Everyone Has a Story
Overview Report

…it starts with listening to their story.”
“We found that the young people who engaged in the process also found it very empowering.”
Practitioner

Overview Report

This report provides an overview of the ‘Everyone Has a Story’ project and is followed by four Component Parts and Appendices offering in-depth explorations.

Overview Report

Component 1  - What we hear from the stories and experiences - practitioners*
Component 2  - What practitioners tell us - survey respondents
Component 3  - How young people could share their story - young people
Component 4  - What the evidence tells us - research

Appendices

*For this work we define practitioners as any worker providing direct support to children, young people and families whose parents are at any stage of their own recovery journey (or whose parents still have a drug and alcohol related problem).

All resources are available at www.ltsbfoundationforscotland.org.uk
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How to use this resource

“I drew a picture of a bottle of wine and wrote, ‘No Wine Allowed in This House’, but, it didn’t make a difference.”
Female aged 7
"Everyone Has a Story" focuses on the voices of young people.

The purpose of the project was to address specific gaps in knowledge, support and evidence, by using a participatory and consultative approach. The aim is to improve the support for children and young people whose parents are in recovery and look to:

• Increase awareness of the views from children and young people.
• Increase understanding of support needs for children and young people.
• Enhance practitioner skills to deliver supportive models based on evidence of need.
• Increase strategic planning and policy developments in this area.
• Increase applications to PDI that will recognise the needs and views of children and young people.
• Contribute to the improved long-term well-being for children and young people.

This report is rooted in listening and supported by an evidence review. The full resource consists of four component parts:

What we hear from the stories and experiences -
the insights of children and young people who consented to sharing their feelings and experiences with their trusted worker.

What practitioners tell us -
an understanding of what practitioners are doing in terms of support, seeing change in young people and families and what they feel is needed.

How young people could share their story -
an innovative exploration by a small group of young people that looked at how they may want to share a story.

What the evidence tells us -
an insight into the existing literature available from academic studies, our analysis of the practice surveys and other surveys conducted in Scotland.

The full resource provides approaches and methods that have been developed and tried out with a number of individuals and groups.

These include:
• Recommendations to improve the support for children and young people.
• The ethical and consent framework designed to assist this approach.
• The framework used by the practitioner action learning group to support active listening.
• Case Studies.
• The blueprint developed by young people on how to build a story bank.
Making the most of the material

This resource can be read as one report or as individual components. We do recognise that there may be specific areas of particular relevance to certain audiences.

Practitioners should

Read the stories and see if they resonate with their own experiences.

Be interested to see the views from the survey findings.

Try the framework used for reflecting and analysing a story.

Consider taking forward story analysis within group supervision in their service.

Policymakers should

Read the stories and consider how they can continue to hear these messages, when planning.

Review the evidence and consider how it could address the gaps, to better inform policy.

Consider how we collectively take forward the ideas and views presented by the young people involved in sharing their stories.

You can access all components and the additional supportive materials via www.ltsbfoundationforscotland.org.uk or 0131 444 4020.

The PDI would welcome feedback on all these developments as they are used by practitioners, academics and policymakers.

You will also find markers and quotation boxes that will highlight points of interest, quotes and information.

Children and young people’s voices

Research

Action Learning Set Practitioners

Practitioner Survey Information

Government and Policy

Facilitators
“Mum looks better, she tells me off now. I have to go to school and mum does normal things like cooking. Dad is more interested in what I am doing at school, there is more money to do nice things as a family.”

Story told to practitioner
Survey Response
Foreword

“She wants alcohol more than she wants us. Why doesn’t she stop?”
Male aged 8-11
Recovery from problematic alcohol and other drug use has been a national Scottish policy priority since 2008. The Partnership Drugs Initiative (PDI) Steering Group were concerned about the impact of parental recovery on children and young people and wanted to improve our understanding of their own recovery needs. We took an action learning approach to this work.

We would like to take this opportunity to thank the co-investment partners; The Scottish Government and The Robertson Trust who committed resources alongside this Foundation. Their commitment in helping the PDI to address the gap in understanding children's and young people's views has made this work possible.

We started the process in 2014 recognising that if we were going to learn and hear about the experiences from children and young people whose parents are in recovery we needed to ensure their rights are at the centre of the process. The importance and value placed on this is rooted in Lloyds TSB Foundation for Scotland's own ethos which aims to reach and support people and communities across Scotland. Working through practitioners and directly with children and young people has helped to reinforce the rights of children and young people to feel listened to and safe.

‘Action learning’ was at the heart of this research from the beginning and we are delighted the practitioners involved with Evaluation Support Scotland fully embraced this process. As the process evolved, we came to understand it more as ‘participatory learning’ from engagement with children, young people and many more practitioners. This has helped to develop different routes to shape the resource. The input and feedback from all sources have been invaluable in giving us more insights and building a stronger knowledge base.

This ongoing participatory approach, while not new in some respects, is innovative: this can be seen in the way it captures and collates knowledge and experiences from a range of sources to build a better understanding of the theme. At the beginning it was unclear what would emerge and whether the different elements would complement or contradict existing knowledge. This provided thoughtful and lengthy discussions on approach, process and analysis, but at all times these remained true to ensuring the voices of children and young people were heard and were central to the work.

We started off with the aim of increasing our understanding of the recovery needs for children and young people. However, what we learnt was that ‘recovery’ isn’t something that is recognised in the world of the child or young person, but change is — change in living situations, change in the family dynamic, change in relationships. These changes are what children and young people want to know about and understand. Therefore, this is where our focus should lie.

This project was carried out during 2015 and presents an insight into what we hear and what we currently know. This evidence, presented in the four supporting components, would suggest a disconnect between practitioners on the one hand, and children and young people and families on the other, in their understanding of what recovery means. If there is no common understanding of what recovery is, then how can it be discussed? Thought needs to be given to what is needed to find this common meaning, in a way that is meaningful and
important to the child or young person. We must continually listen to their story if we are to meet their needs. Again we would reiterate that we need to focus on their understanding of change, both positive and negative, in their parent’s life as well as in their own, and how this will have an impact on them.

We now have a clearer understanding of how little we know about the awareness children and young people have of the idea of recovery; and how little acknowledgement there is of their particular needs and concerns. Consequently, our work has afforded the opportunity to understand better how we can support children and young people through life-changing family experiences. As more adults enter recovery, there is a growing need to embrace the outcomes of this particular piece of work.

The recommendations within this resource include the recognition that a range of key players; children and young people, Partnership Drugs Initiative, Scottish Government, and those involved in planning services, have scope to build on this work for the future. Following reflection on the evidence gathered here, we hope it is recognised that a whole family approach is the model that can best provide practical and therapeutic support for a child, their parent/carer and the extended family. The whole family approach and understanding the implications of recovery on the child, should be central to any family model. Within it, space must be given for the child to feel listened to, and to understand and manage the changing dynamics and feelings associated with parental recovery from substance use.

One of the main themes emerging from the recommendations is for workforce development and a cultural shift supporting more space for active listening. This is a critical step in assisting us to design for the future, whole family approaches that encourage more integrated working. This piece of work would not have been possible without the involvement of children and young people, and practitioners, who committed their time and energy consistently over the last year.

Firstly, our appreciation goes to the young people who worked alongside Icecream Architecture to explore the concept ‘How do you want to share your story?’ By supporting young people to take a lead, a number of strong ideas and messages have emerged, not least the title for this resource, ‘Everyone Has a Story.’ Their input and work have identified that there is sometimes a lack of awareness, by adults, of the importance of language and means of communication to children and young people. While we may believe that we have this awareness, it is evident, from the reviews of materials by some of the young people involved in this project, that this is not the case. This helps us see the importance of making the space to listen and then to act.
Secondly, our gratitude goes to the practitioners involved in the action leaning set, who were facilitated by Evaluation Support Scotland. These practitioners looked at ways to collate and analyse the stories shared by the children and young people they support. It was both a powerful and honest approach allowing for meaningful and thoughtful space to fully consider what we hear from the children and young people.

Next, we are indebted to the members of the Reference Group who have voluntarily given their time to provide a strong supportive steer to the overall framework and the content of this project. And, our thanks go to all the practitioners who have participated through input at our events in January and November 2015, and with contributions in the survey. Thank you— it has helped to give us a better insight into what is happening in Scotland, as children and young people’s voices become more prominent in policy and practice.

The completion of this lengthy and complex, multi-agency project, has relied upon the skilled coordination and consistent motivation of Elaine Wilson, PDI Programme & Strategic Manager. Following a review of PDI supported projects, Elaine identified an opportunity to explore the views and needs of children and young people, experiencing parental recovery from problematic use of drugs and alcohol, in more detail. Two years of thorough scoping and widespread consultation to engage children and young people, and practitioners have resulted in the revelatory findings contained within ‘Everyone Has a Story’.

Finally, our gratitude and thanks go to all the children and young people who allowed their support worker to use their stories in this process; not all are shared here, but all were heard and have helped offer greater awareness of the need for continual support.

Joy Barlow, MBE
Chair of Everyone Has a Story Reference Group
Trustee Lloyds TSB Foundation for Scotland
“I don’t really think about it very often but when it happens, it happens and THEN I have to think about it.”

“When mum was ill she was drinking wine and she dropped the glass - the glass smashed to pieces - it was a pity because it was a really nice glass and had a gold rim around the top. Luckily we have others the same, but that’s not really the point.”

“Because she has been sober for a year she is getting herself a new phone, but I think she deserved it at least a month ago!! I think she should get a present every year and it should get better the longer she stays sober. It doesn’t have to be expensive ... or even bought, it could be something I made her. Made presents are better because they are made by the people you love.”

Chloe’s Story (age 9)
“She drinks a lot and it needs to stop not just for herself but for her family. She is loving and caring. I love her. She is amazing.”

Female aged 11
Summary

When a child or young person has a parent in recovery from problematic drug or alcohol use, their stories are crucial to understanding, supporting and assisting them to thrive. ‘Everyone Has a Story’ shows us we need to listen more to these stories and how this can be done.

Why consult with children, young people and practitioners?

The Scottish Government’s Drugs Strategy (Road to Recovery, 2008) recognised the importance of supporting individuals in relation to their problematic drug and alcohol use. Significantly, it also addressed the needs of children and young people affected by parental substance misuse but did not fully cover the impact of a parent’s recovery on their children. Anecdotal feedback, through speaking to practitioners supported through the PDI, increased our awareness that children and young people didn’t always understand what was happening during parental recovery; it didn’t always feel positive and they weren’t fully prepared to understand why their role in the family was changing.

What we did

In January 2015 the PDI launched an action learning project to help better understand what recovery means for children and young people; the voices of children and young people would be at the heart of the project. Fourteen practitioners, all working with children and young people, responded to our ‘call to action’ to participate in this work.

The participatory action learning approach was supported by reviewing the existing evidence and gathering views from 207 practitioners working with children, young people, and families in recovery or still living with drug and alcohol problems.

Hearing directly from children and young people was vital and made possible through pre-existing relationships with practitioners, enabling a safe and supportive place to share stories. From the original 14, nine practitioners stayed engaged throughout the process and shaped an approach for safely and supportively prompting and collating stories, facilitated by Evaluation Support Scotland. Their engagement methods are outlined in more detail in Component One of this resource. Of critical importance to their work was the way we heard and collated children and young people’s stories at a pace that suited them. This was supported by the development and use of five key questions to help with an active listening approach.

1. What are we noticing?
2. What matters to the young people?
3. Who else is involved?
4. What’s our part?
5. What’s the conclusion?
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Following feedback from our ‘call to action’ we worked with a small group of young people to ensure their views and thoughts were embedded in the approach.

**What we learnt**

It was difficult to identify within all this work how many children and young people’s parents are in recovery. We have gathered strong supportive evidence from the stories which is vital for change, but understanding how many children and young people this could impact is more challenging. A greater emphasis on how we collate relevant data on the number of parents entering recovery is required, but we must ensure their children are included as well, as this is imperative to support this work going forward.

The evidence and academic literature reviewed illustrated the ways parental problematic substance use can impact family life, and also the support needs of children and young people. With little literature on the impact of recovery on children and young people, this focused more on risks and protective factors for children and young people. Closer analysis of the evidence helps to identify the protective factors that may facilitate child well-being and positive outcomes e.g., the role of positive family relationships and opportunity for respite. It also highlights the potential risks and vulnerabilities of children and young people affected by parental substance issues, with a great deal of emphasis on emotional neglect and trauma.

The analysis of the evidence also looked at how the risks may be mitigated through recovery or if the long-term effects of adversity are difficult to overcome. It is worth noting, the evidence reviewed within childhood trauma and neglect studies provided scope to understand the ways negative events in childhood can be the source of irreversible damage, shaping outcomes in adulthood.

The evidence also demonstrates the diverse and at times unstable living arrangements children and young people may experience, as a result of parental substance issues and recovery. There is some very supportive evidence around living arrangements, but little that fully explores the complexity of family relationships.

**Children and young people need to feel safe and supported to be able to tell their story.** The stories shared in this project are real, honest and reflect a moment in time. They build a picture of what young people feel and potentially want in relation to parental recovery. Children and young people can feel angry, responsible for their parents, fearful of or displaced by recovery and very aware of changes in their family, as opposed to being aware of the recovery journey itself. **All the stories and the process of collating these stories are shared in component one of this resource.**

**What we learn from stories is the importance of really hearing what young people say is important to them e.g. understanding change, managing their emotions or wanting to feel normal.**
Many of these feelings are echoed by what is expressed by practitioners responding to the survey. The lack of awareness of recovery among the children or young people is not only evident from their own stories, but also in the evidence we reviewed and the feedback from the practitioners survey.

The feedback and analysis of the responses from practitioners reinforce that many children and young people know a lot about their parents’ drug and alcohol problems, but little about recovery. The analysis of the practitioners’ survey provides a rich source of information on support that is currently offered. There is a strong commitment, through the responses to the importance of ensuring children and young people's needs are seen as central to a parent's recovery journey. But, there is an acknowledgment in the responses that we aren’t there yet, and more needs to be done to support this through better integrated working.

Reflecting on the survey responses and the stories, we have heard that there is sometimes a disconnect between what we assume children and young people need and what they actually want. This awareness comes from the action learning set members who often said their assumptions got in the way of hearing the story. This is most evident in the responses to recovery, when it appears more information is the answer, without asking children and young people if this is what they want.

The action learning set members worked at the pace of the young person, and focused on their assumptions taking a back seat. A series of cues were developed that assisted them to improve their approach to listening and knowing when to continue and when to stop. Some of the examples include:

- Other than words what else might tell you what is important to the young person?
- What's important about your attitude and approach?
- How do you know when to go deeper and when to stop the conversation?
- Being open and honest with what you will do with that information.
- Following through on any promised actions

32% of practitioners working with children aged 9-12 observed an increase in anxiety as a result of their parent’s recovery. This level of worry for young people is something we need to address through the provision of supportive space and safety, to both listen and be heard. In the age group 9-12, we see the highest level of caring responsibilities. We need to consider how we help them if they are in caring roles, but just as importantly, how we help them when caring roles change. The evidence review provides us with findings on the importance of family dynamics. Such changes can be of critical importance and should be at the forefront of our work supporting parental recovery, if we are to help children and young people understand these changes and

“I came home and found you using heroin again, but did I tell anyone? NO, I hid it for you so you didn’t get into trouble, but no more. I can’t stand it. I don’t want to live here anymore. You don’t care about me!”
Female aged 15
improve their coping strategies. The full report and in-depth analysis of the findings from the practitioner survey are included in component two of this resource.

There is a wide diversity in feelings from the practitioner survey and a need to recognise that all changes for children and young people are as important as their parent’s.

One of the key messages from this work is the need for further evidence, from the voices of children and young people, to help us better understand what a child or young person feels during a parent’s recovery journey. Through component three of this resource we have started thinking about a different approach to researching and gathering stories.

Working with a group of young people (aged 15 - 17) we aimed to look at answering the question of how they wanted to share. Similarly to the experiences from the children and young people who shared with the practitioners in the action learning set, young people involved in this group also struggled with the idea of sharing their story.

"Why would you want to hear my story?"  
Young participant

Once it was explained that the aim was to provide the opportunity for other children and young people to hear stories, and that by hearing more of these stories we can make better decisions about how they are supported, they designed something that reflected their needs. Again, this component shows an apparent disconnect between what children and young people want and what policymakers and other bodies assume young people want. Therefore, a key action is if we want to provide age-appropriate information on change and recovery, we need to ask them first; how, what, where and why?

The young people designed a blueprint that offers a different information model, based on their stories and shared over their timescales. Using a text based model, as the main way to communicate, it gives the young person ownership of their story and also gives them the authority of when to share and who to share with.

The ideas around what and how the groups of young people we worked with want to share are included in component three along with a blueprint of their design.

One of the greatest insights of this work is the deeper understanding of the views of children and young people’s stories, as shared by the action learning set members. Their skills and understanding of the importance of hearing the story increased through this process, ensuring their analysis reflected the child or young person’s voice and words. What emerged was a frequent need for practitioners to act first before listening.
We’ve learnt that listening to young people and really hearing them can be two different things. We have to recognise our own reactions and stop ourselves from jumping to action too quickly.

This drive to action can get in the way of actively listening to a story and have the consequence of overlooking the support a child or young person may want. This honest reflection is a key learning point; many of the action learning set members have looked at how they better introduce analysis of what we hear from children and young people as part of their day-to-day practice.

It is important to know when a child or young person is ready to open up and to ensure they have a safe and supportive space, should they choose to share.

The potential risk that children and young people’s needs are overlooked is echoed by the findings from the practitioner survey responses; asked about negative feelings, there was a sense that positive change for the parent may still have an impact on the child or young person. Once again, this highlights to us the importance of listening.

“It have had experience of children wishing their parents would go back to using as that is familiar for them and the stress of a possibility of relapse causes the young person increased anxiety.”
Survey Respondent

It is important to remember that throughout the majority of stories the feeling of love for their parents and wanting positive change for them is clear. This echoes the existing evidence in relation to the protective factors in place in families. As some young people get older that hopeful anticipation of change may start to diminish but this also reinforces the need to prioritise continued safe space and the time to share their stories.
All the stories young people allowed us to share are included in component one along with what the stories tell us. This is supported by the practitioner guidance on how to gather the stories along with methods, resources and top tips in component one.

The evidence review highlighted the role of relationships and living conditions as a facilitator for positive outcome and resilience. The stories shared by the children and young people in this project also referred to the importance of relationships and home life, but expressed little about recovery in itself.

The full review of the evidence is available in component four of this resource. It is important to consider the need for further studies that truly help us understand the journey of the child or young person, whose parents are in recovery.

‘Everyone Has a Story’ indicates what we have learnt and where further academic research would be beneficial. More importantly, it provides a real opportunity; gathering the most effective evidence by hearing the voices of children and young people themselves. Of fundamental importance is how we add to this body of understanding and assist in ensuring that individually and collectively (e.g. as grassroots groups and more formal organisations) we consider the report’s recommendations, resource and build them into future workforce development, planning and day-to-day service delivery.
Gemma’s Story

“Today my mother is a known shoplifter, drug and alcohol user, burglar, vandal – the list goes on. But she wasn’t always like this. She may have been immature but she was a good mum.”
Gemma’s Story

This is a real story with details changed to preserve anonymity.

Having a parent that abuses drugs or alcohol is a very difficult thing to grow up with. Especially if it means that the parental role falls upon the child.

Unfortunately this happens. I had first-hand experience. At the age of six I became the carer to both my mum and my younger brother.

Today my mother is a known shoplifter, drug and alcohol user, burglar, vandal — the list goes on. But, she wasn’t always like this. She may have been immature but she was a good mum. Over the years I’ve watched her deteriorate and change. I feel like drugs and alcohol didn’t just result in a criminal record or damage her appearance, it affected her mentally and changed the way she looks at life — who she is as a person.

When I was wee, I had a very happy childhood. Growing up in a small town, two loving parents, and me and my younger brother spoiled rotten. We took things like toys, gas, electric and food in the cupboards for granted. There were no worries, no arguments — my parents adored each other. At the age of five, I started picking up on heated conversations and violence between my parents. At the age of six, my father went to jail. He was part of a huge, dangerous family and wound up on a serious criminal charge. This left my mother a single parent with two kids to look after and the beginnings of an alcohol problem.

This was when her mood changed. She went from being the strong, happy, healthy, beautiful mother I knew to the emotional and frail person I know today. At first it was just alcohol. She would get drunk all through the day and at some point pass out. As a result, my primary school attendance got more and more irregular. On the days I did go in and my mum failed to pick me up, I was realising that she was likely passed out on the living room floor, music blaring, doors locked. Yet whenever the social worker came round she seemed to be her usual self, happy and alert.

With mum drinking all the time, there were always people in and out of the house — 90% of them I really didn’t like. She’d let people stay over and fights would break out. It was difficult. My main priority was my younger brother — I constantly had to make sure he was okay and out of harm’s way. Although my mum was usually in the middle of what was going on, she seemed to keep herself out of trouble.

Most nights I would be lucky if I got any sleep. I’d get my brother ready for bed and asleep before attempting the same with mum. When she was drinking it was a lot more difficult. If she was passed out I would have to physically drag her through the house to get her changed for bed. Then, it was the case of keeping her in bed until she passed out. It wasn’t uncommon for her to get violent or abusive while this was happening but most of the time she would just be pouring her heart out, looking for sympathy, before eventually falling asleep.
At the age of six I was the main carer and had to learn to be an adult.

By the time I was seven my mother was taking heroin. In a way the drugs were better than the alcohol. When she was on the drugs she would dose off regularly but I could wake her if I wanted too. She might be mumbling but if you shook her enough you would eventually get out of her what she was trying to say. On heroin she was mellow, no mood swings or lashing out. She wasn’t falling all over the place and I could have her in bed at a reasonable time although, I was constantly scanning for drug paraphernalia lying around, in case my brother got a hold of it.

But, with alcohol, there was no talking to her. She thought the whole world was against her and she couldn’t live without Dad.

Instead of going to school I was learning how to rig the electric meter, hide drugs or alcohol and shop for necessities. Shopkeepers would put wee extras in the bag or let me off when I was short of money. Living in a close knit community, it was as if everyone knew what was going on but wouldn’t get involved ... 26p off bread and a free bag of sweeties was their good deed over and dealt with.

At seven and a half I went into hospital for surgery. When I got out, I was to use a wheelchair for six weeks, followed by crutches and physio to strengthen me and ensure everything healed properly. Unfortunately, less than six weeks after I got out my mother was back to her usual ways with drugs and alcohol. This meant I had to return to my parental role. I was the carer even when I needed to be cared for myself. This had an effect on me physically, resulting in permanent damage because I came out of the wheelchair early, didn’t use crutches or do physio. In a way it makes me angry. If I had a mum that wasn’t an addict then I would have had the support and a simple operation would have fixed itself. Now I am facing a number of operations as I go through life.

My mother’s drug and alcohol abuse affected me physically and mentally.

Growing up she would tell us that she was going to phone social work to get us taken away or phone the police to get us locked up — so we wouldn’t tell anyone about what was going on at home, so we would just do as we were told.

Even today I can’t help but feel wary around professionals. A reminder, every now and again about growing up, wondering if they are assessing me or my behaviour to see if I’m up to their standards. I barely talk about my father’s side of the family. I don’t want people to look at me and see my family and their flaws.

At the age of eight, my education was practically non-existent. When I did turn up at school I was usually tired, bad tempered, had no concentration and would lash out at teachers. I was scared that the teachers knew what was going on at home and would clam up as soon as anyone asked about home. Not long after my eighth birthday all three of us were placed in witness protection. A serious crime had taken place in our home and I was the sole witness. So, after giving evidence we
moved. At first, we were supported by social work and mum seemed to be alright. Pretty soon though she started “rattling”, as she called it. As she didn’t know anyone to get drugs from, she started drinking again. Things rapidly got worse and there were a few incidents with the police. On one occasion, my brother phoned them about my mother’s violence, she hung up before he could say anything. When the police phoned back she told them that it was a misunderstanding; my brother was young and didn’t understand how serious it was to make a hoax call. Nothing was ever looked into. On another occasion, my mother reported my younger brother missing. When the police arrived she said he was nowhere in the house and she didn’t know where he would have gone. It took the police an hour before they searched the house and found my brother asleep in his bed, where he had been the whole time.

At some point in the same year my mother was caught driving with heroin in her car. Both the police and social work then found out that my mother had been travelling to pick up drugs. While she was doing this my brother and I were at home alone or with mum’s friends who were also not fit to look after children. That year we were taken into care. Even then she carried on with her drink and drug use. She’d promise to turn up for contact and phone us regularly but this never happened.

Even today she has drug problems and is constantly getting arrested and sent to prison.

I have had to make the decision to disconnect, in order to get on with my life.

When I was younger, I would look up to my mother. That was who I wanted to be … just like my mum. Now I have my own family, she is my example of how not to do things. I have learned from her mistakes.

If it wasn’t for what I had witnessed growing up or what I’ve learned from the care system, I wouldn’t be doing what I do now. I try and use my experiences to improve the lives of other young people who are still experiencing problems at home or in the care system.

I have recently been involved in a PDI funded project that works with families facing the same issues as I did. A few of the young people opened up to me and explained how the project allows them some freedom. A young lad touched my heart when he talked about how he was a carer to his two younger siblings. He reminded me a little of myself growing up and how time consuming being a carer can be.

This type of project is something that would have been valuable to me growing up. It would have meant that one day a month my mother could have been having fun with us like a normal parent and receiving the support and information she needed at the same time. I believe that something like this should be run all across Scotland.

Being involved has shown me that there are parents who want to make a difference and stay on the straight and narrow. I believe that something like this should be run all across Scotland.
“She is never going to stop. She’s lost her kids and the bottle’s still more important to her.”

Female aged 11
Recommendations

“...there is not enough shared understanding between children and adult services...”

Survey Practitioner
Implementing these recommendations should change children and young people’s lives for the better. They come from the findings of the four components of this innovative and wide-ranging project. Rooted in the views and experiences of children, young people and practitioners, they emerged through the action learning process and groundbreaking child and young person led consultation.

You’ll find these recommendations show us all where short and long-term changes can radically improve our understanding of children and young people’s needs and help to support them through parental recovery. The recommendations also show us the successes apparent in existing and established ways of working. Where known we can revisit and strengthen them by making them more widely known.

As a child or young person, you have

1. A right to be listened to.
2. A story; it belongs to you and you have the right to receive support and the space and time to share your story in a way that is meaningful to you.
3. A right to have a positive adult role model listen to you and support you when you need them to.
4. A right to know if you share your story, that you will be part of anything that happens as a result.
5. A right for your individual support needs to be acknowledged, understood and planned for, within a whole family support approach, along with your parent/carer and other family members.

Children and Young People’s human rights are outlined in the UN Convention on the Rights of the Child and the Children and Young People (Scotland) Act 2014. We have a responsibility to ensure children and young people are safe.

What children and young people said – how to share information, experiences and stories

1. Communicate with us using tools and methods based on how we talk and share information in plain language.
2. Ask us about the language we use, understand and share.
3. Support us to design tools and information resources that reflect how we want to communicate and that use our words.
4. Enable us to share our information to help others and create ways for us to make an impact on how we are supported.

“I didn’t like being back home at first because my mum was more strict than before”  
Female aged 14
The blueprint from young people’s ideas on sharing – the development of a text-based/online resource that enables children and young people to share their story and access support is an option that could help both young people and support services/families understand the issues that need to be addressed.

For parents and families

1. Access assistance to help acknowledge and understand the experiences and emotions that your child may be feeling during your recovery. They are also recovering from the effects of your problematic use of substances and need your love and support to cope with the changes that your new way of living brings.

2. Engage with appropriate assistance for you and your family members to ensure all of your individual needs and experiences are supported. Help is available to support your whole family to find their feet within changing circumstances and deal with past or present concerns and emotions.

The experiences shared by practitioners in the survey recognised that many parents still did not fully understand the impact of their own substance use on their children. The natural step will be to look at similar ways to help parents understand the impact of their recovery journey.

“some parents worry about their children’s welfare whilst still not fully understanding the ways their substance use may cause their child harm.”
Survey Respondent

“If one thing happened it should be a text helpline.”
Young Participant
For practitioners working with children, young people and families

This learning could be beneficial for a range of practitioners working with children and young people, including; teachers, social workers, family support workers, children’s workers, counsellors and therapists.

1. Read the experiences within this resource to help gain further insight into some of the feelings of children and young people e.g., a loss of self-esteem or status, for a child who has assumed a caring or parental-child role, that may come along with a parent being willing to attempt to fulfil the parental role again, or for the first time.

2. Actively listening to a child or young person is vital. Any assumptions you have may need to take a back seat.

3. Develop ways, guided by children and young people, that encourage and promote opportunities where they feel able to share and feel listened to, in a safe and supportive space.

4. Try using the five questions from the template, given in the action learning component, to prompt stories from children and young people on their experience, thoughts and feelings around the topic of parental recovery. Consider and reflect on these stories and analyse how their unique content can assist you to best plan for and support the needs of a particular child or young person.

5. Consider the use of support and supervision, and team meetings, as opportunities for story analysis, as a way to reflect on what we hear from stories and how we can best help children and young people. Practitioners involved in this study benefited greatly from the input of their colleagues and peers especially when the emotions shared seemed counterintuitive e.g., when a child would prefer a parent went back to using drugs or alcohol as this behaviour is familiar and relapse is an anxiety-provoking prospect.

“I didn’t really want to talk about what went on at home at the time, but now it’s a bit easier because it’s starting to feel like something that happened in the past.”
Young Person Aged 12-15
For practitioners working within adult drug and alcohol/recovery services and recovery communities

1. Read the experiences within this resource to help gain further insight into some of the feelings of children and young people e.g. a loss of self-esteem or status, for a child who has assumed a caring or parental-child role, that may come along with a parent being willing to attempt to fulfil the parental role again, or for the first time.

2. Actively listen to parents to help understand any potential changes that could impact on their child.

3. Try using the five questions from the template, given in the action learning component, to engage with, analyse and reflect on the stories that parents share. These questions and their responses will assist you to consider how the experiences, thoughts and feelings conveyed in these stories may be impacting upon the child or children in the family.

4. Consider the use of support and supervision, and team meetings, as opportunities for guidance on how to acknowledge, recognise and consider the needs of children and young people within the whole family approach.

For all practitioners, the top tips gathered by practitioners contained in component one provide a useful guide to help reflect on how to improve approaches.
When planning support and services

1. Develop services that ensure the needs of children and young people are met within any whole family support, e.g., ongoing support for a child or young person to assist them in understanding the change in relationship boundaries, brought about by their parent’s improving parenting skills.

2. Encourage children and young people to share their views and insights, to shape services that are designed to meet their needs.

3. Ensure that practitioners are supported and have space and time to actively listen, respect and act on what children and young people want and need.

4. Be aware children and young people may not necessarily need or want to know about ‘recovery’ but they do want to understand change. They look to you to support them through this change.

5. Invest in ongoing workforce development to enable practitioners to feel confident in supporting children and young people to share their stories.
For Scottish Government

1. Establish a mechanism that will listen to the voices of children and young people, concerning the importance of understanding change, within a family recovery context.

2. Publish additional advice or further guidance on the workforce development required to support integrated working for children and young people, and the principles outlined in Getting Our Priorities Right.

3. It is imperative that an effective approach to gathering statistical information supplements the sketchy picture we currently have, of children and young people living in a situation where their parent/carer is in recovery.

4. Provide guidance on workforce development that enhances the connection between the Children’s Plan and Recovery Oriented System of Care.

5. Revisit and adjust national outcomes and indicators for recovery from drugs and alcohol, to better reflect and connect to the well-being indicators for children and young people.

There is an opportunity to take forward the ideas that emerged from the young people’s Blueprint design on how to share their story. This could inform and shape future policy and perform a wider, essential task of gradually lessening the stigma that exists around this issue.
For policymakers/decision makers in a local setting

1. Provide additional guidance and training for workforce development to support integrated working and the principles outlined in Getting Our Priorities Right.

2. Create opportunities to hear from children and young people, practitioners and services working in this area, to understand what is important to children and young people and those working with them, in relation to support needs within a whole family approach.

3. Ensure the views of children and young people, impacted by drug and alcohol issues and recovery, are recognised as part of the delivery of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services.

4. For future planning and funding, persuade and inform local decision makers about the long-term implications for children and young people’s support needs if they are not considered as part of a parent’s recovery pathway.

5. Persuade the Scottish Government to develop more effective and efficient ways to gather statistical information on children and young people who have a parent/carer in recovery.

The recommendations within this overall resource recognise the importance of whole family approaches that will ensure the individual needs of children and young people are met, and we help support them to understand change. Of critical concern is the consideration of ways we can help children and young people understand and manage the feelings they have for and about their parents during parental recovery.
**For Academics**

1. Further academic research is required to inform policy and practice and to fully explore the implications of this report in the wider context of current recovery, trauma and resilience literature. Further evaluation of promising approaches is also needed, to identify what makes the most difference to wellbeing and other outcomes, for children and young people.

2. An opportunity to explore the gap in the literature around an in-depth understanding of the complexity of family situations, for example, kinship care.

There is strong case to build upon this work and for a longitudinal study to gather the stories and views of children and young people on how they understand change and adapt their coping mechanisms throughout their parent's recovery journey.
For us – Partnership Drugs Initiative (PDI)

1. We will ensure all the findings from this work continue to inform future PDI strategic plans.

2. We must redefine our understanding of the principle ‘recovery needs of children and young people’ and to prioritise our support for children and young people to help them understand change within their family when their parent is in recovery.

3. We must redefine the review of all applications to the PDI to ensure that all whole-family approaches acknowledge the individual needs of children and young people within the family.

4. We must assist our supported projects and potential applicants to look at meaningful ways of capturing and sharing the stories and views of children and young people.

The recommendations for the PDI will look at how models of support can contribute to meeting local needs and will also look to ensure funding focuses on interpreting change from the child or young person’s perspective.
For funders with an interest in helping children and young people

1. An opportunity to build upon this work and look at ways for funders to implement methods that will capture and recognise the views of children and young people, and make their voice the heart of funding practices.

2. Collectively, as funders, we need to acknowledge the implications of funding pressures faced by services, especially services working to understand traumatic experiences or the impact of change in children and young people’s lives.

3. Implementing change, in response to a young person’s story, needs to be done sensitively, within the correct environment and at the right pace. Often this sits out with a reporting or funding cycle. Thought needs to be given to help make funding flexible to ensure there is greater benefit to the individual and not the reporting cycles.

“Often funders feel we should exit when parents are stable, however that is often when new focusses of work start and these are critical moments for positive futures for the whole family.”
Survey Respondent
Future Developments/Opportunities

1. We must not lose sight of the energy and enthusiasm generated by the young people who designed the blueprint, and we must look at opportunities to gain further insight into what could be achieved in this area.

2. We must build upon the learning in this project to provide a stronger evidence-base of the views, experiences and needs of children and young people whose parents are in recovery.

3. We must look at ways to encourage and promote opportunities, based on the findings of this work, to be taken forward by key partners and stakeholders.

4. We need to develop a culture change that will enable practitioners to have the time to actively listen and respond to the needs of children and young people.

5. We must look at ways to support strategic workforce development to include mechanisms that acknowledge, recognise and provide appropriate and needs-led support, specifically around change for children and young people, within a whole family support approach to recovery.

6. When commissioning services there needs to be a system change that will allow the workforce to support children and young people appropriately:
   - allow time for the workforce to learn to work differently — ‘to process and support change’ for children and young people, instead of engaging in information giving;
   - organisational and operational change that allows ‘space’ and ‘reflection’ for staff to adopt this new approach, takes cognisance of their needs and supports, and deepens practice in line with what children and young people tell us they need.
“I would like to change my parents. Make them happier and make them play games with me and sit out the back with me.”

Female 9
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