

‘Voices of a sample of Irish young people affected by
parental substance misuse and parents with a
substance misuse issue: Uncovering harm and system
fragmentation’

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‘Voices of a sample of Irish young people affected by parental substance misuse and parents with a substance misuse issue: Uncovering harm and system fragmentation’

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Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of M. Ed by Research is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed: _____

ID No: _____

Date: _____

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List of Abbreviations

ABC – Area Based Childhood Initiative

ACMD - Advisory Council on the Misuse of Drugs (UK)

BOBF – Better Outcomes Brighter Futures

CAMHS- Child and Adolescent Mental Health Service

CFSA – Child and Family Support Agency

DEIS- Delivering Equality of Opportunity in Schools

DES – Department of Education and Science

EMCDDA – The European Monitoring Centre for Drugs and Drug Addiction

HBSC – Health Behaviour in School-Aged Children

HIQA – Health Information Quality Authority

HSCL – Home School Community Liaison

HSE – Health Service Executive (Ireland)

M- PACT – Moving Parents and Children Together

NACD – National Advisory Committee on Drugs (Ireland)

NACDA –National Advisory Committee on Drugs and Alcohol (Ireland)

NDS –National Drugs Strategy (Ireland)

NSDF- National Service Delivery Framework

PFL- Preparing For Life

SNA – Special Needs Assistant

SSP – School Support Programme

Abstract

‘Voices of a sample of Irish young people affected by parental substance misuse and parents with a substance misuse issue: Uncovering harm and system fragmentation ’

Author: Fiona Kearney

This research attempts to remedy a neglect of the voices of Irish young people affected by parental substance misuse and parents with a substance misuse issue from an area experiencing social and educational inequality. It challenges the idea that they are a ‘hard to reach’ group in research terms. A qualitative methodology was utilised involving a phenomenological approach to interview 7 young people affected by parental substance misuse and 6 parents with a substance misuse issue.

The fragmented nature of service provision emerges as a key finding. The gulf between Irish policy statements, objectives and goals and actual services received by children and families is outlined. Outreach approaches and lead practitioner roles are cited as helpful. Unmet physical and emotional care needs are recalled as impacting on children and young people’s participation in education. Notwithstanding these challenges, the majority of young people and all the parents describe strong parent-child relationships and the desire for parental rearing emerges as a key finding. Another key finding relates to the challenges of being in, and staying in school, including the perceived clash in approach and experience between primary and secondary school and the significance of school relations and atmosphere.

Key issues for system development which arise include: an intensive family outreach model in the contexts of early school leaving prevention targeting children affected by parental substance misuse, young carers, homeless children and supporting parental rearing; ancillary services and supports including nursing, psychological and care staff supports and food and laundry provision in and around schools; professional development for secondary school teachers in cognisance of the potential of the school and the teacher as a protective factor; trauma informed drugs services for parents and programmes that support parent child communication in relation to substance misuse.

Chapter 1 Introduction

Parental substance (drugs or alcohol) misuse is a complex issue that continues to be a significant health and social challenge facing our society. For various reasons we do not have accurate data in Ireland in relation to the number of children affected by this issue. However, considering the results from the Alcohol Diary Survey carried out by Long&Mongan (2013) which claims that 1.34 million people in Ireland have a harmful drinking pattern; this undoubtedly has serious implications for children. The Irish Hidden Harm Strategic Statement (2015) states that children affected by parental substance misuse may underachieve at school and are often expected to be carers to their parents at an unacceptably young age. They can also develop mental health problems due to ongoing emotional strain, get drawn into antisocial behaviour and crime and may have little prospect of a productive and fulfilling life. Children living with or affected by parental problem alcohol and other drug use can go on to have problems with alcohol and other drugs and so the cycle continues. The aim of the research is to; a) examine the perceptions of a sample of young people who have experienced parental substance misuse of the issues faced by them in the context of child/youth development and participation in education and b) examine the perceptions of a sample of parents with experience of substance misuse of the issues faced by their children /in the context of child/youth development and participation in education. The research objectives are to firstly examine young people affected by parental substance misuse, the experiences of the family, school and social services systems they interact with and secondly examine parents who are substance misusers experiences of the family, school and social services systems they interact with and thirdly to examine the interaction between these systems to facilitate participation in education and the implications for policy and practice. These objectives will be realised through a commitment to include the neglected voices of Irish young people affected by parental substance misuse in research.

Chapter 2 reviews the relevant literature. The literature review chapter is divided into three sections, literature in each section was chosen as it relates to the aims and objectives of the overall study. The research referenced Bronfenbrenner's ecological theory (1979) as a means of understanding the external influences upon the child and his/her subsequent

development. Bronfenbrenner's theory identifies 5 subsystems whose existence and interrelationships he proposes have an impact on human growth, development and behaviour. Chapter 3 outlines the qualitative methodology utilised to carry out the research. A phenomenological approach was chosen. Lester (1999) suggests the purpose of the phenomenological approach is to gather 'deep information and perceptions through inductive, qualitative methods and representing it from the perspective of the research participants. The methodology for this research was designed with Bronfenbrenner's theoretical framework in mind and questions/interviews were carried out to explore what level of impact the subsystems had on the young people and how the subsystems interacted with each other. The importance of an effective methodology and approach to engaging young people affected by parental substance misuse was paramount in this research process. An emphasis was given to this as studies which access children affected by this issue directly are relatively rare due to the sensitivities and ethics involved (McKeganey, 2011 and Templeton et al., 2009). It also challenges the idea that they are a 'hard to reach' group in research terms. Chapter 4 presents the data from the parents' and young peoples' interviews. The research findings are arranged thematically, seven themes and 25 subthemes emerge in total it also provides a brief profile of each research participant. Chapter 5 discusses the main findings and their implications for policy and research and presents the findings in relation to Bronfenbrenner's ecological theoretical framework. Chapter 6 concludes by making recommendations from the findings.

Positionality Statement

The term positionality both describes an individual's world-view and the position they have chosen to adopt in relation to a specific research task (Foote and Bartell, 2011). Researcher positionality has the potential to impact on all aspects and stages of the research process; as Foote and Bartell (2011) identify "The positionality that researchers bring to their work, and the personal experiences through which positionality is shaped, may influence what researchers may bring to research encounters, their choice of processes, and their interpretation outcomes" (p. 46). What is important in relation to positionality is an open and honest statement of where the researcher is coming from.

Since 1999 in my varying jobs and roles I have been working directly with adults, children and young people, the majority of whom, in my view have not gained the maximum benefit

from the education system. A significant number of the adults, children and young people I have worked with over the years in addiction, child protection and child welfare services have experienced trauma, neglect and abuse. Despite these very damaging experiences many are creative, capable, resilient, intelligent and insightful individuals and I am often left wondering how our education system could not facilitate learning and support for such talented individuals. I believe the focus within the education system on equality of access rather than equality of outcome is flawed. Since 2006 I have been working in an organisation in Dublin 10, Familiscope now Familibase. Familibase is a child-centred service using family approaches in its work. In Familibase I interacted with many families affected by parental substance misuse, the children and young people in these families presented with varied experiences of their parents substance misuse.

Through my professional work in the Dublin 10 community I was known to all of the participants who took part in the study but was not working directly with any of the participants. This method was selected due to my experience of the target group and the connected awareness of the potential challenge in recruiting groups who may be fearful to take part in any research study. In designing the study, I was acutely aware of the potential for my relationship with participants potentially influencing their input i.e. social desirability effects influencing self-report data; inherent in self-report interview methods is the issue of whether the responses are influenced by a desire not to displease the interviewer (Crowne and Marlow, 1960). My attempts to mitigate the potential for this are outlined in the methodology chapter.

Also influencing this research process is the researcher's social class. I grew up in a community close to Dublin 10 with a similar socio-demographic profile to Dublin 10, the area where the research participants live or lived. This cultural and social awareness of the target group contributed to the research design and methodology selection.

In summary, I am making explicit my social justice and equality perspective, my professional connection to the participants, my professional work in the area of addiction and child welfare and my social class which could all potentially influence the design, analysis and presentation of the findings of this study

Research Aims and Objectives Restated

Research Aims

- A) To examine the perceptions of a sample of young people who have experienced parental substance misuse of the issues faced by them in the context of child/youth development and participation in education
- B) To examine the perceptions of a sample of parents with experience of substance misuse of the issues faced by their children /in the context of child/youth development and participation in education.

Research Objectives

- 1A) Examine young people affected by parental substance misuse experiences of the family, school and social services systems they interact with.
- 1B) Examine parents who are substance misusers' experiences of the family, school and social services systems they interact with.
- 2) Examine the interaction between these systems to facilitate participation in education and the implications for policy and practice.

Chapter 2 Literature Review

This chapter aims to give a critical and focused review of a range of relevant literature which underpins this research process. The review is divided into three sections, the literature in each section was chosen as it relates to the aims and objectives of the overall study. Section 1 will identify the relationship between parental substance misuse and child development, the prevalence and gender factors in relation to parental substance misuse and will review the assessment and planning frameworks in children's services. Section 2 will present the evidence in relation to the impact of parental substance misuse on children's outcomes, particularly in the context of education participation. Section 1 and 2 of the literature review relate to the overall aim of the research and research objective 1a and 1b. Section 3 will propose Bronfenbrenner's ecological theory as a means for understanding the external influences upon the child and his/her subsequent development. The responses in an Irish and International context, with a specific focus on Irish policy, strategy and frameworks to enhance the participation of children affected by parental substance misuse in education. This section clearly relates to research objective 2 to examine the interaction between systems to facilitate participation in education and the implications for policy and practice.

Section 1: The Context

Parental Substance Misuse

According to the World Health Organisation (2016), substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome. This includes a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state. The Rabbitte Report (1996) was the first Irish governmental report to acknowledge that problem drug use could not be explained satisfactorily in individual terms but must be considered in relation to wider structural factors, including poverty, educational inequality, unemployment, high localised crime rates and housing difficulties. The Irish National Drugs Strategy Report (NDS) (2009-2016) explains that problem drug use by an individual, or by a group of people, is rarely caused by a single factor; instead, the

interplay between multiple conditions and factors that put an individual at risk of using or developing problems with drugs influences the experience or outcome. The impact of these complex and interlinked factors will vary between communities and individuals. The landscape in relation to substance misuse has changed in Ireland over the past 20 years. One significant change has been the inclusion and acknowledgement in policy of the negative consequences of alcohol use (NDS 2009-2016, Steering Group Report on a National Substance Misuse Strategy 2012, Hidden Realities, 2011). The research presented in this chapter will confirm that substance misuse still has many consequences for children affected by their parent's substance misuse.

Prior to the 1980s, only sporadic research had been conducted to examine the impact of having a problem drug user or alcohol user as a family member and yet the vast majority of substance misusers exist within a social context, which includes family members; parents, siblings, partners or children. Horgan (2011) explains that the international literature relating to parental substance misuse alone has only developed in the last two to three decades. The need for such research cannot be understated as usually children rely firstly on their parents to meet their needs physically, emotionally and educationally hence the first and most influential environment a child experiences is the family home. As Richardson (2005) states –“children are dependent on adults to secure their health and welfare and develop their resilience”. For children who have the benefit of a warm continuous and intimate relationship with their parents throughout childhood, there is an opportunity to develop a strong sense of identity, self-worth, and trust in others, the ability to handle stress and develop and maintain relationships. In contrast, Velleman and Templeton (2007) explain that parental substance misuse can have potentially serious consequences for children, including, but not limited to, poor educational attainment, emotional difficulties, neglect, and abuse and taking on inappropriate caring responsibilities. The quality of the parent –child relationship is of most significance here in terms of the impact of parental substance misuse (Advisory Council on the Misuse of Drugs ACMD, 2003, Hidden Harm Strategic Statement, 2015). The Irish Centre for Effective Services highlights the importance of the parent child relationship in their Briefing Paper on parenting (2012), where they state that parenting has been shown to influence children's social and emotional development, as well as their behaviour, education and physical health. They further explain the significance of this relationship by explaining that it is *what* parents do with their children rather than

who they are that is critical, and that the parent-child relationship is more important for children's development than family income or structure. Recent empirical research findings in an Irish context *Growing Up in Ireland* research studies and My World Survey (Dooley and Fitzgerald, 2012) make valuable contributions in relation to the varied positive outcomes that emerge from a positive parent –child relationship. In *Growing Up in Ireland* (2012) parenting styles and the quality of mother-child and father-child relationships were associated with social and emotional outcomes. Children whose parents used an authoritarian parenting style (characterised by low levels of responsiveness and high levels of control) had more difficulty, as did children whose parents were neglectful (low responsiveness and low control). In addition, high levels of mother-child and father child conflict were associated with elevated levels of difficulty, while low levels of closeness in the mother child relationship were important for girls' but not boys' social and emotional outcomes. In Dooley and Fitzgerald (2012) one of the strongest predictors of good mental health in the lives of young people surveyed is the availability of at least 'One Good Adult' in their lives, someone who knows them personally and is available to them, especially in times of need. The presence of such a person in their lives is related to the development of their self-esteem, their sense of belonging, and how they cope or do not cope with their difficulties. The absence of 'One Good Adult' is significantly related to their level of depression, suicide and self-harm. For a significant number of young people this adult was a parent. Although not all children affected by parental substance misuse will experience adverse life effects (Templeton, Zohhadi, Galvani, & Velleman, 2006), evidence suggests that it is an area that warrants ongoing examination (Beardslee, Chien & Bell, 2011).

The experience of children living with, and affected by parental substance misuse has become widely known as "Hidden Harm" (ACMD, 2003). The term encapsulates the two key features of that experience: those children are often not known to services; and that they suffer harm in a number of ways as a result of compromised parenting which can impede the child's social, physical and emotional development (ACMD, 2003). The 2003 seminal report by the UK Advisory Council on the Misuse of Drugs (ACMD) has formed the bedrock for Hidden Harm work nationally and internationally. The original report dealt more specifically with the problems associated with illicit drug use. The 48 recommendations of this report cut across drugs, children's health, and criminal justice sectors, and addressed a

broad range of issues. The ACMD established a specific working group to monitor and promote the implementation of the recommendations in the United Kingdom, demonstrating its commitment to the cross-cutting recommendations. Ireland has only very recently started to look at the issue of 'Hidden Harm' in policy terms. In June 2013 a high level project management steering group on 'Hidden Harm' was established, led by Tusla—The National Child and Family Agency, the Health Service Executive(HSE) National Social Inclusion Office, Mental Health and Drug and Alcohol Services North West and the Midlands. The group became the HSE National Project Management Steering Group on Hidden Harm (2013)and produced a report 'Addressing Hidden Harm: Bridging the gulf between substance misuse and childcare systems', Submission for the attention of Minister of State with responsibility for Drugs, Alex White, TD (unpublished). This culminated in the development of a National Hidden Harm Strategic Statement.

Prevalence of Parental Substance Misuse

It has not to date been possible to obtain a reasonable estimate of the number of children living in households with parental substance misuse in Ireland. There are several reasons for this; including that national and European surveys that collect data to monitor drug use and drug trends across Ireland do not collect information on parental status or child care responsibilities. On recommendation from the National Advisory Committee on Drugs (NACD) the National Drug Treatment Reporting System (NDTRS) has reviewed the current data set to obtain estimates of the number of children of problematic alcohol and drug users. An additional question will be included in 2016 to ascertain the numbers of children of service users. This is a welcome start; however, this will only give us the numbers of the children whose parents access treatment. Drug trends nationally and internationally are changing (NDS 2010-2016, EMCDDA, 2015) and the drugs traditionally associated with drug treatment, i.e. opiates, are decreasing in popularity of use. In Sheffield, UK , a city with over ten years' experience of hidden harm strategies, action plans and reviews, they found that alcohol and non-opiate use is increasing and is having a serious impact on the city's children resulting in them becoming subject to child protection plans. However, these parents are not finding their way into the drug and alcohol treatment services. The treatment population in Sheffield for non-opiate use is on average fewer than 100 per year

and the treatment population for alcohol is around 800 per year (Sheffield Hidden Harm Strategy, 2013-2016).

Another concern in relation to data collection is that Irish services do not systematically ask if the parents of children referred to statutory services misuse substances. The current practice in children welfare and protection cases is that of recording only one primary reason necessary for child welfare or abuse. Therefore, the numbers of children impacted by parental problem alcohol, or other drug use, may be seriously underestimated (Hidden Harm Strategic Statement, 2015). Stigma and fear are also a serious challenge to collecting accurate data. A forthcoming Irish publication by the National Advisory Committee on Drugs and Alcohol (NACDA) on the “Prevalence of children residing with substance misusing parents in Ireland” is anticipated. It is hoped that this will contribute somewhat to our knowledge of how many children are affected by this issue. The Irish Hidden Harm Strategic Statement (2015) outlines what we do know from our national data; it largely relates to parental alcohol use.

A 2012 National Audit of Neglect Cases indicated that parental alcohol misuse was a factor in 62% of neglect cases.

Nationally, it is estimated that 587,000 children, over half of whom are under 15 years of age (271,000 children u15) are exposed to risk from parental drinking (Hidden Realities, 2011).

HSE national child protection information indicates that, on average, one in seven child welfare and child abuse cases involved drugs and/or alcohol abuse by family members

The RAISE data (a Social Work Information System that provides narrative data in addition to recording the primary reason for concern) analysis shows that parental alcohol abuse (excluding drugs) was mentioned in one of every three cases as a reason for child abuse concerns. This is double that in the child protection reports when only one primary reason is given, and similar to the findings in Australia by Laslett et al (2010). As the current practice in children welfare and protection cases is that of recording only one primary reason necessary for child welfare or abuse, then the numbers of children impacted by parental problem alcohol or other drug use is probably underestimated.

The Steering Group Report on a National Substance Misuse Strategy (2012) states that alcohol was identified as a risk factor in three-quarters of Irish teenagers for whom Social Workers applied for admission to special care.

The Coombe Women's Hospital Study which examined alcohol use before and during pregnancy over the seven-year period 1999 to 2005 involving 43,318 women found that self-reported alcohol use among mothers was higher (74%) before pregnancy and declined to 63% during pregnancy.

The National Study for Domestic Abuse (2005) reported alcohol as a potential trigger for abusive behaviour in one third of all cases, and in one quarter of the most severe cases.

The Report of the Independent Child Death Review Group (2012) found alcohol in the home was an issue in one-third (37) of the 112 cases of unnatural deaths reviewed. Alcohol in the home as an issue was twice as prevalent as other drugs in these cases. Alcohol was also found to be the second most prevalent issue overall behind neglect.

The Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive (2010) concluded that the six children of the family were neglected and emotionally abused by their parents until their removal from the home in 2003 and 2004. There was evidence to suggest that both parents had a considerable dependence on alcohol upon which much of the family income was spent. This preoccupation with alcohol clearly affected their parenting capacity and demonstrated the direct effect of alcohol dependence, in this case, of significant child neglect.

Alcohol Harm to Others (2014) found that one in seven 18 to 40-year-olds said they often felt unsafe as a result of parental drinking during childhood. The same number said they often witnessed conflict between parents, either when drinking or as a result of drinking.

The impact of parental alcohol misuse was heard through the voices of Irish children when the Irish Society for the Prevention of Cruelty to Children (ISPCC) reported on a survey with 9,746 children (12-18 yrs.) on the effects of parental alcohol use on their lives (ISPCC 2010). The findings showed that 9%, one in eleven, young people said that parental alcohol misuse affected them in a negative way. The negative effects included emotional impacts, abuse and violence, family relations, changes in parental behaviour and neglect.

Gender Factors in Relation to Parental Substance Misuse

The most recent Health Behaviour in School-Aged Children (HBSC) study was conducted in Ireland in 2014 and included questions on alcohol and cannabis use. There was an overall decrease in reported levels of smoking and drunkenness and an increase in levels of never drinking between 2010 and 2014. Gender differences are not evident with 19% of boys and 18% of girls reporting having had an alcoholic drink in the last 30 days. Girls are now drinking almost as often as boys. Other older Irish research had found that an equal proportion of 15-16 year old boys and girls reported ever having used cannabis, a slightly larger ratio of 15-16 year old girls than boys have repeatedly used ecstasy, and male and female teenagers are identified as equally at risk of opiate misuse (EMCDDA, 2006).These figures obviously give rise to concerns about the future health and well-being of the females in these cohorts, and may suggest that drug and alcohol issues will be a greater cause of morbidity and mortality for women in the future. The data highlighting the narrowing gender gap in relation to substance misuse is relevant for this research, as according to the Women's Health Council's report on Women and Substance Misuse in Ireland (2010) when a woman's own substance misuse is the issue, those around her, particularly her children and family, will be affected.

Although still under- researched in an Irish context international research has shown that a large proportion of women with substance use problems are victims of domestic violence, incest, rape, sexual assault and child physical abuse (Wilsnack et al., 1997, Woods, 1999, Cormier et al., 2004, UNODC, 2004, Roberts & Vroman, 2005, WHC, 2010, Husain et al., 2016). Husain et al. (2016) demonstrated in their study just how strong the correlation between past trauma and subsequent addiction can be as, of the 146 women interviewed with alcohol and/or substance misuse problems, 132 (90%) had experienced a previous trauma. The National Centre on Addiction & Substance Abuse at Colombia University has found that girls who report having experienced physical or sexual abuse are twice as likely to smoke, drink or use drugs as those who were not abused (National Centre on Addiction & Substance Abuse, 2006). Physical abuse during adulthood has also been associated with problematic use of alcohol among women (National Study for Domestic Abuse, 2005 Institute on Alcohol Abuse and Alcoholism, 1999). One explanation for the higher levels of substance use among women who have been abused is that drugs and alcohol may be used

as a way of coping with the pain, both physical and mental, of such experiences (Poole & Dell, 2005, Roberts & Vromen, 2005, 2005, National Centre on Addiction & Substance Abuse, 2006, Husain et al., 2016). It is proposed that this evidence needs to inform how services are delivered to female drug users and their children.

Planning and Assessments Frameworks in Health and Education Services

It is useful to refer to the assessment and planning frameworks used in children's services to define the level of intervention required for children with additional needs. The Hardiker Model (1991) is now widely used as a planning framework in both the UK and the Republic of Ireland in children's services. The Model outlines four levels of intervention as follows:

Level 1 refers to those mainstream services that are available to all children; healthcare, education, leisure and a range of other services provided in communities.

Level 2 represents services to children who have some additional needs. Services at level 2 are characterised by referral and full parental consent and negotiation. Examples would include behaviour support, parenting support, additional educational services and support for children who are deemed vulnerable through an assessment of what their need is and via targeted specific services provided by education, health, social services, law enforcement and the voluntary sector.

Level 3 represents support to families or individual children and young people where there are chronic or serious problems. Support is often provided through a complex mix of services which usually need to work well together in order to provide the best support. State intervention can have a high profile at this level. Examples would be children on the Child Protection Register or those who have come before the courts.

Level 4 represents support for families and individual children or young people where the family has broken down temporarily or permanently, and where the child or young person may be looked after by social services. It can also include young people in youth custody or prison or as an in-patient due to disability or mental health problems. Children affected by parental substance misuse often require intervention at level 3 and 4 of the Hardiker Model.

Gordon (1983) proposed an alternative threefold classification of prevention based on the costs and benefits of delivering the intervention to the targeted population. Universal

prevention includes strategies that can be offered to the full population, based on the evidence that it is likely to provide some benefit to all (reduce the probability of disorder), which clearly outweighs the costs and risks of negative consequences. Selected prevention refers to strategies that are targeted to subpopulations identified as being at elevated risk for a disorder. Indicated prevention includes strategies that involve a screening process, and which aim to identify individuals who exhibit early signs of early conduct problems and/or having an increased risk for a disorder. Identifiers may include falling grades among students, known problem consumption or conduct disorders, alienation from parents, school, and positive peer groups. Selected and indicated prevention strategies might involve more intensive interventions and thus involve greater cost to the participants, since their risk and thus potential benefit from participation would be greater. Children affected by parental substance misuse are generally considered to require indicated prevention. Downes (2011, 2013b) acknowledges that these distinct levels of prevention based on need are well-established in health domains but only recently are being recognised as part of strategic systemic approaches for education. He goes on to explain that these universal, selected and indicated prevention levels have also centrally informed the framework for the models of good practice report, as part of the Urbact Prevent 10 City initiative on parental involvement in early school leaving prevention.

The experience of children living with, and affected by, parental substance misuse has become widely known as “Hidden Harm” referring to children who are often not known to services; and who can potentially suffer harm. The literature suggests that, for all children, a positive, secure parent-child relationship can overcome all kinds of adversity. There are various challenges in relation to accurate data collection to ascertain the prevalence of children residing with substance misusing parents in Ireland -what is known from the national data largely relates to parental alcohol use. Gender is significant in relation to parental substance misuse, as when a woman’s own substance misuse is the issue; her children can potentially be affected. Although still under researched in an Irish context, international research has shown that a large proportion of women with substance use problems have experienced trauma. Two planning and assessment frameworks were reviewed here to help facilitate understanding of different levels of prevention based

onneed. These are well-established approaches in health services but are only recently being recognised for education.

Section 2: The Impact of Parental Substance Misuse

Parental Substance Misuse and Neglect – A given?

In Ireland, the Children's First National Guidelines for the Protection and Welfare of Children (2011) defines neglect as 'an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care'. According to Tusla's Quarterly Management Data Activity Report (2015), in 2014 neglect accounted for 28% of the child abuse referrals received by Tusla, more than sexual abuse (17%) and physical abuse (22%). Child neglect is the most common form of child abuse in the UK, 1 in 10 children have experienced neglect (Radford et al, 2011). Over 25,500 children were identified as needing protection from neglect in 2014 and neglect is a factor in 60% of serious case reviews (child protection register and plan statistics for all UK nations for 2015).

National and International research in this area consistently finds that not only is neglect prevalent but it can damage children in ways that may have long term consequences for emotional, intellectual and physical development (Kurtz et al, 1993, Gaudin, 1999, Buckley, 2002, Howarth, 2004, HSE 2011, Peyton 2012, Long et al, 2014). Very often professionals have difficulty defining and responding to neglect and a number of Irish studies confirm this can be the case. Buckley(2002), reporting on the findings of a series of small scale Irish studies into child protection, notes both a high rate of child neglect referrals to the Health Boards and a system that tends to filter these cases out without service provision. Howarth (2004) undertook an Irish study of multi-professionals' perspectives on child neglect in the North Eastern Area Health Board. The study found that there is no common agreement among professional groups or indeed professionals within the same group as to the types of neglect that should be referred to Social Work teams. The Irish Report on the findings of the Pilot Phase of the National Audit of Neglect (2012) found that neglect appears to challenge professionals more than the commission of acts of physical and sexual abuse on children. This can lead to 'drift', where children remain in unsafe circumstances, and is

compounded by definitional challenges which requires neglect to be chronic and persistent before it meets the threshold criteria of significant harm. A possible explanation for this is provided by Garbarino and Collins (1999) who point out that in situations where children are being physically harmed, the response to protect them can be sometimes a singular act. In a case of neglect, the response needed is often a long-term intervention, which supports and enables the parents to care adequately for the child. Intervention in neglect cases is both costly and complex, and therefore a challenge for professionals who are overloaded with cases and constrained by limited resources.

According to the Irish Hidden Harm Strategic Statement (2015) the top three problems most commonly associated with the occurrence of child abuse and neglect, and identified in families involved with child protection services in Ireland, are parental substance misuse; domestic violence; and parental mental health problems. There is a strong correlation, evident from research, between parental substance use and neglect - see Nelson et al. (1993), Egami et al. (1996) Nair, (1997), HSE (2011), Administration on Children, Youth and Families, Children's Bureau, (2011), Hutchinson et al (2014). Horgan (2011), in her literature review in relation to parental substance misuse referenced numerous international studies that found that compared to people without substance-use disorders, substance-misusing mothers are more likely to have been referred previously to child protective service agencies, to be rated by court investigators as presenting a high risk to their children, to reject court-ordered services, and to lose custody of their children (Johnson & Leff, 1999; Kumpfer, 1987; Wilens et al, 1995; Marcenko et al, 2000), or to have them permanently removed (Kelleher et al, 1994). In the UK one of the largest studies conducted in this area by Forrester & Harwin (2008) found that one-third of all allocated (social work) cases involved parental substance misuse, but that this rose to 60% of children subject to care proceedings. Still more concerning was that 2 years after the initial referral, most of these children (54%) were no longer living at home, generally because social services had removed the child. To compound matters, those children who remained at home appeared to be doing particularly poorly.

Staton-Tindall et al (2013) in their systematic review of Caregiver Substance Use and Child Outcomes are critical of the studies that specifically examine combined caregiver substance misuse and child maltreatment, they find the reliance is on very weak and largely

dichotomous measures. They suggest that most of the findings are derived from unreliable secondary data sources that are dependent on “the presence of any substance use” in the file record. They are further critical of the reliance on child welfare data as entry of data by child welfare workers lacks validity or reliability as well as specificity. They find many of the studies reviewed did not consider possible co-occurring conditions that could compromise the substance use and child maltreatment trajectories for these families, for example poverty.

Indeed, it is important to avoid deficit labels that assume a sweeping and blanket relationship between substance misuse and neglect and to be mindful of the varying other factors that contribute to incidents of child neglect, including socio demographic influences, parental characteristics and behaviours, as well as characteristics of children. The Irish report - *Do You See What I See* by Howarth (2004) - explores neglect under the following headings: Family Dynamics, Parental Social Networks, Parenting, Poverty, Alcohol and Substance Misuse, Inter-generational Patterns, Mental health, Violence, Ethnicity and Child Disability. An Irish qualitative study (Woods 1999) conducted semi-structured in-depth interviews and focus groups with professional workers in the drug treatment and social work fields in order to examine their perceptions of women drug users’ experience of parenting, their views of the women’s competency as parents and the dilemmas which they as workers encounter. Interestingly, the vast majority of respondents hold the view that the women’s parenting skills are affected less by drug use and by the drugs which they use and more by their experience of poverty and by their apprenticeship in parenting, that is, their own experience of having been parented. In fact many respondents make it quite clear that it is their considered opinion that poverty rather than drug use is the major issue in the lives of the parents and children they encounter. Two key quotes from the interview transcripts are relevant here in cautioning the cause and effect nature of substance misuse and neglect and highlighting the value-laden assumptions substance misusing parents can experience. With regard to the impact of a parent’s drug use on children, one respondent, a social worker, says: “I’m not saying it doesn’t have an effect on children but I think there are a lot of other factors, are a lot of other situations and other parents maybe whose parenting capacity isn’t as much under the microscope.” Another, a nurse, suggests that “there’s a perception because you’re a drug user you’re a bad parent, I suppose that’s the major one

and that a lot of the supports maybe that people could have accessed were prejudiced by that initial notion’.

It was difficult to find other Irish studies detecting attitudes towards parental substance misuse. However, a journal article for the *Drug and Alcohol Review* by Silens, et al (2007) referenced numerous studies finding negative attitudes towards patients with drug and alcohol problems which are reported commonly by medical students, trainee physicians, general practitioners and other health-care providers. Attitudes, they find, are most negative towards users of illicit drugs. These patients are often stereotyped as difficult and uncooperative. Pessimism regarding the effectiveness of treatment also discourages therapeutic engagement.

Jenkins and Cook (2012) explain the complex nature of parental substance misuse, and they suggest the effect of a parent’s substance misuse on a child will depend on the characteristics, personality, coping strategies and support systems of each individual. Many parents manage to contain or control substance misuse and employ harm-reduction strategies to minimise the impact on their child’s life. Children are not necessarily adversely affected by a parent’s substance misuse, but poverty and social exclusion may leave them more at risk. Holistic assessments should examine issues of poverty, type of substance misuse and quality of parenting.

It is difficult to untangle the web of poverty, drug use and parenting. Poverty is a powerful predictor of outcome, which has been characterised by Wilkinson and Pickett (2009) as ‘the cause of the cause’. They present convincing evidence in their book ‘The Spirit Level’ that countries with the worst disparities between richest and poorest have the worst outcomes, not only in mental health and drug misuse but also in physical health, violence, teenage pregnancies and, importantly for this research, in child well-being. The EU Survey on Income and Living Conditions SILC (2013) found in 2013 in Ireland 12% of children (aged 0-17) lived in consistent poverty, more than 137,000 children. This is up on the 9.9% figure recorded in 2012 and doubles the 6% figure of 2008. This is nearly one in eight children. Consistent poverty means that these children are living in households with incomes below 60% of the national median income and experiencing deprivation based on the agreed 11 deprivation indicators. This can mean going 24 hours without a substantial meal, or being cold because parents are unable to afford to heat the home. Nearly two-thirds (63%) of lone

parent households, with one or more children, experienced deprivation. They were also at greater risk of poverty and of living in consistent poverty than they had been in 2012. Commenting on this report, the Irish children's charity, Barnardos (2012), said "it is clear childhood is short, yet the experiences we have shape the adults we become and the lives we lead". Children living in poverty live life on the margins, excluded from opportunities and often unable to break the cycle of intergenerational poverty. As referenced in a number of studies above, poverty affects every aspect of a child's life having short and long term consequences on their health, education outcomes and life chances (Wilkinson and Pickett, 2009, Jenkins and Cook, 2011, Barnardos, 2012).

Parental Substance Misuse and Adolescence Substance Misuse

In the US, Kumpfer and Johnson (2011) summarised the findings of a number of international studies on the intergenerational nature of substance misuse for their chapter *Enhancing Positive Outcomes for Children of Substance-Abusing Parents in Addiction Medicine*. Their conclusions from the research suggest that children of addicted parents are at 2–9 times greater risk of becoming substance abusers as adolescents or adults despite the positive and adaptive behavioural outcomes of many of these children. Among adolescents, children of substance abusers misuse substances more than children whose parents are not substance abusers. As young adults they are more likely to be diagnosed with alcohol and drug abuse/dependence. The risk for later substance misuse depends upon their degree of risk factors compared with protective factors including the extent of their family history of alcoholism, which includes whether one or both parents are abusers and the addiction severity, the type of alcoholism that runs in the family, and the extent of their parents' antisocial behaviour, health, and mental health problems.

Morgan (2001) previously observed that a large body of evidence testifies to the particular importance of family influences in problem drug use. These are found in the evidence on the relative influence of peers vs. family, studies suggesting the significance of the family as a major influence in resilience and the evidence indicating the importance of a myriad of family risk-factors in problem use. The European Monitoring Centre for Drugs and Drug Addiction, EMCDDA (2003) briefing paper dealing with developing protective factors in groups of young people who are most vulnerable to becoming problem drug users, draws attention to the heightened risk of drug abuse for children living in families with high levels

of parental conflict, living in poverty, poor family relationships and discipline or where parents themselves have drug or alcohol related problems.

The intergenerational nature of substance misuse was previously demonstrated in a US study by Chassin and colleagues (2004). They examined the trajectories of substance use and dependence from adolescence to adulthood among 454 adolescents ranging in age from 11 to 16, 264 of whom had at least one alcoholic biological parent, and 208 demographically matched adolescents with non-alcoholic parent (control). This study identified three dependence groups involving alcohol only (the most common), illegal drugs only, or co-morbid disorders. Most participants (61%) did not develop dependence over the course of the study. In terms of consumption, the group of most clinical significance was the heavy drinking/heavy drug-use group, who showed escalating trajectories of heavy use of alcohol and drugs from adolescence to emerging adulthood. Members of this group were most likely to be children of alcoholics and had the densest family histories of alcoholism, supporting previous research that links family history to trajectories of heavy use and clinical disorders (Chassin, 2002). Evidence of a more accelerated pattern of drug use or telescoped pattern of substance use, escalating more quickly from initiation (in adolescence) to disorder than their peers who are not children of alcoholics, was confirmed in a US study by Hussong et al (2008). They found that externalising symptoms and early drinking patterns failed to explain the children's risk for telescoped drinking onset-to-disorder trajectories. This appears to be independent of when or how drinking is initiated. The relationship did not differ by gender or as a function of whether alcoholic parents were actively symptomatic.

In a recent and important addition to the Irish research literature Keeley et al. (2015) used self-report data from 2716 adolescents aged 15–17 years old in Irish schools to consider the association between psycho-social factors and the presence of adolescent substance and alcohol abuse, with an emphasis on family circumstances. They found parental substance misuse increased the risk of adolescent abuse of alcohol and drugs; the increased risk was marginally higher if the parental substance abuse was maternal rather than paternal; the increased risk was higher if the parental substance abuse affected both rather than one of the parents, especially regarding adolescent drug abuse; the magnitude of the increased risk was similar for boys and girls. Parental substance misuse increased the risk of adolescent

substance abuse even after adjusting for other family problems and the adolescent's psychological characteristics. According to the authors, this study indicates that parental substance misuse affects the development of both alcohol and drug misuse in adolescent children independent of other family problems and the psychological characteristics of the adolescent.

Parental Substance Misuse and Social and Emotional Well Being

According to the Irish Government's national policy framework for children & young people Better Outcomes, Brighter Future (2014-2020), social and emotional wellbeing is defined as the ability to self-regulate, to have empathy and to be emotionally resilient. It is recognised in this report that the foundations of social and emotional wellbeing and resilience are laid down in infancy and can be strengthened and developed throughout life. A child or young person's sense of wellbeing can be negatively impacted by life events and experiences, including the quality of family relationships and factors within the home. The World Health Organisation (2012) identifies supportive parenting, a secure home life and a positive learning environment as critical protective factors in building and protecting children's mental health.

The 2011 NACD review of the literature on Parental Substance Misuse cites a number of landmark US studies on the psychosocial effects of parental substance misuse on children. Kandel (1990) found that, by age 12, behavioural problems (control and obedience) among children of substance-misusing parents were common. Children were also more likely to be aggressive, withdrawn and not well adjusted when the level of mothers' substance use was high. Wilens and colleagues (1995) assessed the emotional and behavioural development of children of opiate-dependent parents; results indicated that children of opiate-dependent parents had significantly higher scores on both internalising and externalising behaviours when compared with non-dependent controls, but not when compared to co-morbid ADHD children. Wilens et al, (1993) and Johnson and Leff, (1999) found that children who live with an alcoholic parent exhibit elevated symptoms for internalising (e.g. sadness and worrying) and externalizing (e.g. aggression) syndromes.

In the US Kumpfer and Johnson (2011) summarised the findings of a number of international studies on the psychosocial effects of parental substance misuse. Children of substance abusers demonstrated elevations in impulsivity and activity level as well as behavioural

disinhibition. Children of alcoholics have been found in a longitudinal study to age 23 years to employ more of a cognitive coping style and less of a decision-making coping style than children of non-alcoholic parents. Similarly, children of two parents with substance use disorders tend to use aggression as a major coping style, compared with children of only one or no parents with substance abuse disorders, who use a more problem-solving, decision-making style of coping.

Read and Bentall (2012) in their editorial paper *Negative Childhood Experiences and Mental Health* state that after decades of ignoring or minimising the prevalence and effects of negative events in childhood, researchers have recently established that a broad range of adverse childhood events are significant risk factors for most mental health problems, including psychosis. The list of adversities is broad but does include parental substance misuse, mental health problems and criminal behaviour. The range of mental health outcomes for which childhood adversities are risk factors is equally broad including childhood–conduct disorder, attention-deficit hyperactivity disorder and oppositional defiant disorder; and, in adulthood – depression, anxiety disorders (including generalised anxiety disorder, phobias and PTSD), eating disorders, sexual dysfunction, personality disorder, dissociative disorder and substance misuse.

Parental Substance Misuse and Participation in Education

The research on the educational outcomes for children and young people affected by parental substance misuse is somewhat underdeveloped both in Ireland and internationally. Given the evidenced correlation outlined between parental substance misuse and neglect, the following is a review of the educational outcomes of children experiencing neglect. In the US, Kendall-Tackett (1997) found in her research paper that child neglect is even more likely than other forms of child maltreatment to be predictive of poor academic performance, resulting in neglected children performing at a lower level, being absent more often and having more disciplinary problems than their non-neglected counterparts. A UK study by Iwaniec (1983) describes how teachers reported that 17 out of 21 children who had experienced emotional neglect had poor educational attainment and experienced learning difficulties. Teachers said their social behaviour in the classroom was aimless, overactive and disruptive, and that the consequences of emotional neglect for children had been both attention-seeking and detached behaviour. In the US, Kurtz et al. (1993) looked at the

effects of child abuse and neglect on socio-emotional development. In the study they controlled for socio-economic class and found that there were no significant differences between neglected children and those not neglected but that there were significant differences in academic performance.

In the US, Bolger and Patterson (2001) examined rejection by peers, aggressive behaviour, and social withdrawal among a representative community sample of 107 maltreated children and an equal number of non-maltreated children. Results revealed that chronic maltreatment was associated with heightened risk of rejection by peers. Maltreatment chronicity was also associated with higher levels of children's aggressive behaviour, as reported by peers, teachers, and children themselves. These results held for both girls and boys, followed from childhood through early adolescence. Moreover, the links among chronic maltreatment, aggressive behaviour, and peer rejection were already established by early school age. Similarly, Anthony and Zimmer-Gembeck's (2007) US study investigating whether young children with a known history of maltreatment by caregivers have more problematic peer relationships and classroom behaviours than other children found, regardless of the reporter, maltreated children were significantly more disliked, physically/verbally aggressive, withdrawn, and less pro-social, compared with their classmates. Maltreatment had indirect associations with peer likeability and peer rejection via maltreated children's relatively higher levels of physical/verbal aggression and, in some cases, withdrawal and relatively lower pro-social behaviour. The implications of these results for participation in school are apparent; the aggressive child rejected by peers will likely struggle to reach their full potential. Davidson, Devaney and Spratt (2010) explain estimating the economic costs of abuse and neglect is complex but the association of childhood abuse and neglect with subsequent difficulties with educational achievement and employment and the subsequent loss of productivity seems a very important but under-researched aspect of this field.

The research in relation to educational outcomes for children affected by parental substance misuse is somewhat underdeveloped internationally and almost absent in an Irish context. The UK Frontline briefing paper *Research in Practice: The impact of parental substance misuse on child development* (2013) summarised some of the research available in this area. Children of parents with chronic substance problems are likely to have more

problems at school in terms of learning difficulties, reading problems, poor concentration and generally low performance, linked with limited parental involvement (Velleman and Orford, 2001; Cleaver et al, 2011)). Maintaining contact with schools and teachers and following through with strategies to assist with attendance, completion of and involvement in homework and boundary setting for behaviour may also be compromised and children may lack an appropriately assertive champion to enable them to battle with the education system (Cleaver et al, 2007). Children are more likely to have problems at school such as learning difficulties, disruptive behaviour, interpersonal problems and higher rates of absenteeism, with a significant proportion experiencing serious academic difficulties (Covell and Howe, 2009; Hogan and Higgins, 2001). Whether this is due to the earlier impact of In Utero exposure or the emotional effects of parents' behaviour and the impact on the family is hard to establish (Alison, 2000). Children may experience mockery and bullying, resulting in truancy, or indeed become bullies themselves, as a defence (Taylor, 2008; Kroll and Taylor, 2008).

Some older landmark US studies on this topic are also available. In the US Griffith et al (1994) found that drug-exposed children living in homes with ongoing maternal cocaine and/or heroin use had lower mental development scores. In the US Puttler et al (1998) found that pre-school age children of parents who misuse alcohol do not necessarily display cognitive deficits. However, Sher et al (1991) found school-age children experience academic difficulties, often repeating grades, and failing to thrive in high school. Wilens et al (2002), in their US study of school outcomes for opiate and alcohol children, found significant differences in cognitive functioning among the children compared to those in the controls. Most notably, they were more likely to have repeated a grade, to have been in special classes and have received extra help. Finally, there was some evidence of more impaired social functioning among the children of opiate dependent parents, and that the alcohol and opiate children functioned significantly worse than control groups in the study. Casas-Gil and Navarro-Guzman (2002) have identified five variables on which school performance by children of alcoholics were poorer: traditional intelligence, repeating a grade, low academic performance, skipping school days, and dropping out of school.

Hogan, in an Irish study of *The Social and Psychological Needs of Children of Drug Users* (1997) interviewed teachers and parents of children affected by parental substance misuse.

Each teacher was asked questions on the following key areas: school attendance, academic progress, social adjustment/peer relations, parental involvement, and the child's psychological well-being. Significant problems relating to the child's school experiences were evident from the teacher's reports. Some information on the child's school experiences was obtained from the interviews with the child's parents. Parents were asked questions about the child's school attendance, progress, and help with their child's homework. Where parents were able to answer questions concerning their child's school progress, almost all reported no significant problems or areas of concern. This was contradicted by the teachers' reports where academic problems and a number of concerns were identified. This illustrates the importance of interviewing teachers as well as parents about the child's academic and socio-emotional behaviour. Interestingly this study intended to include children affected by parental substance misuse but found this methodologically too challenging.

Backett-Milburn et al. (2008) in their UK qualitative study of *Challenging Childhoods* young people's accounts of 'getting by' in families with substance use problems explored the young peoples' accounts of their daily lives at home, school and leisure. The study focuses on the everyday interactions, practices and processes the young people felt helped them to 'get by' in their challenging childhoods, showing how the protective factors thought to promote 'resilience' were seldom in place for them unconditionally and without associated costs. In this study it seemed that one of the most predictable features of lives spent with substance-misusing parents was, ironically, its unpredictability. Many described their schooling as highly disrupted. The interviews showed that school was an environment that had both possibilities and problems for respondents. Many spoke positively about enjoying sports, dancing or other school activities. Regardless of their experiences of school per se, most, though not all, said that they appreciated the chance to be with their friends and used this as a gateway to other enjoyable activities. The importance of school for developing friendships was highlighted by Rachel (17, mother alcohol misusers), but she also pointed to the limits placed on this respite by her home situation. Fearing her mother might injure herself, she attended school less and less frequently, explaining that, through this, she lost friends whose support had been important. The minority largely liked it; other respondents,

mostly young men, spoke of disliking school, of behaving badly and of being suspended or excluded. Problems mostly arose at secondary school.

This UK study is an example of targeted youth centred research in respect of the education experiences of young people affected by parental substance misuse. Article 12 of the United Nations Convention on the Rights of the Child states that “Children have the right to express a view on all matters that concern them and to have that view taken seriously”. In an Irish context Mayock has taken a rights based, youth centred approach in her studies of young people affected by homelessness (2013), young people with experiences of care (2012) and young people with substance misuse issues (2012). In an Irish education research context Downes (2004), Downes, Maunsell and Ivers, (2006) and Downes and Maunsell, (2007) are all examples of studies with a children’s rights dimension and focus. These were large scale qualitative studies using surveys and focus groups in areas of Dublin experiencing education inequality. However, they were not specifically focused on children with multiple or chronic needs thus did not capture the unique school experiences of children and young people affected by parental substance misuse. In 2016, the European Commission published a study entitled *Evaluation of legislation, policy and practice on child participation in the EU*. The study identifies examples of good practice at local, municipal, and city level for schools, care settings and town planning. It shows that child participation can tackle everyday life issues with tangible and measurable results. Respect for children’s participation rights leads to better decision-making. It does however highlight that there is much more scope to involve children in actions and decisions that affect them including; possibilities to involve children in policy or service design and consideration of the views of children on services delivered to them and challenges they face to be reflected in policy elaboration. Accessible guidance on how to ensure child participation is set out in the Lundy Model of Participation and the Lundy Voice Model Checklist for Participation (Professor Laura Lundy of Queen's University, Belfast). This research hopes to facilitate the rights of the young people participants by encouraging them to share their experiences of parental substance misuse.

In conclusion, the studies reviewed find parental substance can potentially impact child and adolescent outcomes negatively. Although still under researched in an Irish context, international research has shown there is a strong correlation in the existing evidence between parental substance use and neglect, intergenerational substance misuse and social

and emotional difficulties. There is some evidence but it is more limited to suggest a link between parental substance misuse and poor educational attainment. Evidence would suggest that all of these outcomes are also exacerbated or influenced by poverty. The extent to which children are negatively impacted by parental substance misuse varies with degree of severity, developmental timing, poverty and length of parental substance misuse and in terms of the protective factors available to the children and young people at an individual, familial, resource, school, peer, support/services level. Given the potential complex needs of children, young people and their families, it appears to be imperative to engage systemically to promote genuine equitable outcomes in education for children affected by parental substance misuse. Studies that give voice to children and young people affected by parental substance misuse are limited internationally and absent in Ireland. Also, many studies reviewed did not consider the possible co-occurring conditions for example poverty that could compromise the substance use and child maltreatment trajectories for these families.

Section 3: Systemic Responses to Parental Substance Misuse

Ecological Framework and Systems of Care Approach

In considering the type of response required, Bronfenbrenner's ecological model of child development will be used as a framework to facilitate understanding of the systems that impact on the child's development and the interactions between these systems, as Bronfenbrenner states 'a child's ability to learn to read in the primary grades may depend no less on how he is taught than on the existence and nature of ties between the school and home'. Practically speaking, ecological theory offers a means for understanding the external influences upon the child and his/her subsequent development. In this regard, the ecological model offers a way to a greater understanding of the context in which the child lives and the interrelationships between those contexts and the development. Urie Bronfenbrenner (1994) argues that in order to understand human development, one must consider the entire ecological system in which growth occurs. Bronfenbrenner's theory identifies 5 subsystems whose existence and interrelationships he proposes have an impact on human growth, development and behaviour:

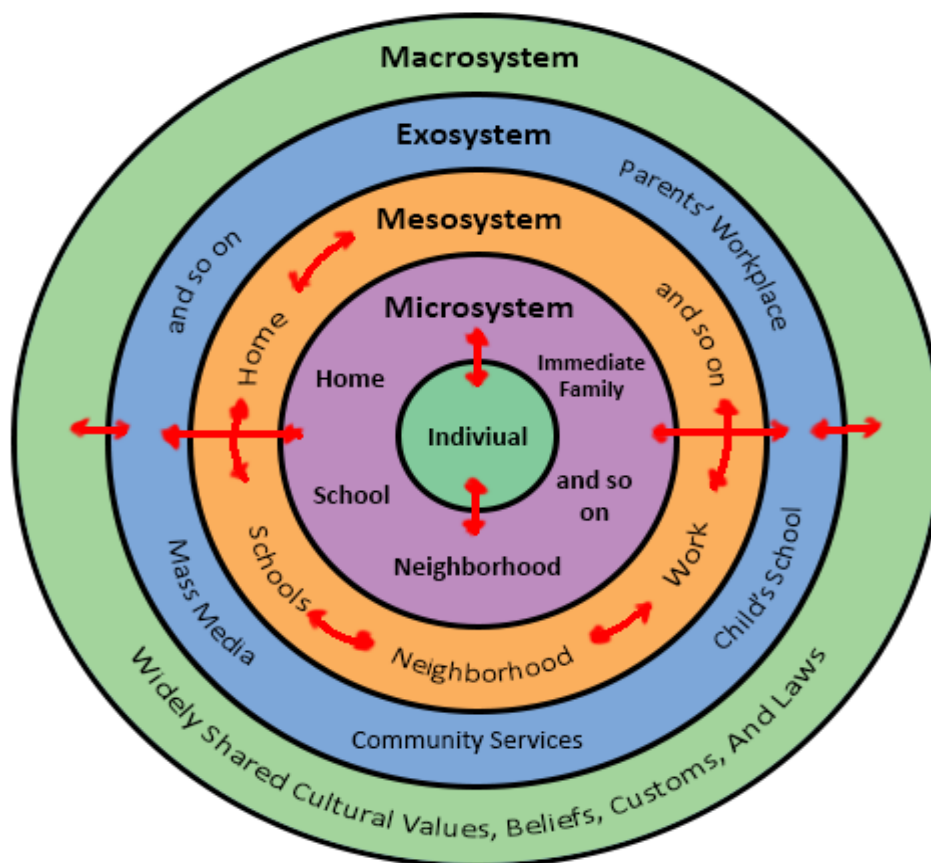
The Microsystem: Refers to the institutions and groups that most immediately and directly impact the child's development including: family, school, religious institutions, neighbourhood, and peers.

The Mesosystem: Refers to the interconnections between the microsystems, interactions between the family and teachers, relationship between the child's peers and the family.

The Exosystem: Refers to the links between a social setting in which the individual does not have an active role and the individual's immediate context. For example, a parent's or child's experience at home may be influenced by the other parent's experiences at work. The parent might receive a promotion that requires more travel, which might increase conflict with the other parent and change patterns of interaction with the child.

The Macrosystem: Refers to the culture in which individuals live. Cultural contexts include developing and industrialized countries, socioeconomic status, poverty, and ethnicity. A child, his or her parent, his or her school, and his or her parent's workplace are all part of a large cultural context. Members of a cultural group share a common identity, heritage, and values. The macrosystem evolves over time, because each successive generation may change the macrosystem, leading to their development in a unique macrosystem.

The Chronosystem: The patterning of environmental events and transitions over the life course, as well as socio-historical circumstances. For example, divorces are one transition. Researchers have found that the negative effects of divorce on children often peak in the first year after the divorce. By two years after the divorce, family interaction is less chaotic and more stable. An example of socio-historical circumstances is the increase in opportunities for women to pursue a career during the last thirty years.



Melhuish et al. (2008) explains microsystems include the child's family, peers, classrooms and religious settings. The interrelations among the microsystems are referred to as mesosystem. The microsystems are nested in the exosystem, which includes all the external networks, such as schools, community, health systems and mass media. These networks do not directly influence the child but exert their influence through their effect on the microsystems and the people with whom the child engages in proximal processes. In turn, the exosystem is nested in macrosystem which incorporates characteristics of the broader society in which the child develops, such as cultural values, political ideologies, economic patterns and social conditions. Together, these systems are referred to as the social context of human development and as a whole they shape both what is regarded as successful socialization for a child as well as the proximal processes through which the child achieves. Downes (2014) acknowledges the key strengths in Bronfenbrenner's system focus to include a general principle of transition difficulties across contexts: promotion of growth rather than simply focusing on deficits: recognition for the need for sustained interventions: and a two-

way flowing system of reciprocity. However he goes on to state that 'a major limitation of Bronfenbrenner's (1979) framework of concentric nested systems of interrelation is that it tended to omit a dynamic focus not only on time but on system change', he concludes 'this gap in understanding system change means that Bronfenbrenner's account offers little understanding of system blockage and displacement'(p.44).

The ecological model of child development emphasises that child outcomes are influenced not just by parents, but the wider social ecology (i.e. families, neighbourhood and society) within which the family is embedded. In recognition of this the system of care concept for children and adolescents with mental health challenges and their families was first proposed in Stroul& Friedman's study (1986) which, articulated a definition for a system of care along with a framework and philosophy to guide its implementation. The original concept was offered to guide the field in reforming child serving systems, services, and supports to better meet the needs of children and youth with serious mental health challenges and their families. A system of care was defined as a coordinated network of community-based services and supports characterized by a wide array of services, individualized care, and services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination among child-serving agencies and programs, and cultural and linguistic competence (Stroul& Friedman, 1986; 1996; Stroul, 2002; Stroul, Blau, &Sondheimer, 2008). Although originally crafted for children and youth with serious emotional disturbances, the applicability of the concept and philosophy to children and youth at risk and other populations has become apparent (Cook & Kilmer, 2010). Subsequent iterations of the concept have reflected this broader application, recognizing its relevance across the developmental spectrum from early childhood to transition-age young adults across child-serving systems, and even in adult and geriatric service systems (Cook & Kilmer, 2010; Fluke & Oppenheim, 2010; Pires, 2010; Rotto& McIntyre, 2010).

Core Values and Principles of Systems-of-Care Approaches:**Core Values:**

- child-centred, youth-guided, and family-driven
- community-based and comprehensive
- Culturally competent and responsive

Principles:

- service coordination or case management
- prevention and early identification and intervention
- smooth transitions among agencies, providers, and to the adult service system
- human rights protection and advocacy
- non-discrimination in access to services
- comprehensive array of services
- individualized service planning
- services in the least restrictive environment
- family participation in ALL aspects of planning, service delivery, and evaluation
- Integrated services that provide for coordinated planning across child-serving systems

Centre for Mental Health Services (2005). Family Guide to Systems of Care for Children with Mental Health Needs.

Systems of Care Approach in Education

Applying the system of care concept and philosophy to children and young people at risk of early school leaving is necessary to work at an indicated level of prevention or with chronic need. Schools provide a logical setting for early identification of children at risk and for effective provision of services. Unfortunately, as Fredrick (1994) points out in Sebian et al (2007), that like other agencies that provide services for children experiencing difficulties, schools often approach their work with children and their families in isolation and within

their own operating structure and culture. In the US Sebian et al (2007) highlighted in their briefing paper *Education and Systems-of-Care Approaches: Solutions for Educators and School Mental Health Professionals* the benefits for young people and schools when education facilities participate in systems of care.

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| Sebian et al (2007) highlighted the benefits for young people and schools when education facilities participated in the system of care including; |
| The majority of children attend school and therefore location wise they are a good place to practically reach children, youth and their families |
| There can be less stigma attached to provision of services in schools |
| Increased accessibility of community-based mental health treatments, Systems of care facilitate the identification and early referral of children and youth who require services |
| Increase school performance |
| Reduce suspensions |
| Improve school attendance and decrease school mobility |
| Schools offer opportunities to promote social and emotional wellness for the entire school population and to integrate prevention and early identification |
| Emotional wellbeing is critical to academic success and appropriate services can help reduce barriers to learning and early school leaving |
| Schools are in a stronger position if they are able to address the needs of their students within systems of care rather than having to rely on accessing external resources |

A recent US study by Brennan et al. (2016) reported secondary data analysis from the Longitudinal Child and Family Outcome Study including 248 culturally diverse youth ages 17 through 22 receiving mental health services in systems of care. After 12 months of services, school performance was positively related to youth ratings of school functioning and service participation and satisfaction. Regression analysis revealed ratings of young peoples' perceptions of school functioning, and their experience in services added to the significant prediction of satisfactory school performance, even controlling for sex and attendance.

Relating the systems of care concept to education, the *Research Paper for European Commission Network of Experts on the Social Aspects of Education and Training (NESET)* (2011) on Multi/Interdisciplinary teams for early school leaving prevention sought to examine evidence regarding the potential for multidisciplinary and interdisciplinary teams to play a key role in prevention of early school leaving. The four European examples examined by Downes (2011) for this paper are reviewed here.

- 1) The Behaviour and Education Support Teams (BEST) in schools in the Netherlands - the objectives of the teams are early warning/diagnosis and intervention, integrating educational services and health and human services enhancing emotional wellbeing, development, positive behaviour and educational attainment, consultation for schools/teachers and prevention programmes. There has been successful implementation of this quality model in 21 pilot regions (primary school networks, secondary schools, further education), with impact and positive outcomes in most regions. Challenges include, but are not limited to, planning (municipalities) and implementation, collaboration with school boards and adequate resources (family support, social work, mental health and youth care services) and continuous reinforcement for improved social infrastructure (reduction of other networks and balancing primary prevention, selective prevention and interventions).
- 2) The SALAR project in Sweden seeks to develop integrated systems of mental health services for children and adolescents. The project's 14 geographical sites concern all activities that cater for children and adolescents, e.g. health care for mothers and children, primary care, pre-schools, schools, school health care/pupils' health, paediatric medicine, habitation for children and adolescents, youth clinics, family centres and child psychiatry. Downes (2011) finds that despite the impressively wide geographical spread of the project and its holistic focus, that the education system is not a site for emphasis in this project.
- 3) The CLB is the Pupil Guidance Centre in Flanders, Belgium. Every school in Flanders works with such a centre. A team of doctors, nurses, social workers, psychologists and pedagogues works in each CLB. The problems engaged with by the CLB; a) reading, writing, learning or studying difficulties; b) career choices; c) If a child does not feel comfortable at school: stress, fear of failing, bullying, violent behaviour,

skipping school; and d) if a child might have physical health problems. Downes (2011) observes in the report the impressively wide scope of these centres engages with both primary and post-primary students, and is available across all areas of Flanders. The team integrates mental health, social care, medical and educational professionals. It adopts a universal and selective prevention approach, though it is unclear the extent to which it engages in intensive indicated prevention approaches. The teams appear not to engage in direct outreach to the most marginalized families, being focused on the individual child more than on family support.

- 4) Familiscope (now Familibase) is a community based interdisciplinary team which also works onsite in a range of primary and post-primary schools in an area of Dublin, Ballyfermot, which has traditionally experienced high levels of poverty, social exclusion and early school leaving. It engages in the following system-level interventions: child welfare work—child centred, community based interventions to address issues of child neglect. At the time of this report, speech and language work—school based therapy & language development work, partnerships with teachers, SNAs, parents, pre-schools, crèches was delivered by Familiscope (this work is now carried out by the local Area Based Childhood Initiative). Parenting work— individual and group. The Familiscope example concentrates more firmly on those most at risk of early school leaving, as a combination of an indicated intervention and selective intervention strategy. A feature of the Familiscope approach is its multi-pronged focus on both community and family interventions and school interventions. It also combines a language development focus with a mental health and family support focus.

It could be argued that full service and extended schools in the UK take the systems of care approach in education. According to Cummings et al (2011), full service and extended schooling aims not only to tackle inequalities in educational outcomes but also to make a difference to inequalities in society more generally. There is no single model but such schools define their role in terms not just of what happens in classrooms, but also of what happens beyond the school gates. They tend to be more broadly concerned with the personal, social, academic, and physical well-being of children and young people. Schools are reconceptualised as focussing also on the well-being of families and indeed

communities. Such schools are likely to form part of a more coordinated approach from a range of agencies including employment, lifelong learning, housing, transport, the environment etc. Cummings et al (2011) find that internationally, evaluation of such evolving school systems has been challenging. The research evidence to date has been encouraging although much of it has lacked robustness and has made assumptions as to the value of full service and extended schooling. The complex, multi-strand nature of most full service and extended schools make the identification and attribution of outcomes difficult. Despite all the cautions and caveats, it does seem as though full service and extended schools can generate positive outcomes, and that those outcomes are particularly positive for children and families facing significant difficulties.

Schools have traditionally functioned independently from other agencies and operate under different schedules and structures than other children's services. Undoubtedly they experience pressure on resources which often prevents schools from collaborating as they fear an increase in demands and responsibilities. Some schools can also be challenged by the systems of care approach in education as they see education as their domain, not child welfare or mental health. Woodruff et al (1998) found educators, who do attempt to collaborate and invite other agency personnel to meet, often tend to give up when agency personnel cannot respond quickly enough. Unfortunately these barriers in practice translate into a fragmented and ad hoc response for children most in need. The European Urbact PREVENT report *Towards a Differentiated, Holistic and Systemic Approach to Parental Involvement in Europe for Early School Leaving Prevention* describes this as 'system fragmentation'; where there is a diffusion of responsibility across different agencies in a municipality as to who is the lead person responsible for organising a strategy of engagement with families and children experiencing social marginalisation. Edwards & Downes (2013) call for the need to go beyond a fragmented approach of endless referrals across services that are passing on bits of the child. Of significant importance when operating system of care approaches in education is confidentiality. Downes & Maunsell (2007) highlighted this major issue of the need for confidentiality in student centred research in Ireland. Backett- Milburn et al. (2008) also highlight how young people affected by parental substance misuse worried about 'who knew what' about their lives.

Systems of Care Approach in Irish Child Serving Systems?

Of significance for this research study is the current Irish context in terms of policy initiatives and practice guidelines relating to children, families, substance misuse and early school leaving. Of particular importance is the investigation into the extent to which the major policy documents address the aims and objectives of this research i.e. the issues faced by children affected by parental substance misuse in the context of child/youth development and participation in education. The acknowledgement of the system experiences of children affected by parental substance misuse and the exploration of the interactions between these systems to facilitate participation in education. A brief outline of each policy initiative or practice guideline will be provided and a short evaluation of each in relation to the current research aims and objectives.

Department of Children & Youth Affairs-Better Outcomes, Brighter Futures (BOBF) 2014-2020

Better Outcomes, Brighter Futures is the National Policy Framework for Children and Young People (2014-2020). This is a holistic cross departmental government policy framework based on a clear vision for children and young people in Ireland. This vision is for: 'Ireland to be one of the best small countries in which to grow up and raise a family. Where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future.' (P.2) Better Outcomes, Brighter Futures is Ireland's first overarching policy framework which spans the ages 0-24. It captures all children and youth policy commitments across government departments in relation to five outcome areas:

- 1) Active and healthy, physical and mental well-being.
- 2) Achieving full potential in all areas of learning and development.
- 3) Safe and protected from harm.
- 4) Economic security and opportunity.
- 5) Connected, respected and contributing to their world.

The report is categorical as to: 'how children do at school is a key determinant of their future success, education is a proven route out of poverty and is vital to improving children's life chances.'(P.67) The government makes 14 commitments to achieve this

outcome. Furthermore the reports states that 'the government recognises the need to provide additional supports to some children and young people to support their learning and development', and makes a further 8 commitments to support these children. Somewhat joined up thinking is evident in the first Irish overarching policy framework for children and young people, the recognition of the need for interaction between the different systems to facilitate participation in education. is encouraging for children affected by parental substance misuse who may require access to services and supports from numerous different governmental departments' children, health, and education as historically the fragmented nature of service delivery has caused numerous negative consequences for children and young people requiring indicated prevention(task Force report).BOBF does not however address the specific needs of children affected by parental substance misuse or children with mental health difficulties in the context of improving educational outcomes. This is concerning as recognising the increased risk for early school leaving for these groups of children in policy is necessary to ensure systems of care approach in practice.

Tusla - National Service Delivery Framework

The Child and Family Agency, Tusla was formed in 2013. According to the Tusla website (www.tusla.ie) a programme of work has been undertaken to define, design and implement a framework for prevention, partnership and family support service provision as part of the National Service Delivery Framework for the Child and Family Agency. A key component of this programme of work is the implementation of a single, transparent, consistent and accountable National Service Delivery Framework (NSDF), focused on improving outcomes for children. It clearly states that the statutory services such as health, education, Garda, local authorities and the community/voluntary sector all have a responsibility and a contribution to make in the protection and welfare of all children. It goes on to say the NSDF seeks to deliver services within a coordinated, multi-disciplinary and multiagency framework. By providing for an area-based approach to prevention, partnership and family support, this guidance is intended to fully integrate rather than separate the work of different agencies and professional. (p.1).The vision of Tuslais ambitious and consistent with what the evidence proposes i.e., clearly stated systems of care approach to supporting children and young people engaged in all child serving systems. For children affected by

parental substance misuse who require services and interventions from an array of community and statutory bodies the evidence clearly supports this approach and indicates that this is the way to achieve the optimum outcomes. The effectiveness of the implementation will take some time to assess. Will the necessary resources be provided? Will all disciplines participate in the approach? These queries remain problematic at the time of writing this thesis. Of particular concern is the failure of the agency to include Public Health Nursing, Speech and Language Therapy and Child and Adolescent mental health despite the recommendations of the Task Force that the Child and Family Support Agency (CFSa) should directly employ these disciplines in relation to children. If we cannot join up children services at governmental level in this 'once in a generation' (Task Force 2012) opportunity of developing a new agency with children and young people, how can this be achieved on the ground in the communities where children and young people live?

Tusla- Meitheal 2013

The Meitheal Model is a key driver of the development of an area-based approach to prevention, partnership and family support through local area pathways as part of the National Service Delivery Framework of the Child and Family Agency. As a standardised approach, Meitheal aims to ensure that children and families receive support and help in an integrated and coordinated way that is easily accessible to them. It is normally targeted at those children with unmet additional needs which, if left unmet, place children at risk of poor outcomes. Meitheal can be utilised by all practitioners in different agencies so that they can communicate and work together more effectively to bring together the requisite range of expertise, knowledge and skill to meet these needs at the earliest opportunity. Based on the evidence, this standardised, integrated coordinated approach supporting children and young people is to be welcomed. It is surprising given the intensive indicated prevention approaches required to work with this target group that it does not specify if outreach will be a feature of the engagement strategy or intervention. Based on early implementation it appears that this may depend on the service delivery model of the organisation where the 'lead practitioner' is based. For example, a Youth Work Service or Home School Liaison Coordinator may be identified as the lead practitioner because they have most contact with child. They may not however be particularly skilled at engaging families who require indicated levels of prevention. Outreach may not be a feature of the engagement strategy or the way the outreach is conducted may not be successful. Another

potential concern is the consideration of the viability of continuing the Meitheal engagement beyond a year. Meaningful real engagement of a family can take time and often the services required to support the child's additional needs have waiting lists of 12 months plus e.g. therapeutic supports, S&L supports. Meitheal is not a multi-disciplinary team who work together all the time or a multi-agency group that discusses numerous families together. Rather, it is composed of a specifically selected group of practitioners who come together and work together as needed to respond to the identified needs of a particular child/young person. It describes itself as 'a flexible team providing a tailored response.' The role of schools in relation to Meitheal remains unclear - e.g. will schools have the capacity or resources to take on the lead practitioner role? This is raised in cognisance of the fact that Meitheal is being implemented without any additional resources to schools and services and very limited up-skilling/training. A very recent evaluation looking at the early implementation of Meitheal (Cassidy, Devaney and McGregor, 2016) identified the availability of resources was one of the main challenges to the implementation of Meitheal.

Department of Children and Youth Affairs – Area Based Childhood Programme (ABC) 2013

A further Irish example taking a system of care approach is the Area Based Childhood Programme (ABC). This programme builds on the learning from the previous Prevention and Early Intervention Programme (PEIP) 2006-2013, which was co-funded by the Department of Children and Youth Affairs and the Atlantic Philanthropies and delivered across three areas in Dublin: Ballymun (YoungBallymun), Dublin North side (Preparing for Life) and Tallaght West (Childhood Development Initiative). Thirteen sites across Ireland were identified for a three year funding initiative in 2014. The ABC programme targets investment in evidence-informed interventions to improve the long-term outcomes for children and families living in areas of disadvantage. It aims to break "the cycle of child poverty within areas where it is most deeply entrenched and where children are most disadvantaged, through integrated and effective services and interventions" in the following areas: child development, child well-being, parenting and educational disadvantage. The aim is to integrate interventions and approaches within areas with mainstream services such as health, education and the new Child and Family Agency. Notwithstanding the positive focus on evidence informed programmes and that ABC areas who received funding for programmes were required to develop a consortium of services from health, education and children services, it appears that when funding was received most areas focused on one

or two prevention and early intervention thematic areas e.g. parenting, language development. Improved outcomes were recorded; however, it appears at a more universal prevention level. Working at an indicated prevention level requires stable and ongoing funding as identified in previous research. Short-term funding arrangements may enhance pressures on services to adopt a one-size-fits-all approach, risking compromising the flexibility required to meet diverse needs (Unger, Cuevas & Woolfolk 2007).

Department of Children and Youth Affairs – High Level Policy Statement on Parenting and Family Support 2015

The purpose of the Department of Children and Youth Affairs Irish High Level Policy Statement on parenting and family support (2015) is to strengthen and grow parenting and family support as an effective prevention and early intervention measure to promote the best possible outcomes for children. This statement is clear that parents and family are the most important people in children's lives and that some families need more help than others. It recognises the major importance of interagency working for improved outcomes for children. The policy cites Frost and Dolan (2012) explaining, that regardless of the type of adversity faced, family support can be provided at a primary, secondary or tertiary level to good effect. The significance of this policy for children affected by parental substance misuse is a government policy commitment to support parents to help their children to achieve the best possible outcomes. It is also recognising family as the best place for children to grow up. It acknowledges that some families need more help than others however it does not specifically refer to the issues faced by children affected by parental substance misuse. It somewhat acknowledges the requirement for systems integration to provide the best possible outcomes for children.

Department of Health - National Drugs Strategy (NDS) 2009-2016

The overarching national policy document covering substance misuse in Ireland is the National Drugs Strategy (2009–2016). The overall strategic objective for the NDS is 'to continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of: supply reduction prevention, treatment, rehabilitation and research. Acknowledging the potential significant and varied issues faced by children affected by parental substance misuse and outlining a response to these issues does not feature as one of the key areas of the prevention pillar in the NDS. The report

briefly refers to parental substance misuse. It calls for the development of targeted measures focusing on the children of problem drug and/or alcohol users, aimed at breaking the cycle and safeguarding the next generation'. However, it does not specifically outline these measures. In relation to early school leaving it finds there is a strong correlation between early school leaving and all its aspects - poor school attendance, lack of engagement in school, disruption, poor results etc. - and early alcohol/drug use. Early school leaving is identified as a critical event in experimentation with drugs and, consequently, measures to promote successful school completion rates also impact on potential problem drug/alcohol use. The NDS recommends that its role is to complement existing programmes to address Early School Leaving, the strategy being to rely on the Delivering Equality of Opportunity in Schools (DEIS) Plan, (2005), National Education Welfare Board and the National Educational Psychological Service to target early school leaving. It is concerning for the NDS to rely on DEIS, as this policy does not refer to children affected by parental substance misuse, does not have a mental health strategy and does not advocate or resource 'wrap around' systemic support. The NDS support of the development of youth services to engage at risk youth is encouraging in this regard however the link between home, community and school is essential for this to be an effective measure in targeting early school leaving. At the time of writing this thesis consultations, were underway for the next National Substance Misuse Strategy - indications are that more attention may be paid to parental substance misuse.

A Vision for Change 2006

A Vision for Change details the government's comprehensive policy framework for improving the mental health of the population, with a timeframe from 2006 to 2016. The framework is conceptualised in terms of health promotion and early intervention, primary and community care services, and specialist mental health services for more complex difficulties. Chapter ten of A Vision for Change sets out 15 recommendations for best practice in the provision of mental health promotion and prevention as well as the delivery of mental health services for children and adolescents. This was the first Irish policy to comprehensively outline mental health provision for children, it is relevant for this current research as mental health issues are a concern for children affected by parental substance misuse. According to the Children's Mental Health Coalition (2015) in 2006 when A Vision for Change was launched, children's mental health services were starting from a very low

base, and they go on to explain that by the end of 2014, most of these shortages still existed. Child and Adolescence Mental Health (CAMHS) community teams had significantly less staffing than recommended and waiting lists were increasing. According to the HSE Performance Assurance Report (2014) by the end of December 2014, just 48 out of the recommended 108 inpatient beds were in place, while a third of children and adolescents under age 18 were admitted to adult wards in that year. Mental health has significant implications for the capacity of young people to participate in schools. A Vision for Change was ambitious and comprehensive in its plans for mental health provision for children and adolescents and it was underpinned by a set of principles of relevance to this research, in terms of the principles of coordination and early intervention both of which are of vital importance for children affected by parental substance misuse. These principles have been found to be fundamentally lacking in CAMHS services to date with waiting lists increasing and ongoing reports of fragmented service provision to families (Children's Mental Health Coalition, 2015). Recent referral protocols within CAMHS teams have ceased the practice of schools and principals referring directly to CAMHS despite teacher and parents often being the first to identify and respond to mental health difficulties. A keynote speaker, Pat Courtney, at the *Joint Conference of the INTO and The Educational Disadvantage Centre, St Patricks College 'Review of DEIS: Poverty and Social Inclusion in Education (2015)*, referred to the challenges this change in referral protocol is causing for schools. Mental health policy as it currently exists does not support teachers and schools in responding to mental health difficulties among children, does not allow for the identification of children and young people affected by parental substance misuse as priority group of children needing support and in practice services are under resourced and unable to respond to the current need.

Tusla and HSE - Hidden Harm Strategic Statement 2015

This statement outlines the experience of children living with, and affected by, parental problem alcohol and other drug use. It acknowledges that problematic use of alcohol and other drugs is a complex issue. It clearly outlines the evidence that parental substance misuse can have serious implications for outcomes for children from conception right throughout their life span. It highlights that children living in these circumstances may underachieve at school and are often expected to be carers to their parents at an unacceptably young age. They can also develop mental health problems due to ongoing emotional strain, get drawn into antisocial behaviour and crime, and may have little

prospect of a productive and fulfilling life. Children living with or affected by parental problem alcohol and other drug use can go on to have problems with alcohol and other drugs, and so the cycle continues. Importantly it recognises that cultural and procedural change will need to take place if the children and families affected by problem alcohol and other drug use are to look forward to better outcomes. The statement refers to the concerns of professionals and previous child protection reports that children are falling through gaps in services, and those professionals, both adult- and child-focussed, feel increasingly ill-equipped to deal with these combination of issues. In addition, the “care management culture” results in families’ problems being compartmentalised and distributed across services so that professionals rarely get a complete picture. It proposes to develop a National Practice Guide on Hidden Harm for Practitioners working with Children and Families. This statement is a first step for Ireland down the ‘Hidden Harm’ policy and practice development route. It is the first Irish government document to acknowledge the potential multiple negative implications of parental substance misuse and the issues faced by the children affected. It also recognises that the systems are not integrated and cohesive enough to prevent children falling through the gaps. Furthermore its’ estimation of the potential number of children affected highlights how widespread this issue may be. It will; however, be a missed opportunity if the focus remains on partnership in the context of Tusla and the HSE as the statement suggests ‘partnership may be described in this context as ‘joint business’ between Tusla and the HSE’. Schools are where children are found every day including children affected by parental substance misuse, increasingly substance misusing parents are not finding their way into adult drugs services. Similarly not all children affected by parental substance misuse present within Tusla Services. It makes sense to up skill and resource schools as an environment to support children affected by parental substance misuse as the vast majority of children attend school and this might be a less invasive environment for children to receive support.

Department of Education -Delivering Equality of Opportunity in Schools (DEIS) 2005

The DEIS Plan (2005) is the key Irish government policy for addressing early school leaving and all its aspects. It focuses on ‘addressing the educational needs of children and young people from disadvantaged communities, from pre-school through second-level education (3 to 18 Years). Its frame of reference is based on the definition of “educational

disadvantage” in the Education Act (1998), section 32(9), as: “the impediments to education arising from social or economic disadvantage which prevent students from deriving appropriate benefit from education in schools.” According to the Department of Education the action plan is grounded in the belief that, every child and young person deserves an equal chance to access, participate in and benefit from education. Each person should have the opportunity to reach her/his full educational potential for personal, social and economic reasons and education is a critical factor in promoting social inclusion and economic development. The School Support Programme (SSP) would include a range of supports from Early Start to the Home/School/Community Liaison Scheme, the School Completion Programme. It is important to acknowledge that this was the first time in Ireland that a ‘whole school’ and ‘national’ approach was taken to early school leaving and all its aspects. It is of note and concerning that the needs of or issues faced by children affected by parental substance misuse are not specifically mentioned in the plan therefore no response is outlined for this subgroup of children. Inevitably some of these targeted supports could be helpful for children affected by parental substance misuse. However DEIS does not go far enough if you consider the systems of care approach that would be required to comprehensively respond to a child in such circumstances. Downes (2008) is critical of the DEIS plan for failing to include a mental health strategy - he states that if the Department of Education and Science is serious about tackling educational disadvantage, it cannot fail to have a mental health strategy in education in contexts of disadvantage. Downes, (2004; 2011a) highlights emotional supports are protective supporting conditions to potentially counteract risk factors for early school leaving. Emotional support services need to operate not only at the level of the individual student, but also at a systemic level of both the teacher’s interaction with students and also at a family support level. Smyth (2015), in the most current evaluation of the DEIS programme, listed a range of outcomes of relevance to this research that found a significant improvement over the period 2007-13 in the reading and mathematics test scores of primary students in DEIS schools (greater improvements in reading than in maths). Although these improvements appear to be encouraging, the gap in achievement has not narrowed between DEIS and non-DEIS schools and urban band 1 primary schools have the lowest reading and maths scores. Being aware of the significant gap that still exists in education participation and achievement terms for children affected by parental substance, Downes, and Gilligan, (2008), called on the government to consider

‘Educare, Educare, and Educare’. According to them education and care cannot be split if real progress is to be made in moving beyond education disadvantage and achieving equality of educational outcome.

Joint Oireachtas Committee Report on Education and Skills (2010)

In comparison to DEIS, the Irish Joint Oireachtas Committee on Education and Skills (2010) was more progressive when it set out to examine the problem of early school leaving from a broad perspective, i.e. not just examining school-based issues, but also individual, home-, and school-based characteristics, as well as broader structural features of the education system itself, including links with other agencies and Government Departments. Recommendations under a range of headings were proposed of relevance to this research which is: Tracking Targeting and Streamlining Services, Transfer to Post Primary School, Inclusivity of Boys, Mental Health and Trauma, Support for Teachers, and Measure Poverty in Rural and Urban Areas. The policy recommendations clearly point to the intention of this report to examine the problem of early school leaving from a broader perspective including a trauma focus. A significant strength of this report was the identification ‘of subgroups that tend to have higher rates of early school leaving than the general population’. Other than the comparatively high rates of early school leaving in boys, the research evidence indicates that some students with special educational needs (such as Travellers, and students experiencing mental health/emotional difficulties/trauma) have higher rates of early school leaving than other sub-groups of the population. Furthermore, the report identified five groups of children, emerging from submissions to the Committee, as having specific needs in the context of early school leaving prevention: 1. Children in homeless families, 2.Children in care, 3.Children experiencing domestic violence, 4. Children in a caring role and 5.Children experiencing rural poverty and disadvantage.Disappointingly the issues faced by children affected by parental substance misuse are not specifically outlined in the report and these children and young people are not identified as one of the subgroups of children at increased risk in terms of early school leaving.

Conclusion

In conclusion, international research has shown there is a strong correlation between parental substance use and neglect, intergenerational substance misuse and social and emotional difficulties. There is some evidence but it is more limited to suggest a link

between parental substance misuse and poor educational attainment. Evidence would suggest that all of these outcomes are exacerbated or influenced by poverty. The evidence also suggests that enhanced participation and completion of school for this subgroup of children requires a multi systemic response. In considering this type of response, Bronfenbrenner's ecological model of child development was reviewed as the framework to facilitate understanding of the systems that impact on the child's development and the interactions between these systems. Studies outlining the benefits for young people and their schools participating in systems of care were highlighted as a possible way forward. The current Irish context in terms of policy initiatives and practice guidelines relating to children, families, substance misuse and early school leaving were reviewed. Of particular importance was the investigation into the extent to which the major policy documents identified issues and responses relating to parental substance misuse and more specifically in the context of children's participation in education. It must be acknowledged that some of the policy and practice frameworks reviewed are ambitious and encouraging in particular; the cross – government departmental approach by BOBF. Tusla's clearly stated systems of care approach. The national Meitheal models aim to ensure families receive support in an integrated and coordinated way that is accessible to them. ABC's focus on evidence informed programmes. The indications that the new National Substance Misuse Strategy will pay more attention to parental substance misuse. The Hidden Harm Strategic Statement as the first Irish government document acknowledging the impact and potential harm of parental substance misuse. Finally, the whole school and national approach taken by DEIS. However the gaps in policy and practice are many, mainly that there is still not a specific national policy or implementation plan on how best to respond to the specific needs of children and young people affected by parental substance misuse. BOBF failed to recognise children affected by parental substance misuse as a subgroup of children at risk for early school leaving this is problematic as recognising increased risk in policy is necessary to ensure an effective response in practice. Tusla formed without managing to include core disciplines in the agency mainly children's mental health, public health nurses and children's speech and language, the inability to join up children's services at the top is a real concern for implementation in practice. Meitheal to date does not provide clarity with regard to outreach, resources to support implementation and the role of schools. If we are to learn from previous policy failure a vision for change can teach us that a comprehensive and

robust policy is useless without resources to implement the policy. Whilst, DEIS has failure to recognise the additional needs of particular subgroups of children and neglect to include a mental health strategy will continue to impact the educational outcomes of children affected by parental substance misuse. Finally, the Irish Hidden Harm Strategic Statement needs to move beyond its narrow focus within the HSE and Tusla with a particular focus on schools required. Responses to the health, education and welfare needs of children' and young people affected by parental substance misuse remain disjointed across government departments. Unless there is a clear policy framework that provides a strong mandate for child serving systems to consider a systems of care approach to supporting children and young people affected by parental substance misuse, any attempt by agencies or schools to address the multiple needs of these children and young people would be ad hoc at best.

Chapter 3 Methodology

There were two key factors that influenced the researcher's selected methodology for this study:

- 1) Studies which access children affected by parental substance misuse directly are relatively rare due to the sensitivities and ethics involved (McKeganey, 2011 and Templeton et al., 2009). It was important for the researcher that this study would 'give voice' to participants 'lived experiences' (Downes, 2003) thus a qualitative methodology was deemed most appropriate and the researcher operated within the phenomenological tradition.
- 2) Bronfenbrenner's systems theory underpins the design of this research study. This theory identifies 5 subsystems whose existence and interrelationships are proposed to have an impact on human growth, development and behaviour. This research is focused on facilitating the creation of data around the 'lived experience' of the participants of the systems that surround them at a variety of levels. Phenomenology was selected as a methodology that would support a research process with this emphasis/focus.

Research Approach: Phenomenology

Phenomenology places emphasis on the world as lived by a person, not the world or reality as something separate from the person. Although there is no uniformly accepted definition of phenomenology, a key starting point for this research was Creswell's (2009) understanding that phenomenological research aims to gather, and or understand and interpret the meanings of the participants' lived experiences of a phenomenon. Phenomenology is a significant methodology within the humanities, human sciences and arts disciplines, with a central goal of describing peoples' experiences. The broadest definition for phenomenology is that it is a theoretical point of view advocating the study of individuals' experiences because human behaviour is determined by the phenomena of experience rather than by objective, physically described reality that is external to the individual (Brown and Trinidad, 2007). Van Manen (1997) describes the phenomenological approach as discovery orientated and an exploration of the essence of lived experience. Lester (1999) suggests the purpose of the phenomenological approach is to gather deep

information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participant(s). In Downes' (2003) study of heroin addicts he adopted a phenomenological approach to the interviews, emphasising the experience of the individual. What is central is how the individual heroin addict makes sense of his/her experience of the world - how (s)he understands himself/herself and constructs meaning within the world around him/her. A phenomenological approach was identified to bring to the fore the experiences and perceptions of the participants from their own perspectives and the experiences of the systems that were at play around this experience given the theoretical underpinning of Bronfenbrenner's systems theory.

As with all research approaches, there are strengths and limitations to a phenomenological approach. A key strength of the phenomenological approach is that it helps to give deep understanding to people's experiences, an opportunity to explore in depth. Patton (2002) describes this process; through subjective, direct responses, the researcher is able to gain first-hand knowledge about what participants experience through broad and open-ended inquiry he further points to the human factor as the greatest strength and the fundamental weakness of phenomenological qualitative inquiry and analysis—a scientific two-edged sword. Though phenomenological qualitative studies provide compelling research data, there are limitations; the other side of the sword. For one, and perhaps the concern of many is bias (Creswell, 2014, Patton, 2002). The researcher's role must include the integration of biases, beliefs, and values up-front in the study (Janesick, 2011). A second limitation is that the individual circumstances that data is collected from cannot be generalized (Patton, 2002). A further limitation is that the process can be time consuming and labour intensive (Creswell, 2014). The copious amount of data that has to be analyzed could be a disadvantage. A researcher should understand this before assuming a phenomenological qualitative study (Creswell, 2014; Patton, 2002). Further. Finally, there are limitations linked to credibility and reliability; Patton (2002) argues there is no straightforward tests can be applied for reliability and validity.

Recruitment of Participants/Sample Selection

Brown and Trinidad (2007) explain that phenomenologists are interested in common features of 'lived experience'. Although diverse samples might provide a broader range from which to distil the essence of the phenomenon, data from only a few individuals who have experienced the phenomenon—and who can provide a detailed account of their experience—might suffice to uncover its core elements. Typical sample sizes for phenomenological studies range from 1 to 10 persons. 13 people were recruited for this research - 7 young people and 6 parents.

Miles & Huberman (1994) outline sixteen different types of sampling employed in qualitative research. The sample of participants for this study was chosen on the basis of three of Miles & Huberman's (1994) sampling approaches.

- 1) Maximum Variation Sample: this is a special kind of purposive sampling, the aim of which is to include some extremes in the small sample size. Age and gender was used in this study.
- 2) Criterion Sampling:
 - Young people, aged up to 25 (National Youth Work Age).
 - Young people affected by parental substance misuse.
 - Parents who were either currently or previously substance misusers.
 - Parent of a school aged child whilst active in their substance misuse.
- 3) The snowball effect: In order to reach a marginalised sample the study allowed for 'snow ball sampling'. Once potential participants were identified, they were asked to identify and recruit similar individuals. The aim of this was to increase the overall number of participants with this lived experience. One young person and one parent were recruited in this way.

Participants were sought from a local youth service, a local family service, a local school and a local drug service. The local school and youth service were contacted by the researcher for possible young person participants. The school chose not to give the researcher access to young people for the study. They reported that they felt it was too sensitive a research topic to discuss with students. Young people could also not be recruited through the local youth service, a rationale was not provided by the staff to the researcher. Effective

recruitment occurred when the researcher worked alongside one drug service and with the staff of a local family service where she was employed and contacted participants directly.

Recruitment of Participants

| Participant– Pseudonyms | Recruitment Source | Pre Engagement | Participant Known to Researcher | Consent |
|----------------------------|---|---|---------------------------------------|------------------------|
| Grace | Family Centre | Pre meeting with young person , support worker and researcher to explain study and answer questions | Yes | Signed by young person |
| Sabrina | Family Centre | Pre meeting with young person , support worker and researcher to explain study and answer questions | Yes | Signed by Foster Carer |
| Niamh | Family Centre | Pre meeting with young person , support worker and researcher to explain study and answer questions | Yes | Signed by Parent |
| Darren | Family Centre | Pre meeting with young person , support worker and researcher to explain study and answer questions | Yes | Signed by Parent |
| Lorraine | Contacted Directly by Researcher | Phone call to explain study and answer questions | Yes | Signed by Young Person |
| Ciaran | Informed by Friend Participating in Study | Phone call to explain study and answer questions | Yes | Signed by Young Person |
| Deborah | Contacted Directly by Researcher | Phone call to explain study and answer questions | Yes | Signed by Young Person |
| Sarah | Contacted Directly by Researcher | Phone call to explain study and answer questions | Yes | Signed by Parent |
| Deirdre | Family Centre | Pre meeting with parent , support worker and researcher to explain study and answer questions | Yes | Signed by Parent |

| | | | | |
|--------|--|--|-----|---------------------|
| Mark | Informed by Friend Participating in Research | Phone call to explain study and answer questions | Yes | Signed by Parent |
| John | Drugs Service | Pre meeting with parent , support worker and researcher to explain study and answer questions | Yes | Signed by Parent |
| Robbie | Contacted Directly by Researcher | Phone call to explain study and answer questions | Yes | Signed by Parent |
| Mary | Contacted Directly by Researcher | Phone call to explain study and answer questions | Yes | Signed by Parent |

Two further parents were identified by a parent involved in the research however when contacted by the researcher they declined to take part, these parents were not known to the researcher highlighting the value of trust between the researcher and the participants in sensitive research studies.

Methodologies for the so called ‘Hard to Reach’

According to Shaghaghi et al. (2011) ‘hard-to-reach’ is a term used to describe those sub-groups of the population that may be difficult to reach or involve in research or public health programmes. Atkinson and Flint (2001) use an alternative term ‘hidden population’ to refer to those who do not wish to be found or contacted (e.g. illegal drug users or migrants and homeless people). McKeganey, (2011) identifies that studies which access children affected by parental substance misuse directly are relatively rare due to the sensitivities and ethical considerations involved. Previous studies (Downes, 2004, Kerin, 2015) of school based populations in the community of Dublin 10 were unable to access and capture the ‘voices’ of children affected by parental substance misuse. This research process was designed specifically to facilitate participation of the so called ‘hard to reach’ and the methodology and methods selected are primarily driven by that. This research process did not experience the challenges outlined in previous studies of engaging with ‘hard to reach/hidden populations’ and managed to ‘give voice’ to substance misusing

parents and children affected by parental substance misuse. The researcher challenges the use of the term 'hard to reach' and suggests the difficulty is in the 'how of engagement'

Boneski et al (2014) conducted a study to review the literature regarding the barriers to sampling, recruitment, participation, and retention of members of socioeconomically disadvantaged groups in health research. A number of factors contributed to the successful engagement of participants in this current study, and Bonevski et al (2014) highlights two of these factors; 1) extended timeframes and 2) community partnerships. These were both relevant for this research design in the following ways:

Extended timeframes: data collection timeframes were extended as part of the design of this research process. Prior-meetings (on request) and phone calls were conducted to clarify what was expected of research participants and answer any questions. Meeting and interview cancellations were part of the process, the research allowed time for this as some parent participants were still active in addiction, some parent participants were homeless, some young people participants were living with extended family or in foster care out of the community and some parent and young people participants were engaging with numerous services.

Community Partnerships: Initially the researcher attempted to access participants through the partnerships in the community, specifically a Youth Service and a local school. Access to participants through these particular partnerships could not be achieved. Further to this experience the researcher engaged with the staff in a local family centre and drug service where the researcher had historical and effective working relationships. Participants recruited in these services had an effective relationship with the service and some staff in the service, the relationship and trust with the staff and service was key to the successful recruitment. The researcher also used community locations for the interview process. The flexibility in this regard was also seen as crucial to engaging this particular cohort of research participants.

Role and Position of the Researcher within the Research Design Process

The researcher was known to all of the participants who took part in the study but was not working directly with any of the participants. This was due to the professional role that the researcher holds in relation to child welfare and addiction for over ten years in the

community of Dublin 10. The researcher also grew up in a community close to Dublin 10 with a similar socio-demographic profile and the cultural and social awareness of the target group contributed to the research design and methodology selection. As part of their review, Bonevski et al (2014) referred to a number of studies that have highlighted the need for culturally trained and skilled field-workers (Han et al., 2007, Elam & Fenton, 2003, Flory & Ezekiel, 2004) or/and the effectiveness of employing locals or peers to conduct field work (Harper & Carver 1999, Leach et al. 2011, McMillan et al. 2009). They refer to this as the use of “insiders” (peer or local researchers) and asserts it offers the added advantage of addressing any researcher mistrust or suspicion as well as building the capacity of the community or organisation in conducting research.

The methodology and methods were selected due to the researcher’s experience of the target group and the connected awareness of the potential challenge in recruiting groups who may be fearful to take part in any research study. There was also the additional potential sensitivity in the particular- subject matter of this research process. It is significant that the parents with current or previous substance misuse issues agreed to participate. Parents of young people consented for their children to be interviewed and young people consented to be interviewed about an emotive and sensitive subject i.e. children’s experiences of parental substance misuse. The flexibility of location was also a factor, the researcher agreed to meet the participants wherever they felt comfortable e.g. one interview with a parent was conducted in her home.

The researcher in designing the study, was acutely aware of the potential for her relationship with participants potentially influencing their input i.e. social desirability effects influencing self-report data; inherent in self-report interview methods is the issue of whether the responses are influenced by a desire not to displease the interviewer (Crowne and Marlow, 1960). To mitigate any potential for this, the researcher emphasised to the participants that:

- There was no right or wrong answer
- The study was designed to give voice to their own experiences
- The study was interested in how they experienced services and parenting

- The study was concerned with their experiences of what worked well alongside what did not—responses about both were equally important
- This was not a study about one particular service
- Their answers would not be discussed with the staff of any school or service they were currently or previously engaged with

Non-directive/open ended questions were also used to ensure the researcher's relationship with participants did not impact pre-conceptions and influence the data.

Participant Profile

Young People Participants

| Pseudonyms | Gender | Age | Education/ Employment Status | Living Arrangements | Young Person Substance Misuse | Parental Substance Misuse |
|------------|--------|-----|--|--|---|---------------------------------|
| Grace | F | 20 | Completed school in college | Living with parents , reared by parents | Experimented in the past does not use drugs now | Heroin and Poly-drug use |
| Sabrina | F | 16 | In school | Living in Foster care | Experimented in the past does not use drugs | Heroin, Crack, Alcohol |
| Niamh | F | 17 | In school | Living with relative | Recreational DRUG USE | Alcohol |
| Darren | M | 16 | Early school Leaver in alternative education placement | Living at home , reared by parents | Problematic drug use | Heroin and poly drug use |
| Lorraine | F | 22 | Early school leaver attended alternative education placement afterwards, currently unemployed intending to return to college | Living with Grandparents, reared by Grandparents | Experimented with drugs in the past | Heroin and poly-druguse |
| Ciaran | M | 19 | Early school leaver , did not attend alternative education centre, currently unemployed | Living with extended family , reared by Grandparents | Problematic drug use | Heroin and poly-drug use |
| Deborah | F | 20 | Early school leaver, attended alternative education centre , currently employed at managerial level | Living at home, reared by parents | Recreational drug use | Heroin and poly drug use |

Parent Participants

| Pseudonyms | Gender | Drug Status | Employment Status | Living Arrangements | Parenting Status |
|------------|--------|-------------|---------------------|--|--|
| Sarah | F | Recovery | In Education | Rental Accommodation | Currently Parenting |
| Deirdre | F | Stable | Full Time Parenting | Homeless Accommodation | Currently Parenting |
| Mark | M | Recovery | In Training | Homeless- With Family Temporarily | Currently Parenting One Child Fulltime |
| John | M | Recovery | In Employment | Rental Accommodation- Notice From Landlord | Currently Parenting |
| Robbie | M | Active | Unemployed | Rental Accommodation | Access To Children |
| Mary | F | Active | Full Time Parenting | Rental Accommodation | Currently Parenting |

Social Context of the Research Study

Ballyfermot is a RAPIDarea, The Revitalising Areas by Planning, Investment and Development (RAPID). This programme is aimed at improving the quality of life and the opportunity available to residents of communities experiencing severe inequality in Irish cities and towns. There are four secondary schools and eight primary schools in the Ballyfermot area – all are designated DEIS schools (Delivering Equality of Opportunity in Schools). According to the Census data, 2011, the population of the Ballyfermot/Chapelizod area is 25,114. Just over a quarter (25.4%) of the population was aged less than 20 years although this figure varies across the area and reaches 34.6% in the eight most disadvantaged small areas. Based on 2011 Census data, the total number of family units with children residing in the area is 4,782 of which 2,337 are lone parent family units. The proportion of lone parent family units in the area at 48.9% is substantially higher than the corresponding figure for the Dublin region (i.e. 30.3%). The area has long been associated with very high levels of educational inequality. Despite some progress in recent years, this

remains the case: in 2011, 9,113 (52.5%) of the 17,353 adults who had completed their education did so with at most lower second level education and 5,240 had completed their education at 15 years of age. The number of students completing the leaving certificate in the secondary schools in the area increased from 2012 (119) to 2014 (161).

Interview Questions Design and Rationale for Interview as the Data Collection Method

Bronfenbrenner's (1979) ecological theory identifies 5 subsystems whose existence and interrelationships he proposes have an impact on human growth, development and behaviour. This theoretical framework underpinned the research design and interview question development. Questions were developed for the interviews to explore what level of impact each/some of the subsystems had on the children affected by parental substance misuse and how the subsystems interacted with each other and to what end. For example, questions were asked to gain insight into the children's family and school experience, the institutions and groups that most immediately and directly impact the child's development. In analysing the data, the researcher then looked at the thematic areas emerging from the participants and referred to the Bronfenbrenner framework to establish its relevance for this particular target group.

Interconnections between the Microsystems i.e. the mesosystem, was explored in the interviews by designing and asking questions in relation to home-school, home-service, school-service communication/interaction. Questions in relation to children's experiences when their parents accessed treatment looked at the impact of the exosystem on children affected by parental substance misuse as parental experiences at the exosystem level impacts at the Microsystem level in terms of parent-child interactions. The impact of the macrosystem, i.e. the culture in which individuals live, was also explored through interview questions of relevance to this study, as was school and service culture, being mindful children's services had undergone a massive change with the development of Tusla, the Child and Family agency in 2014.

Creswell (2009) describes in-depth interviews as the primary means of collecting information for a phenomenological study, with a selection of individuals (ten, perhaps), and that the important point is to describe the meaning of a phenomenon for a small

number of individuals who have experienced the phenomenon. Van Manen (1997) suggests that there are many means of data gathering for the analysis of lived experience, of which phenomenological study is an obvious type, but he seems to favour the interviewing of individuals when gathering their reflective recollections. He states that reflective interview transcripts require interpretive analysis by the researcher in order to produce a human science (phenomenological) description of the experience of the interviewee.

Patton (1987) suggests three basic approaches to conducting qualitative interviewing:

- 1) The informal conversational interview: This type of interview resembles a chat, during which the informants may sometimes forget that they are being interviewed. Most of the questions asked will flow from the immediate context. Informal conversational interviews are useful for exploring interesting topic/s for investigation and are typical of 'ongoing' participant observation fieldwork.
- 2) The general interview guide approach (commonly called guided interview). When employing this approach for interviewing, a basic checklist is prepared to make sure that all relevant topics are covered. The interviewer is still free to explore, probe and ask questions deemed interesting to the researcher. This type of interview approach is useful for eliciting information about specific topics.
- 3) The standardised open-ended interview: Researchers using this approach prepare a set of open-ended questions which are carefully worded and arranged for the purpose of minimising variation in the questions posed to the interviewees. Although this method provides less flexibility for questions than the other two mentioned previously, probing is still possible, depending on the nature of the interview and the skills of the interviewers (Patton 1987:112).

The standard open-ended interview was chosen for this study. This approach was useful to gain detailed insights into participants' experiences and also to explore the sensitive topic of parental substance misuse. The parents and young people were asked questions under three key headings: home experience, school experience and service experience.

Hitchcock (1989) stresses that central to the interview is the issue of asking questions and this is often achieved in qualitative research through conversational encounters. It is therefore important for the interviewer to be competent in questioning techniques. Berry

(1999) outlines ten questioning techniques of which four were specifically utilised by the researcher in this study.

- 1) Ask clear questions. Patton (1987) emphasises it is important to use words that make sense to the interviewees, words that are sensitive to the respondent's context and world view. The researcher was very mindful of language and did not use jargon throughout the interviews. Cultural colloquialisms, words commonly used by participants, were used by researcher for example 'phy' instead of methadone treatment, the clinic instead of 'the drug treatment centre'.
- 2) Patton (1987) encourages asking truly open-ended questions as they do not pre-determine the answers and allows room for the informants to respond in their own terms. The vast majority of questions were open ended allowing respondents to recall their own experiences and focus on the experiences that were important to them. This was consistent with the phenomenological approach emphasising the participants lived experiences and giving voice to them.
- 3) The researcher probes & follows-up with questions (Patton 1987). The rationale for probing was to 'deepen the response to a question'. Participants were sometimes asked to elaborate on something, if they felt comfortable to do so.
- 4) Interpret questions (Kvale 1996). The researcher clarified and checked the meanings of the participant's statements to avoid misinterpretations in the researcher's collection and interpretation of the data.

Interview Preparation and Process

Prior to conducting interviews the researcher had four meetings with young people and two meetings with parents. The other 7 participants were engaged on the phone. The purpose of these meetings and phone calls was to explain the study in detail and what was expected of the participants and to answer any questions. All of the participants read the Plain Language Statement and signed the consent form. Three of the participants were under 18 and so parental consent was obtained for two of these young people and consent for the remaining young person was obtained from a foster-carer. All of the meetings except one took place in FamiliBase, a local community centre in Dublin 10. One interview was conducted in a parent's home. A number of the interviews were rescheduled. The researcher rescheduled with one young person three times and with one parent four times.

This was accepted as part of what was required for this research process. The researcher ensured participants felt it was ok to cancel and reschedule, although this ultimately delayed the timeframes for data collection. From the researcher's perspective, this was necessary to ensure the voices of these young people and parents, so frequently absent from the literature, were heard.

Participants were informed that interviews would be recorded and all consented to same. The interviews lasted between 45-135 minutes. The importance of child centred and youth consultation, which ensures young people are actively consulted regarding issues of their welfare, is well recognised (Un Convention Rights of the Child 1999; Downes, 2004).

Information given to participants pre-interview

| The young people were informed that; | Parents were informed that; |
|---|---|
| There were no right and wrong answers | There were no right and wrong answers |
| Every effort would be made to protect their identity | Every effort would be made to protect their identity |
| They could pull out of the study at any time | They could pull out of the study at any time |
| They could refuse to answer any question | They could refuse to answer any question |
| The content of their interview would not be disclosed to parents, services etc. unless a serious Child Protection issue emerged | The contents of their interview would not be disclosed to their children, services etc. unless a serious Child Protection issue emerged |
| The final reporting will be thematic | The final reporting will be thematic |
| Their parents would not be recruited as part of the study | Their children would not be recruited as part of the study |

Data Analysis

Creswell (1998) maintains that the basic phenomenological approach to data analysis is the development of statements, meanings, meaning themes and general description of the interpretation of the experience of the phenomenon. Van Manen (1997) identifies that

phenomenological analysis is primarily a writing exercise, as it is through the process of writing and rewriting that the researcher can distil meaning. Lavery (2003) describes it as the search toward understanding the experience from particular perspectives, as well as the horizons of participants and the researcher. With the analysis of the resultant transcribed text, Johnson (2000) suggests to ask questions of the text in order to move into the meaning of the participant's world. In phenomenology the researcher engages with the analysis as a faithful witness to the accounts in the data. Even as the researcher immerses herself in the data, she must be honest and vigilant about her own perspective, pre-existing thoughts and beliefs, and developing hypotheses (Brown and Trinidad, 2007).

Following the model proposed for interpretive analysis by Crist and Tanner (2003) I followed five phases of data analysis as the process of hermeneutic interpretive phenomenology is not linear, the following phases can overlap. **Phase 1**; highlighting preliminary lines of enquiry **Phase 2**; selecting participant stories or salient exemplars **Phase 3**; when the data analysis moved more fully to meaning and interpretation **Phase 4**; final interpretations **Phase 5**; dissemination of the interpretation. The key emphasis on stories/narratives or salient exemplars encouraged the use of this model to give voice to a marginalised and neglected group in research. The focus on 'staying close to the text' and not engaging in 'bracketing' was also key to the selection of this data analysis model. "Bracketing," is the self-reflective process where researchers recognise and set aside (but do not abandon) their prior knowledge and assumptions, with the analytic goal of attending to the participants' accounts with an open mind (Van Manen, 1997). Unlike other phenomenological methodologies based on the methods of Husserl (Heidegger's mentor), hermeneutic interpretive phenomenology and Crist and Tanners (2003) Model *does not require researchers to bracket their own preconceptions or theories during the process* (Johnson, 2000). Instead, the research process includes the significance of the existing world and its meanings for the investigator and hermeneutic interpretive phenomenology's philosophical framework acknowledges that people are inextricably situated in their worlds (Richardson, Rogers, & McCarroll, 1998). The investigator acknowledges (as much as possible) any assumptions that could both influence the investigator's conduct of interviews and observations. Recognizing these assumptions has been described as the

forward arc of the “hermeneutic circle” and the interpretation as the return arc—the “movement of uncovering “of the circle (Packer & Addison, 1989, p. 275).

Phase 1:

Highlighting preliminary lines of enquiry (Crist and Tanner, 2003). This phase involved the researcher listening to each recording numerous times and the researcher transcribing the text. Reading and re-reading verbatim transcripts and identifying all statements that appear relevant to the concept under study, these statements were highlighted. Dwelling with each transcript before moving onto the next gave each transcript, each story of each parent and each young person, its own thinking space for the researcher (Smythe, 2011). Exploratory marking-up of text took place with early lines of enquiry being noted in each interview transcript. These were summarized and interview notes were also referred to. At this stage the summaries were mostly descriptive and served to capture the stories under emerging headings of each of the participant’s experiences.

Phase 2:

Selecting participant stories or salient exemplars. Experiences, the salient excerpts that characterise specific common themes or meanings across informants’ (Crist and Tanner, 2003), were marked up and noted with written commentaries. Of vital importance at this stage was remaining alert to prejudices and presuppositions in order not to reject statements that do not readily fit into emerging themes (Healy, 2015) describes this as the creation of a second textual description out of the initial description plus integrated statements and additional elements. These steps are repeated with data from all other participants, and a new written account of the phenomenon is produced each time. In this research process seven main themes and twenty five subthemes were identified in phase two.

Phase 3

This was when the data analysis moved more fully to meaning and interpretation. Informants’ central concerns became clearer as the researcher dwelled with the exemplars and texts (Crist and Tanner, 2003). Links with theory, policy and research on the emerging themes were made. As the data analysis continued, the shared meanings between

participants emerged into overarching themes and sub-themes. The researcher repeatedly reflected and engaged with her own preconceptions in this section particularly in relation to the theme emerging around 'desire for parental rearing' as this appeared to conflict with the significant physical, educational and emotional harm being recalled by young people and parents. She was conscious that through her work with families affected by addiction over the years that she had met numerous parents who she perceived to be parenting well despite their addiction, she challenged herself and was questioning 'was this professional experience influencing the emergence of this theme?'. Transcripts were re-read in relation to this theme numerous times and participants were contacted by phone to confirm the analysis, and eventually she was satisfied that this theme was the expressed experience of the participants. Main theme number 5 'System Fragmentation' also caused her to challenge biases. She had been 18 years working in the area of child welfare and addiction and witnessed numerous cases of fragmented, ad hoc service provision to families; further analysis of the transcribed texts revealed that this was undoubtedly one of the strongest themes emerging from the data.

Phase 4

This phase of the data analysis process is a further dwelling with literature and writing up of more detailed interpretations. The emerging interpretations are written up into shared meaning themes, which bring the researcher and the reader to a place where they come to see more than the given narratives (Healy, 2015). We come to an understanding 'for now' of the issues faced by children and young people affected by parental substance misuse in the context of child/youth development and participation in education. These writings, as draft chapters, were shared and discussed with the supervisors to check for credibility and resonance (Smythe, 2011). A final interpretation was reached in Phase 5 when final chapters were re-written and finalised.

Ethical Considerations

Ethical issues are many and varied, and may be quite complex (DCU Guidelines on Best Practice in Ethical Issues, 2006). Research that involves human subjects requires a thorough satisfaction of ethical issues (Bailey, 1996). This qualitative study gave special consideration

to ethical requirements due to the sensitive study topic and the age of the young person participants and was guided by St Patricks College /DCU Guidelines on Best Practice in Ethical Research (2006).

Informed Consent was sought for all participants involved in the study. Due to the varied age range and profile of the participants, consent was obtained differently for the participants. The six parents signed the consent themselves. The 4 young people aged over 18 signed the consent themselves. Consent was sought for the 3 young person participants aged under 18 which was granted by parents for two of the young people and a foster parent for the third young person.

All participants involved in the study read the plain language statement and informed consent; some participants received support from their support worker or researcher to fully understand the documents.

The consent agreement and plain language statement (appendix) advised participants:

- That they are participating in research
- The purpose of the research
- The requirements of participating in the study i.e. take part in an interview, the expected length of the interview, the type of questions you will be asked. Certain amendments were offered to a traditional interview structure to support the young person's participation, i.e. to have an adult present in the room and to break the interview into two halves, if they felt it was too long. No young person availed of these amendments
- The potential risks and benefits of the research were outlined and participants were assured that emotional support would be provided for free of charge in a local community service, should they experience any emotional difficulties as a result of the study
- The voluntary nature of research was emphasised to the participants ensuring that they understood that they could withdraw at any time
- The procedures to protect confidentiality including identity and data
- What the data will be used for and the consultation process that will happen with the participants should the researcher wish to use the data for any other purpose.

Hugman (2010) notes that ethics are particularly to the fore in social work research because much social work research is carried out with vulnerable and marginalised groups. He further suggests that there are some key differences between largely quantitative designs, where ethical issues can largely be anticipated in advance, and qualitative designs, where there are likely to be unanticipated ethical issues in the field. Holland et al. (2014) explain the limitations of requiring institutional ethical approval as the main ethical event in the research process and highlight that the relative lack of attention to the process of ethics in action have been noted by many writing about qualitative research (e.g. Gabb, 2010; Renold et al., 2008; Shaw, 2008). Iphofen (2011) summarises this well, noting that the responsibility for ethical decision-making is more firmly in the hands of the fieldworker than the ethical review board. 'Case studies show that there is rarely ever one 'solution' to an ethical problem, researchers should never think that once the box has been ticked or an adequate response to a reviewer's challenge offered, that their ethical decision making is over. There are so many times that ethical compromises and judgement calls have to be taken in the field that the researcher cannot abrogate that responsibility to anticipatory review nor, even for the novice researcher, to their supervisor.' (p. 445).

Holland et al. (2014) explored the relationship between ethical procedures and ethics in practice in a research project involving substance misusing families. They drew on the 'ethics of care' (Tronto, 1994) to argue that ethical practices are relational, interactive, responsive and, at times, reciprocal and demonstrated how aspects of the ethics of care allowed their field researcher and the participants to develop ethical research in practice. They demonstrated this argument by describing a series of ethical 'speed-bumps' (Weiss and Fine, 2000) in the project, that is, moments that brought ethical issues to the forefront in the research process. These were clustered in the following areas: initial consent to take part, participant and researcher safety and the presence of others in interviews, particularly children.

This research study utilised two of the ethical speed bumps advocated by the Holland et al study that were also worked out in the field.

Initial consent to take part: Similar to the Holland et al (2014) study, the researcher was careful not to appear to be pursuing potential participants nor putting any undue pressure on them to participate. However, it was a key goal of the research to give voice to

marginalised and participants whose voices are absent from Irish literature. Research regulators' attempts to prevent potential participants from being approached by researchers against their will can, to a certain extent, position them as potential victims, when they may actively benefit from the research (Gabb, 2010). As Anderson and DuBois (2007) argue, Individuals who abuse substances may be vulnerable within a research context. Yet denying or hindering access to participation in the name of justice and protection may ironically create an injustice and harm individuals because research may be beneficial to participants and their communities. (p. 102). The researcher was mindful of this, particularly when she was contacting participants after they had cancelled appointments, as this may have been an indication that they did not want to participate in the study or a reflection of their busy and chaotic lives. To ensure pressure was not being applied the researcher would text participants if they didn't turn up and let them know she was sorry they couldn't make the appointment and ask them to contact her if they wished to reschedule.

Avoidance of Harm: Holland et al (2014) explain a key goal in ethical governance of research is to protect participants and researchers from harm. Harm may consist of physical or emotional harm, including harm of reputation (Hugman, 2010). A particularly important ethical aspect of the Holland et al (2014) study was the need to ensure that interviewees did not become unnecessarily distressed in the interview and that if they did become upset, they should be supported and feel comfortable by the end of the interview. This research study had the same ethical aim. Ethics of care (Tronto, 1994) recognise care as a process that develops between people, rather than a set of tasks, and that care involves the recognition of need in others and responds to it. In order to respond adequately to potential or actual distress, the researcher needed to develop trust through the interview and to recognise and respond to need. In this study, the researcher recognised and responded to need in various ways throughout the interviews. Some participants became emotional and upset when recalling difficult experiences, and the researcher acknowledged how recalling past events was hard, offered comfort, breaks, the opportunity to change subject and in some cases to reschedule the interview. Referral for further services was made for two participants with their consent as the issues they were raising were quite overwhelming, one referral was for the child of a parent participant (the child was self-

harming) and the other for a young person participant in relation to their current drug use, support was available immediately for both. Similar to the Holland et al. study in a few cases, participants' wellbeing was potentially enhanced through their participation in the research, with some participants noting that they felt positive about sharing their experiences and others receiving new services following the researcher's referral or recommendation.

Methodological Limitations of the Study

One limitation of the study may be the sample size i.e. 13 participants. Some might argue that the findings cannot be considered as representative of children and young people affected by parental substance misuse. However, the researcher did not select a methodology that would emphasise representation across a large sample or seek to be representative of the substantive matter. The focus of this research study was to create the opportunity for lived experiences to be explored and to ensure that a voice was given to an almost 'missing' cohort in the research community. Few international studies, and no Irish studies, have focused on young peoples' and parents' perceptions of the issues faced by children and young people affected by parental substance misuse in the context of participation in education and the young peoples' and parents' perceptions of the systems.

The majority of research participants were receiving or had previously received intervention from the family service where the researcher was employed. Thus the interviewer effect or bias may be a relevant factor in terms of limitations. Research has shown that how the interviewee perceives the interviewer can affect their response to a question. Denscombe (2003) suggests 'the answers might match what the interviewee suspects is the researcher's point of view' (p170). This was minimised by asking open questions. Also, given the experience of attempting to recruit participants through other community based organisations one could argue that this acted as an enabler to participation from the so called 'hard to reach' target group.

Chapter 4 Research Findings

Introduction

This chapter details the findings of the research further to the data analysis process as described in Chapter 3. The findings are arranged thematically. Seven main themes were identified for the purpose of this thesis, three of which emerged during both the young peoples' and the parents' interviews; two are young person-specific and two are parent-specific. Detailed discussion of, and recommendations from, the findings will be outlined in chapters 5 and 6. The following are the seven main themes that were identified for the purpose of this thesis:

- 1) The impact of Parental Substance Misuse on the Child's Development and Participation in Education (Young Person and Parent)
- 2) The Parent Child Relationship 'Surviving Adversity' (Young Person and Parent)
- 3) The Primary/Secondary School Clash (Young Person Specific)
- 4) Parents own Experience of Trauma (Parent Specific)
- 5) Fragmented Systems (Young Person and Parent)
- 6) Judgement and Guilt (Parent Specific)
- 7) What Young People 'Seen and Heard' (Young Person Specific)

In relation to the thematic areas that emerged one can see the relevance of the Bronfenbrenner theoretical framework almost immediately. Themes 1, 2, 3, 4, 6 and 7 all originate in the micro system of the individual young people and their parents. However, all of these themes also relate to the mesosystem in terms of the impact of the interaction of these themes within that system. Theme 5 relates specifically to the mesosystem and how those interactions are fragmented and not as effective as they could be. Some of what occurs in relation to theme 3 in the mesosystem is created by what occurs in the exosystem and macrosystems, and the influence this has on integrating services and approaches to substance misusers and their children. Samples of quotes are listed under each theme; themes are presented as they relate to the research objectives. The following table provides a profile for each research participant.

Participant Profile - Young People**Grace**

Grace was 20 at the time of interview she was living with by her parents, who had reared her. Both her parents engaged in heroin and poly drug use for all of her early childhood and through primary school. At the start of secondary school she recalls her ma accessing treatment and becoming stable. Grace witnessed her parent's drug use despite attempts by her parents to hide it. Grace recalls not being called in for dinner, having no lunch for school, having fewer boundaries and missing school because of her parents drug use. Despite this Grace described a very warm and loving relationship with her ma and her appreciation that she remained living with her all her life. She remembers being angry with her da as he was imprisoned as she recalls 'because of the drugs'. Grace recalls primary school as a stress free environment with lots of positive stuff to do. Grace experimented with drugs in her teens but does not use them now. Grace recalls her mental health suffering when she was a teenager. Despite experiencing difficulties in secondary school, Grace felt they didn't help as much as in primary school; she completed school and was attending college at time of interview. Grace describes things as being 'much better' at home now.

Sabrina

Sabrina was 16 at the time of the interview. Sabrina was reared predominantly by her mother until she was 15, she did spend two years living with her Father when she was younger but was delighted to return to living with her mother 's Sabrina's mother engages in heroin, crack cocaine and alcohol misuse. Sabrina's 's fondest memories are of a two year period when her mother was 'clean' (drug free); she thinks she was about 9. Sabrina witnessed her mother's drug use and domestic violence perpetrated on her mother by her mother's boyfriend. Sabrina recalls being hungry, dirty, missing school, emotionally distressed and having to take on additional caring responsibilities for her siblings. Sabrina was moved to Foster care last year when 'she just couldn't take anymore'. Sabrina states that she loves her ma and still has a good relationship with her, she doesn't blame her ma she sees her as a victim. Sabrina was disappointed that she had to move away from her mother she would of preferred to stay living with her and expresses her wish that the Social Work Department 'should of made her ma's boyfriend move out'. . Sabrina loved going to primary school but finds secondary school 'less caring' Sabrina struggled with her mental health during secondary school and recalls self-harming and smoking weed as a way of coping, both behaviours at time of interview had ceased. Sabrina is struggling in 5th year at the moment but has aspirations to go on to college.

Niamh

Niamh was 17 at the time of interview. She was reared by both her parents until they separated when she was about 8. Niamh remained living with her mother until recently when Niamh moved to live with a relative. Over the years there were occasions when Niamh moved out of home she mostly went to stay with her da however there were times she was homeless. Niamh's mother engages in alcohol misuse. Niamh witnessed her mother's alcohol use get progressively worse over the years, she recalls as a 'great time' when her Ma was in AA. Niamh recalls her physical needs being met most of the time except when things got 'really bad'. Niamh recalls the significant emotional impact of her mother's alcohol misuse fighting a lot, stressed out and having to become homeless when she couldn't handle living with her mam anymore. Niamh has self-harmed in the past and currently engages in what she describes as recreational drug use. Niamh enjoyed primary school and unlike the other participants in the study did not experience a significant atmosphere change between primary and secondary school, she finds her secondary school a very supportive environment, she is currently in 5th year and intends on staying in school and progressing to college. Niamh is currently living with a relative and describes her relationship as better with her ma now they are not living together.

Darren

Darren was 16 at time of interview he was reared by both his mother and father; he is currently living at home with his mother as his father is in prison. Both Darren's parents engaged in heroin and poly-drug use. Darren's mother is currently stable on methadone. Darren recalls his physical needs

being met by his ma and granddad. Poor supervision levels and early onset alcohol were recalled as a result of his parent's substance misuse. He recalls acting out in school and thinks this may have been to do with what was going on at home, he felt frustrated at his parents as they weren't as involved as other parents in his school or sport. Darren however describes strong bonds with his parents, siblings and extended family and would not have liked to live anywhere else. Darren found yard, sports, teachers who mess with him and girls all good things about his primary school. Darren struggled whilst in secondary school, he was drinking and using drugs, had started to get involved with the police and didn't like some of the teachers and young people in his secondary school. Darren left school after his Junior Cert and is currently attending an alternative education centre which he enjoys, he is also actively playing and enjoying sport.

Lorraine

Lorraine was 22 at the time of interview; she lived with her parents and grandparents for most of her life. She recalls her grandparents carrying out all the tasks associated with child rearing. She moved out of her grandparents' house with her parents for a period during adolescence. Both her parents engaged in heroin, crack cocaine and poly drug use. She recalls they used drugs chaotically from as far back as she can remember until she was 20. Lorraine recalls being reared by her maternal Grandparents despite living with her parents for most of her life. The impact of her parent's substance misuse was mainly related to the stress and conflict created by them all living in the house together. Lorraine's aunties, uncles and grandparents were frustrated with the substance misuse and this created a very stressful living environment for Lorraine and her sibling's. Lorraine has a strong bond with both her grandparents. Her relationship with her parents has improved since they are both clean but she still holds resentment towards them. Lorraine recalls her father almost dying from a drug overdose and bullying from peers in relation to her parents substance misuse as significant events that impacted her. She recalls primary school as an escape/relief from home and again the change in atmosphere and support levels from primary to secondary school was significant in relation to Lorraine's school experience. Lorraine engaged in weed use during secondary school, at the time of interview Lorraine no longer engaged in this behaviour. Lorraine left school in 5th year and attended an alternative education centre, she was unemployed at time of the interview intending on returning to college.

Ciaran

Ciaran lived with his parents and grandparents for most of his life. He recalls his grandparents carrying out all the tasks associated with child rearing. Ciaran moved into care for a year when he was 14, this was recalled as a difficult time and he spent months living in 'out of hours' accommodation for homeless young people. Both his parents engaged in heroin, crack cocaine and poly drug use. He recalls they misused drugs all of his life until the last year or so. Ciaran recalls being reared by his maternal grandparents; he has a particularly strong bond with his grandad. His parents lived in his grandparents' house for long periods during his childhood. This was recalled as conflictual. Ciaran relates the period he went into state care, problematic drug and alcohol use in his teens and acting out in school and at home to his parent's substance misuse. His mother being in prison on his confirmation is something he finds hard to let go of. Again primary school was described as a nice place to be, secondary was more difficult, he was acting out aggressively and he had also moved into care and homeless accommodation so was not living in the area to attend school. Ciaran eventually left school after 3rd year; he did not attend an alternative education centre and is currently unemployed. His relationship with his nanny and grandad is good and improving with his parents. He uses drugs problematically.

Deborah

Deborah was reared by both her parents and has lived with both of them her whole life. Her mother is a heroin user, who is currently accessing methadone treatment. Deborah recalls being reared

predominantly by her mother. She describes a very close, loving affectionate bond with her mother. She has witnessed her father domestically abusing her mother. Additional caring responsibilities from time to time and emotional distress is how she describes the effect of her mother's substance misuse. She relates her mother's substance misuse to the domestic abuse and is sympathetic to her mother. She recalls her father's abuse as more damaging in the family. Primary school was enjoyed by Deborah, she felt supported there. Secondary school was different; despite being academically very capable she recalls numerous rows with teachers, a lack of understanding towards home issues and ultimately expulsion in 5th year. Deborah attended an alternative education centre and is now employed at managerial level in retail.

Participant Profile – Parents

Sarah

Sarah was living in rental accommodation at the time of interview and parenting her 12 year old daughter. Sarah is a lone parent. Sarah had a long history of heroin, cocaine and alcohol use, she described herself as 'in recovery' during the interview. For Sarah this meant that she was not taking drugs but drinking alcohol occasionally. Sarah described numerous attempts over the years to get clean (drug free), these attempts were almost always motivated by her concern in relation to the impact of her substance misuse on her children. Sarah was attending college; in the final year of her course at the time of the interview.

Deirdre

Deirdre was living in homeless accommodation at the time of interview and parenting her 5 year old daughter. Deirdre is a lone –parent. Deirdre has a history of poly drug use; she described herself as stable at the time of interview. For Deirdre this meant she was taking her methadone and no other drugs. Deirdre was parenting full time at the time of interview with limited family support. Deirdre presented as a committed and insightful parent who worried about the impact of her substance misuse on her child.

Mark

Mark was living with relatives at the time of interview and parenting his 15 year old daughter. The house was overcrowded and quite a stressful environment for Mark and his daughter. Marks other children lived with their mother he had daily contact and significant influence in relation to their rearing. Mark has a history of heroin use and was in prison for a period of time. Mark described himself as 'clean' in the interview, for him this meant drug and alcohol free. Mark was attending a training course at the time of interview and parenting his children also. Marks desire to do right by his children and make up for lost time was overwhelming.

John

John was living in rental accommodation at the time of the interview and parenting his 3 children alone. John has a history of heroin use. John describes himself as 'in recovery', for him this was drug free but drinking alcohol recreationally. John was separated from the children's mother approximately 7 years, the children's mother was actively using drugs at the time of the interview; the impact of this on his children was a huge concern for John. John was working full time whilst parenting, this was challenging but possible due to good family support. John's aspirations for his children were strongly communicated through his interview.

Robbie

Robbie was living in rented accommodation at the time of interview. Robbie's 3 children were not living with him; they were living with their mother in homeless accommodation. Robbie and the children's mother had separated 4 years previously. Robbie has regular access with all his children, they often moved in with him for periods of time. Robbie has a history of heroin and poly drug use

and was actively using drugs at the time of the interview. Robbie was unemployed at the time of the interview. Robbie presented with significant insight, he was clear that his drug use had affected his children he was particularly concerned about one of his sons.

Mary

Mary was living in rental accommodation with her partner and their two year old child. Mary has an older daughter who lives with Mary's mother. She maintains a relationship with her older daughter. Mary had a long history of heroin and cocaine use. Mary was actively using crack cocaine at the time of the interview. Mary presented as struggling to cope at the time of the interview and feeling under pressure from statutory services, mainly social work. Mary's partner was described as a protective factor although he had a history of drug use, he was described by Mary as stable, this meant only taking his methadone.

The Themes Identified in Relation to Research Objective 1A and 1B

.Research Objective 1A.

To examine young people' affected by parental substance misuse experiences of the family, school and social services systems they interact with

Research Objective 1B

To examine parents who are substance misusers' experiences of the family, school and social services systems they interact with

The Themes Identified in Relation to Research Objective 1A and 1B:

- 1) The impact of Parental Substance Misuse on the Child's Development and Participation in Education
- 2) The Parent Child Relationship 'Surviving Adversity'
- 3) The Primary/Secondary School Clash (Young Person Specific)
- 4) Parents own Experience of Trauma (Parent Specific)
- 5) Judgement and Guilt (Parent Specific)
- 6) What Young People Seen and Heard (Young Person Specific)

1. The Impact of Parental Substance Misuse on the Child's Development and Participation in Education (Parent and Young Person Responses)

1.1 Parental substance misuse impacts children's physical needs

In relation to experiences within the family system young people and parents detail accounts of omissions of physical care. Young people recall not being fed properly, being dirty, wearing old clothes, inappropriate supervision levels and spending a lot of time in unsuitable environments. Parents describe their children being taken into care due to unmet care needs, family separation, money problems, unstable home environments, homelessness and ineffective parenting.

Young Person Responses

'I wasn't as clean as other kids...no lunch made for school...no boundaries, done what I wanted I wasn't called in for dinner or bed sometimes once I was out of their faces' (Grace-Young Person)

‘I wasn’t clean, I had old clothes, and I always felt other kids were looking at me, I never had any lunch.... I was allowed stay out late at night’ (Sabrina, Young Person)

‘We were always clean and me ma always made dinners but we were brought to the pub a lot.....she never had any money and there was a lot of boyfriends...but when things got very bad there was nothing , no dinners, no washing done, no furniture’ (Niamh, Young Person)

‘Dinners and day to day caring was done by me nanny and aunties...they (parents) just stayed in the locked room’ (Ciaran, Young Person)

Parent Responses

‘One of my daughters was taking into care they said there was care issues...another was drinking too young’ (Sarah, Parent)

‘the kids were born addicts...they went through a lot that’s why I had to get clean and leave that house with them....when I was at work the kids would sometimes be left on their own when she went to get drugs , the neighbours often fed them. I would find crack pipes in the house...I eventually had to leave work and sort things ‘(John, Parent)

‘family separation...a lot of moving houses..their between homeless accommodation with their ma and my flat at the moment but I think they were always fed and dressed and got bought stuff’ (Robbie, Parent)

1.2 Parental substance misuse impacts children’s educational needs being met

Young people and parents detail frankly how the parental substance misuse impacted the children’s’ and young peoples’ participation in school. Young people recalled missing days, being late, not doing homework, lashing out in school, being bullied because your parents were on drugs, lack of concentration and attention-seeking behaviour at school. Parents recalled feeling judged by school, thus avoiding school meetings and events, not being in touch with the school enough because of the drugs, and at times being unable mentally to help with school work.

Young Person Responses

‘I missed a lot of school, I was always late, I could stay off if I wanted to, rules and boundaries in school were very hard for me’ (Grace, Young Person)

‘I missed days... late a lot..... allowed stay off ...didn’t do homework’ (Sabrina, Young Person)

‘they (parents) didn’t know I couldn’t read, I acted out in school a lot sometimes I think this was to do with what was going on at home’ (Darren, Young Person)

‘I was mad in school; I got in trouble a lot... I think I was very confused...I missed a lot of days’ (Ciaran, Young Person)

‘Lashing out in school... if I had a bad morning at home you’re not going to take crap off anyone after that’ (Deborah, Young Person)

Parent Responses

‘She’s missed school because of it (the drug use)’ (Deirdre, Parent)

‘Kids struggling to concentrate in school, looking for attention.... Me daughter and me are sleeping in a sitting room because of drugs, she has to wait til 1.00am to go to bed and be up for school the next day, she’s great she does it’(Mark, Parent)

‘ I would of been more in touch with schools (had I not been on drugs) , I should have been more on top of it...yeah they missed days off schools sometimes because of late nights or we just wouldn’t be motivated our priorities were out of sync’(Robbie, Parent)

‘Times she wanted help with homework and I wasn’t mentality there to help...school attendance was a problem but I got on top of that with support’ (Mary, Parent)

1.3 Housing Instability/Homelessness

Young Person Responses

‘I was homeless for a while when things got really bad with my ma and I couldn’t stay with my da, I went to the hostels in town it was only for a few weeks’ (Niamh, Young Person)

‘I lived in the hostels around town for a good few months then I was allowed back to me nanny’s, I didn’t go to school for the whole time I was in town’ (Ciaran, Young Person)

Parent Responses

‘I’m renting at the moment but I don’t trust the landlord he keeps hinting about selling the house, I’m worried about becoming homeless’ (Sarah, Parent)

‘I’m in the homeless accommodation, I’m based in town and she’s in school out here, it’s a nightmare’ (Deirdre, Parent)

‘I’m sleeping on my mother’s couch with my daughter, it’s terrible on her she has to stay up til 1 in the morning until everyone goes to bed before she can go asleep, then she’s up for school I’m trying to get somewhere’ (Mark, Parent)

‘The house is the biggest problem for us, its basic you need somewhere to live, the landlord gave me notice said he’s selling, I don’t know what I’m going to do there all in school here’ (John, Parent)

1.4 Parental substance misuse impacts young people’s emotional needs being met

Young People and parents detail the impact of parental substance misuse on emotional development. Young people recall conflict in the home and covering up what was going on, lack of parent availability, feelings of anger, embarrassment, hurt and acting out in different ways, including aggressively, self-harming and using drugs. Parents recall their children witnessing conflict in the home, family breakdown, being unavailable due to drug use or drug withdrawal and their children worrying.

Young Person Responses

‘I had arguments with my ma all the timestressed all the time....I was hiding all the stuff that was going on at home...I ended up cutting meself in secondary school... I was very emotional’ (Sabrina, Young Person)

‘I was embarrassed by her drinking and tapping...my brother lashed out I cut meself, she always had boyfriends’ (Niamh, Young Person)

‘they didn’t turn up to my matches, last year was the first time they did I wanted them to be more involved, this annoyed me’ (Darren, Young Person)

‘I worried a lot about my younger sister....I was embarrassed by them (parents)...she ruined my communion I was very upset when I caught her using... stress in the house all the time you’re messed up as a teenager anyway you don’t need that’(Lorraine, Young Person)

‘there was so much conflict and anger, I think this made me aggressive and angry, I was confused a lot about what was going on’ (Ciaran, Young Person)

Parent Responses

‘if I needed to use I would try put her away from me, pushing her away when I was sick that was the worst I done’(Deirdre, Parent)

‘family break up, the madness they witnessed between me and their mother...if I was working all week and taking methadone at the weekend I wasn’t as available as I should of

been, you're shut off on methadone... They're still watching their mother dying from drugs....my daughter self-harms' (John, Parent)

'I wasn't tuned in to their emotions, I wasn't aware of the things I wasn't doing, I got frustrated real easy when they wouldn't behave if I wasn't alert or awake...when I was sick I would close myself away from them'(Robbie, Parent)

'not being available in the evening I'd need to use and she'd want me, I tried to be open with her as much as I could when she got a bit older but I think it worried her, she's a worrier, I think it affected her social skills'(Mary, Parent)

1.5 Parental Substance Misuse Contributed to Additional Caring Responsibilities for Some Young People

Some of the young people (3 of the 7) and some of the parents (4 of the 6) recall additional caring responsibilities for the young people. One young person recalls caring for her siblings all the time and carrying out all the caring to the extent she states 'I never got a childhood'. The other accounts recall additional duties for siblings, often when things were 'bad'.

Young Person Responses

'I was kid's carers...bathing them, dressing them, feeding them.... Dropping and collecting them from school..... Minding them and letting them sleep with me.....I miss themI never got to have a childhood' (Sabrina, Young Person)

'I moved out of me nanny's in secondary school when my ma and da left with me little sister cos she is saying stuff to me that is setting off alarm bells she tells me my da was taking tablets and scolds me ma, I went to the social worker and tell them they do nothing so I move in to protect her (little sister) (Lorraine, Young Person)

'when me ma went through bad patches I had more responsibilities, getting younger sister ready bringing her to school, that made me feel she was changing'(Deborah, Young Person)

Parent Responses

'one of my biggest regrets is the extra responsibilities my eldest daughter had to take on' (Sarah, Parent)

'the two eldest help out a lot (daughter) is the mammy of the house' (John, Parent)

'She keeps an eye out for her little brother, she's attentive like that' (Robbie, Parent)

'I worry about me eldest she takes on a lot looking after the younger ones' (Mark, Parent)

1.6 Parental Imprisonment Prevalent

Four of the seven young people had experience of their parent being in prison. Three of the 6 parents spent time in prison whilst being a parent - they recall missing their children and worrying about them.

Young Person Responses

‘me da was in prison for a few years when I was younger I was angry at him over that’ (Grace, Young Person)

‘me das locked up, I don’t want to go up the prison cos I hate when they search ye’ (Darren, Young Person)

‘They were both locked up on an off over the years, they missed my confirmation’ (Lorraine, Young Person)

‘they’d go missing and you’d find out after they were locked up, it didn’t bother me that much cos I had me nanny’ (Ciaran, Young Person)

Parent Responses

‘I was locked up a good few times for a few weeks at a time’ (Sarah, Parent)

‘when I got out of prison she was 6 months old I always felt there was a little gap between us’ (Mark, Parent)

‘I was in and out of prison a bit, they knew sometimes that I was locked up and I think they worried...I’d know by them when I’d talk on the phone to them’ (Robbie, Parent)

2. The Parent Child Relationship ‘Surviving Adversity (Parent and Young Person Responses)’

2.1 Parent Child Relationships

Young people and parents detail accounts of strong loving relationships between parents and children. Five of the seven young people describe very strong bonds with their parents - love, affectionate and care for their parent/s came across strongly from these young people in the interviews. All of the parents described an overwhelming love for their children and a huge amount of pride.

Young Person Responses

‘My relationship with my ma was great... not good with my da, I was angry at him for not being there (in prison).... My ma made the home lovely and cosy. Done dinners, she done

her best, she was real good, she was happy I was happy...in secondary school I'm more annoyed and angry but she starts to get clean' (Grace, Young Person)

'thought the world of my ma, her fella was just in the background..my ma was great me and my ma get along she has a great personality she's so funny....I loved her she always gave me hugs and kisses when she wasn't out of it.... Secondary still got on with her even though we had fights, her fella would hit me, call me names, blackmail me' (Sabrina, Young Person)

'relationship early on v good with them both until they split up at my communion, didn't see my da as much..... had a few rows w/ my ma in primary school, my ma sent my brother, to live w/ my da I felt I was the favoured one... secondary fighting a lot, tried counselling an all.'(Niamh, Young Person)

'I was loved and cared for by my ma, this was normal' (Darren, Young Person)

"I was very close to my ma, her drug use didn't cause as much of an issue as you'd think, my da's screaming and shouting had more of a negative impact on me (he didn't use gear) my ma was softer and calmer' (Deborah, Young Person)

Parent Responses

'I love her to bits but I have a lot of guilt..Her behaviour is tough at times. I'm very protective of her..I'm always affectionate with her' (Deirdre, Parent)

'I have a great relationship with the boys even when I was using, they were well dressed, in on time, never hit...I'm delighted to have me daughter back living with me' (Mark, Parent)

'when he (son) was born I went to a clinic (for methadone treatment) immediately my frame of mind changed, I had a battle on with the drugs but I knew I had to protect him' (John, Parent)

'my relationship with my oldest son is turbulent, I love him but I worry about him, I find it hard to punish him because I feel it's my fault....the other two I have a very strong relationship with ,they stay with me regularly it's changing a bit as they get older'(Robbie, Parent)

'with my oldest daughter it was like a friendship, she was a delight to bring up, we slept in the same room until she was 11..we have a great bond but I know they've missed out'. (Mary, Parent)

2.2 The Want and Appreciation of Parental Rearing and Parents Fight to Rear and Protect their Kids

Five of the seven young people detailed positive experiences of parental care and rearing, the two young people living with Grandparents described this care and rearing as tasks carried out by their Grandparents. Parents overwhelmingly detail their desire to care for and rear their children. 'Fighting' for their kids seems to be the common thread.

Young Person Responses

'I loved my ma when I was younger, she made the home lovely and cosy, done dinners she done her best ...she was real goodshe was happy and I was happy' (Grace, Young Person)

'me ma and grandda made dinners, got us up for school, washed us, gave us clean clothes...I was loved and cared for by me ma this was normal, I liked living at home' (Darren, Young Person)

'my ma was always fresh and clean never asleep on the sofa, she done everything like a normal ma, dinners, school and discipline...she kept it all going'(Deborah, Young Person)

Parent Responses

'I reared the kids until (year) the social workers took my youngest because there was care issues the other 3 went to family, I fought to get them back there back with me now' (Sarah, Parent)

'I walked away from the kids mother and home so I could protect them, I brought them with me, I left with the baby first, my son, came next but I had to fight hard for my daughter' (John, Parent)

'when I got clean, I realised the kids were at risk and that everything they went through was affecting them, I knew things had gone wrong, I started pushing hard in the school and the social work department to get them help...they didn't listen to me, I wanted things to be better for the kids but I think they just thought I was a bitter ex' (Robbie, Parent)

'since I had my second child it's been a fight to hang on to them. .from the time they (social work) got involved I was terrified because I felt it was all about taking me unborn child' (Mary, Parent)

2.3 Extended Family Care Valued

5 young people and 5 parents detail varying levels of extended family support from Grandparents rearing children from birth to short periods of extended family care. In general, this support was appreciated and valued as the next best place for care. However, it was not without its challenges.

Young Person Responses

‘My ma’s and das sisters gave support at different times over the years, they used to come up and make sure I was fed and all’ (Sabrina, Young Person)

‘nanny and granda reared me even though me ma and da lived with us’ (Lorraine, Young Person)

‘nanny took me from the hospital or I was going into care, only for her’ (Ciaran, Young Person)

Parent Responses

‘I reared the kids until (year) the social workers intervened and took my youngest because there was care issues the other 3 went to family...before that I was in and out of treatment for years(about 10 times) family minded the kids’(Sarah, Parent)

‘back living in my mas with me daughter, I’ve nowhere else to go’ (Mark, Parent)

‘I couldn’t of done this on my own, both families and services helped rear them’ (John, Parent)

3. Primary and Post Primary School Clashes (Young Person only Responses)

3.1 Primary School: ‘The Great Escape’

6 of the 7 young people recall primary school positively; it seems it was an ‘escape’ or ‘break’ from home. 4 of these young people attended the same primary school; the atmosphere described in this school is significant to the young peoples’ experiences.

‘I liked a lot about school, no stress worry it was easy compared to home, no arguments, nice people, nice environment, no blocks from rooms....I love maths and English....I went there to play with my friends’ (Grace, Young Person)

‘the two primary schools were nice places, I liked that I didn’t have to worry, I got to be a kid cos at home I would worry about things like no food’ (Sabrina, Young Person)

‘I loved it, it was an escape from the house, not having to worry, a break’ (Niamh, Young Person)

‘primary was a relief from the arguing, good primary school, lovely friends, great memories’ (Lorraine, Young Person)

‘yeah enjoyed primary school, loved after schools’ (Deborah, Young Person)

3.2 Post Primary School - No Longer a Place of Refuge

Most of the young people recall a considerable change in school experience from primary to secondary school. School was no longer a place of refuge. Young people recall being treated the same as other students who didn’t have their ‘shit’ (difficulties at home). The four young people quoted above, who attended the same primary school, transferred to the same secondary school and experienced a significant change in school atmosphere.

‘I knew when I left home I was going in there for another argument, I loved primary, hated secondary’ (Grace, Young Person)

‘Still liked the break a bit but burden got too much, so I hated going to school..... treated the same as kids without the shit I had’ (Sabrina, Young Person)

‘No leeway..... no understanding towards your issues’ (Lorraine, Young Person)

‘I felt they weren’t as approachable as they were in primary school, I felt at the start they supported me but then gave up on me’ (Deborah, Young Person)

3.3 More to Like than Dislike in Primary School

Young people had memories of liking lots of things in , aspects of, primary school including, subjects, yard, sports, drama, art, friends, teachers and school staff and after schools. There were noticeably less dislikes in primary school - those that featured included subjects and areas they struggled in, missing school, bullying from other kids, scary teachers and some discipline strategies. Three young people could not recall anything they disliked about primary school.

Primary School Likes

‘I like not feeling odd...not getting in trouble for no uniform...no stress or worry...easy in comparison to being at home, no shit’(Grace, Young Person)

'I liked not having to worry, a break...my favourite teacher, sport, I was always very happy in primary school' (Niamh, Young Person)

'yard, sports, teachers who mess with me...I like being in school with girls they keep me calm' (Darren, Young Person)

'yard, bit of crack, teachers ok, geography, history' (Ciaran, Young Person)

Primary School Dislikes

'I wasn't sent a lot-until I got a child welfare worker' (Grace, Young Person)

'I couldn't read and spell, couldn't do homework' (Darren, Young Person)

'bullying and scary teachers' (Lorraine, Young Person)

'5th and 6th class exclusion from yard, arguing with kids I was head strong, reputation of my cousins affected me in school.....teachers who didn't get us'(Deborah, Young Person)

3.4 Less to Like at Post Primary School

Young people detailed what they liked about secondary school; friends and the social element of school, behaviour support class, and certain subjects very much depended on the relationship with the teacher. The dislikes in secondary school again centre on relationships with teachers, the school not understanding what was going on at home or 'not caring'.

Post Primary School Likes

'The behaviour support class, breakfast club, certain teachers...I love English, Maths 1-3 (then teacher changed)' (Grace, Young Person)

'good laugh, sport, football, I liked mostly male teachers, they figured out how bad my dyslexia was before that I would just act out when I couldn't do work' (Darren, Young Person)

'P.E, music, teachers I get on with' (Lorraine, Young Person)

'some teachers and music' (Ciaran, Young Person)

'''I love English and history cos I loved that teacher. I done honours maths used to love it until the teacher changed then I hated it yet I'm very good at maths in my job.'(Deborah, Young Person)

Post Primary School Dislikes

'teachers not nice, I always knew I wanted to be something but no exceptions were made for your home stuff. School isn't an escape from the stress anymore.....if I hadn't any problems I could of got a's, I was brainy' (Sabrina, Young Person)

‘women teachers, long day, my behaviour was very bad, suspended on first day it took two weeks for my ma to go the school and sort it, school doesn’t call out and sort it either.... I’m doing drugs, a lot of arguments with lads and teachers I choke a teacher..... the principal told me not to come back made a show of me in front of people, I was embarrassed by it’ (Darren, Young Person)

‘home is affecting me, I’m acting mad like thinking I’m supposed to, I don’t like some of the teachers, I told them teachers to fuck off, one teacher went out of her way to do awful things to me all because I missed school for two weeks she got rid of me....LCA, the attendance was a problem for me’ (Lorraine, Young Person)

3.5 Conflict Regarding Privacy ‘Knowing to Help Rather than Knowing for the Sake of Knowing’

Young people were conflicted about the school knowing of their parent’s substance misuse. There is a concern about how sensitively the information will be treated, will it be used against the young person, or will the school think the young person is using it as ‘an excuse’. Young people worried about being embarrassed or bullied about their parents’ substance misuse.

‘I don’t want them to know too much about me, nosey parkers everyone in the office, I did and I didn’t want them to know I was always worried about what would happen.....councillor supported me; I had a problem with everyone knowing’ (Sabrina, Young Person)

‘In primary he knew I didn’t want others to know in case they thought it was an excuse, I think secondary knew (about them being on drugs) but it wasn’t discussed, I think I would of liking them to say it to me cos I was going on mental’ (Darren, Young Person)

‘Secondary -yeah I wanted them to know if they were going to be understanding towards your behaviour and circumstances...but they weren’t, iffy telling councillor stuff’(Lorraine, Young Person)

‘yes they knew I wouldn’t want them to talk about it at random, wanted them to understand not question me, don’t ask me in front of other people that’s knowing for the sake of knowing there’s a time and a place, don’t embarrass...be private, a regular check in would help knowing to help rather than knowing for the sake of knowing’ (Deborah, Young Person)

4. Parents Own Experience of Trauma (Parent Only Responses)

All 6 parents recall experiencing abuse as a child or in an intimate relationship. The parents identify a link between their experiences of abuse and their subsequent addiction.

‘I was late starting on drugs , my husband was beating me ,I lost my job and I think I had a breakdown , I just cracked up started partying then got introduced to crack and heroin’(Sarah, Parent)

‘my ma died when I was small and my da wasn’t around, I was abused by someone who was supposed to be looking after me’ ((Deirdre, Parent)

‘me ma and da had problems with drink, a lot of trauma in the house me da used to kill us, I trivialised what happened to us as kids’ (Mark, Parent)

‘I was physically abused by my da, there was alcohol everywhere that was just the times, I choose not to be like that to my kids no way in the world would I treat them like that...I look at my kids and I think they won’t pass on abuse to their kids cos I took it and witnessed it but they won’t’ (John, Parent)

‘it was an ok house to grow up in...my Da was hard, old school, he bet us, we never discussed it with him even now we don’t’ (Robbie, Parent)

‘I was raped more than once as a child’ (Mary, Parent)

6. Judgement and Guilt (Parent Only Responses)

All of the parents express feeling guilty in relation to their addiction and the potential negative impact it has on their children. Some of the parents feel judged by schools and services because of their addiction. Judgement and guilt can become entangled.

‘I don’t like the school, they judge me, look down on me even though I’m off drugs now, I avoid them at all costs I go the meetings that I have to..but everything else I would go to if I felt part of it’ (Sarah, Parent)

‘sometimes I felt judged definitely in the homeless services, at the school I thought the teacher was judging me, when I had a meeting with her and me worker I said it to her that I

felt she was turning away from me a lot when I was collecting me daughter she apologised and explained how busy she is at this time, I felt better after that' (Deirdre, Parent)

'I told the school (about the drugs) cos I' m feeling guilty that mine and their mas shit shouldn't be affecting the kids, I want the school to understand where the kids are at, I don't mind them knowing if it helps the kids...one of the schools offended me when I told them the situation we all have our obstacles to overcome this was ours, I wanted them to see that in spite of the problems me daughter was doing well' (Mark, Parent)

'from an addicts point of view when you're on drugs and you're a parent there is first off an automatic guilt and you can be treated like a second class citizen but sometimes it's in your head that your being treated like that cos you're so guilty'(John, Parent)

'When I got clean for a while I knew there was problems they (social workers, school) wouldn't listen to me...I think they thought I was a jealous ex..My history of addiction didn't help they were judging me based on this' (Robbie, Parent)

7. What Young People 'Seen and Heard' (Young Person Only Response)

7.1 Witnessing Drug Use and Drug Behaviour

All of the young people witnessed their parents engaging in some drug or alcohol related behaviours - for example goofing off, smoking gear, drinking regularly in the house, seeing drug paraphernalia around the house and conversations about drugs. 'I was banned from the sitting room, my ma tried her best to hide it from me but there's loads of conversations (about drugs) around me' (Grace, Young Person)'during the bad times she would be goofing off, needles all over the house' (Sabrina, Young Person)'brought to the pub afterschool... drinking in the house... 5 nagens a day now just to be normal' (Niamh, Young Person)' they always used in the locked room but they were always on it.....my mas friend smoked gear in front of me in a car outside a drug centre'(Ciaran, Young Person)

7.2 Conversations about Drugs and Alcohol

5 of the young people recalled conversations with their parents about their drug use. It seemed to help young people to talk to their parents about the substance misuse, particularly if they felt they understood why their parent was using.

'I know my ma wants better for herself, we talked about this' (Grace, Young Person)

'I used to run amuck at me ma why are you drinking; they would blackmail me saying the kids would get taking off us if I ratted' (Sabrina, Young Person)

'I went to joint counselling to discuss her drinking and the problems, stopped that when she wouldn't stop drinking' (Niamh, Young Person)

'I told them I wanted them clean they said it wasn't that easy' (Darren, Young Person)

'the explanations were giving to me in a kid friendly way, I know why she was doing it she used it to cope with me das abuse, I knew it wasn't to be discussed with him' (Deborah, Young Person)

7.3 Memories of Rehab and Relapse

Young people recall periods where their parents are 'clean', 'sober' or 'doing well', usually this is remembered as a good period in the young person's life with the exception of the irritation reported by young people when their parents are getting clean and often parents attempt to implement more rules and boundaries when they are clean. Relapse is recalled as a time when they are disappointed and angry at their parents.

'When I'm in secondary they both try to get clean, there both stable now on methadone ...they start trying to care more, more boundaries....'(Grace, Young Person)

'I remember my ma being clean for about a year and a half this was a great time, after that she went back using but she would be ok sometime on methadone, then at Christmas one year she starts drinking and didn't stop, I blamed her fella..... I think now that she was substituting one addiction for the other.....she's doing much harder drugs now crack, tablets and all' (Sabrina, Young Person)

'she was in aa for a year that was a great year, now she needs 5 nagens a day to be sober' (Niamh, Young Person)

' they never got clean when we were kids, they're both clean now though.....when I had a child she knew I wouldn't let her see my child unless she was clean, I think this made her'(Lorraine, Young Person)

7.4 Family arguments/conflict prevalent

All of the young people recall family arguments or conflict related to their parent's drug or alcohol misuse.

'a lot of arguments in house especially with my da' (Grace, Young Person)

'my ma and da were very angry and hot tempered, fighting all the time, scolding each other, social worker came down nothing done about it'(Lorraine, Young Person)

'They weren't supposed to be there(in the house) but nanny didn't know what to do led to a lot of fights in the house with aunties and uncles, so much stress in the house'(Ciaran)

'My ma told my da for help but he used it as a reason to abuse her, the arguments affected me I was going through puberty there was a lot of rows and the drugs were being blamed, he had a very bad temper' (Deborah, Young Person)

Themes Identified in Relation to Research Objective 2

Research Objective 2

To examine the interaction between these systems to facilitate participation in education and the implications for policy and practice

Themes Identified in Relation to Research Objective 2:

5. Fragmented Systems(Parent and Young Person Responses)

5.1 Young People and their Families Engaged with Multiple Services

All young people and parents detail multiple services they and their families engaged with over the years.

Young Person Responses

'I went the clinic on Ballyfermot road (CAMHS) school recommended it, I got medication, I went to Stillorgan about my dyslexia. In primary school I did football and went the dinner club and the running club. In secondary school I went to counselling bout my anger...my brother and me were involved with the police, me brother, sister and me were in the clinic my ma and da were in drugs services and we went the base as well. (Child welfare worker) is involved lately' (Darren, Young Person)

'speech and language appointments when I'm younger, social worker as I'm in foster care since I'm a baby long gaps without seeing or having a social worker, Familiscope and the

equine. In primary I go to homework clubs.....nanny's supposed to have a social worker , never there, Familiscope support her'(Lorraine, Young Person)

'CAMHS I was on medication... every time I threw a chair or something in school they would ring my nanny get her to bring me there(CAMHS) but they never came with me ,I was supposed to have a social worker as well. In primary school I went the homework and after school's club. Me nanny had a social worker but never seen her, nanny had Familiscope.' (Ciaran, Young Person)

'CAMHS, I think over my anger. I went to Familiscope liked the groups cos they made me feel like I wasn't the only one with issues, we all had, the equine. In primary I went the after school's clubs...my brothers went to CAMHS and were in trouble with the police' (Deborah, Young Person)

Parent Responses

'speech and language for my daughter, psychologist and the assessment of need service, family support worker, social worker, focus Ireland worker, the clinic(drugs service), I went to parenting programmes too'(Deirdre, Parent)

Assessments for (oldest son) by psychologist, family support workers, the base, counsellors in the school,clinic,social worker, pieta house, life centre, carline centre, schools'(Robbie, Parent)

'drugs services, advance, jobs club, speech and language, CAMHS, school, assessments for school by psychologist, Familiscope...later on social work' (Mary, Parent)

5.2 System of Care Approach absent in Schools and Services

Young people and parents detail very vividly the range of services they were engaging with for support. Although there is acknowledgement of the support and help some services provided, without a doubt the most significant theme emerging from this section of the interviews was the fragmented nature of service provision experienced by the majority of the participants.

Young Person Responses

' social work appointments with my ma over the years, I think the school knew but there was no meetings between them and us together, CAMHS appointments, school didn't come to them don't know if they knew, then I had to go to Pieta House . I went the Child and Family Centre for children and parents to show the kids the addiction is not their fault, I

liked that me ma was with me there. School didn't know I was there either. Then I went a drugs counsellor they didn't know about that either at the start'. (Niamh, Young Person)

'speech and language appointments when I'm younger, no memory of meetings between school and services, social worker as I'm in foster care since a baby long gaps without seeing or having a social worker, no memory of her attending meetings in school' (Lorraine, Young Person)

'every time I threw a chair or something the school would ring me nanny gets her to bring me to CAMHS but they never came...I had a social worker but there were no group meetings.... I was supposed to get an educational assessment ordered by the social workers they never did it until I was 17 and a half just before I was leaving care, it was meant to be done years before that, they only done it to tick a box, I found out at that I had dyslexia that would of made a big difference to me earlier' (Ciaran, Young Person)

'CAMHS appointments, school referred me but they never met together my brothers went to CAMHS and were in trouble with the police- I don't know if my school knew this cos I don't remember any links between them' (Deborah, Young Person)

'It seems nobody knows what anyone else is doing, I sit down with everyone separately, a lot of appointments, too many, I avoid meetings sometimes....if all professionals are looking at her in a different light...maybe together they can see things differently' (Sarah)

Parent Responses

'services never came around the table and met before now, I had to repeat my story every fucking time...nobody knew what anyone was doing. I sometimes didn't know why I was at appointments. I'm not saying people aren't good everyone is doing their jobs properly but instead of everything being all over the place people could come together to help.....I have so many appointments to keep its fulltime nearly especially when you're homeless because you have to get buses from town to everywhere' (Deirdre, Parent)

'I got great support from services over the years with the kidsI'm at the state of being genuinely physically affected from all the appointments and dealings with services (refers to Dublin city council a lot in this section)...they knock me off the housing list 6 times, give me the same paperwork to fill in over and over...I'm often at meetings appointments twice a day...when things were very bad in the house the council didn't care about the kid's welfare only the rent' (John, Parent)

5.3 Lead Practitioner Role Enhances Coordination and Communication

(Given how access was achieved, for the young people involved in this research, this practitioner tended to be a Child Welfare Worker, or an employee on the Child Welfare Programme in Familiscope (2006-2014 and now Familibase (2014 onwards)).

Young Person Responses

All of the young people and some of the parents describe the lead practitioner as someone who is bringing services together; communicating with other services on behalf of the family - this is generally welcomed.

‘The Familiscope Child Welfare Worker is organising all the support for meschool know about all the services I’m in cos Familiscope talk to the school...it helps school understand me especially in 5th and 6th year when she (CWW) mediates between me and the school’ (Grace, Young Person)

‘child welfare worker would contact school a lot ‘sometimes I didn’t like them (school) ringing my child welfare worker, in the end it was a good thing somebody looking out for me’ (Sabrina, Young Person)

‘when I was about 15 I got a CWW, she talked to the school about everything, they know it all now’ (Niamh, Young Person)

‘When Familiscope got involved they tried to engage w/school a lot, school not bothered.....social workers don’t come back on the scene until Familiscope get involved they report my ma about my sister’ (Lorraine, Young Person)

‘Familiscope tried to help me a good bit she (CWW) would always be in touch with me about school and the school about me, when I left she got me into another project an all’(Ciaran, Young Person)

Parent Responses

‘social worker doesn’t bring everyone together; CWW was the first person to do that’ (Deirdre, Parent)

‘Familibase do the talking to the school’ (Mark, Parent)

‘The only way I could get CAMHS and the school to talk was through my worker’ (Mary, Parent))

5.4 Outreach Approaches

All of the young people acknowledge benefits to outreach work. They were usually describing home visiting and, interestingly, most of the young people describe one of the

benefits as the service getting a better picture. Parents too described the benefits of services home visiting - how the services are in your home and the purposes of the visit are more relevant for parents.

Young Person Responses

'home school teacher calls a bit, child welfare worker calls all the time I don't mind people calling it give my ma the push she needs' (Grace, Young Person))

"Familiars call all the time, social work a bit, school don't call, people calling to your house makes you know people care, gives them a better sense of what's going on'(Niamh, Young Person)

'sometimes the school called, I don't like people calling, it's my house'. When asked in relation to his experience of the Child Welfare Worker who is currently outreaching to his home he reports, 'she's different'. When asked how 'she's normal, not snobby' (Darren, Young Person)

'Familiroscope always called, me nanny loved the worker, she was sound' (Ciaran, Young Person)

Parent Responses

'delighted for people to call to my home as they expect nothing cos I was on drugs, I think they expect dirt, I'm proud of me home, they should respect that it's your home' (Sarah , Parent))

'when home school called out I was like what the fuck are you knocking for but then I got used to it, when others start calling I felt me life was an open book (social worker)called one time and said I can smell cigarettes ..it is intrusive but helpful I suppose...how they are in your house matters' (Deirdre, Parent))

'apprehensive when school called it was usually cos there was a problem, it got easier as time went by with Familiroscope I liked it cos it was practical support this was the help I needed the minute I woke up I needed medication (phy) so having someone to help was a godsend, they were casual not all by the book' (Mary, Parent)

5.5 Unhidden Harm

All of the young people recall the school, or a staff member in the school, knowing of their parent's addiction. All of the parents recall that the school knew of their addiction. Some participants described being supported in this; some did not experience support; whilst others recall no conversation at all in relation to the addiction.

Young Person Responses

'Primary school knew...secondary knew' (Grace, Young Person)

'principal went up against me ma in court so they knew...yeah secondary knew' (Sabrina, Young Person)

'yeah they found out when I moved to my das' (Niamh, Young Person)

'one person definitely did anyway; they must of all known by the look of me ma and da but secondary never discussed it with me' (Darren, Young Person)

'yes both schools knew' (Lorraine, Young Person)

'they must have known' (Ciaran, Young Person)

'yes but I wouldn't want to talk about it at random' (Deborah, Young Person)

Parent Responses

'yes they know but don't discuss it with me' (Sarah, Parent)

'I told the teacher cos she was nice and I wanted her to understand if (daughter) was late or missing days' (Deirdre, Parent)

'yeah they know but aren't supportive of the kids, it makes no difference' (Mark, Parent)

'school knew and gave me good support' (John, Parent)

'yeah they knew but didn't do enough, the school should be the first place responding to a child's problems they know if the child has a problem' (Robbie, Parent)

'I believe it was common knowledge at the school but no one ever came straight out and said it to me' (Mary, Parent)

Chapter 5 Discussion

This research aimed to a) examine the perceptions of a sample of young people who have experienced parental substance misuse of the issues faced by them in the context of child/youth development and participation in education and b) examine the perceptions of a sample of parents with experience of substance misuse of the issues faced by their children /in the context of child/youth development and participation in education. Five main findings have been distilled from the thematic areas in Chapter 4 and these will be discussed here and the implications of each finding for policy and research will be outlined. Research objective 1A was to examine young people' affected by parental substance misuse experiences of the family ,school and social service systems they interact with; this objective was realised through main finding 1,2 , 3 and 4 outlined in detail in this chapter. Research objective 1B was to examine parents who are substance misusers' experiences of the family, school and social services systems they interact with; this objective was realised through main finding 1, 2 and 3 outlined in detail in this chapter. Thesecond researchobjective was to examine the interaction between these systems to facilitate participation in education for children affected by parental substance misuse and the implications for policy and practice this was realised through main finding 5, outlined in detail in this chapter. The findings are presented in relation to Bronfenbrenner's theoretical framework.

Main Finding 1 emerges at the Microsystem Level:Unmet Emotional Care Needs Impact on Participation in Education

The Following are the Key Themes Emerging from Main Finding 1

- Additional caring responsibilities for young people were common
- All of the young people and all of the parents recall unmet emotional care needs
- Parental imprisonment was common
- All of the young people recalled engaging in 'acting out' behaviour either aggressively, by self-harm or using drugs

'I wasn't tuned into their emotions ,I wasn't aware of the things I wasn't doing , I got frustrated real easy when they wouldn't behave if I wasn't alert or awake , when I was sick I would close myself away from them'(Robbie, Parent)

Main finding 1 and 2 encapsulate some of the negative experiences for children and young people affected by parental substance misuse at the family Microsystem level. In relation to Bronfenbrenner's (1979) theoretical framework the Microsystem is the most influential, has the closest relationship to the person, and is the one where direct contact occurs thus unmet needs in this subsystem has the potential for significant impact on human growth, development and behaviour. The extent to which children and young people were affected by these issues was varied and dependent on a range of factors including, but not limited to, the severity of the parents' drug use, the length of time the young person experiences the parental substance misuse and the resources available to each family i.e. finance, accommodation and extended family support, service support, peer support, parental well-being and parenting generally. This aligns with Bronfenbrenner's bio ecological view that the level of interaction and resources that exist in an individual's environment can determine their potential for success or failure (Ceci & Hembroke, 2005). It was beyond the scope of this research to explore in detail all of these factors. The dynamics that contributed to improvements for children and young people were that when they moved out of the home environment, supports were received within the extended family, and when parents accessed treatment and rehabilitation services or when supports were received by the family generally.

The family at the microsystemic level has a significant influence on ***emotional development***. (Howe, Brandon, Hinings, & Schofield, 1999). regard this as a very important area of child development, and point out there are some key roles that the family plays in helping a child develop emotionally; a family must be purposeful in guiding a child's emotional life and must focus on their emotional needs, stronger familial bonds will result in higher acknowledgement of emotional needs, which will make the child or adolescent feel supported in exploring their emotions. Young People and parents detailed the impact of parental substance misuse on emotional care needs. Young people recall conflict with their parents and covering up what was going on, as explained by one young person; 'I had arguments with my ma all the timestressed all the time....I was hiding all the stuff that was going on at home...I ended up cutting myself in secondary school... I was very emotional'. Three of the five female young people recalled 'cutting themselves' during adolescence when things got too much. All of the young people recalled 'acting out' either

aggressively, by self-harm or using drugs. 5 of the 7 young people were clear that they no longer engaged in these destructive behaviours. The two young people still engaging in destructive behaviour are young males. Most of the young people relate 'what's going on at home' to acting out in school as described by one young person 'I was lashing out in school... if ye had a bad morning at home you're not going to take crap off anyone after that'. The school's response to these behaviours was significant for young people in relation to whether they felt supported, whether they wanted to continue in school and whether they felt safe to open up about their home environment. Most of the parents recall their children witnessing conflict in the home at certain stages, being unavailable or 'breaking promises' due to drug use or drug withdrawal as explained by one parent 'if I needed to use I would try put her away from me, pushing her away when I was sick that was the worst I done'.

4 of the 7 young people had experience of their parent being in prison. Two of the young people recall this as a significant event in their life when they missed the parent but were also angry at them for not being around. The other two young people with experience of parental imprisonment recall not being as impacted as they were being cared for by extended family before and after their parent going into prison. Three of the 6 parents spent time in prison while being a parent; they recall missing their children and worrying about them. One parent explains how he felt it impacted his relationship with his child 'when I got out of prison she was 6 months, I always felt there was a little gap between us'. Parents also recall being concerned about their family managing financially as the other parent was not in receipt of a single parent social welfare payment.

4 of the 7 young people recall having to take on additional caring responsibilities and 4 of the 6 parents recall additional caring responsibilities their children undertook as a result of the parental substance misuse. The caring responsibilities were generally in relation to taking care of younger siblings and household tasks. One young person recalls caring for her siblings all the time and carrying out all the caring duties including bathing, dressing, attending to them during the night, dropping to and collecting them from school to the extent she states, 'I never got a childhood'. The other accounts recall additional duties for siblings often when things were 'bad' with their parent's substance misuse.

The Implications of Main Finding 1 for Policy and Research

All of the young people and parents in this research recalled unmet emotional care needs and consequently incidences of poor mental health for the children affected. This manifested itself in young people self-harming, acting out aggressively and periods of using drugs. DEIS does not have a mental health strategy responding to these issues (Downes, 2007). A vision for change (2006) has not been resourced to implement its comprehensive model of mental health provision for young people. This policy outlined the provision of CAMHS community teams, but by the end of 2014 CAMHS had significantly less staffing than recommended and waiting lists were increasing (Children's Mental Health Coalition, 2015). Recent referral protocols within CAMHS teams have ceased the practice of schools and principals referring directly to CAMHS despite teachers and parents often being the first to identify and respond to mental health difficulties. BOBF makes inclusive commitments to other vulnerable subgroups of children including Traveller and Roma Children, children with special needs and disabilities, children in care and detention, but children affected by parental substance misuse are not prioritised. BOBF commits to prioritise access to health, education and therapeutic services for children in care. Findings from this research would suggest these services should also be prioritised for children affected by parental substance misuse who often have to deal with the cumulative impact of additional caring responsibilities, parental imprisonment and homelessness, in the contexts of early school leaving and family breakdown prevention.

The majority of participants in this research recall concerns in relation to unmet care needs being reported to Social Work Services as recommended/mandated by the Children's First Guidelines (2001/2011). Some had numerous concerns reported over years. Perceptions of the support received from social work services varied. There was however a theme of long delays for a response or no response at all. The Health Information and Quality Authority (HIQA), in its overview of children's services in 2015, identified 6,718 cases of child protection awaiting allocation to a social worker in December 2015; almost a thousand of these were deemed high priority cases. This does not include cases that were referred to Social Work Services that were assessed as being child welfare cases, although Ireland now has a new guidance on thresholds needs (Thresholds for Referral to Tusla Social Work Services (2014)) In areas of socio economic difficulties there has long been a history of high

thresholds of child welfare and protection issues before families receive a response. An examination into the relationship between waiting lists, thresholds, resources and responses and variations across communities is required to explore the connection that is anecdotally reported amongst practitioners.

Previous research has documented the impact of parental substance misuse in relation to unmet care needs. However, what is scarce in international research and absent in Irish research are the voices of the children and young people impacted by parental substance misuse. Their experiences of omissions of care needs have not been well documented in Ireland. The majority of omissions of care noted in this research were recalled by the parents with substantial regret, and described by the majority of young people as the fault of the drugs, not their parents, which would suggest they seen it as circumstantial neglect. The Child Protection and Welfare Handbook (2011) distinguishes ‘wilful’ neglect and ‘circumstantial’ neglect, ‘circumstantial’ neglect more often may be due to stress/inability to cope by parents or carers. This is relevant in relation to the type of supports children and families affected by parental substance misuse may require.

Main Finding 2 emerges at the Microsystem level: Unmet Physical Care Needs Impact on Participation in Education

The Following are the Key Themes Emerging from Main Finding 2

- Most of the young people and, all of the parents, recall unmet physical care needs
- Homelessness was an issue
- All of the young people witnessed their parents engaging in drug or alcohol related behaviours

‘I wasn’t clean, I had old clothes and I always felt other kids were looking at me, I never had any lunch... I was allowed stay out late at night’. (Sabrina, Young Person)

Bronfenbrenner (1979) identified interrelated but embedded factors that contribute to neglect; these risk factors can be organized into individual-level, family and contextual factors. Of relevance to this research at the family level was the parental substance misuse. The contextual factors represent the broader social systems that influence parental functioning, including macro system factors of relevance to this research are

substance misuse policy and children's policy. The exosystemic factors of relevance to this research are services and socio-economic factors. According to Bronfenbrenner (1979) these forces that can contribute to and sustain neglect. 6 of the 7 young people recall varying omissions of physical care from their parents; one young person recalled all her physical care needs being met. Two young people experienced multiple and frequent omissions of physical care; 'I wasn't as clean as other kids...no lunch made for school...no boundaries, done what I wanted, sometimes I wasn't called in for dinner or bed once I was out of their faces'. Another two young people recall specific physical care needs being met but not all needs, and for one of these young people it was related to how 'bad' the parental substance misuse was as described by her 'We were always clean and me ma always made dinners but we were brought the pub a lot.....she never had any money and there was a lot of boyfriends...but when things got very bad there was nothing, no dinners, no washing done, no furniture'. Two of the young people had all of their physical care needs met by their grandparents and extended family despite living with their parents. Both of these young people recalled that without their extended family these needs would not have been met however the young people recall it creating significant conflict at times. Garbarino (1992) explains this in relation to the ecological theory of child development as the chaos that initially begins in the microsystem of families where drug abuse exists typically expands to the exosystem and mesosystem dynamics of these families. The issue of poverty is relevant here as all of the young people recall their parent being in receipt of social welfare and all of the parents were for long periods reliant on social welfare as their only source of income. Household routines were found to be absent or chaotic at times for the majority of participants thus impacting participation in school. The very basic 'getting to' school was recalled as a challenge for a number of participants. 4 young people recall missing school, 'going on the hop' or being allowed 'stay off' school as explained by one young person 'I missed a lot of school, I was always late, I could stay off if I wanted to, rules and boundaries in school were very hard for me' punctuality was also recalled as a challenge for some young people. 5 of the 6 parents recall frankly that their substance misuse impacted their children 'getting to' school as described by one parent frankly 'she's missed school because of it (the drug use).'

4 parents recall housing instability/homelessness as having impacted or potentially impacting their children's physical care needs. As explained by one parent; 'the house is the biggest problem for us, its basic you need somewhere to live, the landlord gave me notice said he's selling, I don't know what I'm going to do their all in school here'. At the time of data collection two parents are currently homeless with their children; two are concerned about becoming homeless; and one parent's children are homeless with their mother; two of the young people have accessed out of hours accommodation for children who are homeless without their parents. Swick(2004) explains family dynamics are impacted in serious ways due to homelessness: loss of privacy, lack of control over daily routines, isolation from needed support people, loss of social and economic resources, loss of self-esteem, disruption of communication systems, high stress because of being homeless, constant mobility, and other factors (Swick, 2004). In this research the key issue emerging in relation to homelessness is at the Microsystem level; disruption caused to schooling. It is arguable the issue of homelessness for participants of this research is caused at the macrosystem level by current housing policy. Homelessness is a real issue for this subgroup of children and has potential to impact on participation in school as generally families are placed in emergency homeless accommodation a significant distance from their children's school.

In terms of protection from the potential physical harm of their parents substance misuse all of the young people witnessed their parents engaging in some drug or alcohol related behaviours - for example 'goofing off' (drug induced sleep), smoking gear, drinking regularly in the house, seeing drug paraphernalia around the house and conversations about drugs. As recalled by one young person 'they always used in the locked room but they were always on it.....my ma's friend smoked gear in front of me in a car outside a drug centre'. The frequency of witnessing such behaviours was different for each young person. Some of the young people recall significant efforts by parents to hide the drug or alcohol use and seemed grateful for this and described it as parents trying to protect them. (Bancroft, 2004) cautions while the abuse of drugs is an individual act, it is embedded within many social structures: family, friends, community, and society. Such dependency behaviourpatterns often end up distorting the entire microsystem of the child (Bronfenbrenner, 2005).

The Implications of Main Finding 1 for Policy and Research

In relation to unmet physical care needs impacting on participation in education four key implications emerge for current and future policy; hygiene support, food provision, support 'getting to' school and health appointments. In relation to Bronfenbrenner's theoretical framework change is required at the exosystemic level to improve child and young person outcomes. The exosystem refers to environments that affect individuals, but in which they do not directly participate (Bronfenbrenner, 1979). Government departments are an example of an environment within the exosystem. Decisions made about educational and health programmes by the relevant government departments can critically impact the lives of children and young people affected by parental substance misuse.

Dirty clothes and issues with uniforms were recalled by some young people as challenging. St Ultans, Cherry Orchard in Dublin 10 is a model of good practice in this regard. The school has access to laundry facilities and shower facilities and spare uniforms are kept onsite. Children can have their uniforms washed in school or borrow a spare uniform to ensure dirty clothes or lack of uniform is not a barrier for participation in school. The laundry services are operated by the afterschool service which employs care staff to carry out these tasks. Currently no Irish policy details hygiene supports in school.

Hunger was recalled as an issue for some of the young people involved in this research. The Hunger Prevention in Schools Strategy Group was established by the Educational Disadvantage Centre in 2013. This Group highlighted that food supports are not systematically available for all children in need. To overcome the fragmentation of strategy and policy in this area to date in Ireland, the Group advocate that there is a real need for one State body to be responsible for developing and implementing a national hunger prevention strategy. This requires implementation if we are to ensure children's well-being, and that concentration and attention levels, learning and motivation are not impacted by hunger. In the interim an awareness of subgroups of children who may be at risk of hunger in school is necessary. Currently DEIS or BOBF do not detail a comprehensive hunger prevention strategy generally or for children requiring indicated levels of prevention.

'Getting to School' was recalled as a challenge for a number of the young people, and parents recalled the substance misuse impacting children's school attendance. A major concern for parents who were homeless, or at risk of homelessness, was 'getting the

children to school'. 4 young people recall missing school, 'going on the hop' or being allowed 'stay off' school. A DEIS initiative, the HSCL Coordinators, engage in full-time liaison work between the home, the school, and the community. A core part of their role is 'visiting families in their home setting is a crucial element in establishing trust, assessing needs, and monitoring the effect of plans and interventions put in place to bring about improved outcomes for children'(p.9). There is a focus on improving school attendance. Previous research, Ryan (1994), identified that Home School Co-ordinators perceived positive effects on some pupils e.g. attendance, behaviour and positive attitudes to school. However, few teachers identified any immediate effects. Various levels of engagement with HSCL were recalled by young people and parents in this research - however in terms of the support required at the very basic level of 'getting to' school it is beyond the scope and expertise of the current HSCL Coordinators in place. 5 of the young people involved in this research were supported to 'get to' school for a period of time by their lead practitioner/case worker i.e. Child Welfare Worker, who delivered a Morning Programme. The Morning Programme is a practical family support provided to young people to assist them getting to school i.e. transport collection for school, lunch, rewards for attendance, support with bedtime and morning time routines and encouragement to attend. One young person received this support during a period of homelessness; she was living in the City Centre and was collected and brought to school in Dublin 10. All of the young people who received this intervention named it as improving their attendance which made it easier to 'be in' school, 2 young people named it as one of the most helpful factors for 'staying in' school. Currently DEIS and BOBF do they specify a family support strategy in the contexts of Early school leaving prevention.

'Getting to' appointments was challenging. Parents recalled attendance at numerous appointments and services as a difficulty and recalled often missing these appointments. Young people recall being supported to attend appointments by their lead practitioner/case worker i.e. Child Welfare Worker when their parents were unable to attend. The provision of health services in schools (i.e. nursing) is common in other jurisdictions and may be a strategy to overcome this challenge, particularly for children experiencing chronic and multiple needs. Currently neither DEIS, BOBF or Vision for Change outline provision for health services onsite in schools.

Main Finding 3 emerges at the Microsystem Level: Desire for Parental Rearing

The Following Are the Key Themes Emerging from Main Finding 3

- Most of the young people and parents described strong, affectionate, loving relationships between parent and child
- Parents were involved in children and young people's rearing for significant periods, most parents experience a 'fight' to hold on to their children at some stage
- It helps young people to talk to their parents about their parents' substance misuse
- All six parents experienced abuse or trauma in childhood or in intimate relationships
- All of the parents describe feelings of guilt for their children's' experiences of parental substance misuse
- All parents experience 'feeling judged' in relation to their substance misuse

'I was very close to my Ma her drug use didn't cause as much of an issue as you'd think, my Da's screaming and shouting had more of a negative impact on me (he didn't use gear) my ma was softer and calmer' (Deborah, Young Person)

Bronfenbrenner's bio ecological model postulates that children's development is shaped by the multiple contexts within which they are embedded. Central to more recent formulations of Bronfenbrenner's theoretical approach is the concept of "proximal processes", those enduring interactions that mediate the associations between the individual and their context (Bronfenbrenner & Morris, 2007). According to the Growing Up Ireland (2012) *National Longitudinal Study of Children* examples of proximal processes include discipline encounters between parents and their children, and the typical interactions between parents and their children that together constitute their relationship. The theory posits that the child's outcomes are most strongly linked to ongoing proximal processes in the micro-system, or immediate contexts within which the child spends time on a regular basis. Of all micro-systems, the parent-child relationship is arguably one of the most significant and within that context it was a key focus for this analysis. Notwithstanding the challenges

faced by young people affected by parental substance misuse, most of the young people and parents interviewed described strong, affectionate and loving relationships between parents and children. Young people recalled their parents (usually mother) being involved in their rearing for significant periods of their childhood -this presented as the young people's desire i.e. 'to be reared by their parents'. Extended family usually emerged as the next best place to receive care. Parents described their efforts to protect their children from their substance misuse and their desire, and sometimes 'fight', to hang on to their children and rear them. Parents also describe extended family as a place where their children received care. Some of the young people recall conversations with their parents in relation to the parental substance misuse and the changes in family life when parents rehabilitated or relapsed. All of the parents experienced trauma or abuse in their childhood or in intimate relationships and make connections between these traumas and their subsequent addictions. Parents harbour significant feelings of guilt in relation to their children's experiences of parental substance misuse.

Five of the seven young people describe strong bonds with their parent - love, affection and care for their parent/s came across from young people. In the interviews one young person's description of her relationship with her parents demonstrates this 'my relationship with my ma was great... not good with my da, I was angry at him for not being there (in prison).... My ma made the home lovely and cosy. Done dinners, she done her best, she was real good, she was happy I was happy...in secondary school I'm more annoyed and angry but she starts to get clean'. Two of the young people did not describe a strong parent-child relationship despite living with their parents for long periods. They were both reared by their grandparents and described very loving bonds with their grandparents. All of the parents described an overwhelming love for their children and a huge amount of pride. One parent described how the birth of his son was his motivation to get clean 'when he was born I went to a clinic (for methadone treatment) immediately my frame of mind changed, I had a battle on with the drugs but I knew I had to protect him'. Parents describe aspects of their parenting that they were proud of, for example being protective, never hitting their children and being affectionate. Five of the seven young people detailed positive experiences of parental care and rearing 'me ma and grandda made dinners, got us up for school, washed us, gave us clean clothes...I was loved and cared for by me ma that was normal' and 'I loved me ma when I was younger, she made the home lovely and cosy, done dinners she done her

best, she was real good, she was happy and I was happy'. The two young people living with grandparents described this care and rearing as tasks carried out by their grandparents as explained by one of these young people 'nanny and grandda reared me even though me ma and da lived with us'. Young people recalled these positive care experiences from their parents very appreciatively and there was a desire to be receiving their care and rearing directly from their parents. Parents overwhelmingly detail their desire to care for and rear their children; they describe challenges to this including their drug use, and other parent's drug use, homelessness and the social work department. 'Fighting' for their kids seems to be the common thread. 'I reared the kids until(year) ...then the social workers took my youngest because there was care issues the other 3 went to family, I fought to get them back their back with me and happy'. Bronfenbrenner's ecological systems theory focuses on the quality and context of the child's environment. The quality of the parent-child relationships served as a key protective factor for these children and young people.

5 of the 7 young people recalled conversations with their parents about their drug use - it seemed to help young people to talk to their parents about the substance misuse particularly if they felt they understood why their parent was using. As one young person explains, 'the explanations were given to me in a kid friendly way, I know why she was doing it she used it to cope with me da's abuse, I knew it was never to be discussed with him'. The two young people who were reared by grandparents did not recall conversations with parents around the substance misuse. Bancroft (2004) identified adaptive family patterns that family's affected by substance misuse use develop the aim being to "protect" the child from harm. These adaptive behaviours do serve as a buffer for the children from further emotional harm but also create patterns of behaviour that impede needed communications and relations. All of the young people recalled being angry with their parents at different stages and to varying degrees about their substance misuse. Young people recall periods when their parents are in rehabilitation, they describe this as their parents being 'clean', 'sober' or 'doing well'. Usually this is remembered as a good period in the young person's and family life with the exception of the irritation reported by young people when their parents are getting clean and often parents attempt to implement more rules and boundaries when they are clean. Relapse is recalled as a time when they are disappointed and angry at their parents and a disruption to family life.

Parent's experiences of trauma and its manifestation in substance misuse and consequently impacting parenting capacity emerged as a key issue at the exosystemic level impacting the quality of interactions at the microsystemic level. All 6 parents, including the 3 fathers, recall experiencing abuse as a child or in an intimate relationship. As recalled by one parent; 'my Da was hard, old school, he bet us'. The parents identify a link between their experiences of abuse, their subsequent addiction and capacity to parent at times. All of the parents express wanting a different life for their children free of abuse and addiction. Some of the parents see themselves as the key to breaking the cycle of addiction and abuse for their children as explained by one parent 'I look at my kids and I think they won't pass on abuse to their kids cos I took it and witnessed it but they won't'. All of the parents show self-awareness and understanding of how much influence they have on their children's lives.

All of the parents express feeling guilty in relation to their addiction and the potential negative impact it has on their children. There was no specific question in the interviews in relation to 'guilt' yet it emerged for all parents. As described by one parent, 'my relationship with my oldest son is turbulent, I love him, I worry about him but I find it hard to punish him because I feel it's my fault....the other two I have a very strong relationship with they stay with me'. There is a sense from parents that each time their addiction impacted their children, they were almost violating their own values, and this sometimes lead to a growing sense of guilt, remorse and escalated substance misuse. These feelings of guilt must be acknowledged and supported for parents to successfully navigate recovery.

Some of the parents feel judged by schools and services because of their addiction. There is an acknowledgement that sometimes judgement and guilt are entangled and it may be guilt a parent is feeling at a school, not judgement. Parents recalled feeling judged by school thus avoiding school meetings and events. The importance of 'person' factors with 'context' is relevant here O' Toole (2016) reminds us, if we disregard the interaction of 'person' factors with 'context and expect all children and parents to be similarly 'motivated' regardless of aspects such as socio-economic status, gender, age, linguistic and cultural background, prior educational experiences, parental wellness and in this particular research parental substance misuse, deficit models result because we criticise those children and parents who, for whatever reason, do not show the expected levels of motivation or in this context engagement with the school.

The Implications of Main Finding 3 for Policy and Research

Despite the evidence outlined by Horgan (2011) in her review of parental substance misuse literature that when parents access treatment and rehabilitation their children benefit, access to treatment and rehabilitation due to waiting lists and childcare (particularly for women) can be difficult. Essential local drug services have experienced cumulative cuts of up to 30% between the years 2008-2014. These cuts have affected the whole range of services including treatment, rehabilitation, and aftercare, (Citywide Drugs Crisis Campaign Manifesto for Election 2016). There are also limitations to the variety of treatments available. All of the parent participants in this research experienced significant trauma in childhood or in intimate relationships and yet Trauma Informed Care (Elliott et al, 2005) that attends to the possibility of a trauma history in the client's backgrounds is not systematically/widely available in Irish Drugs Services (Saol Conference, Dublin, 2016). The finding in relation to parental guilt is significant in the contexts of treatment and rehabilitation as this process requires substance misusers to face and release feelings of guilt by talking about them, sharing, confessing, getting honest. This can often lead to child protection notifications; often a parent's worst fear and in turn can force the parent to stop talking and facing the feelings of guilt and continue the cyclical nature of substance misuse. Rhodes et al (2010) notes the absence of space for parents who use drugs to openly reflect or talk about the challenges they face. They suggest there is little public space – including within helping services – encouraging of open talk and reflection about what constitutes good parenting in the face of problem drug use.

The 'feelings of judgement' recalled by parents in relation to school engagement are significant as there is a wide array of research linking parental involvement to positive child educational achievement and experience. O' Reilly (2012) points out that despite the common opinion expressed that parents from lower socio-economic groups do not have a value on education or do not have high educational aspirations for their children, two recent reports indicate that high aspirations are apparent across all parents (Williams et al., 2009; Byrne and Smyth, 2011). O' Reilly argues that it is not what parents aspire for their children or what they value for the children, but what cultural, social and financial resources they have available to them to support the required education process for their child. For the

parents involved in this research the barriers to parental engagement with the school were further compounded by their experiences of 'feeling judged'. Downes (2014) European 10 City Prevent Report goes some way towards addressing this challenge by proposing a holistic focus recognising the need to include family support within a parental involvement in education framework, bridging health and education domains, as part of a multidisciplinary focus on complex needs.

Conversations and age-appropriate communication in relation to the parent's addiction was found to be helpful for young people. No previous Irish research has highlighted this from a young person's perspective. Programmes or intervention that could facilitate this communication may be helpful in an Irish context. Further research to explore programmes or interventions that could facilitate this communication is required. One possible programme is explained by Templeton (2014) -the M-PACT programme (UK) is a structured educational and psychosocial programme for families affected by parental substance misuse. Much of the content of M-PACT is focused on improving relationships between parents and children, such as exploring communication (e.g. being open and respectful), parenting (e.g. modelling boundaries and consistency) and asking families to develop a toolbox of strategies and activities to draw upon (as individuals and as families) in difficult times. This is not a one off intervention; it is a 12 week programme with follow up. According to Downes (2014) an implication of a system level focus advocated by Bronfenbrenner is that there is a need for sustained interventions, developing over time rather than merely once-off interventions. Change to a system, whether a system of relations of behaviour, communication or otherwise, requires sustained interventions.

Main Finding 4 emerges at the Microsystem Level: The Challenges of 'Being In' and 'Staying In' School

The Following are the Key Themes Emerging from Main Finding 4

- Young people faced challenges in school that impacted 'being in' and 'staying in' school
- Primary school was described overwhelmingly as a caring environment where the young people liked to go

- Young people recall a considerable change in school experience from primary to secondary school
- Relationships with school staff and school atmosphere are significant
- Young people were conflicted between teachers 'knowing' and getting 'help'

'I knew when I left home I was going in there for another argument, I loved primary, hated secondary' (Grace, Young Person)

Young people and parents detail frankly how the parental substance misuse impacted the children's and young people's participation in school. The school forms part of the most influential subsystem on the child i.e. the Microsystem therefore the school experience has potential for significant influence. A perceived clash in approach and experience between primary and secondary school. Young people recall primary school extremely positively A number of young people describe primary school as an 'escape from home', and the primary schools attended by the young people are perceived as caring environments where young people felt safe with people to talk to about problems. Comparatively, the majority of young people don't recall experiencing this caring atmosphere in post primary school. They instead cite clashes with teachers, a lack of understanding towards their difficulties, no leeway when things were difficult for them at home. The post primary school environment is now challenging. For children affected by parental substance misuse there was an overwhelming recall of the significance of school relations and atmosphere. 4 of the 7 young people are early school leavers.6 of the 7 young people recall primary school positively. Some of the language used to describe primary school experiences would suggest primary school was a sanctuary for the young people - at times for example 'it was an escape from home', 'break from home' 'it was a relief' 'no worries there' 'no stress'. 4 of these young people attended the same primary school; the atmosphere described in this school is significant to the young people's experiences as one young person explains about this primary school, 'no arguments, nice people and a nice environment'. Young people had memories of liking lots in primary school including, subjects, yard, sports, drama, art, friends, teachers and school staff and after schools. Of interest were the additional benefits of primary school outside the normal curriculum such as relationships and socialisation. For example one young person identified not feeling odd at school 'I liked not feeling odd and

not getting in trouble for no uniform'. Another felt helped and protected 'primary school helped me...they reported my Ma (that was a good thing).

6 of the 7 young people recall a considerable change in school experience from primary to secondary. Significantly four of these young people attended the same primary and secondary school. School was no longer a place of refuge, with the exception of one young person who recalls a very positive supportive and caring secondary school experience. In general, young people recall being treated the same as other students who didn't have their 'shit' (difficulties at home). The caring atmosphere experienced in primary school is gone and there is a feeling of not being understood or supported and ultimately a turn off school as explained by one young person, 'no leeway, no understanding towards your issues' . Downes (2014) acknowledges a key strength of Bronfenbrenner is a central focus on transition difficulties across contexts he explains 'this extraction of a general principle of transition difficulties across contexts resonates with well recognised transition difficulties between educational systems – such as those for students in moving from primary to post-primary' P.32 . He further points out, 'that difficulties at times of transition are not just a matter of individuals and their problems in moving from one setting to another, but rather represent system-level challenges in reducing discontinuities between 'contexts' p33. The clash between primary and secondary school experience has been recorded in previous Irish research (see Downes, Maunsell and Ivers, 2006). This was a large scale qualitative study using surveys and focus groups in an area experiencing education inequality. However, it was not specifically focused on children with multiple or chronic needs. It is arguable the school as a supportive and caring environment is of even more importance to children and young people affected by parental substance misuse.

Young people recalled what they liked about secondary school; friends and the social element of school, behaviour support class, and certain subjects. This very much depended on the relationship with the teacher as the young people explain 'I love English, maths 1st to 3rd year then teacher changes' and 'I love English and History cos I love that teacher, I done honours maths used to love it until teacher changed then I hated it yet I'm very good at maths in my job'. The dislikes in secondary school again centre on relationships with teachers, the school not understanding what was going on at home or 'not caring'. To the

extent that young people recall particular relationships as being the cause of early school leaving as recalled by one young person 'home is affecting me, I'm acting mad thinking like I'm supposed to, I don't like some teachers I told them to fuck off an all, one teacher went out of her way to do awful things to me all because I missed school for two weeks she got rid of me'. Teacher student relations have been found to be a factor in early school leaving in previous Irish research (Rourke, 1995, ESRI, 2006, Downes and Maunsell, 2007). Again, it's arguable the significance of the teacher-student relationship for the young people involved in this research is beyond solely a factor for early school leaving prevention.

Young people in this research recall being conflicted, about the school knowing of their parent's substance misuse and any difficulties related to the substance misuse. The desire for student confidentiality in school has been voiced previously by young people in research (Downes and Maunsell, 2007, Backett-Milburn et al, 2008). However, for the young people involved in this research there seemed to be conflict between people knowing and getting 'help': there was concern about how sensitively the information will be treated, would it be used against the young person or would the school think the young person is using it as 'an excuse'. Young people worried about being embarrassed or bullied about the parent's substance misuse. Downes (2014) explains that part of the logic for a two-way flow in a system of 'reciprocity' is that there, is feedback from those receiving interventions and supports in a system, mutual feedback generates a momentum of its own that motivates participants not only to preserve but to engage in progressively more complex patterns of interaction. p 35. 6 of the 7 young people felt ok about the school knowing if they were going to be understanding and helpful as one young person describes it ' knowing to help rather than knowing for the sake of knowing'. The importance of feedback from school staff in relation to young people's disclosures i.e. what happens when a young person discloses information, who will be told, how will it be handled is relevant here as young people seemed opened to discussing their concerns with school staff if they were assured it would be supportive. Of equal importance is the schools openness to accept feedback from young people in relation to how they manage disclosures.

Implications of Main Finding 4 for Policy and Practice

BOBF is categorical that how children do at school is a key determinant of their future success. It rightly commits to re-invigorate efforts to improve educational outcomes among, and integration of, Travellers, Roma and migrant children and young people, and all those with special needs, including gifted students. However, not identifying children affected by parental substance misuse in the context of improving educational outcomes is concerning as recognising the increased risk for early school leaving for these groups of children in policy is necessary to ensure an appropriate and resourced response in practice. The NDS recommends that its role is to complement existing programmes to address early school leaving, the strategy being to rely significantly on DEIS to address early school leaving. In relation to children affected by parental substance misuse it seems very un-ambitious to be reliant on DEIS as this policy does not refer to children affected by parental substance misuse, does not have a systematic strategy to address unmet physical or care need and does not currently advocate or resource outreach support for children affected by parental substance misuse. The importance of teacher–students relations and school atmosphere in the contexts of Early School Leaving prevention is absent from policy thus does not feature as a significant element of secondary school teacher training.

A significant finding of this research was how conflicted young people felt about the school knowing of their parent’s substance misuse problems. There seemed to be conflict between people knowing and getting ‘help’, young people seemed willing to disclose if they thought it would lead to their situation changing or receiving help. The implications of this for policy and practice relate to information sharing or confidentiality guidelines in schools. In the UK a guidance document on *Information Sharing (2008) published by the Department for Children, Schools and Families* outlines this conflict for staff in schools and services explaining that in some situations staff feel constrained from sharing information by uncertainty about when they can do so especially in early intervention and preventative work where information sharing decisions are less clear than in child protection situations. Meitheal (2014), as a multi-agency framework, is very clear in relation to information sharing guidelines - parents are informed at the start of the process that child protection issues will be reported, but outside of that it is a voluntary process including the nature of information to be shared. Not all integrated working is through specific multi-agency

structures or frameworks and this is the case particularly for schools. All of the policy documents reviewed during this research process emphasise an integrated way of working across services with the aim of delivering more effective intervention at an earlier stage. There is a requirement on schools to work out best practice on information sharing to ensure it is lawful, ethical, professional and respectful to children, young people, and their families.

A limited number of previous studies have recorded the impact of parental substance misuse on children's education (Hogan 1997, Wilens et al 2002, Navoro-Guzman, 2002, Cleaver et al, 2011). Previous studies outlining the importance of school relations and atmosphere in the contexts of early school leaving prevention (Rourke, 1995, ESRI, 2006, Downes and Maunsell, 2007, Downes, Maunsell and Ivers, 2006) did not specifically engage children with multiple or chronic need as is the case in this research. The strong teacher–pupil bond was found to be a protective factor for the young people involved in this research. Previous studies of school going children in Ballyfermot (Downes, 2004 and Kerin, 2015) failed to capture the experiences of children affected by parental substance misuse. This research hopes to contribute to understanding the unique experiences of these children in school.

Main Finding 5 emerges at the Mesosystem Level: Fragmented Systems (As Described by System Participants)

The Following are the Key Themes Emerging from Main Finding 5

- Families are engaging with multiple services
- Service provision is fragmented; significant lack of communication, planning and coordination of interventions
- Lead Practitioner role is helpful for coordinating supports
- Outreach is cautiously welcomed, approach is key
- Young people affected by parental substance misuse are not 'hidden' - schools know who they are

'Services never came around the table and met before now, I had to repeat my story every fucking time, and nobody knew what anyone was doing. I sometimes didn't know why I was at appointments. I'm not saying people aren't good everyone is doing their jobs properly but

instead of everything being all over the place people could come together to help like I have so many appointments its fulltime especially when your homeless' (Deirdre, Parent)

This finding captures the multiple schools, services and personnel that young people, parents and the wider family were engaging with for support. Throughout the interviews parents and young people recalled positive and helpful experiences from different services and some very negative experiences also. A lack of communication, planning and coordination of interventions to families were cited as common practice. In relation to Bronfenbrenner's (1979) theoretical framework the mesosystem, this encompasses the interaction of the different microsystems which the developing child finds him/herself in, was found in relation to service provision to be working ineffectively for the majority of participants. The role of a lead practitioner is cited as helpful in addressing these deficits. Outreach is generally perceived as helpful but approach is key. The most significant theme emerging from this section of the interviews was the fragmented nature of service provision.

Young people and parents recalled engaging with numerous services. Young people had no memory of themselves or their parents being involved in meetings between their school, and other services they were engaging with i.e. CAMHS, speech and language services and social work departments etc., even though they may have been receiving support from a number of these services at the same time. The importance of young peoples' mental health and welfare to participating in school cannot be understated. The claim that all of these vital services were not coming together in a cohesive way to support the needs of the young people and enhance their participation in school is arguably one of the biggest deficits in our children services. Two young people who were in foster care recall long gaps without seeing their social workers and never remember a meeting between the social work department and their school while they were present. One of these young people recalls how he was 'supposed to get an educational assessment ordered by the social workers they never did it until I was 17 and a half just before I was leaving care, it was meant to be done years before that, they only done it to tick a box, I found out at that I had dyslexia that would of made a big difference to me earlier'. Another young person describes the fragmented nature of her service provision , ' social work appointments with my ma over the years, I think the school knew but there was no meetings between them and us together, CAMHS appointments,

school didn't come to them don't know if they knew, then I had to go to Pieta House . I went the Child and Family Centre for children and parents to show the kids the addiction is not their fault, I liked that me ma was with me there. School didn't know I was there either. Then I went a drugs counsellor they didn't know about that either at the start'. Parent's descriptions of service provision are again of an extremely fragmented nature as explained by one parent 'It seems nobody knows what anyone else is doing, I sit down with everyone separately, a lot of appointments, too many, I avoid meetings sometimes....if all professionals are looking at her in a different light...maybe together they can see things differently'. What emerges is a sense of nobody taking responsibility for effective service provision to young people and their families. This jolts with Jarvis's (2008, p120) concern regarding the loss of individual responsibility in the 'totality' of the system. Downes (2014) claims no one is responsible for system failure and calls for the need for change towards inclusive systems that facilitate individual agency, beyond Bronfenbrenner.

Outreach in this research refers to professionals providing services outside of their school or centre, very often in the participant's home. One young person describes his experience, 'sometimes the school called, I don't like people calling, it's my house'. When asked in relation to his experience of the Child Welfare Worker who is currently outreaching to his home he reports, 'she's different'. When asked how 'she's normal, not snobby' this may indicate the importance of approach and cultural connection to the worker. Parents were a little more apprehensive of people calling at first but again highlight approach as being significant as described by one parent 'when home school called out I was like what the fuck are you knocking for but then I got used to it, when others start calling I felt me life was an open book. Social Worker called one time and said I can smell cigarettes, it is intrusive but helpful I suppose...how they are in your house matters'. Young people and parents recall the benefits of having a lead practitioner type support, a professional who took the lead in engaging and coordinating the services and supports the child required for a period of time. For the young people involved in this research and some of the parents the lead practitioner role was carried out by a Child Welfare Worker for a period of time. One young person describes their experience; 'the Familiscope Child Welfare Worker is organising all the support for meschool know about all the services I'm in cos Familiscope talk to the school...it helps school understand me especially in 5th and 6th year when she (CWW)

mediates between me and the school'. Parents also describe a more cohesive service provision when with this support is in place 'social worker doesn't bring everyone together; CWW was the first person to do that'. It appears that the lead practitioner role and outreach strategies support improved functioning at the mesosystemic level.

All of the young people believed the school knew of their parent's substance misuse. One young person recalls the secondary school never discussing it with him, even though he thought they knew about his parents. This brings into question the term 'Hidden Harm' (ACDA, 2003) that is commonly used in research and literature to encapsulate the experience of children and young people affected by parental substance misuse. The two key features of that experience being: those children are often not known to services; and they suffer harm in a number of ways as a result of compromised parenting which can impede the child's social, physical and emotional development. These children and young people may be hidden for periods of times from child protection services but it appears they are not hidden in schools; a key finding from this research is that schools know about the parental substance misuse, but not to what extent it is impacting. It is arguable that schools, if resourced properly, are the best place to identify and respond to this complex issue with the support of multidisciplinary teams.

The Implications of Main Finding 5 for Policy and Research

Bronfenbrenner (1979) defines the macro system as the overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso-, and exo-, systems are the concrete manifestations. Macro systems are conceived and examined not only in structural terms but as carriers of information and ideology that, both explicitly and implicitly, endow meaning and motivation to particular agencies, social networks, roles, activities, and their interrelations (p. 515). In respect to the current research, these aspects could be seen as those that shape the wider policy development in relation to children, young people, parental substance misuse, health and education. Every Irish policy, strategy and practice framework cites interagency working as best practice and necessary if we are to improve outcomes for children. A key objective of DEIS is to enhance integration and partnership working (DEIS 2005). One of the 6 transformational goals in BOBF is 'cross-government and interagency collaboration and coordination (Better Outcomes, Brighter Futures 2014-2016). As a standardised approach,

Meitheal aims to ensure that children and families receive support and help in an integrated and coordinated way (Meitheal, 2014). One of the key recommendations in relation to child and adolescence mental health outlined in a Vision for Change (2006) was that CAMHS CMHTs should develop clear links with primary and community care. The Irish Hidden Harm Strategic Statement (2015) and the National Drugs Strategy (2010-2016) all emphasise this way of working. Yet young people and parents involved in this research described concerning levels of fragmented system and service provision. This research finds a gulf between policy statements, objectives, goals and the actual service received by children and families.

Key implications for current and future policy emerging from this research finding relate to the lead practitioner role and outreach strategies. Parents and young people recalled the times they were engaged with a lead practitioner/case worker type role that coordination and communication between services improved. Parents and young people acknowledged how having one person bringing everyone together was helpful -interestingly it was the flexibility and versatility of this role that was appreciated by young people and parents. It wasn't just getting people around a table once a month, it was the support from the lead practitioner/case worker between meetings, organising and navigating the often difficult pathways to other support services, bringing young people to these supports when their parents could not, someone at the end of a phone line when things were difficult, someone to make a decision on the spot were all cited as helpful. Meitheal lead practitioners are, according to the training currently being provided, not responsible for these tasks. Their role is to 'do the paperwork with parents and bring them to the table'. The lead practitioner support role for participants in this research engaged in outreach, including home visits. A recent evaluation of an Irish Home Visiting Programme 'Preparing for Life' (2016) identified a range of positive outcomes for children engaged with the programme. The *Preparing for Life Programme* (PFL) was not a targeted programme; it was universal programme for all pregnant women in the catchment area. Approximately 2% of the parents engaged used drugs. Initial contact for participation on this programme involved meeting women at their first maternity hospital booking visit to describe PFL and gauge their interest in the programme or through community referral. If a woman was interested, her contact details were obtained and she was contacted to schedule a recruitment meeting. Twenty six percent of pregnant women in the area were approached and not interested in

participating. It is arguable that parents with substance issues and genuine fears about losing their children, as reported by parents in this research, will require more time to develop trust in services, will likely need more than one contact/meeting, they may need to be convinced of how the service may be helpful or worth their engagement. More attention needs to be paid to these sensitivities when considering the 'how' of outreach and engagement with this target group. A recent meta-analytic review of evidence-based home visiting programs by Casillas et al (2015) indicated that several implementation factors, including the type of training and supervision that home visitors received, as well as the timing and type of fidelity monitoring performed, were associated with statistically significant differences in program effectiveness. Little attention was paid to the significance of the 'how' of home visiting in terms of successful implementation- 'how they are in your home matters' according to a participant of this study. It appears a lot of attention is paid to fidelity checking the evidence based programme on offer instead of the 'how' of engagement, the focus needs to move away from the programme that is to be delivered to the help that is required and desired by the family. Outreach strategies are emerging in literature as a way to engage with marginalised families (National Evaluation Consortium, Social Policy Research Centre at the University of New South Wales, and the Australian Institute of Family Studies, 2009). Meitheal will be supporting families at a selected and indicated level of prevention yet it does not specify if outreach will be a feature of the engagement strategy or intervention nor does it focus on the staff skill set or approach that would be required to engage with the most marginalised families. BOBF and the NDS demonstrate policy outreach deficits also.

| Strengths of Meitheal | Gaps of Meitheal |
|--|---|
| <p>Standardised, integrated coordinated approach normally targeted at those children with unmet additional needs which, if left unmet, place children at risk of poor outcomes</p> <p>It is a voluntary process – all aspects - from the decision to enter this process, to the nature of information to be shared, outcomes desired, support delivered, agencies to be involved to the end point of</p> | <p>Meitheal is not a multi-disciplinary team who work together all the time or a multi-agency group that discusses numerous families together.</p> <p>Meitheal does not specify if outreach will be a feature of the engagement strategy or intervention. Based on early implementation it appears that this may depend on the service delivery model of the organisation where the 'lead practitioner' is based. They may not however be particularly skilled at engaging families</p> |

| | |
|--|---|
| <p>the process - are led by the parents/ caregivers and child. It privileges the voices of the parent/carer and child, recognising them as experts in their own situations</p> <p>The Meitheal Model looks at the whole child in a holistic manner, in the context of his or her family and environment. It takes into account strengths and resilience as well as difficulties and needs.</p> <p>Meitheal Model is outcomes focussed and should be implemented through a Lead Practitioner</p> <p>The Meitheal model is aligned with the wider Child and Family Support Agency Service Delivery Framework</p> | <p>who require indicated levels of prevention families.</p> <p>Not everyone who potentially could be assigned the lead practitioner role may have the expertise to carry out the role</p> <p>The consideration of the viability of continuing the Meitheal engagement beyond a year. Meaningful real engagement with a family can be slow and often the services required to support the child's additional needs have waiting lists at times 12 months plus</p> <p>The role of schools in relation to Meitheal remains unclear, will schools have the capacity or resources to take on the lead practitioner role?</p> <p>Meitheal is being implemented without any additional resources to schools and services and very limited up skilling/training</p> |
|--|---|

The children and families who participated in this research were engaging with multiple services and in most cases schools were aware of the parental substance misuse - this contradicts the use of the term 'Hidden Harm' (ACDA, 2003) that is commonly used in research and literature to encapsulate the experience of children and young people affected by parental substance misuse. The very recent Irish Hidden Harm Strategic Statement (2015) suggests the partnership approach between the HSE Drug and Alcohol Services and Tusla - Child and Family Agency aims to find a way to give a voice to the often "invisible" child who knows something is wrong, is trying to find a voice, tell a story or get help. This would suggest that 'Hidden Harm' initiatives and actions need to move beyond Tusla Child Protection Services and Drug and Alcohol services and into the schools where children are not 'hidden'.

Conclusion

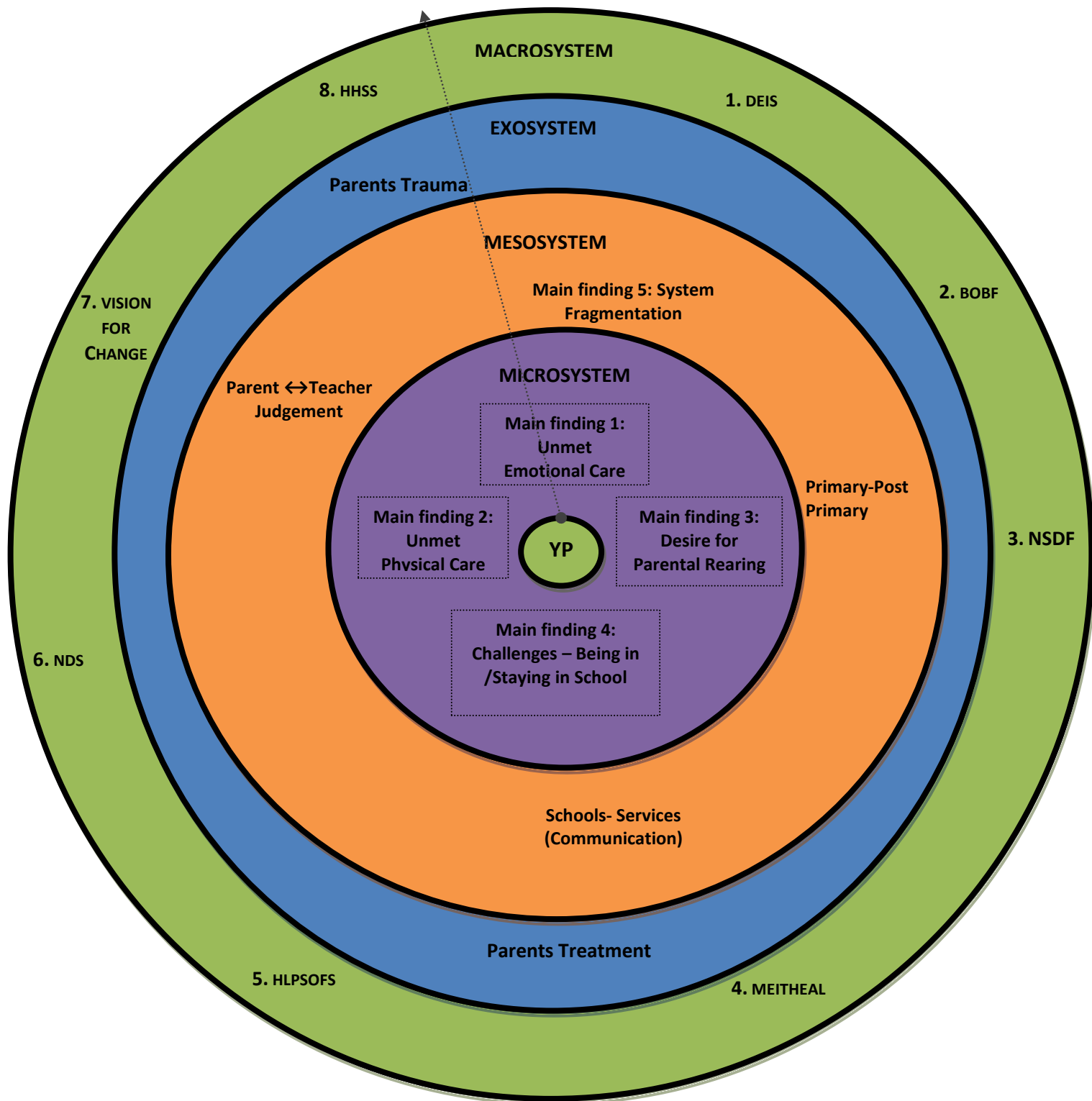
Bronfenbrenner's (1979) ecological theoretical framework was used both in the research design as is detailed in the methodology chapter and also as a way of understanding the thematic areas emerging from the data analysis in terms of understanding the external influences upon the child and his/her subsequent development and the interaction of the various external factors and systems that operate around an individual child. Five main findings were distilled from the thematic areas that arose in this research. If one looks at the five main findings one can immediately see that they relate specifically to the

Microsystem and mesosystem and to a lesser degree the exosystem level. The impact at the macrosystem level became evident through the analysis of the relevant policy and research areas and the gaps identified through this research process.

The Microsystem is the most influential subsystem, has the closest relationship to the person, and is the one where direct contact occurs - thus unmet needs in this subsystem has the potential for significant impact on healthy human growth, development and behaviour. The importance of strong parent child relationships cannot be understated in this context, as was the case for most of the young people. They recalled their parents (usually mother) being involved in their rearing for significant periods of their childhoods. All of the parents experienced trauma or abuse in their childhood or in intimate relationships and make connections between these traumas and their subsequent addictions. The relevance of this in relation to Bronfenbrenner's theoretical framework is highlighted here as parental experiences at the exosystem level impacts at the Microsystem level in relation to parent child interactions. Parents harbour significant feelings of guilt in relation to their children's experiences of parental substance which can escalate patterns of drug use. The school also forms part of the most influential subsystem on the child i.e. the Microsystem; therefore the school experience has potential for significant impact on the child/ young person. For children affected by parental substance misuse there was an overwhelming recall of the significance of school relations and atmosphere. The experiences recalled by parents and young people in relation to the impact of the parental substance misuse on participation in school are also relevant here, as within the systems of microsystems i.e. parent and school, primary and secondary school, all contributing to the child's participation in school. The mesosystem, which encompasses the interaction of the different microsystems which the developing child finds him/herself in, was found in relation to service provision to be working ineffectively for the majority of participants. The role of a lead practitioner is cited as helpful in addressing these deficits. Outreach is generally received as helpful but approach is key. The lead practitioner and outreach strategies appeared to support the mesosystem to function more effectively. The macrosystem is the largest and most distant to the child yet still exercises significant influence on the child. The political and economic systems sit here thus policy directing children's services emerges from this subsystem. The implications from these research findings for policy and research are summarised in the table below.

| Main Finding | Implications for Policy and Research |
|---|--|
| Main Finding 1 Unmet Emotional Care Needs | <p>Significant policy gaps within DEIS to respond to emotional difficulties of children affected by parental substance misuse who often have the cumulative impact of additional caring responsibilities, parental imprisonment and homelessness. Resource gaps to implement the Vision for Change policy to respond to these children and young people's mental health needs and a lack of priority given to this subgroup of children in BOBF in terms of prioritising access to health and therapeutic services.</p> <p>An examination into the relationship between social work waiting lists, thresholds, resources and responses and variations across communities is required to explore the connection that is anecdotally reported amongst practitioners.</p> <p>The voices of children and young people who have experienced omissions of physical and emotional care needs are scarce in international research and absent in Irish studies.</p> <p>The majority of omissions of care in this research were recalled by the parents with substantial regret and by the majority of young people as the fault of the drugs not their parents which would suggest they were circumstantial neglect.</p> |
| Main Finding 2 Unmet Physical Care Needs | <p>Systematic Food Strategy in schools absent from current Irish policy.</p> <p>Supporting the 'getting to' school beyond the scope and expertise of the limited outreach element of DEIS –HSCL.</p> <p>Getting to appointments challenging, health services on site in schools a way of overcoming this challenge.</p> |
| Main Finding 3 Desire for Parental Rearing | <p>Treatment options and variety for parents limited due to waiting lists and the lack of systematic Trauma Informed Care in Irish Drug Policy or Services.</p> <p>Barriers to parental engagement with the school were further compounded by their experiences of 'feeling judged'.</p> <p>Conversations and age appropriate communication in relation to the parent's addiction was found to be helpful for young people, no previous Irish research has highlighted this from a young person perspective, future research to explore programmes or interventions that could facilitate this communication.</p> |
| Main Finding 4 Challenges Being In and Staying In School | <p>Children affected by parental substance misuse in the context of improving educational outcomes are not recognised in BOBF, DEIS, NDS policy as being at increased risk for early school this is necessary to ensure an appropriate and resourced response in practice.</p> <p>School relations and school atmosphere are not recognised in policy as protective factors or factors for Early School Leaving prevention.</p> |

| | |
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| | <p>There is a requirement on schools to work out best practice on information sharing or confidentiality guidelines to ensure it is lawful, ethical, professional and respectful to children, young people and their families.</p> <p>Future studies to explore further the possible enhanced importance of school relations and atmosphere in the contexts of early school leaving prevention for children with multiple or chronic need. In particular, include the voices of Irish children and young people affected by parental substance misuse in relation to school experiences.</p> |
| Main Finding 5 System Fragmentation | <p>A gulf exists between policy statements, objectives, goals and the actual service received by children and families.</p> <p>Coordination and communication between services improved when families have the support of a lead practitioner/case worker type support, engagement is enhanced through outreach the 'how' of outreach is key. Meitheal, BOBF and DEIS demonstrate outreach gaps.</p> <p>The children and families who participated in this research were engaging with multiple services and in most cases schools were aware of the parental substance misuse this contradicts the use of the term 'Hidden Harm'.</p> |



1. DEIS: Delivering Equality of Opportunity (2005)
2. BOBF: Better Outcomes Brighter Future (2014-2020)
3. NSDF: National Service Delivery Framework, Tusla (2014)
4. Meitheal (2014)
5. HLPSOFS: High Level Policy Statement on Parenting and Family Support (2015)
6. NDS: National Drugs Strategy (2010-2016)
7. Vision for Change (2006)
8. HHSS Hidden Harm Strategic Statement (2015)

Chapter 6 Recommendations

In the light of the 5 main findings outlined in chapter five, four recommendations are suggested, if taken into consideration they could potentially bring about some positive changes for children affected by parental substance misuse. In order to successfully implement these recommendations change is required at a cultural, policy and practice level. A further recommendation is made in relation to learning for future studies. This recommendation is in respect of the methodological approach used in engaging what are referred to in research terms as a 'hard to reach group' or 'hidden populations'. The researcher challenges the use of the term 'hard to reach' and suggests the difficulty is in the 'how of engagement'

Recommendation 1A

A Family Outreach Model with lead practitioner / case worker roles is recommended to address the following key findings of this research; a) school attendance and attendance at health appointments issues; b) unmet care needs; c) young peoples and parents desire for parental rearing, family preservation; d) support parental engagement with the school; and e) improve coordination of and communication between the multiple services and schools where families are engaged. This model would recognise the need to work with the physical and emotional needs of the child and family as well as the academic for early school leaving prevention. Engagement of families who require indicated levels of prevention would be a core goal of this outreach model targeting children affected by parental substance misuse, children with additional caring responsibilities and children who are homeless. The model proposed would support the implementation of systems of care in practice. This model would require a skilled team of lead practitioner/case worker with cultural competence of communities facing social, economic and educational challenges. Education and Social Work researchers have highlighted the significance of cultural competence to enhance individuals and systems respectful and effective engagement with people of all classes and culture. Participants in this research recalled the importance of the worker 'being normal' and 'not snobby'. Ideally the lead practitioner/case workers would be situated in a larger multidisciplinary community team with easy access to mental health, addiction and other supports that would address the needs that emerged for participants of this research. The connection of the proposed model to the school is vital for early school leaving prevention

and for a holistic response to the child/ young person's needs. Social work and family support interventions have traditionally focused on the prevention of children and young people going into care and often do not extend the intervention to look at all of the aspects of the child's life which ultimately act as protective factors. Training for staff involved in outreach to families will be key to include the approach used as this is identified as significant for families in whether they will continue to allow people into their home. The proposed lead practitioner/case worker would work with a small case load of families at an intensive level in the family home or community settings where the family feel comfortable. Interventions and support should be offered at the individual and family level. Parents ideally could avail of emotional, parenting, practical, housing, addiction and financial support and crucially help deemed necessary by the parents themselves. Each child in the family would undergo a holistic assessment of their physical, emotional, behavioural, and educational needs and interventions and supports provided accordingly. Family supports should then be assessed and provided accordingly. An example of supports, interventions that could be provided directly by the lead practitioner /case worker would be parenting support, general emotional and practical support, support with parent and child communication/relationship, support child's attendance at school for example homeless children living distances from school in emergency accommodation and practical support to assist parents and children to the very often numerous health and education appointments. The lead practitioner/ case worker would also support the referral of the individual within the family or the whole family to other necessary services and of major importance remain engaged with the family to help them navigate what are often difficult systems for marginalised family's statutory mental health, social work and education systems. A programme budget should be provided to the lead practitioners/case workers to assist with physical care issues for example food, heating etc. for the family. Crucially the family outreach worker must be an advocate for the family. The nature of funding for such a model is key stable and long-term funding is vital for promoting smooth service delivery and reducing staff turnover. Previous findings identify that short-term funding was considered to risk disrupting critical processes of relationship building both with hard-to-reach groups and other services and short-term funding arrangements may enhance pressures on services to adopt a one-size-fits-all approach, risking compromising the flexibility required to meet diverse needs (Unger, Cuevas & Woolfolk 2007).

Recommendation 1B

Trauma informed drug services are recommended to address a key finding of this research, the trauma experienced by parents with substance misuse problems. In helping children affected by parental substance misuse the greatest thing we can do is help their parents, when parents access treatment and rehabilitation their children benefit. All parents interviewed in this study experienced trauma. Provision of trauma informed drug services are recommended for parents in the context of early school leaving prevention and family preservation. The principles of trauma-informed care are outlined by Elliott et al (2005) and are proposed for inclusion in Irish Drugs Services i.e. recovery from trauma as a primary goal, an empowerment model, maximising choices and controls over recovery, based in a relational collaboration, respectful of the need for safety, respect and acceptance, emphasises strengths, highlighting adaptations over symptoms and resilience over pathology, minimise the possibilities of re-traumatisation, cultural competence and understanding of each person in the context of his/her life experience and cultural background and finally client involvement in design and evaluation of services. Community based drug services would be a good starting point for the delivery of these services. However, these services have experienced drastic budgets between 2008 and 2014 the Drugs Initiative budget was cut by 37%, forcing essential local drug services on the ground to deal with cumulative cuts of up to 30%. These cuts have affected the whole range of services including treatment, rehabilitation, and aftercare (Citywide Drugs Crisis Campaign Manifesto for Election 2016). It is crucial that resources are now directed back in to these frontline services, as this is where even a relatively small investment can produce the most cost-effective outcomes into the future. The infrastructure of community based drug services is strong in Dublin and other major cities in around Ireland but would require development in more rural areas.

Recommendation 2

Hygiene supports, nursing supports onsite in schools, emotional supports and a food strategy are recommended to address the following key findings of this research; a) unmet physical and emotional care needs and b) challenges families experienced with multiple service appointments. It is proposed that DEIS schools be resourced to provide these ancillary services and supports that enhance children's' physical and emotional wellbeing and in turn participation in education. Unmet physical and emotional care needs were

found in this research to be impacting participation in education. Children affected by parental substance misuse, additional caring responsibilities and homelessness are vulnerable subgroups of children in this regard. Hygiene supports are recommended onsite in school. This would require schools to have shower and laundry facilities available and accessible to children and young people and spare uniforms kept onsite. Young people in secondary schools may be able to access these facilities independently however primary schools would need care staff to support children access such facilities, St.Ultans, primary school, Cherry Orchard in Dublin 10 is a model of good practice. Nursing supports, beyond the limited vision, hearing and vaccinations currently provided in Irish are proposed onsite in schools. The school nurse programmes in the US and UK support the numerous health needs of students including physical and mental health, sexual health, drugs and alcohol health promotion and reproductive health promotion. The school nurse could potentially take on a role in relation to child protection and welfare. The ease of access to and relationship with the nurse is key for these subgroups of children given the reported multi service involvement, challenges keeping appointments and significance of relationship when seeking help for the participants involved in this research. Emotional supports are proposed to address young people's reported issues of self-harm, lashing out aggressively and drug misuse. Mental health promotion and programmes should be the responsibility of all school staff. However, addressing issues of self-harm and trauma is beyond the role of the teacher and requires specialist therapeutic interventions. Recalling the challenges experienced accessing CAMHS and ineffective communication between CAMHS and schools for the participants of this research, accessibility to such therapeutic support and interagency working between the professionals providing the therapeutic interventions is vital to ensure, young people's emotional care needs are adequately supported. A food strategy as outlined by The Hunger Prevention in Schools Strategy Group is recommended, this would address hunger issues for children and young people in a non-stigmatising way.

Recommendation 3

Pre-service and in- service professional development is recommended for secondary school staff to address a) the importance of school atmosphere and relations as a protective factor for young people and a factor in early school leaving prevention b) parental engagement and c) Best Practice on 'Information Sharing'. Young people affected by parental substance misuse in this study overwhelmingly found primary school a break/escape from home. A

significant change in school atmosphere and school relations emerged in secondary school for most of the young people. The importance of the school as a caring and protective environment particularly for vulnerable groups of children needs to be acknowledged by the DES. The DES should provide pre and in service professional development in the following areas. Relationship significance 'One Key Adult' training covering attachment theory, strategies around attachment in the classroom and principles of the 'Key Adult' role. Conflict Resolution Training 'Therapeutic Crisis Intervention', this training program for child and youth care staff presents a crisis prevention and intervention model designed to teach staff how to help children learn constructive ways to handle crisis (www.tci.com). Hidden Harm training to raise awareness of the complex issues children affected by parental substance misuse face and how best to respond. Mental Health First Aid training to support teachers assist young people experiencing mental health challenges. Mental Health First Aid is the help offered to a person who is developing a mental health problem or who is experiencing a mental health crisis, until appropriate professional treatment is received or until the crisis resolves. It follows the model that has been successful with conventional first aid (www.mhfaireland.ie) Cultural Competence Awareness training to improve engagement with parents. Cultural competence is the key to thriving in culturally diverse classrooms and schools - and it can be learned, practiced, and institutionalized to better serve diverse students, their families, and their communities. (www.nea.org). Best practice training on 'Information Sharing' common in social work and family support domains.

Recommendation 4

Schools and community services to identify programmes/interventions to facilitate appropriate parent- child communication in relation to parental substance misuse to address the deficit of such programmes/ interventions in Ireland. In cognisance that all children in this study witnessed drug and alcohol related behaviours, one possibility is the M-PACT (Moving Parents and Children Together) Programme. Much of the content of M-PACT is focused on improving relationships between parents and children, such as exploring communication (e.g. being open and respectful), parenting (e.g. modelling boundaries and consistency) and asking families to develop a toolbox of strategies and activities to draw upon (as individuals and as families) in difficult times. Each programme is delivered by a team of four facilitators. An M-PACT programme brings together several families, where at least one parent has an alcohol or drug problem and where there is at least one child aged

8–17 years. Staff from community based organisations; school completion staff, lead practitioners/case workers (recommendation 1) and possibly Home School Liaison staff could facilitate programmes. Following a comprehensive family assessment the programme runs for eight consecutive weeks, with each weekly session covering a different topic (such as making sense of addiction, my family, communication, feelings and beliefs), and combining separate work with children and adults with work with family units or the whole group together.

Recommendation 5

This recommendation is in respect of the methodological approach used in the study to engage what are considered a 'hard to reach group/ hidden population' in research terms. This research process did not experience the challenges outlined in previous studies of engaging with 'hard to reach/hidden populations' and managed to 'give voice' to substance misusing parents and children affected by parental substance misuse. The researcher challenges the use of the term 'hard to reach' and suggests the difficulty is in the 'how of engagement'. It is recommended that data collection timeframes are extended when designing studies to engage the so-called 'hard to reach' populations. A number of the interviews were rescheduled. The researcher rescheduled with one young person three times and with one parent four times. This was accepted as part of what was required for this research process. The researcher ensured participants felt it was ok to cancel and reschedule, although this ultimately delayed the timeframes for data collection. Pre – meetings with participants are recommended to assist the engagement process. Prior to conducting interviews in this study the researcher had four meetings with young people and two meetings with parents. The purpose of these meetings and phone calls was to explain the study in detail and what was expected of the participants and to answer any questions. Location of interviews and meetings should also be considered when undertaking research with groups who are so often absent from research, local community centres, the participants home should all be explored, the purpose being to ensure the research participants are at ease. Community Partnerships i.e. working with local community organisations trusted by participants are also recommended for engaging traditionally neglected groups in research.

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Appendix A: Community and Drug Service Letter

To whom it may concern:

My name is Fiona Kearney I work in FamiliBase in Ballyfermot, a centre for children, young people and families living in Dublin 10. I am currently conducting research as part of my Education Masters by Research with St. Patricks College Drumcondra, the title of my research is 'A phenomenological investigation of the experiences, in the context of participation in education, of a cohort of Young People affected by Parental Substance Misuse from an area experiencing social exclusion'

I have worked with most of your organisations at some stage during my ten years employment in Dublin 10 thus I am aware that your school or service provides services to young people who are or have experienced parental substance misuse or to parents who have a current or previous substance misuse issue.

I am writing to invite both young people who have experienced parental substance misuse and parents with a current and previous substance misuse issue to take part in my research study. I have decided against using a flyer to recruit research participants as this is a sensitive area of research. I believe individually approaching potential participants is the best approach to recruitment as the requirements of participation in the research are best explained to parents and young initially by someone they trust. I am hoping you or another staff member in your organisation will be willing to assist me in the recruitment process.

Please see the attached Plain Language Statement outlining an introduction to the research study, details of what involvement in the research study will require, potential risks to participants from involvement in the Research Study (if greater than that encountered in everyday life), benefits (direct/ indirect) to participants from involvement in the research study, advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations, advice as to whether or not data is to be destroyed after a minimum period, statement that involvement in the research study is voluntary

Please don't hesitate to contact me for further information, on 0861727661.

Thank you in advance for your cooperation and support.

Kind Regards,

Fiona Kearney

Appendix B: Plain Language Statement- Young Person Participant

ST PATRICK'S COLLEGE DRUMCONDRA

Your participation in this research study is voluntary. It is up to you to decide if you want to participate in the study. Before you decide it is important for you to understand what the research involves and what you will be asked to do. This statement and the consent form will tell you about the study, why the research is being done, what you will be asked to do during the study and the possible benefits and risks of your participation.

If you decide to participate you will need to sign the consent form. If you do decide to participate in the study, you are still free to leave at any time, without giving any reasons. If you decide not to participate, you do not have to provide any reasons for your decision.

I. Introduction to the Research Study

This research is trying to find out the experiences of young people who have a parent who misuses drugs or alcohol and mainly how these issues affect young people participating in school. It also wants to hear the perspectives of parents, who have a current or previous drug issue, of their children's experiences of family, school and services.

The research also wants to discover how the family, school and services impact on children and young people's development and how schools, families and services can work together to achieve the best outcomes for children and young people.

II. Details of what involvement in the Research Study will require

You will be asked to take part in a semi structured interview. This is an interview with some direct question/answer format and space for you to talk in a less structured way. If you are under 18 you can have another adult you trust attend the interview with you. Interviews will be audio taped using a digital recorder and a transcript will be produced. The interviews will last about one hour. If this is too long we can break the interview up into two half hour interviews. You will be asked questions about your family, school and services you may have attended. There are no right or wrong answers, whatever answers you give you will not be judged in any way. If you don't want to answer a question you don't have to.

III. Potential risks to participants from involvement in the Research Study (if greater than that encountered in everyday life)

There are no serious risks beyond everyday life to participating in this study. It will possibly be an emotional interview recalling family and school experiences. IF you do need any support during or after your participation in the study, I will ensure that provision is made to support you through Familibase and /or a network of local services.

IV. Benefits (direct/ indirect) to participants from involvement in the Research Study

I hope your involvement in this research will be an opportunity to tell your story and be heard in a very respectful and non-judgemental way. There is also a wider benefit of the opportunity to influence policy and practice in relation to the needs of children and young people.

V. Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations

Every effort will be made to ensure that your identity will be protected however given the small sample this cannot be guaranteed. It is unlikely that you will be identified as you will not be named in the final report and your feedback will only be used to demonstrate themes. Your responses will not be seen by anyone other than me and my research supervisor. All information you provide is confidential however information provided can only be protected within the limitations of the law and Child Protection guidelines.

VI. Advice as to whether or not data is to be destroyed after a minimum period

Data from this study will be destroyed six months after the study is completed unless you are otherwise notified in writing. I will ask your consent if I would like to use the data for any other purposes.

VII. Statement that involvement in the Research Study is voluntary

Involvement in this research study is voluntary. Participants may withdraw from the study at any point. There will be no penalty for withdrawing before all stages of the study are complete.

If participants have concerns about this study and wish to contact an independent person, please contact:

REC Administration,
Research Office,
St Patrick's College,
Drumcondra,
Dublin 9.

Appendix C: Informed Consent Form –Young Person Participant

ST PATRICK’S COLLEGE DRUMCONDRA

The information should be presented in a form appropriate to the participants and should be addressed to them. It may be necessary to provide differently phrased ICFs for different research cohorts.

I. Research Study Title

An investigation of the experiences of participating in education, of a cohort of Young People affected by Parental Substance Misuse from an area of high social deprivation

II. Purpose of the Research

This research is trying to find out the experiences of young people who have a parent who misuses drugs or alcohol and mainly how these issues affect young people participating in school. It also wants to hear the perspectives of parents, who have a current or previous drug issue, of their children’s experiences of family, school and services.

The research also wants to discover how the family, school and services impact on children and young people’s development and how schools, families and services can work together to achieve the best outcomes for children and young people.

III. Requirements of Participation in Research Study

You will be asked to take part in a semi structured interview. This is an interview with some direct question/answer format and space for you to talk in a less structured way. If you are under 18 you can have another adult you trust attend the interview with you. Interviews will be audio taped using a digital recorder and a transcript will be produced. The interviews will last about one hour. If this is too long we can break the interview up into two half hour interviews. You will be asked questions about your family, school and services you may have attended.

IV. Confirmation that involvement in the Research Study is voluntary

I am aware that if I agree to take part in this study, I can withdraw from participation at any stage. There will be no penalty for withdrawing before all stages of the Research Study have been completed.

V. Arrangements to protect confidentiality of data, including when raw data will be destroyed, noting that confidentiality of information provided is subject to legal limitations.

Every effort will be made to ensure that your identity will be protected however given the small sample this cannot be guaranteed. It is unlikely that you will be identified as you will

not be named in the final report and your feedback will only be used to demonstrate themes. Your responses will not be seen by anyone other than me and my research supervisor. All information you provide is confidential however information provided can only be protected within the limitations of the law and Child Protection guidelines. All data collected will be stored in a locked press. Data from this study will be destroyed six months after the study is completed unless you are otherwise notified in writing. I will ask your consent if I would like to use the data for any other purpose.

VI. Participant – Please complete the following (or an appropriately phrased variation)
(Circle Yes or No for each question).

| | |
|---|---------------|
| <i>Have you read or had read to you the Plain Language Statement?</i> | <i>Yes/No</i> |
| <i>Do you understand the information provided?</i> | <i>Yes/No</i> |
| <i>Have you had an opportunity to ask questions and discuss this study?</i> | <i>Yes/No</i> |
| <i>Have you received satisfactory answers to all your questions?</i> | <i>Yes/No</i> |

VII. Signature:

I have read and understood the information in this form. The researchers have answered my questions and concerns, and I have a copy of this consent form. Therefore, I consent to take part in this research project

Participant's Signature:

Name in Block Capitals:

Witness:

Date:

Appendix D: Plain Language Statement- Parent Participant

ST PATRICK'S COLLEGE DRUMCONDRA

Your participation in this research study is voluntary. It is up to you to decide if you want to participate in the study. Before you decide it is important for you to understand what the research involves and what you will be asked to do. This statement and the consent form will tell you about the study, why the research is being done, what you will be asked to do during the study and the possible benefits and risks of your participation.

If you decide to participate you will need to sign the consent form. If you do decide to participate in the study, you are still free to leave at any time, without giving any reasons. If you decide not to participate, you do not have to provide any reasons for your decision.

I. Introduction to the Research Study

This research is trying to find out the experiences of young people who have a parent who misuses drugs or alcohol and mainly how these issues affect young people participating in school. It also wants to hear the perspectives of parents, who have a current or previous drug issue, of their children's experiences of family, school and services.

The research also wants to discover how the family, school and services impact on children and young people's development and how schools, families and services can work together to achieve the best outcomes for children and young people.

II. Details of what involvement in the Research Study will require

You will be asked to take part in a semi structured interview. This is an interview with some direct question/answer format and space for you to talk in a less structured way. Interviews will be audio taped using a digital recorder and a transcript will be produced. The interviews will last about one hour. You will be asked questions about your family, your drug and/or alcohol use and you and your child's experience of your child's school, education and any services they may be engaged with or previously engaged.

III. Potential risks to participants from involvement in the Research Study (if greater than that encountered in everyday life)

There are no serious risks beyond everyday life to participating in this study. It will possibly be an emotional interview recalling family and school experiences. IF you do need any support during or after your participation in the study, I will ensure that provision is made to support you through Familibase and /or a network of local services.

IV. Benefits (direct/ indirect) to participants from involvement in the Research Study

I hope your involvement in this research will be an opportunity to tell your story and be heard in a very respectful and non-judgemental way. There is also a wider benefit of the opportunity to influence policy and practice in relation to the needs of children and young people.

V. Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations

Every effort will be made to ensure that your identity will be protected however given the small sample this cannot be guaranteed. It is unlikely that you will be identified as you will not be named in the final report and your feedback will only be used to demonstrate themes. Your responses will not be seen by anyone other than me and my research supervisor. All information you provide is confidential however information provided can only be protected within the limitations of the law and Child Protection guidelines.

VI. Advice as to whether or not data is to be destroyed after a minimum period

Data from this study will be destroyed six months after the study is completed unless you are otherwise notified in writing. I will ask your consent if I would like to use the data for any other purposes.

VII. Statement that involvement in the Research Study is voluntary

Involvement in this research study is voluntary. Participants may withdraw from the study at any point. There will be no penalty for withdrawing before all stages of the study are complete.

If participants have concerns about this study and wish to contact an independent person, please contact:

**REC Administration,
Research Office,
St Patrick's College,
Drumcondra,
Dublin 9.**

Appendix E: Informed Consent Form –Parent Participant

ST PATRICK’S COLLEGE DRUMCONDRA

The information should be presented in a form appropriate to the participants and should be addressed to them. It may be necessary to provide differently phrased ICFs for different research cohorts.

I. Research Study Title

‘A phenomenological investigation of the experiences, in the context of participation in education, of a cohort of Young People affected by Parental Substance Misuse from an area of high social deprivation’

II. Purpose of the Research

This research is trying to find out the experiences of young people who have a parent who misuses drugs or alcohol and mainly how these issues affect young people participating in school. It also wants to hear the perspectives of parents, who have a current or previous drug issue, of their children’s experiences of family, school and services.

The research also wants to discover how the family, school and services impact on children and young people’s development and how schools, families and services can work together to achieve the best outcomes for children and young people.

III. Requirements of Participation in Research Study

You will be asked to take part in a semi structured interview. This is an interview with some direct question/answer format and space for you to talk in a less structured way. Interviews will be audio taped using a digital recorder and a transcript will be produced. The interviews will last about one hour. You will be asked questions about your family, your drug and/or alcohol use and you and your child’s experience of your child’s school, education and any services they may be engaged with or previously engaged.

IV. Confirmation that involvement in the Research Study is voluntary

I am aware that if I agree to take part in this study, I can withdraw from participation at any stage. There will be no penalty for withdrawing before all stages of the Research Study have been completed.

V. Arrangements to protect confidentiality of data, including when raw data will be destroyed, noting that confidentiality of information provided is subject to legal limitations.

Every effort will be made to ensure that your identity will be protected however given the small sample this cannot be guaranteed. It is unlikely that you will be identified as you will

not be named in the final report and your feedback will only be used to demonstrate themes. Your responses will not be seen by anyone other than me and my research supervisor. All information you provide is confidential however information provided can only be protected within the limitations of the law and Child Protection guidelines. All data collected will be stored in a locked press. Data from this study will be destroyed six months after the study is completed unless you are otherwise notified in writing. I will ask your consent if I would like to use the data for any other purpose.

VI. Participant – Please complete the following (or an appropriately phrased variation)
(Circle Yes or No for each question).

| | |
|---|---------------|
| <i>Have you read or had read to you the Plain Language Statement?</i> | <i>Yes/No</i> |
| <i>Do you understand the information provided?</i> | <i>Yes/No</i> |
| <i>Have you had an opportunity to ask questions and discuss this study?</i> | <i>Yes/No</i> |
| <i>Have you received satisfactory answers to all your questions?</i> | <i>Yes/No</i> |

V. Signature:

I have read and understood the information in this form. The researchers have answered my questions and concerns, and I have a copy of this consent form. Therefore, I consent to take part in this research project

Participant's Signature:

Name in Block Capitals:

Witness:

Date:

Appendix F: Interview Questions for Young People

Question will be asked across each section of the life grid and answers will be recorded on the grid

Secondary refers to all school and education centres attended by Young People post primary

Family:

1. Tell me who was caring for you/looking after you when you were in primary/secondary/now?
2. Tell me about the people in your life who were important to you when you were in primary/secondary/now? Mam, Dad, Brothers, Sisters, Grandad, Granny, Uncle, Auntie, anyone else? Why?
3. Where did you live when you were in primary/secondary/now? What was the neighbourhood like?
4. Tell me about your parents drug or alcohol when you were in primary/secondary/now?
5. Tell me about your relationship like with your parents when you were in primary/secondary/now?
6. Do you think your parents drug or alcohol use was affecting you when you were in primary/secondary/now?
7. Did/Do you use drugs/alcohol in primary/secondary/now?

School/Education Facility:

1. Tell me about your primary/secondary school and any other education centre you attended Youth reach etc.?
2. What did you like /dislike about primary/secondary?
3. Who was your best friend at primary/secondary/now?
4. How did the primary/secondary/ handle kids who acted out/got in trouble?
5. Was/Is there anyone in primary/secondary/now you felt/feel you could talk to about problems, if so tell me about this?

6. Did the primary/ secondary know about your parents drug and alcohol use? If so how did you feel about them knowing?

Services

1. Did you attend any groups inside primary/secondary or talk with someone a lot, if so tell me your experience of this?
2. Did /Do you have to go to appointments in Health Centres or Clinics e.g. CAMHS, Speech and Language, counselling etc. (I will explore) when you were in primary/secondary or now? Tell me about these services?
3. Did/Do your parents or anyone in your family attend local services when you were in primary/secondary/now? If so what services? Did the school know family were engaging with services?
4. Did/Do any workers from services ever call to your home when you were in primary/secondary/now? Tell me about your experience of people calling to your home?
5. Can you recall the services and school meeting together?

Appendix G: Interview Questions for Parents

Family/Lifestyle

1. Tell me about yourself and your family, partner/s, children, extended family?
2. What is the neighbourhood like?
3. Tell me about your drug or alcohol use, when and how did you start, have you ever got sober/clean, how is it now?
4. How would you describe your relationships with your kids?
5. Do you think your drug or alcohol use affected your children? If so how?

Childs School

1. Tell me about your child/children's primary/secondary school?
2. How did your child/ children get on in primary/secondary school? Did they get good grades, complete Junior Cert, Leaving Cert? Did they have friends, play sport, take part in afterschool activities? What was their behaviour like at school, did they act out, withdraw, no issues?
3. How did the school handle children who acted out/misbehaved?
4. Did the primary/secondary school know you were a drug/alcohol user? If so did they ever discuss this with you?
5. How did you feel attending meetings/events in the primary/secondary school?
6. Was there anybody in the primary/secondary school who you felt you could talk to about problems, if so tell me about your experience?

Services

1. Tell me about any supports, extra help or services your child received in school?
2. Did your child attend Health Centres or Clinics e.g. CAMHS, Speech and Language, Counselling, Social Work appointments or local community services e.g. clubs outside of school, if so what was your and your child's experience of these services?
3. Did you or anyone in your family access services for support, if so tell me about your experience of these services?
4. Did any workers from schools/services ever call to your home? How did you feel about that?
5. Can you recall the services and schools meeting together?