they could not remember any training on substance use from their pre-qualifying course. This finding was not specific to participants who had been qualified for the longest and may have forgotten. Jane, Tracy, Tom and Ruth also could not remember any training and they were more recently qualified. Of course, lack of recall does not mean there was no mention of substance use on their pre-qualifying courses, but it might suggest that there was no significant focus on this topic. Claire was explicit in saying that substance use was not covered on her pre-qualifying course, whilst Cheryl suggested that it was a theme that had been '*threaded through everything*'. Four participants said that there were some elements of teaching in this area; with Greg suggesting, 'it was touched upon'. Emily was clear that what she received was not enough:

> *It wasn't a lot, there was no emphasis on it. I think we did one day…in our final year…it didn't equip me to do the actual work with parents…It gave me an [overview] on what substance use is but not to the extent of it does really impact…and I think it's a mis-justice to families*. (Emily)

As one of the participants that was a more recent graduate of their social work training, Emily's comments are insightful and would suggest that the calls to improve social work education (see s.3.2) have not had an impact on her education experiences. Three participants described having a specific module on substance use; for one of these, the module was an optional module, so they had chosen to study this over other subjects. It is evident that there was no consistency in what

training the participants had received during their pre-qualifying social work training and that it varied between courses.

This is concerning in light of other studies that have found similar results over almost three decades. In a study of social workers in an outer London borough, Adams (1999) found that whilst 99% of respondents (n=75) felt that social work courses should cover issues relating to PSU, only 7% felt that their course had adequately prepared them on this topic. Whilst this study is somewhat dated more recent work has found similar results. For instance, Galvani and Forrester (2011), used a questionnaire (n= 248) to ask newly qualified social workers about how well prepared for working with substance use issues they felt based on their pre-qualifying course. They found that the majority of respondents felt they were not appropriately equipped for working with substance use; but more specifically they identified that more than 60% of their sample reported that they were not adequately prepared to identify substance use or to identify immediate risks. Furthermore, almost a third (30.4%) of respondents reported having no substance use training on their courses, and a significant majority of those that had, felt what they had received had been insufficient. However, the study sample only represented a small proportion of newly qualified social workers and potentially only those that felt strongly may have responded to the survey. It is also not clear how the first year of practice, a time when social workers are transitioning from being a student to being a professional, may impact on perceptions of training. However, comparable results were found by Galvani et al. (2012); in a survey of 283 newly qualified social workers. More than a third (36%) reported having no training on substance use during their pre-qualifying course and 44% had received less than two days of training. Overall, there were significant differences in what had been offered on different pre-qualifying

programmes. The analysis showed that the perceived preparedness to work with drug and alcohol issues was positively correlated with the amount of academic training students had received.

The narratives from this research show that despite repeated attempts to highlight the issue of training on substance use in the social work curricula, the educational experiences of social workers have not changed. The profession should remain concerned about the impact that this has on individual, children and families. It is of note that research about social workers' preparedness for practice more broadly has shown that many practitioners do not feel that their training has adequately prepared them for the realities of practice (Tham & Lynch, 2021; Voll et al., 2021; Hochman et al., 2023). How far such research intersects with the participants' perceptions of their preparedness for work with substance use specifically is not clear and does not invalidate the concerns about the need to improve training in this area but does offer some insight into the constructed narratives of social workers in relation to their training generally. It is also worth noting that it is not clear from this research if the realities of, and transition to practice will always feel overwhelming for newly qualified social workers or if the curriculum is not keeping pace with the realities of practice.

In terms of post-qualifying training, again this study offers a picture of inconsistency. Seven of the participants reported that they had not done any post-qualifying training in relation to substance use. Six participants re-counted day courses on topics such as basic drugs awareness, alcohol brief interventions, and Foetal Alcohol Syndrome, with these six participants noting only one of these each. Two participants had previously undertaken temporary roles in a specialist Family Drug and Alcohol Court

(FDAC) and described training they had done in that particular role; namely in techniques of Motivational Interviewing.

Emily was critical of her experiences of post-qualifying training and explained that she hadn't signed up to any training in relation to substance use because she didn't feel it would offer her anything:

> *The training I've been on hasn't been that good… I've had hands on experience, so… it wouldn't take me to the next level, so I just think there's no point.* (Emily)

Jane too was critical:

> *It feels like a lot of the training is very general and low level and not necessarily geared towards social workers or child protection…probably not specific enough.* (Jane)

Like Emily and Jane, Noah also expressed concern that post-qualifying training in relation to substance use had, in his experience, been too basic:

> *It would be better if you had more detailed training at a higher level. Not just…what this drug does, but…what are the different treatments available, what does this level of methadone mean?... How is it prescribed? What occasions can a parent take it home?...Fine detail like that...the training can be quite… basic…I don't think it adds a lot.* (Noah)

Again, this presents a picture of inconsistency; either the respondents have not had any training, or any training completed has not been detailed enough. The particular narratives that have constructed training as not being good enough are concerning as it is not clear if this would prevent future engagement with training, certainly

Emily's suggestion that there is 'no point' would seem to suggest this. Training is therefore not responsive to the roles, needs and context of child protection social workers. Given the complexity of substance use issues, it is possible that even when social workers had training, they still felt uncertain about this work. This in turn may have negatively impacted their narratives of training not being detailed enough and thus ideas about the quality and depth of training warrants further exploration. The inconsistencies in access to training mirrored previous findings that have studied post-qualifying education provision (Allnock & Hutchinson, 2014; Galvani et al., 2013) (see.s.3.2.1) However, a prominent finding from this research was that a number of participants were keen to re-emphasise the notion of learning from experience. Tracy talked about 'informally picking up' information and learning from colleagues. Similarly, Claire talked about what she learnt from working alongside specialist substance use agencies:

> *They would talk us through about how people would look on different substances and different dependency levels, but they would never tell us how to work or engage with dependent parents. It was very much what you would learn from working with the agencies that you…self-learnt*. (Claire)

This emerging sense of inconsistent training and 'learning on the job' suggests it is particularly pertinent to explore how the social workers recognised and addressed the potential gaps in their training. Knowledge acquisition from training has been shown to improve preparedness for working with substance users (Loughran, 2010; Galvani et al., 2011: see s.3.2.3). However, the constructed narratives of 'hands on experience' and 'learning on the job' discussed above offer something new to the debate; the arguments for better and consistent training remain, but in understanding how social workers develop their knowledge and what concepts they rely on to

understand substance use, it is possible to promote more critical discussions about knowledge and subjectivities and how these inform case management. This suggests a need to create reflective spaces in which social workers can consider what knowledge they are using to inform their assessments and give careful thought to the role that facts, assumptions and opinions play in their understanding of PSU. Conscientious consideration of what knowledge social workers draw upon when responding to PSU can interrupt practice that is 'uncritically automatic' (Osmond, 2006:222). Knowledge is a determining factor in role adequacy which has a significant impact on role legitimacy (see s.3.2.3), that is the practitioner's sense that they have the right to ask questions about substance use (Loughran et al., 2010), therefore this scrutiny of knowledge is crucial to ensure that social workers have the role legitimacy that will enable them to get the right information to support their assessments.

These findings correlate with work by Livingston (2014; 2017) in relation to his model of knowledge for social work which depicts 'codified' (knowledge gained from formal learning) and 'non-codified' knowledge (inexplicit knowledge from other sources) (see s.3.2.1). Livingston (2014) recognises that education is an important aspect of improving knowledge about alcohol use, but he also recognises that where practitioners have well-established frames of reference, they may reject new ideas and information that do not fit within these frames. This is interesting in that the findings of this study showed that the social workers do rely on established frames of reference to construct their understanding of substance use, such as the chaotic/stable binary and the concept of the toxic trio; this again highlights the need to compliment education with critical consideration of knowledge through reflective practice as discussed above.

Like Livingston's findings, the data in this study also showed that experiential knowledge is used by social workers from both their personal and professional lives; for example, substance use by a family member had shaped Anne's views on substance use and Tom reflected on how his perceptions of drug use are impacted by his choice to not use drugs (see s.7.3 for further discussion). As Livingston (2014) suggests personal experiences are fused with social work education to create a compound of codified and non-codified knowledge. Experiential learning underpins social work education and practice (see s.2.4); Kolb's (1984) experiential learning model recognises how learning is underpinned by education, personal development and work and depicts how practice experiences lead to reflection and learning. As reflective practitioners it would be expected that social workers continue to develop their understanding through experience and reflection, but this is set within a broader context of lack of a consistent underpinning knowledge and training.

7.2.2 Recognising training needs

Three quarters (n=12) of the participants recognised that there had been gaps in their training on substance use. Jackie and Cheryl did not feel there were gaps in their training in this area but attributed this to having done a placement or paid work in a specialist substance use agency. In direct contrast to this, two participants, Kate and Claire had previously undertaken temporary roles in an FDAC setting (see s.7.2.1) and had done associated training in relation to substance use; it might be assumed that given their specific experiences they would also be more likely to be confident in their training but they both asserted when asked, that there had been gaps in their training. There is also an interesting difference in the constructed narratives of competence based on experience offered by Kate and Claire, and Jackie and Cheryl, suggesting that for some practitioners work experience in a

specialist setting will promote confidence in knowledge and for others will be more likely to highlight gaps in knowledge. What is less clear is what this suggests in relation to 'known unknowns' and 'unknown unknowns' and how far social workers can be confident in what training they need and particularly if what they have had to date has been limited.

Sarah's response when asked if she thought there had been any gaps in her training on substance use, said 'probably not,' although she did then go onto to discuss that she would like to know more about what services are offered at the specialist substance use agencies. Sally felt that gaining experience of working with substance users was more important:

> *Not so much gaps…I needed that hands-on experience*. (Sally)

Despite the general sense that training for most participants had been limited, only three participants said they had ever asked their employer for more training on substance use, and for the majority of participants the subject of training in this area had not been a feature of discussions they had with their manger in supervision or appraisal. Mike related this back to substance use being such a central feature of their work:

> *I have a really good manager and we talk about professional development stuff a lot, but there's never been…a pre-emptive conversation about…drugs and alcohol…again I think it's seen as such an, embedded part of social work, it's almost like a given…so, they'd be maybe more specific, stuff around CSE that we might discuss…or forced marriage or whatever, but something as bedrock as substance misuse probably not really*. (Mike)

Here Mike shows that there is a recognition of the gaps in his own training, and he had suggested that pre-qualifying courses should include a compulsory module on substance use, but he then suggests that once in practice it is such a common feature of the role that the need for further training is overlooked. This raises some important questions about role support (see s.3.2.3) and where responsibility for training lies and assumptions that supervisors may have about previous training and knowledge. If supervisors themselves have not had sufficient training this may limit their ability to construct this as an area of need. Forrester and Harwin (2006) have previously noted the need to target line managers first for substance use training, on the premise that, if they are knowledgeable about the issues, they can better offer support to newly qualified workers. The participants were not routinely asking for more training even though they recognised that there were gaps in their training. This reinforces the need to promote reflective practice that is part of supervision and agency culture. In turn, this needs to be reinforced by policy at national and organisational level that supports managers and workforce development leads by identifying substance use as a core element of post-qualifying professional education.

Based on her previous work at an FDAC, Claire reflected that this prompted her to think about the gaps in her previous training:

> *I was… quite annoyed with myself when we were trained in FDAC that I'd worked, I wouldn't say blinkered but, my knowledge base when working with families before that wasn't as good as it could be or should have been*.
> (Claire)

Claire's point here raises an interesting issue about responsibility for recognising and acting on training needs. Sally made the point that:

> *It's up to you to take responsibility for your own training and highlight it and keep highlighting it if you're still struggling with it*. (Sally)

This is interesting in the context that pre-qualifying training seems to lack consistency on substance use training which suggests there is no common starting point for practice in this area, and as a number of participants noted, there are many issues that social workers have to respond to in addition to substance use. The discussion of this was often framed in terms of social workers needing to respond to a wide variety of social issues and a recognition that they could not be specialists and would generally welcome further training on a number of issues. Kate explained:

> *Whilst it's a really important…it is one part of the work that we do…I'm not sure how helpful it would be to… be trained up to…the standard of some of the specialist agencies…there needs to be a balance…between making sure that social workers have the knowledge and the skills to be able to, spot where families need help and to be able to intervene appropriately, but…maintaining that balance with all of the other issues that we manage*. (Kate)

This was supported by Tracy who said:

> *There's so many issues to deal with…if you were trained individually in each issue…we'd be constantly on training.* (Tracy)

This raises an important point; child protection social workers have to respond to complex and overlapping needs and addressing gaps in knowledge is therefore a complex task. A constructivist perspective here would suggest that the social

workers are constructing their professional identity in ways that recognise the complexity of the social work role and rationalise the limitations on what knowledge they can acquire. In discussion of self-identified specific training needs, half (n=8) of the participants recognised that the drugs market was constantly changing and said that they would like more training on new psychoactive substances (NPS). Claire was concerned about the impact of this on practice:

> *For me…the world of substances gets bigger and bigger and new chemicals and new different derivatives of chemicals and drugs come onto the market every day and we don't keep our knowledge up to date…that's where we are lacking…we're not aware of that new drug until it appears in a case…and to me, we should have that knowledge before we come across it in a case*. (Claire)

The NPS market has had a significant impact on patterns of substance use and engagement with treatment (see s.2.2.1) and it might be safe to assume that even those that didn't highlight this as an area of need would benefit from further training. Given the complexities of child protection case work it would be unreasonable to think that social workers could keep abreast of all new developments in relation to NPS, but this highlights the need to understand how practitioners gain knowledge when faced with new substances or patterns of use that they are not familiar with. Other issues that were discussed in terms of training needs included, more knowledge about specific interventions that are offered by specialist substance use services (n=3), the impact of substance use on parenting capacity (n=2), the impact of PSU on the child (n=2), the effects of specific drugs (n=2), and more detailed

information about substitute prescribing for drug use, such as levels of methadone for heroin users (n=1).

7.2.3 Addressing gaps in knowledge

Having discussed the potential gaps in their knowledge base in relation to substance use, the participants were invited to discuss what they would do if they came across an issue or term that they were not familiar with. The internet was a common source of information for the majority of the participants; nine participants talked about using 'Google' to find out information. Ruth suggested this was common practice:

> *Quite often…there's always people in the office googling…what does this mean, what does that mean*. (Ruth)

Jackie noted that the internet could be useful tool for accessing visual information in the form of images of substance use:

> *I suppose just research it…online…just like a picture of it so you know what you're looking for when you go out there*. (Jackie)

Mike noted that the internet provided an efficient way of accessing information when they had limited time:

> *Google would be the answer…we don't have the time…I would quite like to sit and read an article about a specific thing, but being realistic that doesn't happen, it's a quick Google really*. (Mike)

Many of the participants (n=9) also suggested that they would contact the local substance use service for information and a smaller number (n=4) said they would ask colleagues in their own office for advice. Interestingly, there was no variation among these responses that could be attributed to length of practice experience. For

instance, those that did not say they would seek advice from specialist services were spread across the range of years of experience (from four to 21 years), which would dismiss an assumption that more (or less) practice experience might lead to greater confidence in seeking specialist advice. A number of participants (n=6) said that they would ask the service users directly if they used a term that they were not familiar with. Noah recognised that initially he had not wanted to admit to service users that he didn't know what they were talking about, but he had been able to overcome this:

> *I'd ask the person who said it…I remember being one year into the job and thinking I'm not going to say anything, I don't want people to think I don't know, but no, I would ask…I hate jargon and I like to know; I like to understand things myself…So, I would just ask*. (Noah)

It is interesting to note that the majority (n=10) of the participants did not suggest that they would directly ask service users; in fact, they were more likely to use the internet for information about things that service users discussed that they were not familiar with, rather than ask service users directly. Again, those that said they would ask service users were spread across the range of post-qualifying experience (between four and 11 years) so therefore inferences cannot be made about years of experience as a predictor of confidence to ask service users or that more newly qualified social workers might have different expectations about role and engagement. However, Noah's comments were useful in offering insight into the ways that experience can impact on confidence. He described being reluctant to ask service users in his first years of practice for fear of embarrassment that he was ignorant of some of the issues in relation to substance use, but then he was able to reflect on this and recognise it is better to have direct conversations with service users. For those that didn't come to this realisation like Noah, it suggests that there

is some embarrassment and concern about someone with professional power admitting to not knowing about substance use. This suggests the professional context of social work in terms of its power and duties, adds a complexity to the way that social workers construct what they should know. They recognise that they cannot be experts in all areas, but their professional identity is constructed through being seen as knowledgeable by service users. Recent research has shown that social workers, particularly those in the early stages of their career experience imposter syndrome (Urwin, 2018; Hochman et al., 2023); that is, an individual perception of not feeling adequate in one's own ability (Urwin, 2018). Noah's account of not being willing in his early career to be open with service users about what he does not know could be constructed as an indicator of imposter syndrome and this phenomenon would certainly merit further exploration in relation to substance use specifically.

The participants also discussed the importance of building relationships with service users in order to promote good conversations and the potential for deception in substance use cases (as will be discussed in chapter nine and 10); it possible that these are also contributing factors to a reluctance to ask service users directly, if good working relationships have not been achieved. The variety in responses to the question about how the social workers respond to gaps in their knowledge, adds to the developing picture of inconsistency; the potential for subjectivity in the ways that social workers address gaps in their knowledge inevitably means there will be variation in assessment outcomes as social workers construct their understanding of individual cases through the types of information that they pursue.

Lack of consistent knowledge and subjectivity based on a variety of individual experiences, from social workers' personal and professional lives, has significant

implications for practice. In a study which included interviews with 59 social workers, Forrester and Harwin (2011) found that case management in child protection was often heavily influenced by lack of practitioner knowledge on substance use. Following a concurrent file review, they suggested that as a result files did not contain clear information about the substance use and accounts were “often based on opinion and not facts” (2011:80). Cooper (2018) offered findings from research with two local authorities over a 12-month period that sought to determine how well practitioners were using research and evidence of best practice in child protection work. The study found that social workers were most likely to rely on their experience and feedback from colleagues to support their decision making rather than an evidence base, because of lack of time to research, which ultimately left them less confident in their decision making. This fits with Mike’s acknowledgment in this study that whilst he would like to find and read relevant research, he is more likely to do a quick internet search. Cooper’s study (2018) also found that the longer social workers were in practice, the more likely they were to rely on instinct and experience; it is notable that the participants in the study were well established in their careers and offered this same narrative of relying on experience. Cooper also suggested that this ‘practice wisdom’ is passed to more junior members of staff when they seek advice. Only a quarter of the participants in this study suggested that they ask colleagues for advice about substance use issues, but this still suggests that team and learning culture are important in the development of practice. Gordon and Cooper (2010:254) in a small qualitative study with social workers explored how they used knowledge to inform their practice (n=6). They found that taking time to look for new knowledge was not always regarded as a “legitimate professional activity” by colleagues. This echoed previous findings from a study by Cooper and Rixon (2001)

who found that social workers engaging in post-qualifying study (n=35) found it difficult to engage in study as it was seen secondary to the demands of practice. This has clear implications for practice. If social workers need to acquire new knowledge to respond effectively to people's substance use needs, this has to be seen as a legitimate task supported by managers and supervisors. If this wider context of managerial and organisational support is lacking, it results in social workers working in an organisational context that does not legitimise effective substance-related interventions.

7.3 Participants' understanding of substance use

Given this variation in knowledge and training, participants' understanding of key substance use concepts also varied. In general, the participants differentiated between notions of substance use and problematic substance use or substance 'misuse'. Substance use was broadly spoken about as use of alcohol or drugs which could be an activity that does not have negative outcomes for the individual or those around them. Problematic substance use was commonly spoken about as use of substances that impacts on daily social functioning and on parenting capacity. As Tracy explained:

> *Problematic substance use comes when it impacts on their ability to parent or their daily life…they need that [drug] to function…or it's impacting on their functioning to a point where they can't hold down a job or can't parent, or they're not able to do their own basic care.* (Tracy)

This explanation was supported by Jane:

> *Substance use is more about, I suppose an acceptable level of use…if you're talking about alcohol for example, that you could have a couple of drinks and*

still be OK…I think the line…is where…it becomes more of a problem in terms of the impact on your life and your parenting. (Jane)

Jane also went onto to discuss the spectrum of use and the potential for ambiguity when trying to categorise levels of use:

It's difficult to sometimes differentiate between the two [substance use and misuse] because I think, they're…almost like…absolute ends, but there's a lot of grey in between…you might think that a parent is too intoxicated, but they don't and they see it as use rather than misuse or problematic. I think it's about the effect that has on day-to-day life really. (Jane)

The findings show that there was a general recognition amongst the participants that the reasons people use substances are multi-faceted and that social workers need to recognise that individuals will have their own variety of reasons for using substances. That said, the participants also noted some common themes as an explanation for substance use; more than half of the participants cited previous experiences of trauma, in childhood or as an adult, as a cause of problematic substance use. Claire revealed that this had been a recurring theme in her practice:

Most of the assessments I've completed, that person has a history where at some point they've been let down by society or social care, and that they've become dependent [on substances] as a coping mechanism for…trauma…there's been only a very small proportion of people I've worked with where there's not been…a trigger to substance use…It's looking at the bigger picture and the history behind it. (Claire)

Claire described substance use as a ‘coping mechanism’, a notion that was cited by five other participants. For instance, when asked to talk about her understanding of the reasons people use substances, Ruth replied:

> *…they’re massive and wide ranging and generally…they’re a coping mechanism for something else that has previously happened or that is currently happening.* (Ruth)

The use of specific practice tools and frameworks to enable the social workers to understand individuals’ substance use was largely limited and assessments of substance use tended to be done through conversation. As Mia noted:

> *We don’t use in particular any tools. What we do…is more conversation with the person…trying to analyse, look at lifestyle, look at the patterns across the life history as well.* (Mia)

Some of the participants (n=7) did talk about using Prochaska and DiClemente’s (1982) Cycle of Change Model to understand the stage of change the individual may be at in relation to their substance use, but this seemed to be something that informed their thinking rather than any systematic application of this as a practice framework.

The findings showed that some of the participants drew on the chaotic/stable binary to describe substance use (see s.2.1). The term ‘chaotic’ was often used to describe substance use that was perceived to be uncontrolled. Half of the participants used the term ‘chaotic’ to refer to patterns of substance use; often this was in the context of risk, noting that chaotic use is that which is ‘unmanaged’ and therefore is inherently more risky for the parent and the child. In Greg’s discussion of his understanding of chaotic use, he said:

> *I don't really know what things underpin somebody being…in inverted commas, a 'safe' substance user and a 'chaotic' one but the one's that I've come across that I would deem to be fairly safe, they're the more measured and controlled and engaging.* (Greg)

Another key finding from the discussions of how the social workers understood substance use related to the concept of the normalisation of cannabis use. Some practitioners discussed this in terms of cannabis use being seen as the norm and therefore deemed unproblematic by service users. For instance, Sally suggested:

> *In [names local authority] there's a lot of people that smoke drugs and you can say, 'do you use any… illegal drugs?' and they can [say], 'oh no.' And then, 'do you use cannabis?' 'Oh yeah I use cannabis,' cos…they don't actually see that as an illegal drug.* (Sally)

This was reinforced by Jackie who discussed it as a relatively recent phenomenon:

> *More recently cannabis…it's almost become the norm I think… it's almost like they [service users] minimise it, like everybody does it so it's OK, it's not a problem* (Jackie)

For Mike, this acceptance of cannabis use being the norm, had permeated practice:

> *I think cannabis use especially is very common…I'd say it's almost so common that…you…expect it really*. (Mike)

However, opinions differed among the participants. Anne believed that cannabis could be unproblematic, whereas Tom took a very different view:

> *Because I don't smoke cannabis, any cannabis use to me is problematic, and any cannabis use to me could potentially impact on parenting*. (Tom)

Having said that cannabis use is not problematic for many families, Anne also recognised that it depends on the context and that for some families it may present challenges. She went on to reflect on her personal experiences of supporting a family member who used cannabis, noting how it had shaped her understanding of it:

> *So my (family member)…he's addicted to crystal meth and cannabis and I suppose one the reasons why I would never minimise cannabis cos my (family member) started smoking cannabis when he was about 13 and it's almost, the way he normalises it I don't like, so I will challenge him quite strongly on his cannabis.* (Anne)

Clearly there are some diverse views on this issue and this data offers an original insight into the ways that social workers individually construct ideas about substance use as problematic or acceptable. Whilst the majority of the participants were accepting of cannabis use, Tom, Cheryl and Anne recognised it as concerning. Their comments suggest that they have constructed their views about cannabis use as problematic in relation to their own personal views and experiences. It also suggests that their assessment of risk in relation to this behaviour has inherent subjectivity.

These findings suggest that the participants tended to adopt a social perspective (Borkman et al., 1998) of substance use, noting that use became problematic when it impacted on daily functioning. This supports previous findings, for instance, Galvani et al.'s (2011) study of social work and social care workers also found that practitioners offered social rather than medical definitions of problematic substance use. This is perhaps to be expected given the professional context in which social workers are located and the professional standards for social work practice which require practitioners to value people as individuals (Social Work England, 2019). It

also fits with other research about how social workers conceptualise their work with service users. Gordon and Cooper (2010) found that respondents consistently spoke of the contextual nature of their knowledge and the need to respond to all individual service users as unique. Generally, participants recognised the role of vulnerability and oppression in their understanding of substance use motivations, suggesting that substance use for many may be a response to previous trauma.

A common feature of the findings in this study was that the participants often discussed PSU in terms of there being ‘a spectrum’ of use and of impact. This notion of a spectrum was often framed by the participants in terms of the ‘chaotic/stable’ binary discussed above. This dichotomy is rooted in subjective notions of acceptable and unacceptable behaviour, characterised through the taxonomy of ‘chaos’ and ‘order’ (Fraser and Moore, 2008). This is significant as it highlights the way that the social workers draw on common discourse about substance use that has the potential to perpetuate stereotypes and stigma (see 2.1 and 2.1.2). as previously noted, the language that is used to describe substance use can influence the understanding of it (Allan, 2014) and whilst this binary provided a framework for some of the participants to situate their understanding of its impact, it is not clear how far such terminology has the potential to influence their work with families.

This research has shown that the social worker’s individual perceptions can impact on the assessment of risk. It is crucial that social workers are open to exploring stereotypes, stigma and prejudice that arise from individual and public perceptions of substance use, as the moral position of the assessor will impact on the outcomes of assessment (see s.2.1.3). This supports Titterton’s (2011) assertion that risk is socially constructed. To illustrate this, the participants in this study had different views on cannabis use, with some participants seeing it as ‘normal’ and suggesting

that they would expect it or at least it would not concern them, and yet others viewed it as problematic for families. This highlights how individual values construct and shape practice. It also highlights the experiential dimension of risk; the individual experience of being human is to experience risk and therefore there will be diversities in personal and professional experiences of risk that should be considered in the training, education and management of professionals (Titterton, 2011).

7.4 Understanding the impact on parenting

Participants were asked to talk about their own personal perspectives on how substance use impacts on parenting. In discussing their understanding of substance use and parental substance use the participants conveyed the contextual nature of their understanding of it and the impact of PSU on children, recognising that each family's circumstances will be different. Just over two thirds of the participants (n=11) suggested that the effects of substance use on parenting capacity were variable, as Ruth said:

> *Massively variable…some parents…can actually still parent to an acceptable standard…other times, it's just absolutely disastrous*. (Ruth)

This was supported by Greg:

> *It's hard, you can't have a one size fits all really because everybody's individual.* (Greg)

Both Tracy and Noah talked about there being a 'spectrum' of impact. Tracy had views on the ends of this spectrum:

> *It's a whole spectrum…I suppose that's anywhere from mum not being emotionally available to a child, or dad, all the way along to actually that child's needs are completely not being met*. (Tracy)

Similarly, Cheryl talked about a continuum of impact that needed to be considered in safety planning:

> *There's a continuum of impact…for instance, you may have a family where there is somebody that's using heroin and then the other partner is…drug free and the person goes off and scores and it doesn't impact the child directly because…there is still a safe parent parenting the child. Now, even if that's the case there is impact there still because the children will be aware that there's a parent that's sometime presenting differently to the other parent. So, you'd look at it on a case-by-case basis.* (Cheryl)

Again, in discussing opinions about whether people can effectively parent their children if they are using substances, all the participants felt that it depended on the individual and their circumstances. As Noah explained:

> *There's certainly occasions where a parent could use substances as a lot of parents do with alcohol…but it doesn't necessarily impact their parenting and that can apply to other substances as well, but...everybody's different, every substance is different, whether someone can function, whilst as a parent still using substances depends on a lot of factors.* (Noah)

Mike noted that he would differentiate between problematic use for a parent and problematic use in terms of impact on the child, noting that the presence of drug use in itself does not mean that the child will always experience significant harm:

> *We need to be careful…about that distinction, what's problematic for [the] parent and what is the impact on the child…to some degree…there's a high level of it being problematic, whether that's having an impact financially on the household…on motivation and things like getting children to school, their physical health and their own mental…the majority of substance use I've come across I'd probably class as problematic to some extent, but I wouldn't necessarily say it has a significant impact on the child*. (Mike)

For a number of participants, being able to parent effectively was tied up with notions of planning and control over substance use. For instance, Ruth's view was that:

> *I don't believe that a parent needs to be abstinent to parent…if it's kind of almost planned and regular; it needs to be not chaotic drug use*. (Ruth)

For Claire and Jackie, the parent being open and honest about their substance use was a crucial factor; for Jackie this was about being honest with services and family networks so that they could provide support when needed. For Claire, it was being honest with themselves:

> *If they're honest about their use and they don't use to the point where they can't care for their children…a lot of substance dependent people can be really good parents…they need to have a good insight into the substances and the impacts and put strategies in place to protect the children*. (Claire)

Like Claire, Tracy also discussed this idea of safety planning:

> *There's ways in which it can be managed but it's about how chaotic that drug misuse is…is it a planned dependency where they're actually able to think outside of that need and put safety plans in place*. (Tracy)

This was further supported by Kate who discussed harm reduction strategies to minimise the impact of PSU on children. For Anne, a crucial part of managing substance use was engagement with services:

> *If they're working with services and they're managing their problem and the children's needs are being met, I think you can effectively parent.* (Anne)

Sally and Tracy spoke of inconsistent parenting, that parenting capacity and responses to children could fluctuate depending on whether substances had been consumed or not. Sally described this phenomenon:

> *There are some parents…where it can [be] sporadic, inconsistent parenting, not necessarily inadequate all the time, inconsistent*. (Sally)

Another key concept was the idea of 'good-enough' parenting. Mike used this term:

> *I think a phrase I might use would be 'good enough'…I think there's lots of examples of parents being able to do good enough care for the children when they use substances*. (Mike)

Perhaps in keeping with this, Noah spoke of the need to avoid a dichotomy of good and bad when discussing parenting capacity:

> *A parent can use heroin and be a good parent. A parent can use alcohol and be a good parent, it's not a dichotomy of good or bad…it depends on the nature and there's a lot of nuances there…people can come into social work and have a…very polarised view about it…but, it's very complicated.* (Noah)

Mike went onto to reflect that having said he would consider whether parenting was 'good enough', there would always be some impact on the child:

> *It definitely impacts their effectiveness as a parent, and I think it compromises*

> *their ability to be the best parent they can be and that's often [the] common conversations…think of…the best parent you could be without that being a factor in your life*. (Mike)

A clear theme in these discussions was that the social workers recognised that each family would have different needs, that parents would respond differently to substances, and the context of use and impact on the parents and child needed to be considered carefully in each case. This shows that the social workers constructed their understanding of each family's needs in response to the specific context of the case. There was also a clear sense that PSU can have significant and devastating effects on children:

> *It impacts on everything, first of all parents who use tend to feel like they're bad parents' cos they're substance users. They don't have routines for the children, their diets are generally poor, the kids generally live off quick meals because all a parent who is substance dependent can think of is when they're going to have their next substance…their focus is not on parenting their children. They have no emotional availability to the children because all their emotional energy is taken up with thinking about when they're going to get their next hit…it's huge…I've seen kids be worried about parents, being able to graphically describe how parents have used, being scared when parents have been comatose on sofas, the anxiety that causes.* (Claire)

Kate talked about some of the same issues that Claire shares here, but she also discussed how she had been struck by how vulnerable the children of substance users are because their parents may not be able to physically or emotionally care for them when intoxicated. She discussed the vulnerability from lack of care but also

being vulnerable to abuse by substitute carers. Emily emphasised the financial impact of PSU; parents using money for drugs or alcohol rather than family activities. Sarah discussed the need to be aware of children of substance users being vulnerable to all forms of abuse, including physical and emotional abuse and neglect. Whilst there are some clear themes in these narratives, it seems evident that these accounts drew on individual practice experience and case examples to offer detail of what they understand to be specific risks from PSU. This reinforces the idea that understanding of PSU as a concern is constructed through experience.

Despite recent criticism of the term 'toxic trio' (see s.3.1.2), a number of the participants in this study used this to frame their understanding of the impact of PSU in terms of potential for harm, suggesting that they were using terms from their academic learning in the conceptualisation of PSU. The concept of the 'toxic trio' as a means of understanding the concurrent experience of substance use, mental health issues and domestic violence in families was discussed by three participants. For Kate, having a sense of these simultaneous issues raised the potential for risk:

> *Other things would be about co-existence with other…risk factors…parental mental health or domestic abuse…where those are all…happening in…tandem with each other. Then obviously there's the toxic trio and that…increases the risk massively.* (Kate)

Mike and Ruth also talked about the toxic trio when discussing the incidence of substance use in families. Critics of the toxic trio have cautioned against the heuristic use of this term (see s. 3.1.2) and the need to avoid conflating the three issues (Featherstone et al., 2018). The findings did not offer any nuanced understanding of

how this term was used and how the participants understand substance use as a distinct phenomenon within it; such insight would be worth further inquiry.

In summary, the participants discussed their understanding of substance use from a social perspective, showing that they construct their understanding of risk in each individual case. They were keen to convey that they recognised that all families would have different needs and should be treated as individual cases, recognising the impact of PSU on a spectrum. They were concerned about the impact that PSU has on children but were also clear that they sought to understand individual circumstances and to be non-judgemental. This should be seen as positive as this stance fits with the social work value base. However, what is less clear is how far these positions are due to a commitment to contextual approaches and how far they are based on uncertainty about substance use issues due to lack of training. The conflict between the assessment of impact on children versus the need to be non-judgemental and recognise strengths, was illustrated in the discussions of concerns about inconsistent parenting but also the need to assess if parenting is 'good enough' (s.7.4). This tension has been described in other work. For example, in a qualitative study exploring social worker's experiences of assessing parenting capacity (n=5), Abdullahi (2021) found that the practitioners described the conflict between adopting a supportive role that empowered 'good-enough' parenting in families whilst also maintaining their statutory authority in relation to safeguarding.

This mirrors earlier findings by Adams (1999:22), who found in a survey of child protection social workers that they too used the concept of 'good-enough' parenting whilst also needing to convey the idea that PSU is problematic. Adams questioned whether the social workers had felt the need to offer a 'professionally correct response'. I was mindful in the discussion of my methodology that my position as an

academic associated with the local authorities in which the participants were working may have had an influence on concerns about professional exposure and, therefore, influenced responses. Whilst this needs to be taken into consideration, these conflicting positions also reflect the complexity of social work and substance use more broadly. For a number of social workers in this study, notions about 'good-enough' parenting or 'good-enough' care were tied up with safety planning and control over substance use; that is to say parents were able to plan their substance use in ways that ensured that their children's needs were met before substance use took place or that they were in the care of someone else when substances were being used.

The concept of good-enough parenting became part of the child protection lexicon as means of providing a threshold for unacceptable parenting (Adcock and White, 1985), although there is no definitive consensus on what constitutes 'good-enough' parenting (eve et al., 2014). Generally, the term is used to determine if a child's physical, emotional and cognitive needs are being met (Eve et al., 2014; Woodcock, 2003). In a qualitative study of assessment of parenting capacity in a child protection setting (n=15), Woodcock (2003:94-96) found that four expectations underpinned judgements of parenting: there were i) the expectation to prevent harm, ii) the expectation to know and be able to meet appropriate development levels, iii) the expectation to provide routinized and consistent care, and iv) the expectation to be emotionally available and sensitive. The themes found in this study appear to correlate with these expectations, particularly in relation to the recognition of the importance of routines, safety planning and consistent care.

These insights offer a new understanding of how decisions about 'good-enough' parenting are made in relation to PSU. This understanding of how ideas about

control and safety planning are used to inform thinking about parenting capacity can underpin new conversations about consistent practice across the child protection workforce. Tracy and Sally both highlighted the challenge of assessing inconsistent parenting. They recognised that parenting capacity can fluctuate as periods of parental intoxication can mean that there are times when parents are unable to care for their children (Barnard, 2007). This understanding of fluctuating capacity resulting from substance use has clear implications for the knowledge and skills that social workers need to develop. It reinforces the idea that social workers need a good level of knowledge about the effect that substances have on the body and on cognitive functioning. It also reinforces the need for social workers to have the skills to have open and effective conversations about patterns of substance use with families.

Overall, the findings show that the social workers were concerned about the impact that PSU has on children but were keen to avoid being judgemental without understanding individual circumstances. This insight offers an original contribution to the evidence base. Such in depth discussions with child protection social workers about their practice highlights the need to ensure they have appropriate spaces in which they can explore these potentially competing priorities.

7.5 Chapter summary

This chapter has presented the findings in relation to the participants' knowledge base, noting a lack of consistency in training for social workers about substance use and a sense that training often lacks sufficient depth. It has also discussed the ways that the child protection social workers understand substance use and the impact that it has on parenting, with a recognition that while PSU has a negative impact on children, but that each family needs to be considered individually in relation to 'good-

enough' parenting. The next chapter will consider how the social workers in this study understood their role and responsibility in relation to addressing PSU.

Chapter 8: Understanding Role and Responsibility

This chapter will present the findings in relation to how the participants understood their role in relation to working with parents who use substances and their responsibilities to intervene as social workers. It will address research objective two which was to examine child protection social workers' perceptions of their role in relation to identifying and responding to PSU when working with families.

8.1 Understanding responsibility

When directly asked if they felt that it was part of their responsibilities to talk to service users about substance use, all of the participants were clear that it was. However, the range of ways that they spoke about this illustrated their individual contexts for this. Mike saw this as a significant function of his role:

> *Yes definitely… it's very common to speak to them about their substance use…and call it out if it's the elephant in the room and if you sense it.* (Mike)

As the most experienced participant, Mia was also clear that this was a key part of her role:

> *Yes it is. Especially when this problem affects their parenting capacity. It is very important to talk to them about that…when the problem is really major problem…the conversation practically takes place every time that we meet.* (Mia)

Anne and Cheryl were clear to draw a distinction that their responsibility to ask about PSU was related to understanding the risks for the child and that they were not specialist substance use workers:

Yes…I wouldn't say it was my job to identify whether they…I'm not the doctor, I'm not the diagnoser, but if it was causing a risk or need for a child then yes, I would talk to the parent about their drug use. (Anne)

Yeah, I do. I'm not the counsellor, and I'm not the drugs worker but I do need…to have an understanding of what's going on…because it's impacting the children. (Cheryl)

All of the participants were positive that it was part of their job as a child protection social worker to talk to parents about substance use. The narratives from Mia, Anne and Cheryl that framed this in relation to the need to understand parenting capacity and risk is in keeping with the assessment of risk and parenting capacity as 'core business' of the child protection system (Featherstone et al., 2018) (see s.2.4.1). However, despite this, there was less consensus about their right to ask about drug and alcohol use showing an ambivalence about role legitimacy (Cartright, 1980). That is to say they recognised that they had a responsibility to talk to parents about substance use where it has been identified but were less sure about whether they were entitled to ask parents about substance use by virtue of their role as a social worker and as a matter of course. Again, this shows a complexity in how child protection social workers construct their professional identity in relation to substance use issues and the importance of contextual reinforcement of their legitimacy to do so. A number of participants (n=6) were clear that they have the right to ask parents about substance use as a means of safeguarding the children. Sarah expressed this view:

I feel I do have the right when police have been called out, when incidents have happened, where the child's been hurt, when there's a child protection

plan in place, because of the alcohol use. I think that definitely I've a right because it's safeguarding children. (Sarah)

Likewise, Claire explained:

I think we have to ask because the child's got a right to feel safe and if we didn't ask and that parent's got a substance issue, then we've let the child down and the parent because if you don't ask the question, how do you know what support to offer them. (Claire)

Both Claire and Sarah were clear they had a right to ask and were amongst the more experienced of the group of participants. Mike, who had significantly less experience, had a similar point of view but offered less certainty. He felt that his role would be compromised if he could not ask about substance use:

My gut feeling is that we do have the right to ask and I think we'd be in a weird place as social workers if we…didn't have the right to ask about that. (Mike)

This reflection is at once both reassuring and concerning, reassuring in that he was able to honestly reflect on his position, but also concerning that as an experienced social worker he did not have absolute clarity in his role. Mike went onto discuss that, in addition to having the right to ask parents about their substance use, he also felt that as a social worker that he had the right to obtain information from specialist substance use agencies and that he would feel frustrated if this was not forthcoming:

That's interesting that as a social worker, [we would feel] quite affronted if we weren't able to know all about the ins and outs of their substance use. (Mike)

Emily, who had the same years of experience as Mike, offered an account that she had the right to ask parents about substance use but that it was not always easy to do so:

> *I've got the right just because…that's my job…to assess any possible risk. It's uncomfortable, but a lot of what I do is uncomfortable, just because you feel like you're prying constantly*. (Emily)

Tom felt that he did have a right to ask about PSU because it would be a routine part of his assessment. Tracy and Ruth felt that if a parent has given consent to an assessment, then they, as social workers, have the right to ask about substance use as Tracy suggested:

> *My view is that we ask for consent for an assessment and with that assessment comes every area of their and their child's lives*. (Tracy)

In talking about their right to ask questions about substance use, Sally, Noah, and Jane expressed their view that it matters how social workers ask questions. When asked if he felt he had the right to ask parents about their substance use, Noah suggested:

> *Yeah, I do and I think people understand… it's how you ask the question…if you explain to someone why you ask the question, people tend to understand that*. (Noah)

Other participants were more ambivalent about using the terminology of 'right' to ask about substance use. Kate, a more experienced participant, was reluctant to suggest she had a right but instead reframed this in terms of responsibility:

> *I always try…[to] reassure service users that…there are rarely problems that are too big for us to sort out if people are up front and honest with us about what's happening…I don't think it's a right, but you know, it's a responsibility, isn't it? It's our responsibility*. (Kate)

Likewise, Jackie was reluctant to use the term 'right' but she suggested she would always ask about PSU:

> *I don't know about the right to ask, but for me, ultimately my role is safeguarding the children so…I would always ask. And it's down to me to try and find that out… And if you don't ask the question, you don't necessarily get the answer*. (Jackie)

Evidently there were mixed feelings amongst the participants about whether they had the right to ask people about their substance use. Previous studies have found that substance use training and casework experience promoted the sense of role legitimacy for social workers (Loughran et al., 2010; Galvani & Hughes, 2010; Galvani et al., 2011). However, the findings in this study showed that views on this were personal to the social worker rather than there being an obvious link to the amount of experience they had in the profession. This would appear to suggest that experience had not influenced a sense of the right to ask about substance use for these social workers, but Mike's response does indicate that experience may allow social workers to develop clarity about their role and the confidence to ask about substance use. For all participants there was an overwhelming sense that it was indeed part of their job to ask parents about drug and alcohol use to safeguard children in their care. However, role legitimacy, that is the practitioner's sense of their right to ask about substance use was interpreted in different ways by the participants

as is highlighted above in Kate's reframing of the question to discuss responsibility rather than right. As discussed in the previous chapter, knowledge is a determining factor in role legitimacy and the participants had received inconsistent training. How far this has influenced their sense of role legitimacy is not clear, but it would seem to be an important consideration in the construction of their professional identities.

8.2 Understanding role

During their interviews, the social workers were asked to reflect on their role in relation to identifying and assessing substance use. The majority of the participants (n=12) were clear that their responsibility was to the child on their caseload and their role was to identify what impact PSU is having on that child. Ruth was definite about her role:

> *To understand the pattern of their substances…to understand…is it impacting on their parenting? If it's not impacting on their parenting and it's not impacting on the child then no it's not my role to get involved*. (Ruth)

Mike, like Ruth, was clear that his responsibility was to the child, but he recognised that, to support the child, he would inevitably need to support the parent:

> *It's not really my role to help them on their journey to recovery…because my role is to be the children's social worker…but I think we do…inevitably it's that interface, its values of course, we really should try to support parents with substance misuse issues in terms of reflecting on their experience in a non-judgemental way*. (Mike)

This idea of promoting reflection fits with Sally's sense that as a social worker her role is to motivate change. This was also echoed by Kate:

> *It's got to be focused on improving outcomes for the child but it's also about…working with the family… holistically… then our role is to try and create some space for change around that…that opportunity to…improve motivation, improve insight to… bring about some change*. (Kate)

This sense of supporting parents to improve outcomes for children was summarised by Anne:

> *Our role is to protect the child, but also to identify what support is available to the parents and to help them and work with them to minimise the impact of those problems on their children, so that the children can remain in the family.* (Anne)

In terms of supporting parents with their substance use, Greg, Tom, Tracy and Jackie all discussed their role in terms of signposting people to specialist substance use services for support with their substance use. Greg, Tom and Tracy were amongst the more recently qualified participants. However, Claire with significantly more practice experience also discussed her role as one of signposting and reflected on the need for clarity about roles between the social worker and the specialist substance use agency, and the impact that information sharing may have on parents:

> *We need to work together with the agencies but not take over and…I can see why we do take over on occasion, but sometimes we damage that relationship what that parent has with the drug agency by demanding too much really of a drug agency and they, I wouldn't say they breach confidentiality because they're really good at maintaining confidentiality but that parent must*

sometimes feel they don't have a safe place and so…sometimes, we damage the safe place and then that leads to further dependency. (Claire)

Greg was open in saying that he would not offer specific interventions to support parents with their substance use:

In terms of intervention, we tend to…stay clear of that because we've got specific agencies that do that work. I certainly wouldn't feel qualified myself in doing that intervention work to reduce things. (Greg)

This was also supported by Claire:

I think the support needs to come from the specialist and I don't see me as the specialist. (Claire)

However, Jane offered an alternative view that not all substance using parents would be in contact with a specialist substance use agency and therefore she, in her role as a social worker, would need to intervene:

Sometimes there's a big gap between having an initial conversation and getting somebody into recovery service. I don't see recovery services [as an] end point with everybody I work with in respect of substances, sometimes the intervention is me, going out and having a discussion, trying to look at tools and look at where that person is at and try and move them on. (Jane)

The findings in relation to the social workers' sense of their role and responsibility correspond with the discussion of confidence in section 7.2; some of the workers suggested they felt more confident in assessing the impact of PSU on children than they did in responding to the needs of the substance using parent. This fits with the overall perception of their role which tended to be about assessing the impact on the

child rather than supporting the parent to change their substance use. That said, some of the participants have articulated the inevitable link between supporting parents and improving outcomes for children, recognising a dilemma in their role, confounded by limitations in their training. This shows that there are differences in the way that the social workers interpret their role and responsibility.

This dilemma is perhaps not surprising given the lack of emphasis that social care and social workers have received in drug and alcohol policy (see s.3.3.1) as this represented a missed opportunity to reinforce the role that these practitioners can undertake in promoting best outcomes for families affected by substance use. The 'Think Family' agenda has been influential in promoting a recognition that outcomes for children can be improved by responding to the needs of the whole family (DCSF, 2009) and some of the social workers in this study were able to articulate a recognition of this in their responses. Whilst substance use and child protection policy has highlighted the need for whole family approaches (see s.3.3.1 for a discussion), Templeton's (2013) warning that broad policy statements have not been supported with clear details about how practice responses should support this seems to be still relevant for the social workers in this study who did not share a consensus on what their role should be in cases of PSU.

As Forrester and Harwin (2011) note, in cases of PSU, both the child and the parent are vulnerable and need support, and creating positive change for parents will create positive change for children. The focus on the child described by the participants in this study when discussing role and responsibility fits within a broader emphasis on being 'child-centred' which has developed in child welfare since the 1990s, (Forrester & Harwin, 2011). This is positioned in the development of risk policy and practice that reinforces individualised thinking about children as the 'rights holder'

(Stanley, 2018:105). Featherstone et al. (2014:152) expressed concerned about this child-focused approach that they suggest has amounted to a “decoupling of the child from their family”. They argue that parenting has been reduced to a job and that in focusing on parenting capacity in terms of skills and expertise of the parent, professionals have lost sight of perspectives of parents and the relationship they have with their children (Featherstone et al., 2014:152). Featherstone et al. (2014) argue that “while all parents are vulnerable to the State gaze in such a context, there are particular dangers for those who are poor”. Given the stigma and judgement that surrounds substance use it can be argued that parents who use substances are also more vulnerable to scrutiny. This is situated in a child protection system that locates risk to children within the family and in terms of lifestyle choices by parents (see s.2.4.1). In a study of communication skills amongst child protection social workers, Forrester et al. (2008) conducted simulated interviews between social workers and service users; analysis of the communication skills demonstrated by the social workers led to the development of the concept of ‘child-focused plus’, that is an approach that engages parents by recognising their views and needs as well as the child’s. As I will discuss further in chapter nine, the participants in this current study consistently described their role and responsibility in assessment as trying to ascertain what a ‘day in the life’ of the child looked like. Reframing this to also consider what a day in the life of the parent looks like would offer insights into how PSU impacts on parenting and would seek to engage parents, by being receptive to their views and needs.

8.3 Limitations of role

During discussions of role and responsibility, participants spoke about the *lack of time* in their practice as a barrier to them offering direct support to parents who are

using substances. There was a recognition that they could have a central role in motivating parents to change their substance use behaviour, but they were often conflicted about the limitations on their time to do this and there were differences in opinion as to whether they could take on the role of supporting the parent or whether their role was to simply refer the parent to specialist substance use services. They often noted that their emphasis, in line with their job role, was always on the child, and that they had limited capacity to offer interventions to support parents with their substance use. In considering whether she should offer interventions to parents to support them with their substance use, in her role as a child protection social worker, Jackie did not feel she had time to do so:

> *I think we should be able to do that, I would want to do that, but time I think is probably the issue*. (Jackie)

Jackie also discussed the importance of the specialist substance use agency in providing support because she, as the child's social worker, is responding to other issues. Sally, who was based in a short-term initial assessment team, spoke about the importance of being able to motivate parents to change their substance use behaviours, but also recognised that time to do this was limited:

> *Fitting in that motivational part of it is quite difficult, it's quite time intensive and sometimes hand on heart, if we have got a really high case load…I would say that it does go up to the child protection level because you haven't got time to work with the family to make changes*. (Sally)

Mike discussed time being a factor and that he would like access to discreet resources or tools that he could go to quickly to offer brief interventions to parents to

stimulate their thinking about change. Clearly there was a sense of conflict for some social workers about what they could offer and what they had time to do in practice.

The roles and capabilities statement for social workers in relation to alcohol and drug use (Galvani, 2015) suggests that social workers should be able to engage with substance users, to motivate them to change their substance use and to support them to change. The findings in this study have shown that child protection social workers recognise their role in engaging parents who are using substances but are less clear about their role in motivating them to change and offering support to change. This is perhaps not surprising given the inconsistencies in training, as knowledge will inevitably inspire inclination to engage in change work. While the wider context of social work education in substance use is ambivalent at best, it only serves to reinforce the lack of clarity for individual social workers about their role. The participants in this study were all clear that they have a role in referring parents on to specialist substance use services to ensure their support needs are met. Where this is the case, good communication between treatment and child protection services is needed to ensure a whole family approach is taken (a challenge that will be discussed further in chapter 10). The findings have shown that the social workers in this study were lacking direction as well as the time and tools to enable them to motivate and support parents to change. This will be explored further in chapter 10.

8.4 Chapter summary

This chapter has considered the perceptions that the participating social workers had of their role and responsibility in responding to PSU. It has discussed an absolute acceptance that the participants see it as part of their job to talk to parents about substance use but were more ambivalent about whether this constituted a right to

ask about it. The participants were generally of the view that their role was to assess the impact of PSU on children, but there was some recognition that supporting the parents to change their behaviours was a means of reducing risk for the child. It also discussed the constraints of time that the participants saw as limiting what interventions they could offer to support parents. In noting the emphasis on child-centred practice, it has highlighted the scope to broaden practice to better engage parents. The next chapter will focus on how the social workers respond to PSU in practice.

Chapter 9: Responding to Parental Substance Use

This chapter will present the findings in relation to the strategies that social workers use in practice to engage parents using substances (research objective three) and how they assess the impact that PSU has on families (research objective four). It will also address research objective six, which focusses on understanding how child protection social workers determine risk and protective factors when working with PSU.

9.1 Talking about substance use

Over half of the social workers in this study (n=9) reported that they would routinely ask all parents that they work with about drug and alcohol use when assessing the needs of the family. The other seven participants spoke about the likelihood of them asking about substance use being context specific; suggesting that they wouldn't necessarily ask if it was not a presenting issue but would ask if there were signs of substance use, or it had been previously documented. There was no indication that length or breath of experience determined whether they were likely to consistently ask about substance use. The amount of post-qualifying experience the participants had and whether they had only worked in children's services or other settings, was not linked to the likelihood of them routinely asking about substance use. Given their different levels of training in and knowledge about substance use, this raises questions about whether the social workers would always recognise the presentation of the use of different substances. Anne said that she would not routinely ask about substance use and that:

> *It would very much depend on the referral and what information we had.* (Anne)

Jackie also said it would depend on whether there was something to prompt her asking about substance use:

> *No, I wouldn't routinely ask…if it had never been brought up in an assessment, or there was nothing that made me think…that this parent was using substances…I wouldn't bring it up*. (Jackie)

This suggests that there are differences in custom and practice in relation to asking parents about substance use. The responses suggest that case context and prior information about the case are important factors for those who do not routinely ask about substance use. There are competing messages that contribute to this; on the one hand it seems unsurprising that there are inconsistencies given the lack of emphasis on the social work role in drug and alcohol policy (see. 3.3.1) and the lack of consistency in training reported by the participants (s. 7.2); however conversely the participants have said that substance use is evident in a high proportion of their cases and (s. 7.1) and that they recognised substance use as a significant risk for children (s.7.4) which would suggest that they would want to be diligent about it. It appears that some practitioners wait for prompts; inevitably these differences will be associated with confidence, skill and knowledge, although the extent to which this is the case is less clear.

The participants were asked to consider how comfortable they were in asking parents about their drug and alcohol use on a scale of one to five, with five being very comfortable and one being uncomfortable. A scaling question was used to explore the context of the participants individual interpretations of their perceived levels of confidence. Figure one (below) presents the results from asking this question and shows that half of the participants described themselves as feeling very

comfortable asking about substance use (scoring five), and a further six reported themselves as being at the higher end of the scale (at four or five). One person suggested they would put themselves in the middle scoring three, and another suggested they were at two or three. These two participants that scored less than four, both had five years post-qualifying experience, so were among the least qualified of the participant group. It is possible that further experience would enhance their confidence or that the scores reflected an awareness of how much more they needed to know about substance use given their limited substance use education. None of the participants felt that they were at the lowest end of the scale. This suggests that generally, the participants did feel comfortable in asking service users about their substance use, but that some would benefit from greater support to enhance their confidence.

Jane felt that she would place herself at a four on the scale and noted that her job requires her to be able to have such conversations:

> *I'd probably say like a four…I think generally I'm pretty confident…you have to be in this job, you can't go in and…shy away from asking tough questions*. (Jane)

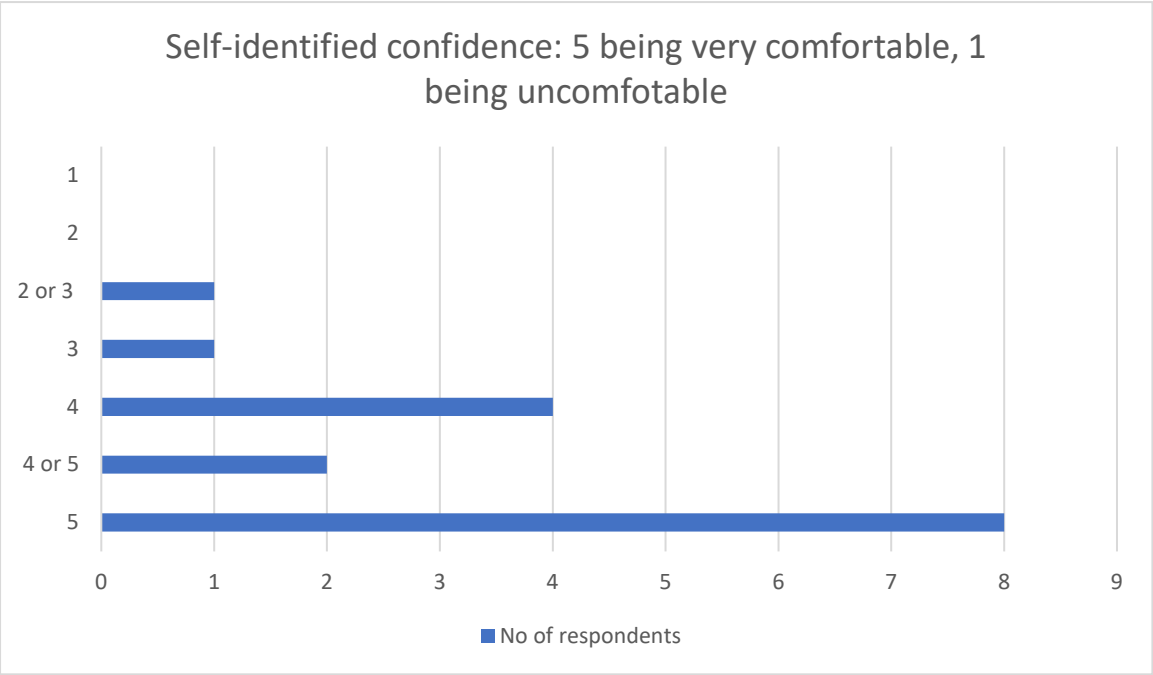

Figure 1: Perceived sense of how comfortable participants were in asking parents about substance use.

Kate, as a more experienced participant, also described feeling comfortable talking about substance use, putting herself at five on the scale; she attributed this to her level of experience and recognised that it may be more difficult for newly qualified staff:

> *I suppose that's come over years of…having those conversations with people…but I know that some of my ASYEs haven't felt comfortable…they have found it really difficult to talk about*. (Kate)

Jackie and Emily both discussed their sense of feeling comfortable in asking about substance use being context dependent and on how the specific individual may react:

It depends on the situation…probably a 5…the only time where I would be lower than that, is if there was something that made me think this person may turn violent or something like that and then I would feel less confident...so only if I felt intimidated that I wouldn't ask that question there and then. (Jackie)

Put like that, 2, 3, like half-way. And it depends, if it's something where it's obvious then I'm not bothered…that's just what we do. But if it's something where I'm not sure, and it depends on the person; if they're quite proud and feisty and where I know I'm gonna get conflict, then it's more difficult. (Emily)

In addition to these contextual factors, the participants also recognised that how they approached conversations were important.

9.1.1 Approaching conversations about substance use

Greg was a participant who felt very comfortable in asking about substance use but he took the opportunity to note that it is important to consider how you ask questions:

I think it's quite difficult…because a lot of people don't like talking about it…you've got to be sensitive to their needs. (Greg)

Cheryl had similar view:

Anything you ask in any assessment has to be done kindly, it has to be done in respect…how would you feel if somebody came into your house and asked that…so it depends how you ask things…you can ask anything…as long as it's done with respect and kindness. (Cheryl)

A number of the participants discussed the need to build rapport with parents to promote effective conversations. Anne and Sally both talked about the need to

develop a relationship with parents before discussing their substance use. For Sally this was a means of promoting an honest discussion:

> *You need to build that rapport because when you first go in and they don't know you, I don't think people are gonna answer you honestly*. (Sally)

Sally also spoke of the need to recognise that people are experts in their own situation, and as a social worker, it is important to be interested and ask questions about it.

Noah and Jane were conscious of how they would feel in the position of having someone ask them personal questions about substance use; they both spoke of the need to develop a relationship with the service user and adopt a conversational approach:

> *I think the best approach is to make a conversation with people…I mean you wouldn't go in someone's house and that's the first thing you do before you sit down…it's about establishing rapport and trying to put someone at ease*. (Noah)

> *I'd always start from a place of just having a conversation, a bit of a chat…I think people are defensive when you…put them in the position where they have to be defensive and...sometimes you have to ask direct questions, but if somebody walked into my house and said…when did you last have a drink? You'd be a bit like 'oh hang on a minute'…the families that I work with…I have got a bit of a relationship with, I can ask in a way that doesn't then feel too intrusive*. (Jane)

These narratives were situated within how the service user may experience being asked about substance use. However, given the complexities of the social workers'

position, in terms of knowledge, skill and how comfortable they feel with this work, it was evident that they were conscious of building relationships with service users to also enable them to feel more comfortable about asking these questions. Their willingness to understand the service users' perspectives in order to pursue positive working relationships is encouraging. As a group who already feel stigmatised by wider society, it is important that substance users feel that they can develop positive relationships with social workers. This was reinforced in a literature review by Wylie (2010) who noted that substance users saw positive staff attitudes towards them as the key attribute that enhanced the quality of their care. They also reported that practitioner knowledge was crucial, and noted the need for advanced training and suggested that a positive attitude towards the person could overcome a lack of knowledge in building a positive working relationship.

Discussion with the participants about how they talk to service users about drug and alcohol use highlighted differences in approach and practice. For some of the social workers, plain speaking was important, whilst others took a more indirect approach. Claire, Cheryl and Emily talked about approaching conversations about substance use by being upfront, open and honest with service users. Sarah, Noah and Cheryl all discussed the importance of being direct with people and asking direct questions about substance use. For Cheryl it was important not to circumvent the issue:

> *The way I work…is just to be really honest about it…I'll just come straight out with it because, better than messing about and skirting around the issue.* (Cheryl)

Noah was in agreement with this:

It's being honest with people…people…appreciate more of a, when I say direct approach, I think say what you mean, be upfront and honest with people and…they won't like that, but they'll like it even less if you try and be a bit underhand about it. (Noah)

Whilst the majority of the participants adhered to this direct approach, two participants took a different view and felt a less obtrusive approach was more appropriate. For example, Greg was mindful that people find it difficult to talk about substance use as an issue that they may feel embarrassed about. He suggested:

You perhaps ask it in a more roundabout way… 'what do you do in your spare time?' 'Have you ever had any issues with substance misuse?' Just sort of explore it that way. (Greg)

Tom spoke about his informal approach and believed it was less threatening for the parent:

I make parents feel more comfortable by making it seem more like a procedure… I say 'oh well, excuse me I just have to, kind of, ask these questions'… 'like, are you known to any mental health services and I say well have you ever…do you currently use any drugs, you know anything like that?' I do it, like a little bit bumbly, a little bit informally and if they say no, I say 'well have you ever used any drugs before?' And [if they] say no I haven't and then I say 'well [have you] ever tried a bit of cannabis anything like that?' You know, make yourself really informal and that's how I usually get the information out of them. (Tom)

Whilst Mike and Tom spoke of the effectiveness of being less direct, this is at odds with the other participants whose narratives reported the need to be direct. It is

possible that this relates to lesser confidence, knowledge and skills. However, both of these participants scored themselves highly (at four and five respectively) in relation to feeling comfortable in relation to asking about substance use. One interpretation might be that their communication styles were generally less direct, or it might reflect a lack of clarity about how to ask. In their national study of social workers, Galvani et al. (2011) found that 50% (n=215) of their sample identified 'how to talk about substance use' as a further training need.

Two of the participants discussed the notion of externalising as a way of talking about substance use with service users. Kate explained this:

> *One of the things that I always…try to do, is make sure that…any issues like that are always kind of, externalised, so I don't talk about 'your' substance or alcohol, or I don't talk about 'your' heroin use or 'your' cocaine use, we talk about 'the' cocaine or when does 'the cocaine'…come into your life…so to make it a less punitive discussion really. So, we put it out there rather than…internal to the individual*. (Kate)

Like Kate, Mike too talked about externalising, although he did indicate some discomfort at using this technique:

> *I think externalising is…a really important one with alcohol…I cringe sometimes when I think I've definitely used phrases like it, but terms like a drinker is used, or even a substance misuser, because I think a key part of recovery and moving people on is seeing them for more than what their substance use is…it's as much as taking the time…before a visit to think how am I going to talk about this now? And think of some [of the] really good externalising questions around alcohol and not be confrontational in it*. (Mike)

Mike also talked about using this technique in his written work:

> *I've been conscious in assessments of writing it in certain ways…so examples like 'when Sarah is visited by her alcohol use'...even the phrase 'her alcohol use' is a bit problematic as well, because you want to kind of de-couple it really and separate it out and there's a reason why that person is using certain substances*. (Mike)

There is a recognition that the issue of asking and talking about substance use is a sensitive topic for social workers and service users. Social workers need to be able to identify and assess the impact of substance use on individuals and those around them (see s.2.5). Child protection social workers additionally should be able to determine the level of risk to parents and children, where there is substance use in the families they are working with (Loughran, 2019). This relies not just on knowledge but also skills and in particular skilful questioning and assessment to enable them to elicit accurate information about substance use.

As noted above, whilst the participants were clear that it is part of their job to talk to service users about drug and alcohol use, paradoxically less than half felt that they had a right to ask parents about substance use, which raises questions about role legitimacy and just over half (n=9) of the participants said that they would routinely ask parents about their substance use. Again, this shows there are inconsistencies in practice which have the potential to be problematic if approaches lack clarity and consistency. Furthermore, potentially important information may be being missed that would inform risk assessments. This is despite the publication of the roles and capabilities statement for social workers in relation to alcohol and drug use in 2015 that suggested all social workers should routinely ask about substance use (Galvani,

2015). This also highlights a contrast between the way social workers construct themselves as confident in this area of practice, as a result of experiential learning, and their actual skills in asking about substance use. The findings of this study suggest that self-reported confidence is high amongst child protection social workers but narratives of practice when responding to PSU suggested that some participants found talking about drug and alcohol use challenging. This finding may be indicative of the potential for fear of professional exposure discussed in chapter six. It also suggests that training and support for social workers needs to equip social workers with knowledge about what questions they should be asking and the skills to do so effectively.

To compare this with Galvani et al.'s (2011) national survey of social care and social workers; their results showed that just over half of the respondents did not routinely ask about substance use, although they noted that practitioners working in child protection were more likely to ask about substance use on a regular basis compared to other specialist areas of practice. They also found that although child protection workers had higher levels of experience of substance use as an issue, they did not find it easier than other social workers to identify problematic substance use.

The awareness that skilful questioning is important is significant in terms of how social workers can be educated and supported. None of the participants used specific practice tools to support discussions about parents' use of substances and a significant theme in the findings was the use of a conversational approach or conversation as the main tool in assessment. The variety of approaches participants used ranged from being direct to more avoidant approaches and this raises questions about which approaches are more likely to elicit authentic responses and motivate change.

Motivational interviewing is an approach to behaviour change that has been widely associated with supporting people with substance use issues (Miller, 1983; Miller and Rollnick, 2002). However, it has gained popularity beyond substance use in a range of social work settings (Hohman, 2012; Wahab, 2005), including child protection (Forrester, 2008). In light of this, it was surprising to note that none of the participants discussed using motivational interviewing techniques. However, the deliberate attempt by some of the participants to avoid direct confrontation for fear of a defensive response fits with the principles of motivational interviewing, which suggests that resistance and defensiveness are counterproductive and a sign that the practitioner should change their strategy (Miller and Rollinick, 2002). Conversely, motivational interviewing approaches do involve candid discussions about problem behaviours, and externalising substance use in the way that some participants described may not promote the discussion of ambivalence that promotes behaviour change.

Whilst the individual participants suggested these indirect approaches were effective for them, some of these accounts are potentially at odds with the general sense of the social workers being comfortable in asking questions about substance use if they are not able to use direct questioning and challenge. Indeed, as Gambrill (2006:340) suggests, “courage, curiosity, intellectual empathy, humility, integrity and persistence” are all key facets of critical thinking, and one would expect these to be drivers in how social workers approach sensitive questions. This illustrates the need for social workers to have a skilled approach, that enables them to balance the ability to challenge service users about substance use without moving into a more confrontational or aggressive style, which the participants have shown a keenness to avoid.

The participants spoke of variable responses from service users when they asked questions about substance use and inevitably this will impact on how conversations develop. Again, this correlates with Galvani et al.'s (2011:64) study which found mixed approaches to asking about substance use, with some social care practitioners favouring a direct approach and some asking, "*in a roundabout way*". They suggested that a direct approach was more likely to be adopted in children's services, but the findings from this study suggest that different methodologies do exist in child protection practice and that assessment practice varies. Reflecting on Emily's suggestion that asking about substance use is uncomfortable, and a lot of what she does is uncomfortable (see s.8.1), it suggests that social workers need the opportunity to reflect on conversations they find difficult in practice to support skills development. Social workers need to space to do this through supervision and they need skilled supervisors to support them with the emotional impact of this work.

The importance of establishing and maintaining relationships with service users in child protection contexts has been well documented (Platt, 2006; Spratt and Callan, 2004) but as Forrester et al. (2008:23) note little attention has been paid to developing an understanding of the "micro-skills involved in safeguarding children". In a study of 40 social workers based in London, Forrester et al. (2008) used vignettes to consider how they approached conversations with service users, this included specific prompts that were designed to reflect resistance from service users in the context of parental alcohol use. Their findings suggested that generally the social workers used a confrontational approach, at times aggressive, in their response to the vignettes. Scores for empathy and listening showed that there was little indication of empathy or listening. Forrester et al. suggested this finding was a systemic issue rather than an indication of poor individual practice. They suggest

that these confrontational approaches may have developed as a means of avoiding any appearance of collusion with service users given the criticism of social workers in serious case reviews (Forrester et al., 2008). Such criticism suggests that social workers are not adequately challenging service users about their substance use. Kemshall (1998) refers to this as the development of 'defensible decision making' in social work practice (see s.3.3.4). Whilst the findings of Forrester et al.'s. (2008) study were limited to a small sample size and a specific geographical location, they still offer some useful insights into practice. However, their findings contrast with the findings of this present study in which the participants have emphasised sensitivity, and 'kind' or informal approaches to conversations. These differences may reflect the different time periods of data collection, variations in regional practice or specific local authority practices. Additionally, this study asked participants about their approaches in theory, whilst Forrester et al. were *observing practice scenarios*. Nevertheless, the inconsistencies highlighted in this study lead to the same conclusion as Forrester et al., that there is a clear need for practice guidance which develops investigative skills in ways which minimise adverse impacts upon relationship building and leads to productive conversations in the assessment process.

Exploration of service users' perspectives of the different approaches applied by social workers would certainly be useful in understanding how effective they are. These differences in approach and skill are a fundamental feature of practice responses to PSU; different approaches to asking questions about substance use and variable service user responses will inevitably lead to inconsistencies in the way that PSU is constructed in the assessment of risk. Research has shown that positive staff attitudes towards parents using substances was seen as key factor in the

quality of their care (Wylie, 2010). This was reinforced by Forrester et al. (2012) in an evaluation of a crisis intervention service for families with child protection concerns due to PSU; they interviewed 27 families (15 that had received the service and 12 that had not) and one of their findings was that the attitude of workers in the service was seen by service users as a crucial factor in promoting their engagement with the service. The respondents valued the strengths-based approach taken by the workers which emphasised positives within the family. The respondents in this evaluation also described valuing honesty and straight-talking by workers and suggested that this increased their motivation to change (Forrester et al. 2012). This is interesting in the context of the findings from this study, given that some practitioners were avoiding being direct. It implies there is scope for learning and development amongst practitioners.

9.1.2 Service user responses

The participants were asked about how service users responded when they asked about their substance use. As highlighted above there was an overall sense that responses could be variable. Greg, Claire, Tom and Emily all felt that generally service users were accepting of the fact that they would be asked about their drug and alcohol use. Emily related this to experience of being involved with services:

> *By the time they've come to us, usually they're working with [names local substance misuse service] or they have done in the past, so they're quite open about talking about stuff. I think when you go to services like that you're used to sharing*. (Emily)

Claire also made a similar point about people who had prior experience of working with child protection services:

The ones who have been in the system a long time, just roll their eyes, as like oh here we go again. I think the ones who are new to services struggle with the question but then when it's explained why you're asking it…from my experience they seem to understand why the question's being asked. (Claire)

Mike and Kate, both felt it was difficult for service users to talk about substance use because of the stigma and social connotations associated with drug and alcohol use. Kate articulated this:

Because of the…stigma that's attached to substance and alcohol use within society…it can be a really difficult thing for them to…talk about. (Kate)

Mike also believed it was a difficult subject for parents:

I think families feel judged anyway by having a social worker and again that's a much wider thing around social work…they probably feel very judged when we ask about their [substance] use and become defensive. (Mike)

In contrast, Claire and Cheryl both suggested that their experience was that often people would be relieved someone had asked them about their substance use:

For most people who have disclosed some sort of substance abuse, you can see relief that somebody's asked them and they've felt safe enough to say actually I do have a substance problem. (Claire)

Sometimes it's with relief, because there might be something that's been bubbling under and nobody's ever come out and said it. And they're trying to manage it their self. And sometimes people aren't aware of what's around them…and how they can get help. (Cheryl)

This experience of service users being relieved that someone had asked them about their substance use suggests that unless it becomes custom and practice in all

cases for child protection social workers to ask about substance use, there will be missed opportunities to collect important information and to fully support families.

Several participants (n=7) said service user responses were variable and dependent on issues such as, the way they (as a professional) spoke to them about their substance use, the perceived threat of unwanted interventions from children's social care, and their individual circumstances. Ruth summarised this:

> *It depends on your relationship with them…on where they are in terms of their acceptance of things. It probably depends a lot on the way that you ask them. The situation that you're asking them under. Yeah, some are really willing to talk about it, some will be perfectly polite but will just say absolutely… this isn't an issue, whoever said it is lying and just be in denial and not open about it.… very rarely do I get 'fuck off that's none of your business'.* (Ruth)

Noah had a similar response:

> *It varies…you could have someone who gets really angry and agitated and abusive…even if there's evidence that they have [been using substances]…I've been swore at, shouted at, kicked out of houses for asking that question. Either people can be very understanding…it depends on the person*. (Noah)

Anne also recognised the power in the role of the social worker and the impact this has on how service users respond to questions about substance use:

> *It depends on…what situation they're in…we talk about the power inherent in the role of the social worker, I think some people think that they have to tell us or that if they do tell us we're going to take their children away. So, I think*

sometimes [they're] guarded, other times not and it very much depends. (Anne)

The findings show a variety of experiences and perceptions of the ways in which service users responded to questions about substance use. Although there were differences in views on how social workers should talk about substance use, there was a recurring theme that communication skills were important in determining how service users might respond.

9.1.3 Talking to children

All the participants talked about the need to be age appropriate in what they said and how they talked about the parents' substance use with children. There was a general recognition that the older the child, the more candid the conversation might be. There was a clear sense that language about drug and alcohol use would need to suit the child's age and that the social workers would be mindful of what the child already knew or didn't know about their parents' drug and alcohol use. Jane discussed this in terms of being child-led:

I think what I'm always mindful of is how much does that child know…things like alcohol generally are more open, but substance use tends to be more hidden and, so I might try and be child-led, I might just try and talk about something that happened and see what they bring up. (Jane)

Tracy was also mindful of what the child already knew about their parent's substance use and would consider the circumstances in which she would talk to them about it:

I only would if it was a child where we knew they knew. I wouldn't introduce the idea to a child. (Tracy)

Noah also said that the age of the child is important in determining what you would say and that he would first check with the parents what the child knew. But he also suggested that in his experience children were often aware of their parents' substance use. For him honesty was crucial:

> *I would try to understand…what they knew. And then I would talk to them about why I was involved and about what drugs we're talking about and why people would be worried about that and what we're trying to do to help that. But I would always try and leave it with a positive spin on it so that there's not worry about it, but I think you need to be honest…kids know a lot more and I think we can kind of be a bit insulting if we think we're protecting them, but we are actually just treating them a bit unfairly*. (Noah)

Mike had a different viewpoint. He felt that generally children were reluctant to talk about their parents' substance use:

> *My…experience is that children really don't want to talk about it, especially if it's an open secret…that mum and dad is still in denial maybe…they're often quite closed and it would be useful to have some tools to open those conversations.* (Mike)

Whilst Mike felt that he was short of practice tools to promote discussions with children about substance use, Claire discussed her routine use of tools for this purpose:

> *I've got my little social work toolbox and my direct work tools, cards and stuff and I will start to build my relationship. And other than in the realms of section 47 I would wait until I felt that child was ready and felt comfortable with me to talk about substances…we've got a really lovely substance book, what we*

> *work through with young people about, mum and dad's substances…how it makes them feel, how they think it makes theirs parents feel and I would work through that booklet with them. And wherever possible I would get the parent to work through [it] with me*. (Claire)

These accounts fit with the literature discussed in chapter three. In a review of seven published studies of children's experiences of living with PSU, Kroll (2004) found that children were fearful of talking about their parents' substance use due to the shame and stigma they experienced in recognising their families were different to others, which fits with Mike's experience. In another literature review of children's experiences of living with PSU, parental mental ill health and domestic violence conducted by the NSPCC, Gorin (2004) found that children were often much more aware of their parents' issues than the parents realised but that they did not always fully understand them. This fits with Noah's experience of children having that awareness and Jane's experience of trying to ascertain what the children already knew. All of the social workers in this study discussed the need to be age appropriate in how they communicated with children. This is a positive finding in the context of Gorin's findings which showed that children consistently asked for more age-appropriate information to help them understand what was happening in their family. Claire's description of using direct work tools to support her discussions with children to discuss PSU offers an example of good practice. Gorin (2004) also found that children's experiences of talking to professionals was variable, with some not feeling that professionals believed them or didn't talk directly to them and that boys were less likely to talk about these issues than girls. This was not a finding in this study but provides a useful direction for further research.

Anne, Tom and Kate focused their talks with children on what life was like for them and what a day in their life might look like, with a sense that the impact of PSU would develop from that discussion. The use of this approach also featured in participants' discussions of the assessment process.

9.2 Assessing parental substance use

The social workers were asked to talk about their experiences of assessing families where parental substance had been identified or was evident. They were asked questions about how they negotiate the assessment process, about how they work with networks around the family, and about the key risk factors and protective factors they identify in assessments.

9.2.1 The assessment process

The participants did not generally differentiate between how they would assess a family where there is PSU, and a family experiencing any other issues. The participants commonly discussed the process of trying to gain a holistic understanding of a child's physical, mental and emotional needs. This is problematic in the context that knowledge and skills in responding to substance use may be limited, without specific consideration of PSU as a risk, opportunities to identify specific hazards may be lost. In a critique of the child protection system (see s.2.4.1) Featherstone et al. (2018:7) noted a contradiction of practice that sought to respond to families on a case-by-case basis but often offered families a "routinised and formulaic menu" of interventions. Looking back to Mike's point about making 'a quick assessment' of substance use and the potential for heuristics, suggests that the specific nuances of PSU in individual families might not be fully explored with potential negative implications for assessment outcomes. The participants generally

spoke about undertaking assessments in line with the *Assessment Framework* which asks them to consider parenting capacity, the child's development needs, and family and environmental factors (Department for Education, 2018). As Anne suggests:

> *It's more about doing a holistic assessment of the needs of the children and whether or not the parents can meet those needs…rather than, using a specific tool to identify whether or not the parent's substance misuse is problematic*. (Anne)

The participants commonly discussed making an assessment of the child's physical, mental, and emotional needs, and ensuring that their basic care needs had been met. Ruth gave some examples of what she would be looking at:

> *By looking at the parenting that's provided to the children…are they still able to physically meet their basic needs?...Are they still able to provide an appropriate home environment?...And then moving onto…the emotional needs...looking at again support networks…can grandma come in and help and…assessing the impact that that has on that child, what their own child's personal resilience is*. (Ruth)

For Claire, understanding that the impact of PSU is different for different families was important. She discussed being able to determine if the parent was 'functioning' in terms of getting the child to school, meeting their basic care needs and maintaining the home. She also discussed using information from school about how the child was presenting and being vigilant to how the child responds to adults that visit the home. In summary she suggested:

> *It's very much, what's presented in front of you and how the kids are presenting*. (Claire)

The participants all discussed multi-agency working during the assessment process noting that they would include any professionals involved in the families' lives in the assessment, most notably schools and health services. Another common theme arising from discussion of the assessment process was working with the child to determine what a day in their life was like; so rather than the parents' substance use being the starting point of an assessment, the social workers sought to understand what the child's life was like, and then from there, they would seek to understand the impact that the parents' substance use was having on the child.

The findings showed that the child's age was a significant contextual factor in the assessment process. All the participants recognised that younger children were more vulnerable because they could not seek help or meet some of their basic care needs in the way that older children might be able to. Ruth explained this:

> *In terms of older children…they can meet some of their basic care needs themselves. If you've got a 16-year-old…they can make their own tea if mum can't. So, looking at…their ability to meet some of their own needs. Rightly or wrongly. Looking at their ability to also keep themselves safe*. (Ruth)

Like Ruth, Jane also recognised that older children could meet their own care needs, even if this was not the best-case scenario for the child:

> *Generally, the younger the child the bigger the risk…what we have to take into [account is] can that child safeguard themselves? Can that child, although it's not ideal can they look after themselves? Generally speaking an older child is a bit more independent, they're a bit more able to call for help or they're a bit more able to do things for themselves if they need to take*

themselves home or take themselves round to someone's house if there's issues. (Jane)

For Noah, the child's age was a key factor in helping him to understand what was happening in the family:

The older they are, the more understanding there is…clearly with very young children you'd be very worried…because the children aren't being seen as often. If it's a one-year-old…they're obviously higher risk and you're not able to kind of have that conversation. So, you're reliant on other factors. A ten-year-old you can have quite a reasonable conversation about it…they'll understand and tell you a lot. But younger children are definitely more vulnerable. (Noah)

Although they talked about younger children being more vulnerable, Jackie, Emily and Tom were also keen to highlight the fact that older children, particularly teenagers, may be vulnerable for different reasons. Jackie made this point:

Naturally with younger children and babies, the risks are automatically higher because that child can't meet their own basic care needs, they're…more at risk of accidental injuries if they're not supervised…the younger the child the higher the risk…with teenagers…it's them copying, imitating those behaviours and starting to think it's normal. Or them being quite vulnerable to CSE or something like that because they're not…happy at home. (Jackie)

Emily made a similar point:

As they get older, they become vulnerable for different reasons, when they get a bit older, they're more vulnerable…to the wider community, exploitation,

criminal and grooming and all stuff like that. Running away and the parent's just not being…proactive. (Emily)

Tom was clear that he would be concerned about the impact of PSU at any age:

It doesn't matter how old they are I think it impacts them on all developmental stages…for example, a really young child it's the physical aspect…But then I think as the child gets older…it's more of the emotional and social aspect. So, I think no matter how old the child is, you know, we treat it equally as serious. (Tom)

In summary, the findings have illustrated that this group of social workers acknowledged that age differences of children affected by PSU may require different considerations in terms of child protection. What is less clear is what knowledge base informs the social workers' understanding of the impact of substance use on children at different ages and stages of family life given the inconsistencies in training in relation to substance use issues. As discussed in chapter three the age of the child is a crucial consideration in the assessment of risk and protective factors (Park & Schepp, 2015). In a systematic review of 39 studies of risk and protective factors for children of alcohol users, Park and Schepp (2015) found that the negative effects associated with parental drinking were categorised by the age of the child and that younger children could be generally seen as more vulnerable because they relied on their parents for more of their care needs. The participants were also aware that older children can be vulnerable in different ways. Based on a review of a research from a working group of academics and clinicians considering the impact of substance use on families, Velleman and Templeton (2003) found that exposure to PSU over long periods of time presented further risks for teenagers as they

experience prolonged adversities and were more likely to use substances themselves at an earlier age. This finding was also supported by Hedges (2012) who conducted a qualitative study of adolescent girls (n=25) using interviews and observations to understand their experiences of growing up in a household where there was substance use; they also found that experience of PSU led to exposure to substance use, violence and gang culture and the likelihood of earlier initiation to substance use. Furthermore, Hedges' (2012) study showed that older children as they enter their teens experience parentification, taking on the role of supporting their parent which inevitably impacts on the mentally and emotionally (Hedges 2012). A similar finding was also presented by Bancroft et al. (2004) who conducted a qualitative study of interviews with young people aged 15-27 who had at least one parent with a drug or alcohol problem (n=38); they found that half of the respondents had taken on a parenting role. The evidence of these risks for older children reinforce that the social workers were right to consider the ways in which older children can be vulnerable in different ways as compared to younger children.

The findings also showed that a key aspect of the assessment process was ascertaining what support networks the parents and the child had around them which will be discussed next.

9.2.2 Support networks

Support networks around parents using substances were discussed in terms of specialist services and kinship networks, and participants were asked to reflect on how they contributed to the assessment process. There was a general consensus that having support networks of professionals and/or family members was important in being able to develop safety plans for children when parents were using

substances. The interviews gave qualitative insights into the context that participants used to explain this consensus. In respect of support from other services, the participants were asked to consider how important they felt it was that the parents were engaging with a specialist substance use treatment agency. The participants were divided on this issue with half of them proposing that it was very important that substance using parents were working with a treatment agency, and half of them suggesting that it was not necessarily important. Greg was clear that parents should be accessing treatment services:

> *I think it's impossible to make changes if…they're in denial or they're not engaging they're unlikely to make positive changes I would have thought.* (Greg)

Noah had a similar view:

> *Anybody who has successfully managed their drug use to the point where our concerns reduce, did so through quite intensive support from professionals and family…it's very much a struggle without that…so…it's very important*. (Noah)

For Mike, it was important that parents were accessing these services to inform his assessment; he felt that the substance use would remain unassessed if they were not involved with a substance use service. For Jackie, it was more of a recognition that she doesn't have the capacity as the child's social worker, to support parents with changing their substance use:

> *It's really important, because… they can do that specialist work, that we wouldn't necessarily have the time to do…quite often we might be just*

responding to crisis, so we don't necessarily always have time when we go in to deal with that issue. (Jackie)

Mia and Noah did, however, acknowledge that whilst they felt it was important that parents were receiving support from specialist treatment services, they needed to be meaningfully engaged with the service:

It's pointless having someone go to the drugs agency if there's no willingness or acceptance of it…they're going but they don't want to go, nothing is being achieved through that. (Noah)

I would also divide this in terms of…[parents who] are attending those kind of things because they want to make changes in their life…or because they've been requested [to make changes through]…the child protection plan…It is important, for parents to be involved with the services, but it is even more important for them to have that motivation. (Mia)

This shows that there are differences in expectations amongst social workers, which could impact on the way that they work with parents using substances and their assessment of what could and should be done to protect children. For those participants who felt that it was not always necessary for substance using parents to be involved with treatment services, there was a general sense that they should be doing something to promote change, but that it did not have to be accessing a particular service. Claire recognised that people may have their own ways of addressing their substance use:

If they feel they can manage that themselves by dipping into different support networks then I think we have to respect that…I think if we force them to work

with agencies, they'll push back against us and we're not about force anymore, we're about support. (Claire)

Tracy took a similar position:

I'm less bothered…everybody needs to do what's right for them. And if that's an AA meeting, fine. If that's you ring a friend, fine. If that's you use [names local substance misuse service] on a weekly basis, fine…You tell me what works for you, but there's got be something that creates a change. (Tracy)

Like Mia and Noah, Jane also recognised that engagement with a service is more than just attending a service and for her, motivation to change is more crucial than engaging with a service:

The thing about engaging with the services, it's really tangible…but I always question does that mean that that's actually changed something…it's almost that softer stuff around change isn't it…that actually something has shifted in your values and your beliefs. And I think that can happen without engagement with a service. But I wouldn't say it's easy. (Jane)

In terms of kinship networks or personal support networks, all three authorities from which the participants derived adopt the use of family group conferences in child protection cases and so unsurprisingly, this was a common theme that was generally discussed in positive terms. For Claire, family group conferences were a way of getting wider family members involved:

I would call a family group conference and get all family members round a table, talk about my concerns, get them to talk about the concerns cos we have very little involvement with them, but get the family involved and friends as much as I could. (Claire)

Noah talked about the importance of sharing concerns through a family group conference as well as using it as a forum for safety planning:

> *We would try and have a family group conference…we'd offer it to the family right away. And we would want the family to be aware of what we were worried about. And for them to have a plan to help manage that issue and that plan can be everything from how to help the parent if they felt they were going to have lapse or if they were using who would pick their kids up…Someone just to call round every day or so to check everything is alright, to who would be willing in the family to have the children if it was felt they couldn't stay with the parents*. (Noah)

Noah has described how he works with the parents' support networks to develop a safety plan; this idea of safety planning with wider family members was also discussed by Ruth, Tracy, Kate and Sarah. Tracy described her approach to this:

> *We'd be saying to the family network, we need to put a safety plan in place so that mum and dad can use [substances] but this child is safe…ultimately, we want them to be self-reliant without us and without services. So, it's about empowering and asking [the family network]…And bringing them on side in terms of, if you know she's using what are you going to do, are you going to ring me, are you not? Are you going to take the child ...I suppose we're assessing their protectiveness…I'm not necessarily bothered whether you ring me…but actually have you known she's used and you've left a child in that, so then what's your understanding of what that child feels like and what they are going through…I suppose we're trying to educate them as well.* (Tracy)

For some of the participants - namely Tom, Jackie, Mike, Emily and Jane - involving family networks is not always straightforward because, in their experience, the parents they are working with do not give them consent to contact their wider family. Jackie explained that she had encountered such reluctance:

> *I've come across a lot of reluctance for people to involve their families, either because they don't have great relationships with their families or because they don't want their families to know…that we're involved…they're never massively keen on us contacting [their family].* (Jackie)

Similarly, Mike also noted that consent was not always forthcoming, but he was additionally concerned that wider family members may not offer appropriate support:

> *It's probably, the majority where grandparents or wider family members either collude with the [substance] use, if not kind of condoning it, will give money or minimise it, or they'll cut them off. So rarely have I met a family where there's been a lot of familial support for a substance user*. (Mike)

Furthermore, Emily talked about the challenges of getting consent, but she also noted that in her experience many substance using parents didn't have a significant support network:

> *We do genograms to see what the wider…support network [is]…usually my experience is, there isn't one…they're very isolated...usually, it's just them and one other person…and usually that other person isn't that much of a support. So, we do try, but it does go on consent…if it's not consented then, then it's difficult. But what we do always try and do is have one person that the parent can feel is the go-to person, so even if it's a professional, at least*

they have someone they feel they can trust and they can get support from and stuff like that, but family it's up to them. (Emily)

The findings show a recognition amongst the social workers that drawing on the service user's support network is useful in protecting the child(ren) but that, in practice, it can be challenging. As discussed in the literature review (see chapter three) support networks are a key protective factor in cases of parental substance and lack of support networks for parents and children are seen as key risk factor (Taylor & Flood, 2020). For children of substance users, positive links to school, friends, wider family, and community are fundamental to their wellbeing and resilience (Park & Schepp, 2015; Taylor & Flood, 2020). In a qualitative study Moore et al. (2010) interviewed young people (n=15) about their experience of PSU, they found that the majority of their respondents reported feeling socially isolated, which fits with Emily's experiences of supporting families where there is PSU. Moore et al. (2010) also noted that the young people in their study wanted to reconnect with family, peers, and the wider community. It is clear that support networks are crucial for families experiencing PSU and the participants in this study shared this recognition. However, their narratives of some of the challenges they face in developing connections with support systems around families suggest that this in an area of practice that they may need support with and should be considered as a crucial element of training.

9.2.3 Risk and protective factors

The social workers were asked to reflect on what they felt were the key risk factors and protective factors in families where there is PSU. All of the participants in this study were able to discuss what they saw as the key risk and protective factors that

they would be looking for in cases of PSU. Given the centrality of the role of family support networks in the participants' discussion of their work with families, it is not surprising to find that nine of the 16 participants citied support from their wider family as an important protective factor. Other prevalent themes included, the parent having insight into their own substance use and understanding the risks of it; the parent actively being engaged with substance use treatment services; the involvement of schools and nurseries; and having another parent in the family that is not using drugs or alcohol. Additionally, Jackie, Tom and Noah all referred to the child's age as being important, noting that older children had the capacity to report what might be happening in their lives and the capacity to remove themselves from some situations.

Jackie talked about the importance of the community around a child:

> *...sometimes it can be just like the local community…they'll be ringing in regular, I'm a neighbour of so-and-so, but I don't want to say my name, so sometimes the local community police it and they're quite a protective factor.* (Jackie)

When the focus turned to risk factors, the risks discussed by the social workers tended to mirror the protective factors they had discussed. In addition to concerns about basic care needs not being met, common themes included lack of a support network; parents not having insight into their behaviour; parents not engaging with services; having two parents who were using substances; and young children not being in nursery or school and therefore not being 'visible'. Greg, Anne and Tracy again used the term 'chaotic' to refer to situations in which PSU meant that parents

could not manage the home or family life and therefore presented greater risks to the family. Anne summarised her sense of the risks in the following way:

> *Where it's been really…difficult, the risks have usually been where they're not able to manage a home, they're not able to buy food, they're living quite chaotic lifestyles, they're not available to parent, they're out taking, or they're in the house with the children and they're using [drugs] and there's paraphernalia around that the children can get in, and have picked up.* (Anne)

Tom's synopsis of what he considers to be the key risks was:

> *Key risks is, I hate this over used term…but, disguised compliance…lack of wider family support networks. Very young children who probably aren't old enough to verbalise…even if they [were] old enough to verbalise, it's become so normal to them, they won't think about complaining about it…if the family aren't engaging meaningfully with agencies which means that there's less professionals looking at that child…and hostility toward social workers…not letting them into the house…mental health, running alongside that and also, if there's domestic violence involved…which could also make people turn to drink and lower their mood*. (Tom)

Tom, Kate, Jackie and Jane also discussed the concurrent experience of domestic violence and mental health issues in addition to substance use as being a significant risk factor for families. Kate related this to the idea of the concept of the 'toxic trio' (see chapter four):

> *I suppose other things would be about co-existence with other…risk factors…parental mental health or domestic abuse…where those are all kind*

of happening in…tandem with each other, then obviously there's the toxic trio and that increases the risk massively. (Kate)

The ideas presented by the participants in relation to risk and protective factors were all in keeping with the evidence base in relation to risk and PSU, as discussed in chapter three (Taylor & Flood, 2020; Park and Schepp., 2015; Cleaver et al., 2011; Kroll, 2004). Having a non-substance using parent, positive connections with school and good support from family and friends (Taylor & Flood, 2020) and the child's age (Park and Schepp, 2015), have all been cited in the literature as factors that can mitigate against risk from the negative impact of PSU. Dawe et al. (2008) suggest that it is the combined influence of both risk and protective factors that determine outcomes for children. What the data from this study has shown is that child protection social workers do recognise that despite the potential negative impact on children, parents using substances can potentially parent effectively and that each case needs to be individually determined, with a balanced consideration of risk and protective factors. Such practice recognises the context of individual experiences in line with ecological approaches to social work that recognise the interdependence of individuals and their environments (Bronfenbrenner, 1979). It also reflects the use of strengths-based approaches in which social workers recognise and use the personal, social and community-based resources that services users have in order to promote the well-being of families (Caiels et al. 2021). Having said that it is worth noting that risk and protective factors were all located within the family. Although there was recognition of the role that wider support networks play, largely the social workers discussed things that parents do or do not do. This positions their assessment of risk within a child protection system focused on actions by parents (Featherstone et al., 2018: see.2.4.1) without any real construction of the impact of

socio-economic circumstances on the children's lives. As a whole these findings suggest the use of a cumulative risk perspective that balances notions of protection and resilience (see s. 3.3.4). However, this also needs to be considered in light of earlier findings that individual social workers have individual perspectives on the nature of risks, which was seen in the accounts of cannabis use (see s.7.3). The differences in values, skill and practice that have been discussed will inevitably impact on how cumulative risks are considered, balanced and prioritised.

9.3 Chapter summary

This chapter has presented the findings in relation to how the participants in the study talk to service users about substance use. It has also considered their varied experiences in how service users respond to being asked about their use of substances. The chapter has considered the way in which social workers take account of a child's age in relation to the language they use about substance use and in relation to their understanding of the impact of PSU. Furthermore, it has presented a discussion of how the participants assess the impact of PSU and what they consider to be the key risk and protective factors they have found when working with cases affected by PSU. The next chapter will consider the challenges that the child protection social workers have faced in working with PSU.

Chapter 10: Parental Substance Use: The Layered Complexities of Practice

The social workers in this study discussed a range of practice challenges when responding to PSU. This chapter will set out three layered challenges faced by child protection social workers when working with families where there is PSU; first, the system challenges; second, the practice challenges; and third, the professional challenges that the social workers experienced.

10.1 System challenges- partnership working

The participants were asked specifically about their working relationships with specialist substance use services, and the findings indicated mixed views about the effectiveness of these relationships. Half of the participants talked about their relationships with specialist substance use agencies in positive terms, suggesting they had good working relationships with them; the other half spoke more about their frustrations. There was no obvious pattern to suggest any association between years of social work experience and the nature of their relationships with specialist services, for example, whether participants had spent any time working outside of children's services. Consequently, there was no indication that experience, or time had an impact on working relationships with specialist services.

Claire felt confident that she had a good relationship with her local substance use service. She did, however, offer a unique perspective in that she was the only participant to note that she had a role in cultivating this relationship:

> *You have to work on that relationship though and I do go and make my face known…and just chatter to people and if I've learnt something new that they*

don't know then we'll skill share with each other cos that's how it should be done. (Claire)

Tracy explained that she often relied on the specialist service for information about a parents' substance use as well as advice on their progress in treatment. That being said, Tracy did note that she was not always sure there was mutual understanding about roles and responsibilities between services:

I don't think they always understand our role…because they're very much a supportive role to parents and I suppose we're often seen as the bad guys...but I think they're open to working with us and I think they do work well with us most of the time. (Tracy)

Noah, like Tracy, expressed concern that staff at his local substance use service didn't understand child protection procedures. For Sally, it was about feeling she had a different focus to the substance use service:

Whilst they do a really good job…they let us be the bad guys in a way and sometimes you don't feel that you're working as a team…they can…focus a lot on the parent without focusing on the children sometimes. (Sally)

This perception of the substance use agency being focused on the parent and the social worker being focused on the child was also described by Greg:

There's a little bit of a disconnect there, between us and them because their roles and responsibilities are towards their service users and ours are towards children. So sometimes we don't always see eye-to-eye and we have a different perspective on things…I feel I could perhaps know a little bit more about what they do. (Greg)

Kate took a different view believing that social workers could be 'blinkered' about their own role focusing solely on the child, and she felt it was useful to reflect on cases in group supervision that involved workers from other agencies to promote a wider understanding.

A number of participants expressed frustration at what they felt was poor communication on the part of the substance use service. This was discussed in terms of not responding to requests for information or not responding to messages. Sarah, Jane and Mia spoke of frustration that workers from these agencies did not attend child protection meetings and that because of this, important information about the parent's substance use was lacking. What was less clear is how far this frustration was heightened by the inconsistencies in training that the social workers had received, and whether better training would lead to less reliance on information from the substance use service. However, it is also possible that the wider policy context of severe cuts to substance use services in the last decade (see 2.3.1) will have had a negative impact on specialist service availability.

Ruth and Noah both talked of inconsistent responses and felt that the relationship they had with substance use agencies depended on the individual worker they were working with at the time. For Noah this affected the confidence he had in the information from these agencies:

> *The level of communication varies…there's some very, good workers there…there's some not very good in terms of communication. There's also some that I don't have a lot of confidence that, for example, if a parent provided a urine for a drug test and it was negative, I wouldn't have a lot of confidence that was a genuine, authentic result.* (Noah)

Sarah and Jane were frustrated by referral systems into specialist substance use agencies, feeling they were too convoluted, as Jane described:

> *I find it really difficult…ideally, they don't want us to refer they want the person to refer [themselves] but…they have an initial appointment over the phone which not everybody, [has a phone] Then they do an induction group, then they do another phone call, I'm like this process just feels a bit ridiculous.* (Jane)

Mike was concerned that where parents didn't meet the criteria for substance use services - in the sense of not actively wanting to address their substance use - this left a gap in support:

> *I think there's a gap [for] a service for parents who don't acknowledge their substance use as problematic…often the conversation with a substance misuse worker is about…are they willing to acknowledge their use and are they motivated to address it, and very commonly the answer to those questions are no, so then they get closed to service…and then we're left…holding that risk really.* (Mike)

Whilst Mike's point is about what he perceives to be a gap in service provision, another potential explanation might be that he does not recognise his own role in being able to motivate parents to make changes to their substance use (Galvani, 2015). His point about being left to hold risk, suggests a frustration about managing this work when specialist services are not involved.

An issue raised by Anne, Noah and Jackie was the impact of austerity and financial cuts to health and social care services in recent years; they all noted that they had seen a negative effect on the availability of specialist substance use services. This

raises an interesting point, as more experienced participants (with seven-11 years' experience) may have been able to compare the change in their experiences over time. This offers some insight into how experience and expectation can impact on perceptions of effective joint working. They described the impact on services available for them to refer to, and the working relationship they had with specialist substance use services. Anne emphasised this:

> *One thing that I have noticed over the last ten years is how services have been diminished…by government spending cuts, so the services that we would have, are not necessarily there anymore*. (Anne)

Noah suggested that people's problems could be exacerbated by lack of timely services and waiting times:

> *There are good services, but they've been cut back and people have to travel further to get to them, it's harder to get them an appointment…when someone's in a crisis it's hard to…wait three weeks...at the point of crisis there's nothing there to help people so therefore the crisis isn't managed well and then it becomes a cycle*. (Noah)

For Jackie, the effects of resource cuts at a local specialist substance use service had an impact on her working relationship with them:

> *It almost feels in…the last 12 to 18 months, that…I guess due to resource cuts…their caseloads have become very high, they…don't have the time to attend meetings and…what they will do is less than what it used to be.* (Jackie)

Evidently the participants had different experiences of working with specialist

substance use agencies, and how they worked with them to respond to PSU. This depended on service availability, individual relationships with specific workers and their expectations of collaboration based on their previous experiences. There were also reported tensions between services because of who they felt was their primary service user. Claire felt that could be addressed by service design:

> *…substance workers should be more visible within local authorities, and equally social workers should be more visible within the voluntary agencies…we need to work on better skills sharing and knowledge sharing…we do work together but we don't work together brilliantly. When people have their own agendas, they have different policies, they have different procedures and then there are clashes.* (Claire)

Whilst the social workers in this study experienced frustration about working with specialist services, what is less clear is how the sense of frustration impacts on the development of working relationships. Claire was the only participant to discuss her responsibility for cultivating the relationship with other services. Further research to consider the development of professional relationships between social care and specialist substance use services could be illuminating. Social workers are practising in a pressurised context with substantial demands on their time (see s.2.4.1). This potentially heightens the pressure they feel about working in partnership with services they see to be limited. It is, therefore, unsurprising that they will construct narratives about partnerships with substance use services based on their experiences and this will impact on their expectations of future collaboration. Chapter three discussed the repeated calls over the last 20 years for effective inter-agency work to support substance using parents and to improve outcomes for parents and their children. The findings from this research suggest that good partnership working

can depend on individual practitioners and that relationships between individual staff in different agencies are important. This is despite the emphasis 20 years ago in the *Hidden Harm* report (ACMD, 2003) on the need for services to build structural bridges to better support families living with PSU and subsequent national policy emphasising the need to make joint working a strategic priority (Public Health England, 2018) (see s.3.3.1). However, noting Noah's concerns about information from specific staff members, it would seem that the goal of strategic joint working is yet to be achieved. Given the frequent mention of the need for improved information sharing in serious case reviews (Sidebotham et al., 2016; Brandon et al., 2020) this is concerning. This has significant implications for families. The findings show that social workers use interpretive judgements not just about the information they receive from service users but also about the information they receive from specialist substance use agencies. This is the first study that has revealed this concern about specialist staff. The child protection assessment process relies on access to information, which these findings suggest is inconsistent: information that is informed by social workers' constructed views about the validity of the information received.

While the challenges of working across organisational cultures and boundaries have been documented in relation to practitioner responses to PSU (Adfam, 2013), this research has shown that such challenges can move beyond competing priorities of agencies to the concerns about the accuracy of information received from individual practitioners. If social workers believe that information from some specialist colleagues cannot be relied upon, and they are receiving limited education and training in substance use, it leaves a knowledge void through which parents and families affected by substance use are falling.

As discussed in chapter two, this research was conducted following the implementation of fiscal austerity measures in the UK as a response to the global financial crisis of 2008 (Jones et al., 2019). In addition to service availability, a number of participants discussed some of the difficulties they faced in working with specialist substance use services in relation to the impact of austerity measures over the last decade, with cuts to resources limiting drug and alcohol services. These difficulties included limited availability of services, long waiting times for services and difficulties in obtaining up to date information from specialist services to inform child protection processes. In 2017, The Advisory Council on the Misuse of Drugs (ACMD:4) warned that funding cuts were the "single biggest threat to drug misuse treatment recovery outcomes" in England. Evidence of this was seen in 2021 when drug and alcohol deaths reached a record high (Stone, 2021). Dame Black's (2020) review of drug services also noted the devasting impact of funding cuts to treatment services and the diminishing expertise and capacity of the workforce in these settings. These were situated within wider cuts to community resources and a period of welfare reform that has had a significant negative impact on vulnerable families (Jones et al., 2019; Morris, 2016) including families living with PSU.

The cumulative impact of cuts to services over a prolonged period and the pressures created for services from the COVID-19 pandemic lockdowns in 2020-2021 have put immense pressure on all social welfare services and has made joint-working more difficult (Jones, 2022). Indeed, looking back to Galvani et al.'s (2011) study (see s.2.5), they found that whilst some children and families social workers discussed examples of poor communication from specialist substance use services, this was only for a minority of respondents. This is compared to the findings in this study which found that half of the respondents spoke in negative terms about joint-working

and communication. Although the scale of the two studies differs, it points to the importance of the wider context and environment within which child protection and substance use services are operating.

It is important to note that this study presents the views of child protection social workers. Specialist substance use agencies will have their own challenges and frustrations in relation to joint working with children's services. Further research to better understand this perspective would inform the debate as to how services can achieve effective strategic joint working. Positive relationships between practitioners will be central to its success. It is evident that there is a need for joint training on PSU and for joint reflective spaces where skill and knowledge sharing can take place. Indeed, one of the social workers in this study suggested that group supervision with workers from other agencies would promote mutual understanding to avoid a 'blinkered' view focusing solely on their own role. Such an approach would promote communication and understanding about each other's role and remit which would encourage more productive dialogue between practitioners.

10.2 Practice challenges

In keeping with the key focus on contextualism in this research, the participants were asked to describe and reflect on particular cases they had found particularly challenging. The findings showed that they were often perplexed about navigating aspects relating to parents' substance use, despite high levels of self-reported confidence by the social workers in their ability to respond to PSU. All of the participants spoke earnestly about these challenges, regardless of the length and nature of their work experience. The most frequently cited challenges related to the motivation of parents to change their behaviour, service users' honesty and denial,

the importance of evidence, and tools to support practice. These four issues will now be discussed in more detail.

10.2.1 Engagement and motivation

A number of participants spoke of challenges in understanding the change process and working with people who lack motivation to change or who struggle to sustain change. Goodman (2013: xi) has previously suggested that social workers find it challenging to work with substance users due to their 'ambivalence about themselves' and their 'changeable motivation' which leaves them feeling de-skilled. For Ruth, the hardest challenge she experienced was determining if parents could sustain the changes they had made to their substance use:

> *Probably their ability to sustain it in the long-term…something that's really significant happens and then [the child is] removed and then they manage to stay abstinent or reduce it for a couple of months…having that confidence that this will continue and that actually when the children don't go back to their care…this will just kind of happen all over again*. (Ruth)

Jane talked about a case where she had felt frustrated that the parent was not motivated to change, and this had an impact on her ability to engage with her, which left Jane feeling exasperated:

> *We all knew that this was substance use but mum was not willing to even have that conversation…she did not want this plan, she didn't come to a single meeting apart from one. She was in for visits, but conversation would be there, sometimes not. Sometimes there'd be anger and hostility, sometimes there wouldn't. And it felt like one of those cases where I just didn't even know where to start, like I couldn't even get a foot in the door*. (Jane)

Conversely Noah talked about a case where there had been a positive outcome for the parent who, having had previous children removed, was able to change her substance use during a subsequent pregnancy which meant she could keep her child. Noah recognised that her motivation to change was key, but he was not able to ascertain what was different for her that led to this motivation:

> *What she told us was she didn't want to lose another child…there was a very deep level of resolve there…it's hard to really understand what was different at that time, whether it was something in her that made her look at it differently*. (Noah)

Anne discussed the importance of recognising a parent's motivation to change and the importance of being able to recognise when people are ready to make changes:

> *It may be initially that they don't engage with the [substance use] service but they do start doing other things…almost trying to get them on that path, rather than being quite clear this is what you must do...it's making sure it's the right support at the right time, while not endangering the children.* (Anne)

Sarah discussed her uncertainties:

> *It's challenging when parents don't understand that there's a problem, or what we're worried about… it's difficult when parents just don't want to change at all…if parents don't want to change and we think it's either illegal or it's problematic then where do we stand with that?* (Sarah)

Sarah explains that she was unsure of her responsibilities when a parent lacked motivation to change. This is at odds with the *Roles and Capabilities Statement for Social Workers*, which clearly states that social workers have a key role in motivating people to change (Galvani, 2015). These comments showed a recognition that the

need to understand where a service user was in relation to their motivation to change was important, but there was also a sense that the social workers did not always understand what created and what sustained motivation to change. This finding is significant as it highlights an area of subjectivity and inconsistency in the assessment of risk relating to PSU. This speaks to Goodman's (2013) notion of practitioners feeling potentially 'de-skilled', but it is possible to see in these accounts the multifaceted nature of the challenges faced by the social workers in working with motivation and engagement.

Motivation is a complex phenomenon and fluctuates over time (West & Brown, 2013:8), so it is not surprising that the social workers had difficulty in being able to predict outcomes for families based on motivation of parents to change their substance use behaviours. A number of the participants suggested the training they had on substance use had been too basic (see s.7.2.1). Understanding motivation and helping people to become motivated is clearly one area in which they need greater training support. As highlighted previously (see s.2.1.2 & 3.2.2) moral explanations of substance use have led to pervasive negative stereotypes and stigma in relation to substance use and some writers have suggested that professionals adopt ambivalent attitudes about substance use as a consequence (Shepard, 1990; Billingham & Billingham, 1999). It is possible that such stereotypes intersect with lack of training to impact on the social workers' perceptions of engagement and motivation. However, the accounts above could reflect the fluctuating nature of substance use. This might also be a consideration for the ways that the participants discussed issues of honesty and denial.

10.2.2 Honesty and denial

All of the participants cited the issue of honesty as one of the significant challenges they faced when working with PSU. The concept of honesty was discussed in terms of parents not being honest about the exact nature of their use of substances. Parents were seen to minimise or 'down-play' their use, deny their substance use in the face of clear evidence. Lack of honesty and not being able to determine the nature of parents' substance use was generally seen as a risk factor in child protection practice. Conversely the participants cited instances of service users being open and honest about their substance use as a protective factor and a contributing factor to positive intervention outcomes. This was explained by Jane:

> *It's much harder when there's a lack of honesty…that in some ways creates risk, because you don't really know what you're dealing with…there's a lot of uncertainty…around how do you even start to kind of try and manage that risk, if you don't know quite what that risk is*. (Jane)

Jane, Ruth, Tracy, Emily, Mia and Noah all recognised that parents were often fearful of social services intervention; this meant that they were reluctant to be fully honest about their substance use for fear of having their children removed from their care. Tracy discussed how this affected the assessment process:

> *They know the consequences…it's difficult because they know the end result is your child won't be in your care. So, their motivation to lie is very, very high because the consequences are so severe*. (Tracy)

Likewise, Noah also discussed the role of fear and honesty; he discussed his concerns that it can be difficult to truly understand the level and nature of a parent's

drug use because parents are inevitably fearful that their children could be removed from their care:

> *I think the honesty aspect is something I've always found very frustrating and very difficult to understand…unfortunately people take the view that if there's any drugs…we're going to remove their children…that level of fear is real of course and it's very difficult to persuade people actually we don't want to do that.* (Noah)

Greg highlighted the role of shame and embarrassment for many parents when talking about their substance use:

> *Not that everybody's being dishonest, but I suppose what we know of the shame and embarrassment behind a lot of these things, people are inclined… to play it down or deny…that's the frustration for me*. (Greg)

Tracy recognised the importance of building up a relationship with parents to develop honest conversations:

> *We would be naïve to say we get honesty…a lot of the time I think we get an element of truth…or minimisation…and over time you build relationships you probably get a clearer picture*. (Tracy)

Like Tracy, Sarah too discussed the importance of building a relationship, and she felt there was more honesty about substance use from parents when she had managed to build a relationship.

Tracy and Emily thought the perceived lack of honesty was a feature of addiction:

> *So how do I know when you tell me you haven't used in a week; how do I really know? And I think, that's being aware of addiction, and how damaging it can be and how dishonest it can make people.* (Tracy)

> *They're never honest…and they can be quite sneaky…I'm not stereotyping but I think it goes, hand-in-hand with addiction sometimes.* (Emily)

What this study has highlighted is that for many of the participants this concern about honesty has led to a reliance on drug/alcohol toxicology tests as 'evidence' of substance use that would allow them to confront service users when faced with denial (discussed in the next section). As the findings have shown, risk was determined by individual social workers and their perception of whether or not the service user was being open and honest about their substance use. This judgement, often based on very limited knowledge is a fundamental factor in the assessment of risk.

What was less clear was how social workers discussed risk assessment with parents using substances. It would seem prudent that practitioners would be honest with parents about their assessment of risk and how it would be determined, in part, by the parent's honesty about their substance use. The findings showed that there was variable practice in relation to how the social workers in this study spoke to parents about their substance use. Differences in what parents are asked, differences in what the parent shares, and judgements about honesty, have the potential to create a unique and subjective understanding of any given instance of PSU.

The participants in this study recognised the barriers that parents faced in being honest about their substance use. Denial and secrecy will shroud accounts from parents about their substance use due to the stigma and prejudice about substance

use per se but specifically when people are parents (Kroll & Taylor, 2003; McGovern et al., 2018). Roy (2020) conducted a cross sectional analysis of 299 children living with PSU referred to children's social care in one local authority in England. She reported increased scrutiny on women, in particular and the tendency for 'mother blaming' which, in turn, led to heightened stigma and shame about PSU. Shame and stigma were experienced alongside fear of children being removed and consequently created a significant barrier for mothers being willing to engage with services (Roy, 2020). This was recognised by some of the participants; Noah and Greg recognised the fear and shame that can lead to resistance from parents experiencing child protection interventions (Quick & Scott, 2019: see s.3.3.3). The key message is that social workers are able to build positive relationships with parents who use substances to promote honest conversations. This is not to lay the responsibility solely with individual practitioners. Given the wider contextual issues that have been raised in relation to training, limitations on time and information sharing, the challenges faced by social workers need to be addressed more thoroughly at policy level to support practitioners with the knowledge, skills and resources to develop effective relationships with service users.

10.2.3 Evidence

Half of the participants talked about the role of evidence in supporting them during the assessment process when working with PSU, often in the form of toxicology testing. Sally and Anne both discussed the role of gathering evidence of substance use to be able to confront parents about it when they have denied or minimised their use of substances:

You have to slowly gather the evidence and challenge them in that way. But if you start challenging them…when you've got no evidence, it turns into a big argument. (Sally)

If someone says 'oh I haven't taken drugs for three weeks' and then they have a hair strand test and they've been using drugs for the last six months, then…you can challenge it, but you can challenge it with evidence. (Anne)

Noah and Sarah both discussed having suspicions about substance use but not having evidence, and the need to be vigilant in these situations for potential evidence. Sarah discussed a case where she had suspected drug use that had not been disclosed:

You know something's not quite right but if you haven't got the evidence, it's difficult to do something and inevitably what happens is we find out eventually, something happens and they let slip or they disclose or the police are called…but, it's just sometimes a lot of damage done in the middle. (Sarah)

For a number of the participants, evidence of substance use was discussed in terms of toxicology screening tests, either in the form of urine tests, mouth-swab tests, or hair strand tests that would provide an indication of what substances the parent had used, and in what time frame. The social workers discussed the use of toxicology screening during care proceedings or in specialist FDACs rather than in routine practice with families. Sally and Greg spoke of their frustration at being unable to access drug testing more routinely:

That's a really funny one for me because I've rung [names local substance misuse service] and they're saying...we won't offer drugs testing unless a

parent reports that they're using…we don't do that we haven't got the budget to do that. (Sally)

If you're in proceedings you've got the benefit of hair strand testing that gives you a really definitive picture…but for everything lower down the chain, so CP and CIN or early intervention you're only relying on what the parents are telling you, on their self-disclosure…that's sometimes quite frustrating because you don't have a clear picture. (Greg)

Sally also said that some parents wanted to be able to prove they were not using substances through toxicology screening:

That is a loophole…and not having a service that can offer that…if you had hair strand tests and a urine test…parents often want that. You can't give them it. So that's frustrating. (Sally)

Having previously worked in a specialist FDAC role, Kate did not see why social workers couldn't be trained to offer testing that would inform their assessments:

I struggle now to see why we can't have workers that are… trained up within the local authority to be doing…mouth-swab testing or urine sampling…its valuable as a therapeutic tool…and also as part of…assessment as well. (Kate)

Claire discussed that, in her local authority, some of the child protection teams had received training on using mouth-swab toxicology tests and that they were using them in partnership with parents to allow parents to be tested when they were in a position to show they were substance free; something that she felt was empowering for the parents:

We have testing kits now, people are not asked to give tests, they're asked to say when they're ready to give a negative test. So it takes pressure off parents…I think sometimes, their anxieties about being randomly tested would lead then using, where if you take the equation out it would lead to parents being more honest with you…we put a bit more power back in their court. (Claire)

The discussion of toxicology screening also raised the potential of testing children for substances. Some participants recognised that substances may be ingested by children, not through intentional means, but through exposure to substances in their environment. Jane described cases where they had been worried about a child having ingested substances in their home:

One of the concerns has been actual exposure of the children, so particularly with things like cannabis, where it's in the atmosphere…or we've had crack-cocaine as well, children who literally are physically breathing it in and are physically then intoxicated themselves, we've had some really big kind of removal cases where that's been a big factor. (Jane)

Kate talked about her experiences of hair-strand testing children for substances:

It's a very helpful measure of…how adults are…using substances and whether or not they're being used…safely really, so for some adults…[who] had the belief that they were…using substances safely and away from their children…but actually when their…tests came back it was clear that the children were…inhaling substances and they must have been using… within that young person's environment. (Kate)

Similarly, Ruth spoke of a case where a four-year old child tested positive for cocaine after supervised contact with his mother; this raised questions for her and her colleagues about transference from a parent who is using substances to a child. Ruth went on to say:

> *Does it cling to furniture?...looking at things like that. Because we've had quite a few children that we've hair strand tested and they've had drugs in their system…there's a massive lack of understanding of how that gets there…I've had parents that…[have] been genuinely really upset and I don't for one second think they're purposely…they didn't administer the drugs, but they were like well how's it got there.* (Ruth)

The findings suggest an overreliance on toxicology tests based on an inherent assumption that a positive test from a parent confirms harm to the child(ren). Perhaps this is not surprising given that all the participants were concerned about honesty. This approach lacks the necessary focus on individual behaviour and contradicts the suggestion that the impact of PSU should be assessed specifically for each individual family. Whilst toxicology drug screening is widely used to track compliance with treatment programmes (Pergolizzi et al. 2010), Kate's suggestion that it can be used as a 'therapeutic tool' and Greg's suggestion that it allows the development of hypotheses about the cause of child neglect is contentious. Toxicology screening has not been designed for this purpose and although Claire spoke about her local authority having testing kits within the child protection team, it is not clear that this is widespread practice across other authorities. Toxicology screening should be seen in the context that results can be inaccurate. There is the potential for false positives and negative results do not certify that the person has not used, indeed it is easy to access information about how to achieve false negatives

(Centre for Substance Abuse Treatment, 2006). Additionally, positive toxicology tests do not offer any information about frequency of use or context of use including specific risks at the time of use, which is pertinent when considering the impact of PSU on children. It would also be concerning to draw conclusions about parenting based on toxicology tests alone without consideration of wider factors impacting on the family.

The need for evidence was discussed by participants from across the range of years of experience; therefore, despite the development of 'practice wisdom' previously discussed, no inferences can be drawn about the impact that practice experience has on the desire for evidence to underpin judgements. Reliance on toxicology tests alone has the potential to be obtuse as they do not offer detailed information about patterns of substance use or the implications of intoxication at any point. This could lead to inaccurate assumptions about parenting capacity. These findings also raise new questions about the role and implications of toxicology screening for children of substance users; for instance, a positive toxicology test in a child suggests that substances have been ingested but does not offer full insight into the impact that this will have on the child, nor whether the child has willingly or unwillingly taken them rather than the parent. There is no sense from this evidence what the results from testing children means for children if they are old enough to use substances themselves and the range of emotions and complexities this may pose for families. These issues certainly warrant further exploration.

It would appear there are different practices in how toxicology tests are used to provide evidence for decision making in child protection cases and understanding of the role of such tests for parents and children needs to be developed further. Glinski (2019:1) discusses the "tension between the criminal and safeguarding burdens of

proof" in relation to child sexual abuse, noting the obstacles that practitioners face in obtaining evidence. She questions the reality of always being able to acquire irrefutable evidence and suggests there is a "myth of absolute knowing" (Glinski, 2019:3). The findings of this research offer fresh insights into how this desire for '*absolute knowing'* also permeates responses to PSU. It is also possible that evidence offers social workers clarity if they are struggling to open up effective conversations about substance use because of lack of training or knowledge. There is likely to be a link between the perceived need for evidence and the lack of quality training, but the use of such evidence is an important consideration as a potential determinant for practice responses. It could also be considered that the reliance on evidence is a consequence of a child protection system that is focused on the assessment of risk and is situated in a professional culture that is fearful of failure and blame (see s.2.4.1 and s.3.3.4). The desire for evidence as 'proof' offers an indication of defensible decision making (Kemshall, 1998).

10.2.4 Practice tools

When asked if their agency had a specific decision-making protocol to support them when working with cases involving PSU, all the participants reported that they were not aware of one. The participants were also asked if their agency provided them with any specific tools to support them when assessing PSU. Generally, the responses suggest that the social workers relied on tools that were designed to assess the child's life, such as tools that would help them to understand what a day in the life of the child was like; that is to say tools that were not specific to understanding the impact of PSU. Three of the participants talked about scratch cards that they had been provided with that would facilitate a conversion with service users about alcohol use. Additionally, Tom and Mike said they used the AUDIT-C

tool, a short questionnaire that asks questions about consumption of alcohol, to assess alcohol use. Jackie, Kate and Emily had previous experience of working in specialist substance use settings and used tools that they had available to them when they had worked in those settings. None of the other participants described tools specific to drug and alcohol use that were available to them.

Ruth, Tracy, Noah and Mia all discussed conversation as a tool in understanding substance use. Tracy was cautious about using tools without the opportunity for wider conversation:

> *The issue with tools…they can be really good prompts, but…sometimes we can become very fixed on, got to ask you questions off the tick sheet, and parents see through that. Whereas I'm much more of a relational, let's sit and have a chat and let's have a conversation about somebody, rather than I'm going to go through and use my tick box*. (Tracy)

Seemingly, there was no consistency across the participants in each authority in terms of what practice tools were used to support discussions about substance use with parents, families or children. In reality there is a scarcity of tools to support social workers in responding to substance use and this is perhaps not surprising in the context of inconsistencies in pre- and post-qualifying training. In recognition of this McCarthy and Galvani (2004) put forward two practice models to specifically support social workers in responding to substance use. The first model 'DECLARE' offers a step-by-step guide to making appropriate referrals to substance use services, with DECLARE as an acronym for drugs or alcohol use; explore; consult; liaise; assess; refer; and evaluate with additional guidance offered at each step. The second model 'SCARS', is theoretical model which can be used to support the

assessment process to determine the impact of substance use on an individual. This model offers a framework that asks the practitioner to consider physical health, psychological health, relationships, employment, accommodation and substance use treatment (McCarthy and Galvani, 2004). Clearly such tools have the potential to be of great benefit to social workers who have limited time and offer a structure to their assessment and referral on to other services, although none of the social workers in this study were aware of these tools. What these two specific models do not offer is any specific consideration of parental substance and there is clearly scope to develop tools that would support social workers in talking to parents and children about the impact of PSU. Any attempts to develop practice tools to support social workers need to be fully embedded in pre- and post-qualifying education and practice supervisors need to promote their use in order to embed them in routine practice.

10.3 Professional challenges

The findings revealed that the social workers experienced professional and personal frustrations when working with PSU. These frustrations included: wanting to see service users change their behaviour but having to recognise that they could not make people change; feelings of being overwhelmed; and not knowing how to respond when faced with PSU.

Sally and Anne both spoke of situations where they had a strong sense of wanting to work with parents towards positive outcomes, and then reflecting on their own practice when the parent could not make positive changes. Ultimately, they both came to the conclusion that they couldn’t have made the parent change their substance use, but this nonetheless left them feeling disappointed. Tracy discussed

working with a mother who was having her ninth child and could not change her drug use. She spoke about her feelings of disappointment having developed a plan of work with the mother, but ultimately being frustrated when no changes were made. This left her reflecting on the situation:

> *I reflect, is there anything I could have done differently and I think sometimes you've got to accept well maybe there wasn't, but…it sends me into a spin of disappointment really. Disappointment but acceptance that, that's what happened and I did try*. (Tracy)

Sally spoke of a similar situation when working on a pre-birth assessment. She spoke of a feeling of having failed in some way that she had not supported the mother to make changes to her substance use, which for her led to some 'real soul searching' about her practice and if she could have done more. Sally approached her manager for support with this:

> *I found that one really hard because I was really rooting for them and my manger kept saying focus on the child…which I did, cos…I took it to proceedings. But I really, really wanted them to do well. And I really struggled with them not doing well*. (Sally)

Ruth discussed a case where the children had a positive relationship with their father and her sense of feeling very sad when the family could not stay together because of the parent's drug use. Additionally, Jane also shared an experience of working with a parent using substances who was unable to change in order to keep her child with her, that had led her to reflect in a similar way:

> *I think about her all the time now…like would I have done anything any differently at that time, would I have had conversations, would I have asked*

different questions, would I? And maybe I would have and maybe that would have changed it, but actually maybe I did the best I could at the time. (Jane)

Tracy also talked about another case in which she experienced a sense of feeling helplessness when she had struggled to engage with a drug-using parent:

You just feel helpless because it's like, I don't know what to do, I don't know how to engage, to understand. And there wasn't a period where she was like sober or not high, that you could get through to her because she was just constantly in this state of using. And how do you get through it. (Tracy)

Kate described a situation as a newly qualified social worker where she had been working with a family where the parents had a long history of heroin use; she portrayed a sense of feeling overwhelmed, explaining that:

On a day-to-day basis I just really struggled to know how to respond…and how to help those kids as well. (Kate)

Jackie talked about feelings of anxiety in cases where the children were younger:

For me it's always the cases where there's babies and young, very young children…it makes me quite anxious. (Jackie)

These narratives of frustration, disappointment and being overwhelmed illustrate the specific experiences the social workers have faced. However, these narratives do not indicate how experiences, and perhaps repeated experiences, of disappointment impact on their role engagement (see 3.2.3) and consequently their future practice where there is parental substance. For instance, practitioner's experience of disappointment in parents' ability to change their substance use behaviour may lead to assumptions about future service users' ability to change and have a negative

impact on how the social workers' respond to future cases. Whilst role adequacy, the practitioner's sense of feeling knowledge about substance use, is determined by education and training; it has also been shown to be predicted by higher levels of role engagement, the willingness to participate in this work and the satisfaction received from it (Galvani et al., 2011). If the negative experiences faced by the participants impact role engagement and consequently role adequacy, this might suggest that experience can de-skill social workers and therefore there is the need to enhance role support to consider this process.

Mike reflected on some of the frustration felt by social workers when working with PSU and he suggested that this frustration has an impact on the language used by colleagues, which in turn is unhelpful in promoting positive engagement with the issue:

> *There's probably times where you hear around the office some quite oppressive language and a lot of that is out of frustration I think…you know, 'piss-head' or, and again, I don't think that's ever taken into people's frontline practice but…people's frustrations can come out, like 'why can't she just bloody get over it' or 'she's a crack-head isn't she, that's why she's not taking the kids to school', little things like that…which service users never hear but it probably perpetuates a bit of a culture of, they are a substance user therefore that's the whole of their identity and personality and we're not going help people…by keeping on doing that*. (Mike)

The findings show that the social workers reflected on their experiences of working with PSU, and for some, it was clearly an issue that caused them to question their practice. Their willingness to reflect on practice was important; indeed, a number of the participants also expressed gratitude for the opportunity to take part in the

research interview as it had allowed them some space to reflect on their practice in the field of PSU. However, this had led to feelings of disappointment, sadness, helplessness, frustration and being overwhelmed. It is clear from these accounts that social workers experience a complex range of feelings and emotions when working with cases of PSU, that have the potential to weigh heavily on them in terms of their own well-being. It is important to acknowledge these feelings in terms of how social workers can be best supported with the emotional impact of their work, but also these personal responses form part of the understanding and construction of risk in the assessment process. For example, Jackie's understanding that the risks for younger children can be more significant prompted her anxiety about such cases, which in turn is likely to impact how she determines the severity of risk. This is not to say that emotional responses should be dismissed, for intuition is an important feature of risk assessment (Sicora et al., 2021). However, it is important to consider personal feelings and responses in reflective practice to ensure that the potential for bias has been considered. It is not clear how far the fear of failure that permeates child protection practice (see s.2.4.1) impacts on the feelings of frustration and anxiety that the participants have described, and this warrants further study. It is also not clear if enhanced training and education would eradicate these issues but there is clear potential for some of these frustrations to be lessened through a good working understanding of substance use and dependence.

The need for this reflection was also illustrated by Mike who discussed the use of oppressive language by some social workers in office settings. Such language is inappropriate in professional settings and has the potential to influence views and judgements of the individual practitioner and others around them. The findings of this study showed that information about substance use is informally 'picked up' from

colleagues (see chapter seven). Such negative language about substance use has the potential to contribute to a deficit approach; Loughran (2019) warns against this noting that such an approach underestimates both service users and the influence of social workers. Mike suggested the language he had heard was borne from frustration; however, it is also possible to see the impact of wider negative social attitudes and stereotypes of substance users (see s.2.1.2) in these comments. Therefore, an alternative explanation is that negative beliefs about substance users negatively impact on professional views. Having said that the overall narratives from social workers in this study showed a commitment to anti-oppressive practice so whilst Mike's comments are insightful, no inferences can be made about the impact on practice. Crucially, if the use of such language is a result of frustration and feelings of being overwhelmed, then social workers need to be better supported to ensure that frustration can be expressed in more productive and reflective ways. It is clear that social workers need the space and opportunity to process these feelings that are a challenging aspect of their practice.

10.4 Framing the challenges: six paradoxes of social work practice

It is clear from the findings that social workers face a range of challenges in responding to PSU. The context of tensions experienced by the participants can be framed in relation to Weinberg's (2016) six paradoxes of social work practice (see s.2.4 for a discussion). These reflect the complexity that social workers face in seeking to practice ethically and in line with a professional value base. An example from this research, is the finding that participants sought to convey their concerns for children and while simultaneously wanting to be non-judgmental about parental behaviour. The first paradox of "*care and discipline"* can be seen in child protection practice as the social work role is to promote the welfare of families, but this may

require the use discipline to regulate the behaviour of one or more parties. The social workers recognised that PSU may be a response to previous trauma and that they needed care and support, but there was tension between this recognition and the responsibility to the child(ren). In addition, there was limited time to support the parents directly because their key focus had to be the child(ren). Given the role of supervision in promoting reflective practice and as a space to enhance reflexivity on issues of social justice (Tedam, 2024) it would seem that supervision would be a good place for social workers to consider some of these tensions. However, given the limited substance use education and training, it is likely that supervisors also lack knowledge in relation to PSU thus limiting the supervisory support available.

The second paradox, "*more than one 'client' in a case*" was evident in how social workers were acutely aware that parents had support needs and that supporting parents with their substance use would improve outcomes for children. For many of the practitioners this was resolved by identifying specialist support and referring onto the services (see s.8.2). However, the tensions of being aware that not all parents would engage with such services was a part of their understanding of risk. However, their focus, because of limited time and their remit, had to be the child(ren). The third paradox, "*non-judgmentalism vs. the need to make judgements"* was a tension for the participants in this study. The social workers were sensitive of the need to be non-judgmental to engage with families while also needing to make judgments about the impact of PSU on a child in order to protect them. Making judgments is at the heart of assessment and risk assessment, but the challenge here is how far a lack of knowledge and understanding about substance use contributes to the under or over-estimation of risk.

The fourth paradox, "*the setting of norms vs. encouraging 'free choice' and client empowerment* was evident for a number of participants in this study who discussed that parents should be able to self-determine what support is right for them to promote change, but at the same time they set expectations that some form of change had to be evident (see s.9.2.2). Furthermore, the social workers had different views about how much of a concern cannabis use is, showing a variable degree of moral regulation in their responses to PSU which will inevitably lead to inconsistent assessment outcomes (see.s.7.3). The fifth paradox, "*self-disclosure as necessary and risky for clients*" was also apparent in the social workers' understanding of service user responses to being asked about substance use. The social workers discussed insight and honesty as protective factors but were also aware that parents saw the risk of self-disclosure as they were fearful of further child protection interventions and may be inclined to conceal information about their substance use. The sixth paradox, "*equality vs. equity"* raises a significant challenge for study participants who found it personally challenging when they felt services users were not honest about, or motivated to change their substance use. The impact this has on their role engagement and practice responses needs to be further understood. As discussed above (s.10.3) the role that negative experiences of working with PSU has on a practitioner's future expectations of similar cases is unknown. Additionally, how far service user responses impact on equity of support is not clear.

Framing the findings in relation to Weinberg's paradoxes of social work practice further highlights the complexities of child protection responses to PSU as a value laden activity. The contextual nature of social work practice is inherent in the deliberation of these contradictions. The paradoxes offer a useful structure for considering the ethical and theoretical spaces in which PSU is understood and

where concepts of risk are constructed. Weinberg encourages social workers to avoid ‘ethical trespass’, that is causing harm to service users through a lack of critical challenge to processes and decision making (2016:17). Social workers are engaged in highly emotive work in highly pressured environments (see s.2.4.1) and Weinberg highlights the potential for moral distress when practitioners face institutional constraints that prevent them from doing what they believe to be the right thing. The data has shown that social workers have been conflicted in recognising that parents need support with their substance use, support that they may not be getting from other agencies, but not having time to offer direct support themselves. Recognising these dilemmas and tensions offers further support for the need to create reflective spaces in which social workers can fully explore their value base and biases in relation to PSU in order to examine practice and promote consistency.

10.5 Chapter summary

This chapter has discussed the layered challenges faced by the participants when working with PSU. It has discussed the varied experiences of working with specialist substance use services. It has also discussed the practice challenges in terms of working with fluctuating motivation, denial, the need for evidence, and the lack of tools to support practice. Lastly it has discussed the professional challenges and feelings that the participants’ experience when working with PSU. This includes a range of challenging emotions that they are required to process as they navigate on-going work with families experiencing PSU. These layers add to the complexities of practice that social workers have to manage as they respond to parental substance, that make navigating this area of practice testing in a variety of ways. The overall challenges of responding to PSU have been framed within the context of Weinberg’s paradoxes of social work practice. The findings and discussion have developed a

narrative of individual responses to PSU based on a range of subjectivities that sit within specific personal, professional and societal contexts. These will be considered further in the next chapter which will present an original, emerging model of the contextual construction of risk.

Chapter 11: The Contextual Construction of Risk

This study contributes to knowledge as it has specifically explored how child protection social workers conceptualise, understand and respond to parental substance and the impact it has on children. In doing so, the data has informed a new model of contextual construction of risk - a unique contribution to knowledge that can support the future education and practice of child protection social workers. If services are to adequately meet the needs of children of substance users, it is crucial to have a workforce that is equipped to understand and assess the complex risks that PSU presents to children's lives and wellbeing. To do this, child protection social workers need to understand how substance use positively and negatively impacts on parents, their behaviour, their health, and well-being, and consequently their ability to parent.

This chapter will consider the key themes that were identified in the findings and will discuss the relationship between them, developing a new explanation of social workers' responses to PSU that is grounded in the data. This discussion will be framed by the understanding that social workers use a 'contextual lens' through which PSU is seen and understood. This contextual lens is a product of training, experience, role, responsibility, perception of risk, practitioner skills and personal reflection on practice situations.

This research set out to explore how social workers respond to PSU in the context of child protection. Whilst there have been empirical studies that have sought to understand how social workers perceive their role and responsibility in relation to working with substance users, this research addresses important gaps in the evidence base. It has provided first-hand accounts from child protection social

workers that was previously lacking from the existing evidence about how they respond to PSU in their daily practice, with a focus on how they understand substance use, how they assess the impact of PSU on children and descriptions of the challenges they face in practice when working in this area. By enabling child protection social workers to talk about their practice, there is a clearer, more in-depth, understanding of what informs their judgements about responding to PSU. The knowledge gained from this study indicates they can be better prepared and supported to respond to PSU.

This research has extended the existing evidence, finding that social workers in child protection practice are aware that they have a crucial role in motivating parents to change their substance use behaviours in order to improve outcomes for the child(ren), but often struggle to do so. Further, it has shown that confidence to ask about substance use can be context dependent and that the overall understanding of substance use and the response to it is dependent on a range of internal and external factors, constructed narratives and subjectivities. This unique data is illuminating in how the training and support needs of social workers working in child protection settings should be understood. The findings have provided new insights into how child protection social workers talk about substance use with service users, demonstrating a range of approaches and skills in practice. The participants in this study were experienced social workers who were well established in their roles and yet there were still variations in skill and confidence in responding to substance use. This raises questions about the confidence and abilities of newly qualified social workers who cannot rely on practice experience and may have received limited or no training on substance use.

Through the exploration of the research aims and objectives this research has created new knowledge about the subjectivities and contextual factors that impact on the assessment of PSU in child protection social work. It is this understanding that has led to the emergence of a new model of the contextual construction of risk as a means of understanding how social workers determine the impact of PSU on children in child protection cases. This understanding has emerged from the data; the phrase '*it depends'* was consistently used by the participants when describing their practice. Thirteen of the 16 respondents used the phrase "it depends", 58 times in total, and discussion of contextual factors in understanding and responding to substance use was featured in all 16 of the interviews.

The remainder of this chapter will present the emerging model and will discuss how it fits with the overall methodological approach to the research. It will also discuss how it fits with other notions of context in social work practice, and the implications of this new understanding for practice. This enhanced discussion of the findings will lead to the final section of the thesis which will offer recommendations for policy, practice, and further research.

11.1 Framing the debate: The contextual constructs model

In chapter four, I discussed how this study was carried out using principles of a constructivist grounded theory approach set within a broader interpretive paradigm. My ontological assumptions are situated within a critical realist framework, recognising that knowledge is socially influenced (Braun and Clarke, 2013) and my epistemological assumptions are framed within contextualism, recognising that knowledge is context dependent (Jaegar and Rosnow, 1988). This combined approach sought to understand the lived realities of the participants in how they

responded to PSU, whilst recognising their subjectivities in their interpretation of their practice. I also recognised my own bias as a researcher with experience in the fields of substance use and social work practice and the socially sensitive nature of substance use as a field of study. Barnard (2005:1) discusses the methodological challenges of researching sensitive areas of human experience, noting the potential for such enquiry to raise “thorny issues over the legitimacy and social consequences of the sociological gaze”. Therefore, it should be recognised that interpretive judgment must be seen in the context of the research process as a whole. This is important in recognising that the participants sought to navigate the landscape of a commitment to, and display of their professional values, whilst negotiating their own personal experiences and values in relation to an area of human experience that is morally constructed. In turn, my own values as a social worker, educator and researcher have influenced my interpretation of these narratives. In writing about research with parents who were drug users, Barnard (2005:3) suggested that the “respondents were constantly coming up against their own sensitivities, moralities and prejudices, and these inevitably influenced the course of the individual interviews and indeed the entire life of the project”. I saw this mirrored in my own research as the social workers sought to balance their professional commitment to anti-oppressive practice through non-judgemental attitudes, alongside a recognition of their own personal views of substance use and the need to make judgements about the impact of parental behaviour on children as they discussed PSU and their responses to it.

In chapter four (see s.4.2.4), I discussed how contextualism served as a framework for this research project and aligns with the Contextual Constructs Model of research methodology (Knight and Cross, 2012). This model situates context as the key

feature of the research journey from the identification of the research question, the development of a research methodology and the ultimate vocabulary that is used to discuss the research findings (Knight and Cross, 2012). The model asks the researcher to frame complex ideas with the acknowledgement that there is a synthesis between context and cognitively-driven constructs (Knight and Cross, 2012). In doing so, they state, the researcher should avoid reducing research findings to individual ideas, and rather should seek to investigate the multiple co-constructions inherent in individual accounts and the relationship between them (Knight and Cross, 2012).

In using this framework of contextualism, my own cognitive journey has enabled me to critically explore the individual subjectivities described in the research findings and to ultimately create a new understanding in the form of the emerging model of the construction of contextual risk. This model presents the components of the research findings in a single illustration. The model is grounded in the data and has developed through the iterative process of data collection and analysis. A single, definitive truth may not be possible, but the model allows the recognition of multiple co-constructions of social workers' understanding of parental substance and gives crucial insight into how this determines the processes of assessment and decision-making. Through the recognition of these co-constructions, it is possible to enhance practice, through honest reflection on the subjectivities that determine perceptions of PSU and the context in which they take place.

11.2 Situating the debate

Context as a concept is well-established in social work literature and worth some consideration of how it frames debates about practice. The need to understand

people as they are situated in relation to their environments and support systems was an idea developed by Bronfenbrenner (1979) in his ecological systems theory. The theory provides a framework for understanding the impact of context in people's lives and development and has been hugely influential in social work practice (see s.2.4). Indeed, it has been argued that a key principle of social work practice is recognising that individual experience can only be understood though awareness of social context (Fook, 2016). This has led some writers to suggest that contextual social work is the foundation of 'good' practice (Lyngstad, 2012; Healy, 2005). Social work as an activity is contingent on the context of history, geography, institutional design and political ideology (Lyngstad, 2012; Harris, 2008). Therefore, an understanding of the context in which practice takes place as well as the context of the service user's personal situation will always be crucial.

In recent years, recognition of context has been emphasised through the development of contextual safeguarding approaches (Firmin, 2020). Contextual safeguarding is an approach that recognises the harms that children can face outside of their homes and the impact that space and place can have on the potential for harm. It suggests that social workers need to recognise and respond to the context in which children live and the impact that their wider environments have on them (Firmin, 2020). The development of this model has promoted the recognition of contextual dynamics in the lives of children to encourage social workers to use a 'contextual safeguarding lens' in the assessment and intervention of children at risk of harm (Firmin, 2020). Featherstone et al.'s (2018) critique of the current child protection system as one that focuses the individual actions of parents and the location of harm to children within family (see.2.4.1) led them to develop a social model of child protection. This model proposes a move away from focusing

exclusively on intra-familial risk and instead challenges the social work profession to consider the economic, social and cultural contexts of children lives and safety, which requires social workers to consider the socio-economic status of the families that they work with and the impact that this has on their lives (Featherstone et al., 2020). Recognising the shared insight about context in these models has led these authors to consider how the contextual safeguarding model and the social model of child protection could be used to build a framework for practice assessment and this may be an important area of practice development (Featherstone et al. 2020).

Contextual risk as a concept has been used in relation to a variety of social and psychological issues. For example, it has been discussed in terms of adolescent social, emotional and behavioural development (Ackerman, 1999; Capadi, 2002; Lengua et al., 2007; Fanti et al., 2017), adolescent marijuana use (Kerr et al., 2015), maternal mental health (Seifer et al.,1999), infant-mother attachment (Belsky & Fearon, 2002), multi-problem families (Asen, 2007) elder abuse (Schiamberg & Gans, 1999), child abuse, (McGoron et al., 2020) and experiences of opioid-using mothers (Beltrán-Arzate et al., 2021). Galea (2003) offers a model a conceptual model of the determinants of risk behaviours in relation to injecting drug use and the spread of HIV infection (see 2.1.2). Galea's model situates an individual's characteristics within their wider social environment, including social networks/support as well as social norms, neighbourhood disadvantage, social capital, health and social resources and physical environment in order to consider determinants of disease transmission.

What is notable is that in all of this literature on context and contextual risk, the terms are used to provide a framework for contextually based risk factors in the lives of people who use social work services. The model presented in this research goes

beyond this and adds the practitioner dimension. It offers a sense of how social workers' perceptions, knowledge and values impact on the understanding of a social phenomenon (in this case PSU and its impact on children). The findings present new knowledge about the challenges that social workers face when negotiating individual cases of PSU and how understanding is constructed and co-constructed in light of a range of subjectivities. The model recognises the social workers' personally constructed and professionally contextualised influence on their responses to PSU. This allows us to recognise that assessment of PSU is a socially constructed process that encapsulates the individual circumstances of the parent(s) and child(ren) as well as the individual position of the social worker. This takes place within a wider context of systems and structures that are not effectively supporting practice in relation to substance use.

11.3 The professional context of the debate

Any exploration of social work practice needs to take account of the context in which the practice is taking place. Chapter two and three discussed the complexities of risk assessment and management in relation to substance use and PSU; these are multi-faceted tasks that require social workers to draw on an extensive knowledge and skill base and to be aware of underlying bias and assumptions that can impact on practice as they make complex decisions. The recognition that PSU is often situated alongside other co-existing adult issues as well as wider stressors, requires social workers to consider the impact of other issues within the family and to not see PSU in isolation from wider socioeconomic factors impacting on family life (see 3.1.3). This takes place within a professional culture that is often politicised and requires defensible decision making (Kemshall et al. 2013) given the publication of serious case reviews and the tendency towards blame (Stanley, 2018; Kemshall &

Wilkinson, 2011). In a recent survey of social workers (n=151), the majority of whom were working with children and families, almost two-thirds said they have been influenced by negative media coverage of social workers when dealing with their cases (Koutsounia, 2023). It is also worth noting that child protection social workers are engaged in highly emotive work that not only affects service users but also the social workers themselves and potentially exposes them to a range of vulnerabilities (Quick & Scott, 2019).

This study has been conducted at a time when financial constraints on local authorities have had an impact on staffing within a range of social welfare services including child protections services (see s.2.4). This has had a direct impact on the social workers in this study as they respond to the needs of families and has impacted working relationships with adult treatment services in particular (see s.10.1). Official statistics for the children's social work workforce show some concerning trends and suggests that social workers are working in an increasingly pressurised environment. The data from 2022 showed that there had been a 2.7% decrease in the number of children and family social workers in post, a 21% increase in the number of job vacancies and a 13% rise in the use of agency staff from the previous year. This suggests that a lack of stability for some teams and services and the potential for increased workload and pressures for substantive staff (Children's Services Statistics Team, 2023). The data also showed that there was a 3.5% sickness absence rate that had risen from 3.1% in the previous year and 5400 social workers leaving the profession. This was a 9% increase from the year before. This speaks of the potential pressures that social workers continue to face and creates further pressures for those that remain.

The average caseload in 2022 was 16.6 which represented an increase from 16.3 in 2021 but a decrease from 16.9 in 2019 (Children's Services Statistics Team, 2023). The local authority profiles (appendix five) taken from the time of data collection for this research show that local authority one had significantly higher caseloads than the national average, although local authority two and three fell below the national average. This highlights the need to consider local issues in consideration of practice and the particular challenges faced in specific localities. Certainly, for local authority one this will inevitably impact the working lives of the social workers and the time they have to respond to the needs of families.

The narratives of child protection social workers not having time to focus on motivating parents to change their substance use is perhaps not surprising in the light of escalating concern about the bureaucratisation of social work. A recent report into children's social care based on '*deep dive'* reviews in six county authorities found that 50% of social workers' time is spent undertaking administration tasks and attending meetings, and that only 25% of their time is spent in direct work with families (County Councils Network et al., 2022). An annual survey of social workers by the British Association of Social Workers (n= 2062) found that 72% of respondents felt that they could not complete their work in their contracted hours (BASW, 2021b). In this context the narratives of a lack of time to do in-depth work to support families experiencing substance use might be expected. However, it also leads to concerns about the potential for 'moral distress' amongst social workers, (Weinberg, 2016:16) (see chapter 10). The emerging model of the contextual construction of risk is located within this highly pressurised working environment.

11.4 An emerging model of the contextual construction of risk

The findings of this research have highlighted the construction of risk in cases of PSU as dependent on a range of factors that are particular to the specific case but also to the individual social worker. The subsequent development of an emerging model of the contextual construction of risk is depicted in figure two (below). It is this model that offers the final contribution to the field and offers an original contribution to knowledge.

The model illustrates how child protection social workers' assessment of risk in relation to PSU is influenced by:

- The knowledge and experience of the individual social worker.
- The personal and professional values of the individual social worker.
- Perceived role and responsibilities of the individual social worker.
- Skills and confidence of the individual social worker.
- Practice challenges, including working with other agencies.
- The context of the specific case.

All of these factors combine to determine how risk in relation to PSU is perceived and constructed. As previously discussed, this is located within a wider socio-political context of pressures on the individual and the profession. The model does not negate this wider context but its originality and focus is in the more nuanced understanding of individual child protection social work practice. Figure three (below) offers a more detailed illustration of the model noting the concepts that make up the subjectivities depicted in the model (figure two).

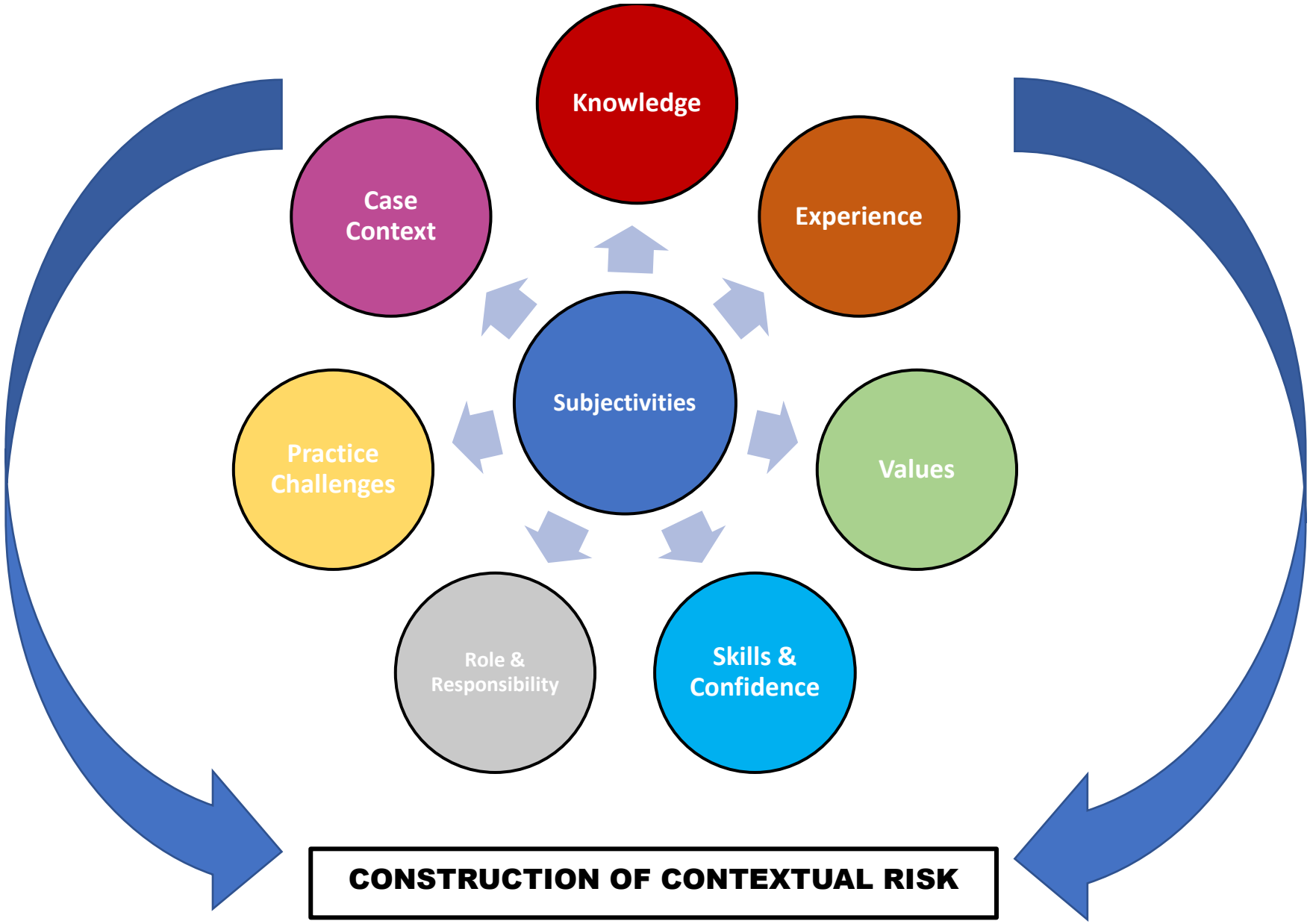

Figure 2: An emerging model of the contextual construction of risk

Subjectivities that impact on practice						
Practitioner context					Case context & the complexities of practice	
Knowledge	**Experience**	**Values**	**Skills & Confidence**	**Role & Responsibility**	**Practice Challenges**	**Case Context**
Pre-qualifying education Post-qualifying training Practice wisdom Use of the internet Peer learning from colleagues Role adequacy	Placements Previous jobs roles Practice wisdom Personal experiences	Personal values Professional values Personal experiences	Role legitimacy Role support Role engagement	Job role Agency remit Limits on time	Working with external specialist agencies Relationships with other practitioners Working with secrecy and denial Personal feelings and reflections	Age of child Support systems around the family Engagement with other services Specific risks Protective factors Relationship with service users

CONSTRUCTION OF CONTEXTUAL RISK

Figure 3: The subjectivities that impact on practice.

The components of the model have emerged from the findings in the previous section. ‘Knowledge’ relates to the varied level of training that the social workers have received at both pre-and post-qualifying level. It also includes how social workers address the gaps in their knowledge, that is to say using the internet or asking colleagues as sources of information. ‘Experience’ relates to the diverse work experiences that social workers have had, recognising how they have different levels of experience depending on practice placement experience, previous jobs roles and the accumulation of ‘practice wisdom’ from repeated exposure to cases where there is PSU. It also includes experiences from personal lives, which is also a key component of values. ‘Values’ relates to the varied personal values that individual practitioners have in relation to substance use based on their own personal experiences and views. It also includes how social workers use and articulate their professional social work values in relation to their practice. ‘Role and responsibility’ are featured to reflect the way that social workers construct their responsibilities to families where there is PSU, in terms of their job role, the remit of the agency for which they work, statutory responsibilities and the impact of limited time in relation to what can be or should be prioritised. ‘Skills and confidence’ relate to the varied approaches and confidence in addressing and talking about substance use with service users. ‘Practice challenges’ comprises of the range of relationships that the participants described when working with specialist substance use agencies, recognising that sometimes these relationships were difficult and communication between services was problematic. This facet also includes the challenges that the participants described when working with secrecy and denial, as well as the personal frustrations and reflections they experience when trying to support service users to change their substance use. Lastly, ‘case context’ relates to the specific features of

individual cases and the impact these features have on the social worker's assessment of risk. These include, the age of the child, support systems around the family, engagement with other services and the relationship between the parents and the social worker.

This new understanding suggests that responses to PSU in the context of child protection are inconsistent, as assessments of risk are influenced by the nuances of individual perspectives. This inconsistency means that practice has the potential to be overly liberal or punitive as a result of individual preconceptions and subjectivities. Consequently, families are being failed by a system that has not recognised the contextual bias of assessments of PSU. It is this insight into the process of assessment in cases of PSU and the context in which such assessments take place that offers an original and important contribution to knowledge. This model offers a map of the dynamics that influence practice and in turn offers important insights into how practice can be improved. Through a process of understanding and deconstructing these influences and subjectivities practitioners can be supported to recognise potential bias through critical reflection.

11.5 Indications and implications

An important feature of the emerging model of the contextual construction of risk, is that each of the subjectivities presented in the model has the potential to be dynamic and changing. This adds to the complexity of understanding how PSU is assessed by social workers; the model does not represent a static group of individual factors, but rather as individual social workers live, work and practice, their knowledge will change, and their values and views may change as they interact with substance use as a social phenomenon in their personal and professional lives. It is also important

to note that each of the subjectivities intersect and will do so differently for different practitioners. For instance, gaining new knowledge over time is likely to improve confidence and skill. Similarly, repeated practice challenges may improve confidence as experience develops, or for some repeated challenges and frustrations may diminish confidence and skills. I have developed this model to offer clarity and understanding that will inform further and effectual discussions about practice in this field and I have located the subjectivities in primary locations within the model to enhance this clarity. However, the fluid and changing nature of the subjectivities must be acknowledged. Acknowledging this fluidity recognises that constructions of contextual risk in responding to PSU can be constructed and co-constructed as subjectivities evolve. That is to say, the path to understanding, assessing, and responding to PSU is not a linear process, but rather a journey through which social workers potentially vacillate between positions.

It is also important to recognise that the model presented in figure three, has emerged from the data but may not be exhaustive; certainly, scrutiny of the elements of the model leads to questions about potentially missing components. This is not surprising, as Charmaz (2014) suggests, part of the analytic process when using emergent research methods is recognizing that data sets may have gaps. I have deliberately not made assumptions about missing data in the depiction of the emerging model of the contextual construction of risk as I wanted to stay true to the data. However, it should be recognised that further data collection might have elicited additional elements. For instance, in the discussion of case context, the participants often discussed the age of the child and support systems around the family; one might assume that other factors may intersect to impact on understandings of risk and protective factors, for example, gender, race, culture,

disability (the child or parent), language and the age of the parent. These issues did not appear in the data, but it is important to think more broadly about aspects of case context in consideration of the implications of the research findings and the recommendations for practice and further research. Accepting Featherstone et al.'s (2018) social model of child protection (see s.11.2) would also require attention to economic, social and cultural barriers faced by families under consideration of case context. Consequently, there is potential for wider development of this model proposed here. This will be revisited in part five of the thesis.

As discussed above (s.11.4), social workers are responding to PSU in light of their individual subjectivities and this raises questions about consistency in practice. Assessment of PSU and the impact that it has on children will have significant and potentially life changing implications for families; the need to balance risks against protective factors to make informed judgements about where children should live and what support families need, requires social workers to be as considered as possible. Unless social workers are consistently trained to a standard that allows them to make measured judgements, and unless they are given the space for professional reflection that allows them to critically consider their bias and limitations, then there is the potential for inconsistent practice as social workers rely on their subjectivities and limited knowledge. It is important to say that the intention here is not to say that practice can or should be objective. As discussed above there is a recognition that 'good' social work practice is contextual (s.11.2) as practitioners respond to the individual complexities of families. Indeed, individual judgement and intuition have an important role in risk assessment (Sicora et al., 2021). However, by enhancing education and support for social workers to create consistency in assessment and responses to PSU, the profession can hope to develop a workforce that is informed

about substance use and has the skills and confidence to respond to families in a compassionate, safe and supportive way that promotes best outcomes. Furthermore, social workers need to be given the tools and resources to overcome the practice challenges that were described in the findings, in relation to assessment and in relation to developing relationships with substance users and with specialist substance use agencies.

Whilst the model provides an overview of the subjectivities that impact on practice, my intention is not to locate all of these issues within the individual social worker and certainly not to suggest that individual social workers are failing. This study was a deep dive into individual practice, but this practice is located within a wider context. The accounts of practice that were offered by the participants in this study are situated within the practices of the current child protection system and the critique of child protection practice as needing to take account of the wider social context of families' lives. Featherstone et al. (2018) highlighted the need for child protection practice to be seen in the context of institutional challenges and not simply ones for individual practitioners. It is important to acknowledge the impact of wider environmental factors that are beyond a social worker's control that influence their individual subjectivities. For instance, national policy on social work education, the configuration of social care services in line with social policy and national constraints on the resourcing of social care services will all have an impact on access to knowledge, on role and responsibility and on practice challenges. There has been a systemic failure to address the role of social workers in drug and alcohol policy (see s.3.3.1) and a systemic failure to mandate substance use training for social workers (McCarthy & Galvani, 2004; Galvani cited *in* Samuel, 2021) and the model is situated in this context. As discussed in section 11.3 the context in which social workers are

operating is a crucial consideration and the workforce is subject to a number of pressures. Elements of the model that relate to education, practice challenges, role and remit should all therefore been seen as influenced by external factors that are internally interpreted and applied by the individual social worker in practice settings. In addition, as discussed previously (see 3.3.4), risk management as a social work activity is located within a "politicised and polarised context" which will impact on the ways that social workers practice (Kemshall, 2013:10). The development of 'defensible decision making' in response to concerns about the allocation of blame (Kemshall, 1998) may well have been a driver in the way that social workers draw on case context to make individual assessments of cases, but this is also balanced against situational constraints.

The significance of this can be seen in the classic study by Lightfoot and Orford (1986) in which they used Cartwright's model of overall therapeutic attitudes (1980; see s.3.2.3 for a discussion) to measure social workers' commitment to working with alcohol-related problems. They used questionnaires and semi-structured interviews with 24 social workers based in Exeter. They considered situational constraints on these social workers, which included restrictions on time and resources, competing case priorities and departmental policies. They found situational constraint was negatively correlated with overall therapeutic attitudes. Higher levels of situational constraint on the individual social worker, were associated with lower levels of positive overall therapeutic attitudes. Whilst this was a small-scale study it highlighted an important narrative about the impact of situational constraints on a specific area of practice. The findings from this present study suggest that such situational constraints still impact on practice, and it offers a more contemporary and

in-depth analysis of both individual and environmental constraints on social work practice with substance users in the context of child protection.

Writing over 35 years ago, the Clinical Social Workers Group of SCODA (Standing Conference of Drug Abuse) noted that social workers often feel de-skilled when they encounter substance use issues. They suggested that “exacerbated by the lack of clear managerial policy and procedures, workers often end up either ignoring drug misuse or overreacting to it” (1986, cited in Klee, 1998:438). A decade later Klee et al. (1997) undertook some research as part of the United Kingdom Department of Health Task Force to Review Services for Drug Misusers and found that the problems noted by SCODA still persisted (cited in Klee, 1998: 438). Over 20 years on, the findings from this research offer a similar narrative while adding depth to the knowledge of child protection practice in particular. None of the participants were aware of their agencies having a decision-making protocol or policy specifically related to working with or assessing PSU. In offering an understanding of the subjectivities that impact on practice, the findings have shown that a potential de-skilling occurs when social workers face challenges of limited knowledge, multi-agency working and responding to secrecy and denial. These challenges, alongside individual values in response to PSU reinforces the potential for inconsistent practice.

Balancing risk and protective factors in considering the future wellbeing of a child should involve consistent, coherent and transparent decision-making (De Bortoli et al., 2013). Given the complex nature of problem-solving in child protection cases, and the range of variables in such situations, some have argued that inevitably practitioners will have limited knowledge and will rely on experience-based strategies and heuristics (De Bortoli, 2014; Gambrill, 2005; Munro, 2008). Whilst this may be

inevitable in all practice situations, particularly where social workers are under-pressure and time-limited, what the findings of this research show is that the use of heuristics to generate generalisations or 'quick answers to difficult questions' (Kahneman, 2011) are based on individual subjectivities that will potentially differ greatly between practitioners. Therefore, how the impact of PSU is conceptualised will potentially differ from case to case which will directly impact on outcomes for children. In an Australian review of studies that considered substance use in pregnancy with child protection outcomes, De Bortoli et al. (2014:145) concluded that there was a need for a structured risk assessment tool to "reduce biases, increase transparency and promote evidence-based practice". The findings of this study showed that the social workers did not have specific tools to support them in the assessment process when responding to PSU, however it was noted by some that such tools would be welcome. Clearly the development of tools to support the assessment of PSU would support social workers in the assessment task but would also offer a level of consistency in the assessment process and would support practitioners to consider and reflect on any potential bias.

11.6 Chapter summary

This chapter has offered an emerging model of the contextual construction of risk in the assessment of PSU by child protection social workers. This model is grounded in the data presented in the previous chapters. The model depicts the subjectivities that impact on practice when child protection social workers are assessing and responding to PSU and offers a new understanding of how this area of practice is framed by individual practitioners. The chapter has discussed how the development of this model is located within the methodological framework for the research and it has considered how it fits with other concepts of context in social work. Lastly, the

chapter has discussed what can be inferred from this new understanding, in terms of what it raises for practice in terms of consistency and the need for tools to support social workers in the assessment of PSU. The next part of this thesis will offer some recommendations arising from this study and will also provide an overall conclusion to the research.

Part Five
Conclusion

Chapter 12: Constructing and Deconstructing Risk

In this concluding chapter I will revisit the aims and objectives of the research and the key findings. I will discuss the implications of these findings in terms of what they mean for policy, practice and further research. I will also reflect on the research process and offer an overall conclusion to this thesis.

12.1 Revisiting the aims and objectives of the research

This research was borne from an interest in understanding how child protection social workers respond to PSU. The research was situated within the context of the existing literature that suggests training for social workers in relation to substance use is inconsistent at best and often lacking. My experience as a social worker in a specialist substance use service and as a social work educator has informed my understanding of the impact that PSU has on children and of the challenges experienced by social workers in responding to PSU. This led to an awareness of a lack of knowledge about the lived realities of child protection social workers as they navigate PSU in their daily work and I wanted to better understand how they understand PSU, how they respond to it and how they assess the needs of families. The research objectives centred on developing new evidence about child protection social workers' understanding and knowledge base in relation to substance use, their skill base in responding to PSU, and the ways they managed assessment of need in cases of PSU. I sought to meet these research objectives through a research environment based on creating a space for child protection social workers that would allow them to provide in-depth and detailed qualitative accounts of their practice.

12.2 Revisiting the key findings of the research

In keeping with the research aims and objectives, the findings offered detailed accounts from 16 child protection social workers about how they understood and responded to PSU. The original contribution of this study is the construction of the contextual model of risk in cases of PSU. It is located in the voices and experiences of the child protection social workers. It adds to the evidence base by moving beyond the previous evidence that social workers have limited education and training to reflect the participants' nuanced accounts of practice. It provides new insights into how they understand, assess and respond to PSU in the context of child protection.

The findings have shown that social workers are able to reflect on their practice and that they recognise the need for individual approaches based on family circumstances and need. However, the findings have also shown that parental substance use is a complex area of practice for child protection social workers, that challenges them practically, intellectually, and emotionally. Analysis of the findings has shown that the ways that social workers understand and respond to PSU is impacted by a range of subjectivities individual to the worker and to each case. As social workers seek to determine the balance of risk and protective factors through the assessment process. This means that the construction of risk in cases of PSU is influenced by these individual factors.

12.3 Theoretical significance

This research has been underpinned by the concept of contextualism. The Contextual Constructs Model has informed my understanding of the research problem, how I have investigated it, and how I have understood and described the findings from the research, (Knight and Cross, 2012). The significant and original

contribution of this research is the in-depth exploration of child protection social workers' practice when responding to PSU and how it is impacted by a range of individual subjectivities. This has informed the development of a new model of the contextual construction of risk that reflects the complex understanding of practice in relation to PSU. This new knowledge builds on previous work in relation to substance use and social work responses, most notably that of Galvani et al. (2011), whose work detailed the inconsistent training and ambivalent attitudes to working with substance use among social care practitioners. It furthers this work by offering a deeper and more nuanced understanding of specific practice responses in child protection practice.

Analysis of the data and synthesis with the existing literature base led to the development of the emerging model of the contextual construction of risk. It is the presentation of this model that offers the final contribution of this research to the existing literature and debate. The model shows that assessment of the risk of PSU is based on interpretive judgements that are grounded in the workers' knowledge, skills and values, the case context, and the information that is available from other services. This raises questions about the consistency of care and support and offers a challenge to consider how the subjectivities of practice can be addressed. The emerging model of the contextual construction of risk makes it explicit how concepts of risk are created. It offers a frame of reference for how practice development can be considered more objectively and consistently and can thus be improved. To critically understand practice, social workers and their supervisors need to able to deconstruct risk through reflection, education, and clear policies and protocol for working with PSU in child protection. In suggesting this it is important to recognise that there cannot be an absolute universal approach; subjectivities will always have a

role in human services but there is nevertheless a need to offer a more standardised, informed and supportive approach for child protection social workers. Such initiatives should seek to enhance role adequacy, role support, role legitimacy and role engagement so that social workers are fully prepared for good practice in this field of work. Social workers need to be as considered as possible in the assessment of PSU as the implications for children and families are significant and potentially life changing.

The new model of the contextual construction of risk is grounded in the data but it is situated in wider ideas. It builds on Cartwright's (1980) facets of therapeutic commitment; that is role adequacy, role support, role legitimacy and role engagement as measurements of therapeutic commitment to working with substance users. Cartwright's model offers an important starting point in enabling practitioners to understand the contribution of knowledge, support, role, responsibility and willingness to work with substance users in this area of work. The model of the contextual construction of risk also recognises that these are important features of the context of practice but goes further to acknowledge the role that these play in creating subjectivity in the assessment of risk. It also builds on the work of Livingston (2014) who developed a model of knowledge that illustrates how social workers use codified and non-codified knowledge to inform their understanding of alcohol use. The model presented in this research recognises Livingston's work but offers a more detailed account of social workers' responses to PSU in a child protection context and takes account of wider factors in decision making and, ultimately, the way that these practitioners construct risk in individual cases. The model moves beyond knowledge as a driver for practice and recognises the role that values, skills, role, as well as the practice and case context have in assessment

outcomes when social workers respond to PSU. The model recognises the contextual nature and complexity of social work practice, drawing on the work of Weinberg's (2016) ethical dilemmas of social work practice and how these specifically relate to PSU. The recommendations arising from the research findings will now be considered.

12.4 Recommendations for policy, practice and further research

The following recommendations are drawn from the findings of this study and voices of the child protection social workers that took part.

12.4.1 Recommendations for social work education and training

1. Training and education in substance use needs to reflect the contextual construction of risk.

2. Skills-based work for responding to substance use should be a focus of improved education and training.

3. Role legitimacy needs to be emphasised in education and training.

4. Advanced levels of substance use training are needed.

The inconsistency of education about substance use in the social work curriculum has been well documented and there have been repeated calls to improve pre- and post-qualifying training for social workers in relation to working with substance use issues (Galvani and Hughes, 2010; Galvani et al., 2013; Livingston, 2014; Teater, 2014). The findings from this research have offered further evidence of inconsistent training and the need for more consistent training remains. However, this research contributes to the debate as the findings have suggested that it is not simply about improving knowledge acquisition, but also about skills development to ensure that

social workers have the skills and confidence to directly ask questions about substance use. The model of the contextual construction of risk can be used to support the framing of social workers' education and training.

Education also needs to specifically address role legitimacy, that is social workers' sense that they have the right to ask about substance use when working with families, and social workers need to be equipped to offer direct challenge when faced with inconsistent information. Training needs to recognise information about substance use comes from a variety of sources that will be influenced by subjectivity, and that social workers' knowledge about substance use develops over time as a result of personal and professional experiences. Therefore, training and education about substance use needs to explicitly recognise this and equip social workers to recognise and reflect on the potential bias in their perceptions. This will enable them to make more measured and informed judgements when assessing PSU and will enable the development of a more nuanced understanding of the context in which their practice sits.

The findings from this research have also shown that child protection social workers need more advanced training in relation to substance use than has been available to them. This will include more in-depth training on treatment approaches, as well as understanding and working with motivation. Given the challenges that have been detailed in relation to lack of understanding about role and responsibility between social workers and specialist substance use agencies, there is a clear case for multi-agency training in relation to PSU. Scaffolded learning about substance use between pre- and post- qualifying education should then rely on cooperation between higher education institutions, local authorities and specialist substance use services. The development of a multi-agency training strategy that enables mutual understanding

of different professional roles while enabling knowledge exchange between practitioners is a crucial way of ensuing the development of partnership working, particularly in cases of PSU.

12.4.2 Recommendations for policy

1. Clear organisational policies and procedures on PSU are needed to support child protection social workers.

2. Joint protocols between social workers and substance use services need developing, implementing and monitoring.

3. Whole family approaches that situate families within their social context need to sit at the core of policy development.

What was clear in the findings of this research was that the social workers were not aware of any specific decision-making protocols or agency policies to support them in working with PSU. Clear managerial policies and procedures to support social workers with their responses to PSU at service level should be available as a means of ensuring consistent and transparent decision making. Such policies would also support role legitimacy which as discussed above needs to be strengthened so that all child protection social workers are clear about their right to ask about PSU.

Protocols for joint working between child protection services and specialist drug and alcohol services still need to be established and working effectively. The 2021 guidance issued by Public Health England '*Parents with alcohol and drug problems: guidance for adult treatment and children and family services',* (see s.3.3.1 for a discussion) offered a timely reminder of the statutory obligation of both service areas to safeguard and promote the welfare of children and the need for a whole-system response to PSU supported by senior leadership and frontline staff. This will require

strategic joint working to ensure that families in need of support are identified and that there is “collaborative assessment, information sharing and clear pathways between systems” (PHE, 2021). There needs to be continued commitment from services to ensure that this guidance is fully implemented. The guidance also emphasises a need for a ‘whole family approach’; what was clear in this research was the social workers’ methodology for considering the needs of the child was focused on understanding what a day in the life of the child was like. Of course, this understanding is crucial, but to fully understand the impact of PSU on the whole family, there needs to be a shift towards consideration of what a day in the life of the parent looks like, so that the impact of the parents’ substance use on their parenting capacity can be fully understood. Furthermore, there is a need to ensure that PSU is not pathologized and that families are not separated from their wider social context, including the potential impact of poverty and deprivation (see s.2.4.1 and 11.2). Understanding this context and the needs of the whole family, as well as coordinated responses from services to support the parent(s) and services to support the child, will promote the achievement of best outcomes for the family.

12.4.3 Recommendations for practice

1. Effective supervision and management of child protection social workers should incorporate the contextual construction of risk.

2. There needs to be facilitated spaces for professional and personal reflection on PSU and related practice concerns.

3. Joint reflective supervision between substance use and social work services will enhance joint working practice.

4. The development of a reflective tool for responding to PSU will help practitioners identify the strengths and weaknesses in their knowledge and skills base.

Alongside an awareness that concepts of risk in relation to PSU are constructed through the subjectivities that impact practice, comes the appreciation that the critical social worker is required to deconstruct concepts of risk to ensure that practice avoids being 'uncritically automatic' (Osmond, 2006:222) and that heuristics do not preside over considered assessment skills. This process starts with education and training, but on-going organisational support will be necessary to support truly reflective practice. Reflective and experiential learning extend beyond formal education and are an essential element of self-managed continuing professional development (Moon, 2004: see s.2.4). Deconstructing risk requires social workers to be honest about how they construct risk through the assessment process. It is evident that social workers need facilitated spaces to reflectively deconstruct the subjectivities and biases that are inevitably present in the assessment process and the ways that risk as a concept in cases of PSU is constructed. This will ensure that the assessment process is critically considered so that decisions can be made based on facts and professional opinions that have been scrutinised for bias and assumptions. Such spaces could be through individual supervision or through group supervision that would allow social workers the space to reflect on specific cases. Cooperation with specialist substance use services to deliver joint reflective supervision between social workers and substance use workers would enhance joint-working relationships and would enable skill-sharing.

It is also important that social workers are given the space to reflect on the challenges they face when working with PSU so that the personal and emotional challenges of this work do not weigh too heavily on them and so they are able to

identify their own training needs. Employers need to support and promote this reflective culture that also extends to a learning culture in which time to research and seek out information about substance use is seen as a legitimate work activity. Such a culture would also promote constructive discussion about the challenges of this area of work that would deter a deficit approach fuelled by the use of oppressive language (see s.10.3). As above, training and education needs to promote role legitimacy so that social workers are empowered to ask about substance use, but this is also a practice challenge that will require child protection teams to commit to consistent practice in relation to asking about substance use. Courage, curiosity and persistence (Gambrill, 2006) need to be a consistent feature of practice to promote consistent and transparent decision making in relation to PSU.

This process of reflection could be supported by a reflective tool that would enable social workers and supervisors to consider the facets of the emerging model of the contextual construction of risk presented in this research. Such a tool would offer a framework that would allow social workers to critically consider the information, concepts and opinions that they draw upon when working with PSU. It would also consider the nature of the relationships they have with service users and other professionals and the ways in which the relationships impact on how they view and use information from these sources. An effective tool would enable social workers to consider the personal and emotional impact of work in this area to ensure that they can seek appropriate support to promote their well-being. This tool would promote the conscious consideration of self-awareness, of how concepts of risk are constructed and of potential areas of bias in order to reduce ‘ethical trespass’ (Weinberg, 2016). There is further work to do to consider what might potentially be added to the new model to translate it into a practice tool (see s.11.5). The

subjectivities of practitioners will be fluid and will change over time, therefore a reflective tool would need to be used in a way that acknowledges the evolving nature of knowledge and practice.

12.4.4 Recommendations for further research

1. Exploration of specialist substance use service staff responses to child protection concerns.

2. Exploration of the experiences of parents using substances when engaging with child protection professionals.

3. Research to inform the development of practice tools for responding to PSU.

4. Exploration of the role and meaning of drug testing tools in the responses of child protection social workers.

This research has considered the experiences of child protection social workers in responding to PSU. The findings provided insight into the challenges faced by the participants in working in partnership with specialist substance use agencies (see s.10.1). Further research to consider the perspective of staff in specialist drug and alcohol services in relation to their work with parents who are using substances is needed, in particular how they experience the interaction with child protection services. This would add a valuable contribution to the debate about how strategic joint working can be achieved, recognising that personal relationships between practitioners will be central to its success.

This study has highlighted variation in how child protection social workers discuss substance use with parents. Further research to understand i) the perspective of parents about their experiences of talking to child protection social workers and ii)

the perspective of specialist substance use services about the impact of substance use on parenting, would offer an important insight into how to improve and develop better communication between services and also with the parent using substances.

The research has also highlighted that the participants generally did not have any specific tools to support their practice in assessing the impact of PSU, or to promote conversations with parents about their substance use. It was noted by some of the participants that such tools would be welcome. Further research about what would support social workers in the form of practice tools would help fill that resource gap.

Lastly, the research has extended the understanding of how social workers rely on evidence in child protection cases, in particular the emerging use of toxicology tests on children to determine what substances they may have ingested as a result of being exposed to PSU in the home. The impact of this on the outcomes of child protection cases needs to be better understood and further research is needed to understand the ways that such testing is being used, how results are being interpreted and the impact this procedure is having on children and families.

12.5 Reflection: Looking back, looking forward

As a reflective researcher and educator, it is important for me to reflect on the impact this project has had on me. As a researcher my learning about the research process has been significant; I have learned a great deal about the design of research projects and the project has challenged me to think about the ethical implications of research. I have also developed my skills as a researcher, in terms of project management and, in particular, skilful sensitivity to language in the design and delivery of interview questions. However, the most significant learning for me as a researcher from undertaking this project has been about social work practice. This

project has reminded me of the careful consideration that social workers give to their practice and the challenges of being a social worker in a climate where resources are limited and pressures on frontline staff are high. The project has shown me the value of giving social workers space to reflect on and discuss their practice. I have been humbled to hear the stories of the complex challenges social workers are facing and the way that individual practitioners have wrestled with the emotional impact of their work. As previously noted, when talking about how she approaches substance use conversations Emily told me, "*it is uncomfortable, but a lot of what I do is uncomfortable*". It is vital that social workers are given a voice, and that research is used to better inform and support their working lives and consequently the important work that they do with service users. As an educator, I have been reminded of the importance of education and the need to improve social work education to ensure that all social workers have the knowledge and skills they need to effectively respond to substance use issues. I have also been reminded of the need to ensure that social workers are enabled and supported to practice with self-awareness and criticality.

This study has adopted the principles of Charmaz's constructivist grounded theory (see chapter four). Critics of traditional grounded theory raise the issue of internal validity in questioning to what extent the constructions of the researcher impact the construction of the findings (Flick, 2014), and note that findings cannot be free from the influence of the researcher. This is mitigated to some degree in adopting Charmaz's approach to grounded theory which recognises the situatedness of the researcher, but as discussed, the impact that the researcher has on the construction and interpretation of the research data cannot be ignored. As I acknowledged in chapter one, this study was developed from my personal interest in social work and

substance use that has derived from my own experiences of working with substance users and from working in social work education. I have experienced the tensions between social workers and specialist substance use workers and have developed education on drugs and alcohol for social work students within a wider education programme that has not been designed to emphasise substance use as a core issue. Inevitably I have brought my own bias to this study in that I already held concerns that the model for social work education was lacking in relation to substance use and it is therefore important to acknowledge that this will have contextualised my analysis of the data to some degree.

I have attempted to address potential impartiality in the research process, and I have sought to consider these issues throughout the thesis; for example, chapter five discussed the analytic process and how I sought to reduce potential bias; chapter six discussed the potential for interviewer bias recognising my role as a social worker and educator and chapter eleven recognised my situatedness as a researcher in the development of theoretical understanding of the findings. Nonetheless, it is important to acknowledge that the potential bias I have brought to this study does call into question whether it has taken a truly grounded theory approach. I acknowledged in chapter five that a theoretical sample would have been appropriate for a grounded theory approach but as this was not possible, I used a purposive sample, and I discussed the issues of potential bias in this. Had I accessed a wider sample who did not know me from practice and education in the locality some of the issues of bias could have been minimised further.

Looking forward, I will take so much of what I have learnt into my own practice as a social work educator and researcher. Developing an understanding of the potential for bias in qualitative research methods and the impact that I can have as a

researcher on the collection and interpretation of research data will enable me to take a more critical view when designing future studies. I will use the knowledge I have gained from this research to develop my own teaching. The project has also prompted me to think more widely about this area of practice and the voices that are missing. This has stimulated new research interests in understanding more about the experiences people using substances as they interact with social work services and the views and perspectives of specialist substance use agencies in how they work with social work services. I hope to use the knowledge that I have gained to initiate discussions in my own social work teaching partnership about how we can support social workers in responding to PSU issues. I also hope that the messages from this research will reach the wider social work community and will inform further dialogue about education and support for social workers in relation to PSU. Lastly, it is my intention to use the knowledge gained from this research to develop a reflective tool to support social workers to have critical conversations about working with PSU and the construction of concepts of risk.

12.6 Overall conclusion

This research study set out to explore how social workers respond to PSU in the context of child protection. It sought to develop new knowledge about the lived realities of practice in this field. This was done through 16 in-depth interviews with practising child protection social workers who offered detailed accounts of how they understand substance use and the impact that it has on children and families and how they seek to assess to the impact of parental substance and the risk for children they are working with. The original contribution to the knowledge base includes the emerging model of the contextual construction of risk. It has been drawn from the research findings and reflects the individual inconsistencies in how PSU is

understood by child protection social workers and how risk is determined. It reflects how social workers' judgements on PSU are subject to a range of subjectivities that are individual to the practitioner and to the specific case in question. The new model has provided a framework for understanding the subjectivities that impact on child protection practice where PSU is a feature. It will allow such practice to be better understood and facilitate initiatives to deconstruct concepts of risk so potential bias can be scrutinised and reduced. This will support child protection social workers in developing their practice and having space to fully reflect on the personal impact of this work and it will support service users by promoting the delivery of more empathetic and consistent approaches.

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Appendices

Appendix 1- Interview Guide

Introduction

Hello, my name is Kim Heanue. I am a lecturer in social work at the University of Huddersfield and I am a PhD student at Manchester Metropolitan University. Thank you for taking the time to see me today. We are going to be talking about your role as a child protection social worker and your experience of responding to parental substance use. I expect the interview to take approximately an hour.

You have previously seen the participant information, can I check that you are clear from this what I am asking of you?

- If participant says no- go through the participant information sheet

If you are happy to proceed with the interview I would now like to ask you complete the consent form:

- Go through the consent form

Interviewee Information:

Interview date_____ Participant ID_____ Age _____
Sex/Gender_____

Ethnicity _____ Religion _____

Current job role _____ length of time in current employment _____

When did you qualify as a social worker? _____ How long have you worked in children's social care? _____

Purpose of the Study: The overarching objective of this research is to explore how social workers respond to parental substance use in the context of child protection. Research shows that training for social workers in relation to substance use varies tremendously; I am interested in your experiences of working with parental substance useand what the challenges and opportunities are for you as a practitioner. I am interested in how you understand and talk about parental drug and alcohol use and how they determine the impact it has on parenting. When I say substance use I am referring to illicit drug and alcohol use; for the purpose of this study I am not including tobacco use or prescription drugs. There are no right or wrong answers, I simply hope to better understand the challenges for social workers in this area of practice; I hope this research can inform a wider discussion about best practice in this area.

	Focus Area	Questions and probes	Notes
1	**Can you tell me more about your current job role and the extent to which you encounter parental substance use in your work?**		

	Previous social work roles	Have you had any other social work or social care jobs where you have had to work with parents with substance use issues? Can you tell me about these? What were the nature of these roles? For social care roles- clarify if these were pre or post SW qualification? How much experience do you feel you have of working with parental substance use? How many families have you worked with where parental substance use has been an issue? What proportion of families that you have worked with have been affected by parental substance use? What proportion of your cases that have involved parental substance use have resulted in children becoming Looked After Children?	

2	**How do you understand substance use and the impact that it has on parenting?**	As a professional how do you define substance use and problematic substance use? What is your understanding of the reasons people use drugs and alcohol? Do you draw on any specific frameworks to help you define and understand a person's substance use? From your own perspective-what impact does substance use have on parenting? Prompt- if we consider the difference between a parent that has an occasional glass of wine compared to a parent who has a bottle of wine a day- what is the difference? In your own opinion, to what extent can people effectively parent if they are using drugs and alcohol?	

3	**What training have you had on substance use issues?**	How confident do you feel in responding to parental substance use? Prompts: why is that? Where does your skills and knowledge come from? To what extent was substance use a part of your pre-qualifying social work course? Could you tell me about any post-qualifying training you have done in relation to drugs and alcohol issues? Have you done any other training or learning in relation to substance use that you haven't already told me about? Do you think there have been gaps in your training on these issues?	

	What training have you had on substance use issues? cont…	Have you ever asked an employer for more training on these issues? Prompt: if not, why not? Has training on substance use ever been identified through your supervision or appraisal? Prompt: why do you think that is the case? Do you think you have any current training needs in relation to substance use? What would you like more training on specifically? How would you describe how you work with specialist substance use agencies? Prompts: do you have specific contacts there, how often do you liaise with them? How do you make contact with them? (email phone etc)	

4	**What is your perception of your role in relation to identifying, assessing and responding to substance use when working with families?**	Do you feel its part of your job to talk to service users about drug and alcohol use? If so why? If not, why not? As a social worker working in child protection- what do you think your role is or should be in relation to working with parents who use substances? Prompt: to what extent is identifying and assessing their substance use part of that? Prompt: to what extent do you think you should be offering some kind of intervention in your role (in relation to the substance use)? Have you ever worked with a person where you suspected parental substance use but it wasn't documented? If yes- how did you proceed with that?	

5	**What strategies do you use to engage with service users about substance use?**	Do you routinely ask service users about drug and alcohol use even where it hasn't been previously identified? Prompt- why do you routinely do this? / Why not? To what extent do you feel you have the right to ask service uses about their substance use? Prompt – why do you feel you have the right?/ why do you not feel you have the right? Do you feel comfortable ask service users about drug and alcohol use? On a scale of 1 to 5 where 1 is really comfortable asking people questions about their substance use and 5 is really uncomfortable, where would you put yourself on that scale? Prompt- Why is that? Or why not a 1 or why not a 5? How do talk to service users about drug and alcohol use? Prompt- what types of questions do you ask?	

	What strategies do you use to engage with service users about substance use? cont…	How do you feel service users respond when you ask questions about drug and alcohol use? Are there specific tools that you use to facilitate discussions with service users about their alcohol or drug use? Prompt: Would a specific tool to support you in assessing substance use be helpful to use? Do you talk to children about their parent's substance use? If so when and how do you do this? If not, why not?	

6	**How do you assess the impact that substance use has on parenting and on children?**	When parental substance use has been identified, how do you assess the impact that it has on parenting? What aspects of the child's life do you consider when you are looking specifically at the impact that parental substance use has on them. How does the child's age impact on your assessment? Does your agency have a decision making protocol for assessing parental substance use? Prompt –could you tell me about how you use this in practice? Does your agency provide you with any specific tools for assessing parental substance use? Prompt –could	

		you tell me about what these do and how you use these in practice?	
	How do you assess the impact that substance use has on parenting and on children? Cont…	Are there any other tools that you use in practice to assess parental substance use? Prompt –could you tell me about what these do and how you use these in practice?	
		Who would you involve in an assessment about parental substance use?	
		Could you tell me about when and how you involve kinship networks in assessments?	

	How do you assess the impact that substance use has on parenting and on children? Cont…	Could you tell me about how you work with other agencies when you are assessing parental substance use? In cases where there is parental substance use- how important is it that parents engage with alcohol or drugs treatment services? Prompt: do you ask parents about their progress in treatment? When you are assessing cases where parents are using drugs and alcohol what are the things you find challenging or difficult to assess?	

7	**How do you determine risk and protective factors when working with parental substance use?**	In cases that you have worked with, what have been some of the protective factors for children of drug/alcohol users? Likewise what have been some of the key risks? How did you determine what the protective factors and risk factors were? What helped or hindered his process in considering these? Are there any tools that you use in practice to help you identify risk and protective factors? Prompt: if not, would a tool like this be useful? Could you tell me about how you talked to substance using parents about risk and protective factors? Could you tell me about how you talk to children about risk and protective factors?	

8	**How do you address gaps in your knowledge in relation substance use when working with families?**	In relation to drugs and alcohol- if you come across issues or terms that you don't understand–what do you do? Prompt: If you need information about substance use, where you would go to/look for it?	
9	**Case study example**	Could you tell me about an anonymised case study, a situation where you were working with a family where there was to parental substance use, one that sticks out in your mind for positive or negative reasons – can you tell me what happened and how you dealt with it? Could you tell me about a case that involved parental substance use, where you felt out of your depth and what you did? Prompt: how well supported did you feel when you were doing this piece of work? If you didn't feel supported why and what would have made a difference?	

Appendix 2- Ethical Approval

Manchester Metropolitan University

M E M O R A N D U M

FACULTY ACADEMIC ETHICS COMMITTEE

Faculty of Health,
Psychology & Social Care

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To: Kim Heanue

From: Prof Carol Haigh

Date: 06/12/2017

Subject: Ethics Application 1540

Title: Parental Substance Use: The Challenge for Social Work

Thank you for your application for ethical approval.

The Faculty Academic Ethics Committee review process has recommended approval of your ethics application. This approval is granted for 42 months for full-time students or staff and 60 months for part-time students. Extensions to the approval period can be requested.

If your research changes you might need to seek ethical approval for the amendments. Please request an amendment form.

We wish you every success with your project.

Prof Carol Haigh
Chair
Faculty Academic Ethics Committee

Appendix 3- Participant Information Sheet

Participant Information Sheet

Manchester Metropolitan University

Study Title
Parental Substance Use: The Challenge for Social Work
Date: 26/10/17

Invitation paragraph

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information.

What is the purpose of the study?

I am undertaking a PhD at Manchester Metropolitan University. This study forms the basis on my PhD. This research aims to explore how social workers respond to parental substance use in the context of child protection work. I hope to learn first-hand from practitioners how they assess to parental substance use , how they understand the impact that substance use has on children and how they use this information in order to make decisions about the care of children. It will explore what skills and knowledge practitioners employ to respond to parental substance use and how social workers work in partnership with specialist substance use agencies. The data collected from this study will be analysed and will be used to identify good practice, barriers to good practice and factors that could improve practice.

Why have I been invited?

You have been invited to take part in this study as you are a practising social worker in a child protection setting and you have direct experience of supporting families where to parental substance use has been identified. Please note that participants are required to have been working in a child protection setting for at least 12 months.

Do I have to take part?

Taking part in this research is entirely voluntary. It is up to you to decide. Once you have read this information sheet and have had the opportunity to ask questions I will ask you to sign a consent form to show that you have agreed to take part. You are free to withdraw at any time, without giving a reason up until two weeks after the completed interview.

What will happen if I take part?

If you agree to take part in the research I will contact you to arrange a mutually convenient time and place for us to meet. I will explain the purpose of the research (as detailed here) and you will have the opportunity to ask any questions. An interview will the take place and will be recorded using an audio device with your permission. The interview will last between 30 and 60 minutes. The recording of the interview will be fully transcribed; this is to allow analysis of the information to take place. You can stop the interview at any time and if you decide you no longer wish to take part any recordings can be deleted at your request. You can request to

take a break or to stop the interview at any point should you wish to. If I consider that you are becoming distressed I will suggest that we take a break. The information you provide will contribute to my PhD thesis. The information may also be used for the production of journal articles, presentations and other academic work. In all of this material your identity will be kept confidential and anything you say which is used will be anonymised.

What are the possible disadvantages and risks of taking part?

It may be that you find discussing your practice difficult. If this is the case you can request to stop the interview at any time.

What are the possible benefits of taking part?

The study may not help you directly but the information I get from the study will help to increase the understanding of how social workers respond to parental substance use and it is hoped that this knowledge will inform future policy and practice development. Your participation will give you the opportunity to share your experience and influence these developments.

What if there is a problem?

If you have a concern about any aspect of this study you should in the first instance speak with the researcher (contact details at the end of this form) who will do the best to answer your questions. If you remain unhappy and wish to complain formally you can do this through the University complaints procedure; in the first instance you should speak with the researcher's supervisor (contact details at the end of this form). Alternatively, if you have any concerns about the way in which the study has been conducted or would like some independent advice, you can contact the Chair of the Faculty of Health, Psychology and Social Care Research Ethics Committee who is Professor Carol Haigh. Email: c.haigh@mmu.ac.uk Telephone: 0161 247 5914. The address is: Carol Haigh, Manchester Metropolitan University, Brooks Building, 53 Bonsall Street, Manchester, M15 6GX.

Will my taking part in the study be kept confidential?

In accordance with the Data Protection Act 1998 any information that you share will be kept strictly confidential and will only be used for the purposes of the research. The only exception to this will be if you tell me something that suggests that someone is at risk of significant harm or is being harmed. Your name, place of work and any other personal identifiers will not be used in any published material. Your consent form will be kept in a locked file and will be destroyed upon completion of the research. The transcripts of the interviews will be anonymised before they are stored; this will ensure that any identifying features about you or your place of work will be removed. Transcripts of the interviews in paper format will also be kept in a locked file and will be destroyed upon successful completion of the research/PhD. Electronic files of the transcripts will be archived in the Institutional Data Repository in line with the MMU policies and the Data Protection Act 1998. All other data will be held securely for the time required by the ethics committee and will then be destroyed in line with the Data Protection Act 1998 and in line with Manchester Met University Data Protection Policy (2011) http://www.mmu.ac.uk/policy/policy.php?id=100

What will happen if I don't carry on with the study?

If you withdraw from the study all the information and data collected from you, to date, will be destroyed and you name removed from all the study files providing you let me know within two weeks of the interview.

What will happen to the results of the research study?

The results of this study will be used for my PhD thesis. The information collected may also be used for the publication of journal articles, presentations, workshops and other academic pieces. Upon completion of my thesis I will provide participants with a summary of the research findings.

You will not be identified in any report or publication as a result of this research. Quotes from your interview may be used in reports or publications as a result of this research but these will be anonymised.

Further information and contact details:

If you would like to take part in this research please contact me on the details below. Likewise, if you would like any further information about this research or you have questions about taking part please contact me directly.

Many thanks

Lead researcher and main contact for enquiries	Kim Heanue Telephone: XXXX Email: kim.heanue@stu.mmu.ac.uk
Research Supervisor	Sarah Galvani Contact Number: XXXXXXX Email: s.galvani@mmu.ac.uk

Appendix 4- Consent Form

Kim Heanue
MPhil/PhD
Faculty of Health, Psychology & Social Care
Manchester Metropolitan University

Manchester Metropolitan University

Consent Form

Title of Project: Parental Substance Use: The Challenge for Social Work

Name of Researcher: Kim Heanue

Participant Identification Code for this project:_____

Please initial box

1. I confirm that I have read and understood the information sheet dated …. for the above project and have had the opportunity to ask questions about the interview procedure. ☐
2. I understand that my participation is voluntary and that I am free to withdraw without giving any reason to the named researcher; in order to fully withdraw from The project I should let the researcher know within two weeks of the interview. ☐
3. I give permission for my responses to be sound recorded and used for analysis for this research project, (if not handwritten notes will be taken). ☐
4. I give permission for the anonymised transcripts of the interview to be archived as part of this research project in the Institutional Data Repository. ☐
5. I understand that my responses will remain confidential within the limits specified on the participant information sheet ☐
6. I agree to take part in the above research project. ☐
7. I understand that anonymised quotes from my interview may be used in the publication of the results of this study. ☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature

To be signed and dated in presence of the participant

Once this has been signed, you will receive a copy of your signed and dated consent form.

Appendix 5: Local Authority Profiles

	Local Authority One	**Local Authority Two**	**Local Authority Three**
Location	Metropolitan borough council in the north of England	Large metropolitan borough in the north of England	City Council in the north of England
Population	209,454 (ONS, 2019)	437,145 (ONS, 2019)	784,846 (ONS, 2019)
Life expectancy National comparisons: Women- 82.9 Men – 79.3	Women – 82.2 Men - 78.3	Women – 82.5 Men – 78.5	Women – 82.1 Men – 78.3
Proportion of children living in a low-income family in 2016 (DfE, 2020)	19.60%	18%	20.30%
Last Ofsted inspection rating	'Good' (2018)	'Requires Improvement' (2019)	'Outstanding' (2018)
Referrals to children's social care year ending 31st March 2019 (DfE, 2020)	Total Referrals - 3117 Rate of referrals per 10,000 children – 677.30	Total Referrals - 4540 Rate of referrals per 10,000 children – 453.20	Total Referrals – 10,917 Rate of referrals per 10,000 children – 649.10
Rate of Section 47 child protection enquiries per 10,000 children (DfE, 2020)	306.40	158.00	90.90
Rate of children deemed to be Children in Need enquiries per 10,000 children (DfE, 2020)	339	245.10	325.40
Number of children subject to a child protection plan year ending 31st March 2019 (DfE, 2020)	261	360	399
Number of full-time social workers in 2018 (DfE, 2020)	137.90	270.80	643.50
Proportion of social work posts vacant in 2018, (DfE, 2020)	6.40%	9.30%	0.5%
Number of cases held by the authority year ending 30th September 2018, (DfE, 2020)	1957	2072	4205
Average caseload of a full-time equivalent social work year ending 30th September 2018, (DfE, 2020) Regional average – 17.90 National average – 17.40	22.70	15.10	13.80