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Perceptions of parental substance misuse among social workers working with children and families

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Abstract

The impact of parenting capacity with substance use on child outcomes is relatively established in the literature. However, understanding social workers' perspectives in working with parental substance use remains limited. This research used a qualitative design of semi-structured interviews and thematic analysis to explore five Social Workers viewpoints on working with parental substance use. Four main narratives emerged and these included: Challenges of working with parental substance use, informed decision making, developing self-efficacy and professional values. The research findings are discussed in the context of wider literature, in reference to applicable psychological theory, and in next steps for future research and potential future training.

Keywords: Social Work; Parental Substance Use; Self-efficacy; Thematic Analysis

1 Introduction

Substance use disorders are categorised by mental, physical, and behavioural symptoms which are associated with impaired control, social impairment, risky use and pharmacological indicators for tolerance and withdrawal (APA. 2013). The degree to which substance use impacts parental care caregiving is referred to as parental substance use (e.g., Martins. 2013).

Hayden (2004) aimed to estimate the scale of parental substance use in caseloads in a multi-method research study which utilised a snapshot survey, group interviews and analysis of casefiles. Within this study there was a recognition that due to non-detection, secrecy, and differing assessments of risk only a small fraction of the children of problem drug users come to the attention of children's social care. In a further study it was estimated that between 20-70% of social work caseloads are connected with parental substance use. However, the severity of concerns had not been reported.

Forrester and Harwin (2006), who in a study of 290 cases known to children's social care found that parental substance use tended to be at the heavy end, accounting for 62% of all children subject to care proceedings, and 40% of those placed on child protection plans. They suggested a consistent finding from their own research and citing Cleaver et al 1999, Forrester 2000 and Forrester 2001 that the more serious the type of cases being studied, the higher the proportion in which substance misuse was an issue.

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In fact, the potential impact that parental substance use has on parenting capacity has been explored by Cleaver et al (2011) who found out of 357 case files where parental substance use was present, 85% of the children were living with parents who were assessed as not able to undertake all key parenting tasks. In a reanalysis of the data set from the 2007 study, Cleaver (2011) reported that within the initial assessments where parental substance use was present the parents were deemed to be inadequate at ensuring the children's safety in 93% of cases. Cleaver (2011) concluded that the impact of parental substance use is generally categorised as neglect or emotional abuse which can severely impact a child's development (Velleman 2001), owing to the inability to provide basic care (Hogan and Higgins 2001, Cleaver et al 2007) and potentially exposing children to harm (Brophy 2006).

Furthermore, Munro (2011) identified the vital early identification of maltreatment and neglect, and the understanding of the impact parental substance use has on children as being a core capability for social workers. However, according to Galvani and Allnock (2014) the nature and extent of substance use education in social work programmes was vague, unstructured, inconsistent, and possibly over reported. A further study by Galvani and Forrester (2011) of 284 newly qualified social workers found a lack of specific input around substance misuse, which left the majority feeling inadequately prepared for practice. A sense of a lack of guidance and support has also been reported in supporting parental substance use and their children (e.g. Galvani, Dance and Hutchinson (2011).

There is arguably a dissonance between what is expected of social workers in terms of this core capability, and how prepared social worker's report working with parental substance use. Galvani (2007) describes a resistance from social work as a profession to engage with parental substance use, despite decades of pressure for social workers to be prepared to work with families who are affected by this issue. Galvani, Dance and Hutchinson (2011) highlight a position statement that social workers must be able to intervene with confidence, and yet, according to Galvani Dance and Hutchinson (2011) 81% of practitioners reported to not consider themselves to be well prepared for practice in this area.

Undoubtedly there has been a recognised need for robust training (Children's Commissioner 2014). Recommendations for how to approach this issue have been set out consistently via these reports, as well as in the research literature (Galvani 2011, Cleaver et al 2007, and Galvani 2008). Specifically, calls have been made for multi-agency working and training (ACMD 2003), for a universal vocabulary (Children's Commissioner 2014), for specific guidance, and for training around interventions (Martins 2013). However, Martins (2013) positioned that this may be overlooked in favour of competing demands. Moreover, the existing research has largely focussed on establishing the prevalence or impact of parental substance use, or has approached this issue from a perspective of practitioner confidence in working with this issue. Limited research has explored the perception held by social workers. Therefore, the present research study aimed to explore how social workers who are working in frontline children and family services perceive parental substance use.

2 Methods

2.1 Design

Purposive sampling was employed to target a small group of frontline children and family social workers. Recruitment was carried out via a distribution email sent out via the workforce development team in a London, England local authority. This in depth and qualitative study used one-on-one interviews conducted via Zoom. The content was analysed using thematic analysis (Braun and Clarke. 2006). Reflexivity was an integral part of the qualitative process where the team were mindful of their influences and biases throughout the study utilising the process of bracketing (Willig 2014).

2.2 Participants

Five participants were selected based on inclusion/exclusion criteria, having registered their interest as practising social workers who were working in statutory children and family frontline practice at the time the study was conducted. Specifically, within this local authority these are structured as the short term assessment team, the longer term support team and the children in care team. Exclusion criteria set out that social workers who have previously co-worked cases with members of the research team will be excluded to avoid any potential conflicting interests. The participants were made up of three social workers from the assessment teams, one from the longer term support team, and one from the children in care team. Four social workers identified as cis female and one cis male.

2.3 Materials

Participants were invited to register interest via a recruitment email and were afforded an opportunity to complete a brief and consent form. Interviews were recorded using a voice recording device and were then transcribed verbatim onto a document, before they were printed and a thematic analysis was carried out (Braun and Clarke, 2006).

2.4 Procedure

The project was designed in line with British Psychological Society's (2014) Code of Human Research Ethics and approved by the university research ethics panel. The local authority research governance group confirmed approval to approach participants. Contact was made with potential participants via the workforce development team who distributed the initial recruitment email which set out the aims of the research and invited them to register their interest in order to discuss this further. The email was sent to practitioners in assessment, support and the children in care teams. Meetings were arranged to discuss consent and the interview schedule before interviews were arranged. All participants chose to meet online; and interviews lasted for approximately one hour each. Confidentiality was assured, and data protection regulations were followed regarding the audio recordings. Participants were given the opportunity to approve the transcripts and to request amendments, but no changes were requested. All participants were assured of the confidentiality and anonymity of the study with regards to their responses and were informed they could withdraw from the study at any point. A list of support organisations was provided in the debrief should participants feel the need for support following the interview.

2.5 Data Analysis

The key narratives were identified using Braun and Clarke's (2006) six-phase guide to thematic analysis. The transcription was read many times and initial thoughts and codes were made on the data. Through a process of triangulation, some codes became main narratives and others became sub-narratives. When saturation had been reached the final themes (main narratives) were finally constructed.

3 Results

3.1 Main narrative: Challenges of working with parental substance use

This main narrative explored what participants felt were the consequences of parental substance use. Participants' experiences were centred around the impact of parent's use on the children, and this was focussed on a sense of losing out, explained through terms such as neglect, and through basic care needs not being met.

3.2 Sub narrative: Feeling overwhelmed

Participants spoke about the impact of parental substance use on parenting capacity and the impact that this had on them. Three participants appeared to make sense of their experiences of parents not being able to meet their children's needs by talking about parental substance use as external, and as overwhelming. In contrast, one participant talked about not understanding why one parent couldn't stop using when she had her children in her care.

Participant 'D' talked about how they perceived outcomes for children to be worse where the substance misuse became 'high level':

"I've yet to meet a parent that's drug using at a really high level that's been able to completely sustain that" - (Transcript D, Page 5, Paragraph 7)

In using the term 'sustain', the language seemed to potentially suggest parental substance use as being perceived as something that eventually overwhelms as use becomes high-level.

Participant 'E's' use of language suggested that they understood addiction as forceful:

"she became addicted to prescription medication, it hit her very suddenly" – (Transcript E, Page 4, Paragraph 15).

In understanding how 'D' and 'E' may have made sense of their experiences, 'E' reports that earlier in her working experience she had worked in two psychiatric hospitals with addiction clinics. 'D' discussed that they had worked in

Drug and Alcohol teams. The language around addiction being fast and forceful may be based on their experience in these roles, which could have shaped their perception of parental substance use as a whole. 'B' did not have a background in substance misuse before becoming a social worker, but still talked about addiction in an externalised fashion and considered it as something that becomes all-encompassing suggesting that this perception is not solely built from experience in the field of substance misuse:

"My understanding when you're thinking about long term addiction to Class A drugs is that they often completely overwhelm and take over whole elements of your life, the layman's phrase might be 'selfish' drugs" – Transcript B, Page 3, Paragraph 9."

In talking about their understanding, 'B' similarly explores the idea that there is a sense of being overwhelmed. Their use of the phrase 'selfish drugs', while distancing themselves in suggesting it may be a 'layman's phrase', implies a cost to others. Whereas 'D', 'E' and 'B' used language that suggested they perceived substance misuse as an external overwhelming force, 'A' talked about her lack of understanding a mother not being able to stop using:

"that led onto me to be able to say, 'but why?' I don't understand how or why you wouldn't be able to just stop, like what is in your mind?" – Transcript A, Page 3, Paragraph 14.

While 'D', 'E' and 'B' imply they perceive a separation between the substance misuse and the parent, 'A' in her recollection of this one-to-one interaction talks with the mother about what it is within her that stops her being able to use suggesting that her perception of parental substance use is that it is difficult to understand, or frustrating. What is also implied is a perception that the mother should be able to stop using but can't, suggesting there is something in her mind preventing her. 'A' explained that the mother believed that she moderated her use and adjusted the goal posts of 'doing enough' as a parent. This mother's experience retold by 'A' is emotive; her beliefs around how she is parenting her children may feature minimisation, or denial as to the impact on the children. Later, 'A' referred to the mother later and talked about the children having been removed. Despite 'A' not talking about parental substance use in the same way as 'D', the consequences of ultimately losing her children comes back to what 'D' talked about in terms of ultimately not being able to sustain meeting the children's needs. Participant 'D' talked with positivity around a difference in parenting when parents were using, compared to when they weren't:

"my experience as a worker feels generally positive, it feels like a tangible thing for that child you can really see the difference between when a parent is misusing"- (Transcript D, Page 4, Paragraph 4)

It is interesting to consider whether this contributes to the understanding that 'D' holds, her perception of parental substance use is that when parents aren't using, there is a tangible difference in their ability to care for their children appropriately. This may also relate to her understanding of parental substance use as an external force that prevents being able to sustain appropriate parenting. Collectively participants often reported feeling overwhelmed when working with this vulnerable group and the impact this was having on their children.

3.3 Sub narrative: Understanding family dynamics

Within broader discussion on the impact of parental substance use, there were experiences of older siblings having to take on the caring responsibilities and the impact that this had on their own childhood. Participant 'A' talked about what she sees consistently as the impact on children of parental substance use:

"*"They are… all below the kind of national average for children their age… confidence, …being able to form relationships with other children, erm, and… expression of their feelings is another one" – (Transcript A, Page 4, Paragraph 11)*

It was interesting that while Participant 'A' reported a lack of knowledge, her perception of the impact of parental substance use was very similar to the literature. 'A' explained that she has found that the outcomes for children will depend on who in the child's life can substitute the deficit parenting. 'A' talked about her experiences:

"younger siblings is less – I find is slightly less affected because the older siblings does a lot of the caring needs… One has sacrificed themselves for the younger one" – Transcript A, Page 5, Paragraph 2

'A' explained that while the younger siblings are less affected by the parental substance use in comparison to the older sibling, that this takes a toll in having to 'substitute the deficit'. In using the phrase 'one has sacrificed themselves' it becomes clear how 'A' interprets her experiences, the imagery is very powerful of the impact on the older sibling.

'A' goes on to discuss the ethical dilemma that this causes when children are removed. They question whether the older child can 'relinquish that caregiving role' if they are placed together. This sense of sacrifice then implies that what 'A' perceives is that these children must grow up in order to take on the care giving role at the cost of their childhood, but then cannot adjust back.

Similarly, to 'A', 'E' spoke specifically about a family that they had worked with where the impact was felt in a sense of older children becoming care givers:

"the thirteen-year-old is hardly going to school because she's caring for the new-born and the younger children day in, day out" – (Transcript E, Page 3, Paragraph 5)

'E's explains that in this case that the thirteen-year-old is having to take on caring responsibilities, what is suggested but not explicit is that this is due to mother's diminished parenting. What's implied by 'day in, day out' is a sense that what 'E' has perceived that the impact of parental substance use for this thirteen-year-old girl is a continuous care-giving role. Collectively participants were mindful of the family dynamics which existed in parental substance use households.

3.4 Main Narrative: Informed decision making

This superordinate theme focussed on how the participants felt they interpreted parental substance use affecting the way that the case was managed, and how the level of risk and threshold changed.

3.5 Sub narrative: Safeguarding and child neglect

Participants talked about how parental substance use being identified led to the perceived level of risk heightening, and threshold being met for cases to escalate where parental substance use was proven. 'D' suggests that in her experience that parental substance use affects threshold:

"It's easy to get a parental substance misuse case to Child Protection with neglect as the evidence… you show a parent injecting, child neglect, it jumps that threshold" – Transcript D, Page 5, Paragraph 9.

This led her to question how parental substance use affects the ways cases are perceived:

"I don't know if that's about perception, where that's an issue with how we see neglect, or perception of drug use" – Transcript D, Page 5, Paragraph 9.

'D' suggests that parental substance use not only meets the threshold for child safeguarding quickly but goes on to question whether this is because of the way parental substance use and neglect is perceived by others. What is potentially suggested is that the escalation doesn't necessarily reflect the risk increasing. From 'D's' perspective, these decisions may be shaped by how professionals perceive substance use. 'D's perspective is interesting – her perception could be that she believes that parental substance use is perceived as riskier and as a result, the decision is pre-emptive. 'B' discussed types of cases that they have seen more than others, and shared that they had lots of experience with unborn cases:

"pre-birth assessment… a high number actually, and that's often been where there's been a removal of a child in the past and then maternity have referred due to… being concerned about that continuing." – (Transcript B, Page 3, Paragraph 1)

What is potentially implied here is a pattern of children being removed, parents expecting again, and a belief that the same risks continue:

"the mums had children removed and they've flagged it as soon as she's gone in for her first maternity appointment…" – Transcript B, Page 3, Paragraph 3.

Having talked about children being removed due to parental substance use 'B' talked later about how evidence of parental substance use affects decision making:

"where it's a suggestion it ends up being a grey area, but when it's proven you end up hurtling towards Child Protection and often removal" – Transcript B, Page 5 Paragraph 9.

This could be a reflection on one specific case, where the decision would be made purely on the proof of parental substance use, rather than further evidence on how this was impacting the children. However, this could also be interpreted as talking about two different cases, one where there was no tangible evidence of harm, versus another where use is higher-risk, blatant, and more likely to be impacting on the children. This idea around 'proof' was further explored by 'B' in another case that they discussed, where the suggestion was that the father of an unborn might be using substances:

"…always down in reports as a grey area, we couldn't find any evidence to support, it was stuck as it could well be a concern. The disclosure was open to interpretation and wasn't 100%" – Transcript B, Page 4, Paragraph 8.

Similarly, what stands out is that parental substance use is a grey area, and the suggested perception that the difference proof might make, as opposed to what has been assessed more broadly as the risk of harm.

3.6 Sub narrative: Evidence of drug testing

Two participants talked specifically about drug testing services, and how this has been used to assist assessment, or monitor. The participants had differing views around the use of testing, and what it contributed.

'D' talked about drug testing, and how this can be a clear way to address a concern about parental substance use being alleged:

"…if it comes back negative, I can go, great, and go away, so it feels like there's a sort of fall back if they're saying they're not… and here's a way that we can assess that" (Transcript D, Page 3, Paragraph 5)

Participants suggested that being able to test is a way for parents to prove what they are saying. While 'D' talks positively about being able to step away from cases as a result of drug test results, 'B' talks with some cynicism about testing and what difference it makes:

"there's a hopelessness so we end up often just testing people, if you think about other cases, we wouldn't just monitor – we'd be offering intervention" (Transcript B, Page 5, Paragraph, 8)

'B' talks about tests to monitor and about this being different to other cases suggesting that testing on its own is not an intervention. The perception is that of hopelessness when working with parental substance use where the role is purely to monitor, where intervention to support change may be more helpful than further tests.

3.7 Main narrative: Developing self-efficacy

Some participants voiced links between a lack of understanding leading to doubt but with the recognition of self-development, while other participants explained how their previous experiences in working with parental substance misuse left them feeling more confident.

3.8 Sub narratives: Identifying training needs

Of all the participants, 'A' spoke most about how she felt uncertain working with parental substance use – doubting her understanding, ability to assess, and knowledge:

"It's very hard to assess the risk if I don't understand" - (Transcript A, Page 6, Paragraph 5)

'A' discussed how she felt that the she didn't understand the specific practicalities of using substances, which became a barrier to communicating:

"I feel… that people think I'm stupid and dumb cause I'm trying to talk… about something and I'm just so obviously… don't know everything about it because I haven't got the jargon" – Transcript A, Page 3, Paragraph 19

'A' reported that she feels she is judged by parents. 'A' may be feeling excluded, or awkward in trying to make sense of an area which she perceives that she doesn't understand. 'A' feels as though language excludes her, and what may be implied is that with specific language she would be able to talk about parental substance use with parents.

'A' voiced being unable to determine the level of risk in cases, she talked specifically about how she would be able to generalise, but felt that she lacked specific knowledge:

"I can bring it together in the analysis and the conclusion part, but to elicit the right… I don't understand that relationship of addiction. To know how to talk about that, and how to explore that, I wouldn't know how to do it. I don't have that training."- (Transcript A, Page 6, Paragraph 7)

'A''s perception is that parental substance use is hard to engage with without specific understanding and knowledge, which she feels she is lacking. 'A' perceived that she is unable to have meaningful conversations due to a lack of specific language, which leaves her frustrated that she feels judged for trying to talk about something she doesn't understand. Where 'A' did not feel able to discuss or analyse parental substance use due to a lack of language and understanding, 'B' talked about how they felt that evidence was contradictory or outdated:

"other professionals might be drawing on out of date views or research. There's not enough knowledge, there's so much information out there…people don't know what to believe"- (Transcript B, Page 5, Paragraph 15)

'B' almost seemed to be overwhelmed in terms of the available information, and as a result, perceives similarly to 'A' that parental substance use requires specific knowledge to understand, but that the evidence base to draw information from is contradictory. Participants identified areas that they felt they needed to develop their skills in working with this group.

3.9 Sub narrative: Knowledge gained through experience

This sub narrative emerged from participants talking about their experience in previous roles. This included feelings towards parents who are using substances, an understanding, and relating to their circumstances.

In considering how her previous experience as a worker in a Drugs and Alcohol team has affected her ability to develop positive working relationships, 'D' reflected:

"I think for me, one of the positives that I've always had… I can always say look I did used to be a recovery worker, I used to work in the prisons… and that's always had positive feedback… which implies more knowledge, or understanding" – (Transcript D, Page 4, Paragraph 6)

What this suggests is that the ability to reposition herself as a former drug worker, offers a different perspective to parents. Whether this is because of shared experience, or as 'D' suggests, is because of the implication that she is more likely to understand and less likely to be judgemental. Supporting this view, 'D' thought about how this experience has shaped the way that she perceives recovery, and how she empathises:

"I think it makes me more optimistic, I have a really strong value base that recovery is possible. Just because you're using substances… you're not a write off or a bad person."- (Transcript D, Page 5, Paragraph 13).

'D' voiced that her experiences leave her with greater insight and greater empathy due to her having had first-hand experience, and therefore her perception around parental substance use is optimistic and that change is possible with a sense of developing self-efficacy.

3.10 Main narrative: Maintaining professionalism

Professional values were embedded within the practice of the participants, shaping their interactions with families, at times informing their thinking, and at other times being at odds with safeguarding children.

3.11 Sub narrative: Bottom-up approach

'C' talked about her background in systemic practice, and identified that she believed that families social workers are interacting with are showing symptoms of a problem, which is focussed on, rather than the problem itself:

'The substance misuse isn't the problem, it's the answer to the problem. The problem is so overwhelming'– (Transcript C, Page 3, Paragraph 8)

'C' infers that her perception of parental substance use is that it is a symptom of an underlying problem, and that working with parents to address the underlying issue may be more helpful. When considering changes in the way that cases are approached, 'C' reflected how things have changed:

"It used to be subsuming part of the medical model – … and I think we've started to move away" – (Transcript C, Page 3, Paragraph 4)

Likewise, 'A' talked about how she has had experience of a bottom-up approach that she picked up in another team within the Local Authority:

"I was taught… skills like timelines and genograms and how they are so… pivotal in, and crucial in trying to develop relationships and an understanding for why families are functioning the way they're functioning" – (Transcript A, Page 1, Paragraph 18)

The tools that 'A' reflects on are embedded parts of Systemic Practice, her perception is that a non-hierarchical approach to working with parental substance use may support a better comprehension in patterns of behaviour thus increasing engagement and in the need of feeling supported.

3.12 Sub narrative: Perceived untrustworthiness

While 'A' and 'C' talked with positivity about drawing on systemic ideas, 'B' discussed a potential repercussion to working holistically considering how parents being dishonest impacted the worker. 'B' reflected that they felt there was:

"– a perception that people lie more in those situations…and therefore the anxiety starts raising, because people don't feel they're having genuine honest conversations" – (Transcript B, Page 5, Paragraph 14)

What is suggested is that in working with dishonesty, the risks are perceived to be higher – or, more complex. 'B' reflects further:

"There's a perception that lying is more prevalent in these cases. That makes managing safety, and the rest of your professional values that you should hold really hard"- (Transcript B, Page 6, Paragraph 12)

This suggests almost conflicting roles in managing safety and 'the rest of your professional values' where a perception of dishonesty is limiting the ability to believe the parents' account. The suggestion is that with honesty, risk can be managed by working with parents, but that when parents are perceived to be not telling the truth, the two become at odds.

4 Discussion

This study aimed to explore how Social Workers in 'frontline' Children and Families teams, understood and made sense of the experiences they had in working with parents who are misusing substances. Using a thematic analysis generated insight into the way that participants perceive parental substance use yielding 4 main narratives including challenges of working with parental substance use, informed decision making, developing self-efficacy, and maintaining professionalism.

Outcomes in this study referred to the challenges of working with parental substance use and how substance use was an external, all-consuming issue that struck with force and diminishes parenting capacity. Indeed, Emmelkamp and Vendall (2006) discuss substance abuse as a progressive, chronic issue that impacts on every aspect of the person's life. According to Moore et al., (2007) children of parents using substances often assume caring responsibilities.

Comparable to the outcomes of this study, Moore et al., (2007) reported how children did not meet age-related expectations, struggled with relationships and had a sense of 'losing out' owing to taking on caring responsibilities. Similar outcomes were reported in Barnard and Barlow (2006) study who interviewed thirty-six children whose parents had issues with substance use in which older children took on responsibilities for their own care and the care of younger siblings which led to deprivation of their own childhood.

Informed decision-making including safeguarding and child protection was a further outcome in this study. Nixon (2008) and Forrester established that the children of many serious substance users do not live with their parents. The ACMD (2003) explored the idea that children being in the care of their parents can be a protective factor on parents' substance use. Of the parents with no risk factors present, 65% lived with their children, whereas only 9% of those with six or more had their children living with them. The ACMD (2003) concluded that users with children at home had a similar profile to users who weren't parents, which contradicts the idea that children reduce the risk of adult use. Conversely, parents whose children are living elsewhere may be a higher risk group. The ACMD were unable to conclude

whether the higher risk factors were the cause of the children living elsewhere, or whether the children living elsewhere encouraged riskier use. This would be an area where further research may be of interest, to consider what it is about parents who are not living with their children that leads to higher risk.

Harwin (2006) found that 62% of children subject to care proceedings, and 40% of children on child safeguarding featured parental substance use. In this study, all participants voiced experiences of cases featuring parental substance use as having reached the threshold for child safeguarding, and most spoke about experiences of removing children from their parent's care due to parental substance use. Taking a closer look at informed decision making with parental substance use, Galvani, Dance and Hutchinson (2011) assessed 646 social workers and found that 49% of information about parental substance use came from professionals, and in terms of the stage at which practitioners became aware 46% came from referral. There was a large overlap between the two responses – 73% of those where the source was a professional, the information was in the referral and not from the parent.

Another outcome in this study was developing self-efficacy. Self-efficacy is a concept proposed by Bandura (1982) concerned with perceived judgements of how well one can execute courses of action required to deal with prospective situations. Bandura (2010) posits that efficacy beliefs are the foundation of human agency, and that unless people believe that they can produce the results that they desire through their actions, they have little incentive to take that action, or to continue when things become problematic. Bandura (2010) explains that people's level of efficacy is built upon four factors; enactive attainment – building on experiences, social modelling – seeing people they can relate to succeed or fail. Research into the perceived confidence of Social Workers in working with parental substance use has generally suggested a lack of self-assurance or efficacy. Galvani (2007) found frustrations in the social work workforce around not feeling able to ask questions, and not having the right training. Galvani, Dance and Hutchinson (2011) build on this further by exploring participants' perceived satisfaction with the work they do in relation to substance use. Less than half (47%) felt that they were able to adequately assess the needs of family members impacted by parental substance use, which is a significant part of the role of child and family social workers. Participants in this study in which there was compromised self-efficacy nonetheless identified ways forward in their own skills development suggesting developing efficacy and those with a history of working in substance use felt confident in their ability to work more effectively with parental substance use.

Maintaining professionalism was a reported outcome in this study. Galvani (2007) argues that the medically dominated models (top-down approach) of substance use treatment, has been recognised as a potential barrier to effective social work practice. This fits with the contrasting bottom-up approach suggested in this study and in favour of a systemic approach. Part of the bottom-up approach includes a recognition of the needs of parental substance use but also the social workers engaged in this area. Guy and Harrison (2003) examined what social workers needed to know about substance misuse where outcomes of parental substance use and suggested the need for empathy and understanding with one service user reporting that [alcohol] abuse gives a short-term avoidance of boredom, pain, stress. It is easier than facing problems and that sometimes life is really hard, and if [using substances] makes it easier that doesn't make you a bad person. Furthermore, Lang et al (1990) created the concept of domains in systemic practice, an approach which participants referred to and is embedded within this local authority. Moreover, Hedtjarn et al (2011) argued that there is a dilemma for practitioners in managing the tensions of the domain of authoritative intervention versus engaging in the domain of collaborative work with families. It would require a higher sense of self-efficacy to continue working collaboratively in maintaining professionalism. Where self-efficacy is low, it is easier to accept that the parent is perceived as untrustworthy, and therefore disregard continuing to seek further information that may undermine that belief.

Despite this study being limited in terms of generalisability due to its small sample, while qualitative research generates a rich and nuanced insight in the experiences of individual participants, the findings may not represent all social workers perceptions of parental substance use. Nevertheless, it must be recognised that this was not the purpose of the study. Further research might wish to explore these narratives among wider service groups. It could also be of interest to consider group composition based on levels of self-reported understanding to explore whether this influences the way in which participants share their experience and how this may apply to the theory of self-efficacy.

An implication of the present findings is that if self-efficacy is a result of perceived understanding and previous experience in influencing the way that social workers perceive parental substance use, then further training might focus on equipping social workers with the understanding and confidence that previous experience is suggested to offer in the findings of this study. This relates to models of understanding substance use, language, assessing risk, and resources to provide a clear evidence base to draw from relating to social work and parental substance use.

5 Conclusion

In conclusion, this research study explored how social workers who work with children and families perceive parental substance use. In making sense of the impact of parental substance use, participants spoke on two levels, referring to specific cases and generalising common experiences. The current findings are in line with existing literature in that participants made sense of parental substance use in considering how it affected the families that they worked with. It categorised families and cases surrounding issues of neglect, emotional harm, and child safeguarding. Parental substance use was perceived to be a symptom of underlying issues, an externalised consuming force that inevitably impacts the ability to prioritise and keep children safe. Collectively, themes run parallel with the theory of self-efficacy, with higher self-efficacy relating to higher levels of confidence, understanding and optimism, and lower efficacy relating to frustration, hopelessness and feeling overwhelmed. Future research that considers the implications on training in developing self-efficacy might support social workers who are working with parental substance use to support the family system in a non-hierarchical fashion.

Compliance with ethical standards

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Disclosure of conflict of interest

No conflict of interest.

Statement of ethical approval

This study was approved by the University Research Ethics Committee.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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