

‘Joined up’ thinking?: unsupported ‘fast-track’ transitions in the context of parental substance use

by

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The extended dependence of many young adults on their parents, in a socioeconomic climate which disadvantages unsupported young people who leave education early, has been the focus of much research (Jones et al. 2006; Furlong et al. 2003). Some of this work has posited a polarisation in young adulthood between those whose extended transitions to adulthood are supported by their parents, and those negotiating unsupported or ‘fast-track’ transitions (Bynner 2001; Jones 2002) associated with higher levels of risk (Jones et al. 2006). Since 1997, in each of the constituent nations of the UK, the links between such ‘fast-track’ or unsupported transitions and social exclusion have come under a certain policy spotlight. Notably, the importance of difficulties associated with the transition from school to work has been highlighted, and, as discussed in this paper, particular concern, in Scotland and the UK as a whole,ⁱ has centred on those who are ‘not in education, employment or training’ (‘NEET’) (Scottish Executive (SE) 1999, 2005a, 2005b, 2006b, National Assembly for Wales 2000, Social Exclusion Office (SEU) 2004, 2005, Cabinet Office 2006). Several aspects of this policy focus have been criticised, however. Notably, Yates and Payne point out that the emphasis on young people who are ‘NEET’ not only disguises the heterogeneity of this group, but also diverts attention away from others who, while not ‘NEET’, may also be living in very fragile circumstances (2006) or tracing ‘non-linear’ pathways between education and work (te Riele 2004). In addition, focusing on young people’s ‘occupational’ status may also implicitly disguise the critical importance of family support at this age and the vulnerability of those who lack family or other, including service, supports (Bell & Jones 2002; Jones et al. 2006; Walther et al. 2005).

This article provides a further critique of fragmented policy-making in this area, including the emphasis on targeting particular groups, such as careleaversⁱⁱ and those who are ‘NEET’, rather than adopting a more holistic approach. It does so through an exploration of the experience and perspectives of young people affected by parental substance use, **another issue which has been a focus of much recent policy and media attention in the UK (ACMD 2003) and elsewhere, including the US and Australia (NCASA 1999; ANCD 2006; SCFHS 2007)** and identifies a lack of fit between policies in relation to the latter and transitions policy. For example, in spite of a recognition that parental substance use may affect children and young people of all ages, specific policy recommendations have tended to focus on children rather than young people (ACMD 2003; DfES 2005; SE 2004a, 2006a). At the same time, while young people affected by parental substance use appear briefly in the transitions literature as at risk of difficult ‘fast-track’ **or unsupported** transitions, there is little discussion of whether or not **these young people** may have had previous contacts with social services and their resultant intersection with groups such as ‘careleavers’ or ‘NEET’, or of the effects of such contacts or the lack thereof, on their experience of transition. Second, **drawing on the accounts of young people whose transitions may be described as particularly ‘fast-track’ or unsupported, this paper** points to the need, through holistic approaches to services, to better appreciate the practical needs and potential emotional effects on young people of the absence or fragility of family supports at this time.

The first part of this paper will briefly discuss UK policy developments in relation to parental substance use and youth transitions policies, **and situate our** study of the experiences of young people affected by parental drug and alcohol use problems on which the paper is based (Bancroft et al. 2004). This will be followed by an analysis of ways in which first parental substance use and, second, transitions policy **highlights or obscures** the experience and transition pathways of some of the group interviewed, before leading into a discussion of potential lessons for policy development in this area.

Policy Background: Situating Parental Substance Use and Transitions Policy

It has been estimated that 250-350000 UK children (2-3% of children under 16; 4-6% in Scotland) live with parents with a drug problem (ACMD 2003: 10) and a further 920000 in families where alcohol use is problematic (Alcohol Concern 2000). The effects on children of parental drug use problems, have recently become the focus of policy attention at UK and devolved levels with the publication of *Hidden Harm* (2003), the report of the Advisory Council on the Misuse of Drugs (ACMD) into this issue. The report's authors made 48 recommendations, most of which have been accepted in the responses of the UK and devolved governments (DfES, 2005; SE 2004a, 2006a), **several of which have also considered parental alcohol use to some degree.**

Policy responses to parental substance use in the UK and elsewhere have been situated primarily within a child protection framework. In the United States, the influential 'No Safe Haven' report (NCASA 1999) described parental substance use as particularly destructive of parent-child relationships and argued that the conventional child protection emphasis on keeping families together may need to be reversed in its wake. In the UK and Australia, parental substance use has often been considered within a broader context of deprivation and parental mental illhealth (Cleaver et al. 1999). However, a debate continues between those who advocate this approach and those who would prefer more specific, American-style interventions (McKeganey et al. 2002). *Hidden Harm* has led to broader reviews of child protection policy (DfES, 2003; DH, 2004; SE, 2002, 2004b); many of its recommendations relate to statutory health and social service provision for babies and young children and emphasise the importance of identifying affected children at a very young age. Recent Scottish child protection guidelines have drawn on these to recommend social work assessments for 'all new born babies born to drug or alcohol misusing parents' (Recommendation 12, SE 2002), and the Scottish Executive's most recent response to *Hidden Harm* states that the early years is the prime window for intervention, after which damage may become 'irreparable' (2006a: 8).

Hidden Harm did emphasise as one its six main messages that ‘parental drug use can and does cause serious harm to children at every stage from conception to adulthood’ (2003). However, relatively little attention has been paid within it and other policy documents and research to the experiences and needs of young people, and, in particular, those aged over 16 (ANCD 2006: 227). With the exception of recommendations relating to adolescent mental health services,ⁱⁱⁱ schools, and voluntary services for child carers,^{iv} young people are relatively invisible in *Hidden Harm*. Further, where older children, of school age but under 16, do appear, they tend to be constructed less in terms of their need for support than their own risky behaviour, including pregnancy and substance use (Bell & Jones and 2002: 58, Kelly 2003, Stephen & Squires 2004, Prout 2005). For example, drawing on the influential work of Cleaver et al. (1999),^v *Hidden Harm* highlights the risks posed to young people, aged 10-14 and 15 and above, and to others by their behaviour (2003, 35-6). For these age groups, the primary support site identified is school, and the importance of school-based drug education policies rather than support services, is emphasised.

The pragmatic construction of *Hidden Harm* and responses to it around existing statutory services has further important consequences for the level of support available to young people whose situation is not identified at an early age. Many statutory services, notably child protection services, have mid-teenage age ceilings for their services. Those of these young people whose family circumstances are not identified before the age of 16 (in Scotland) may therefore form part of a larger group trying to negotiate ‘fast-track’ or unsupported transitions with little assistance, excluded not only from child protection services but also from the ‘passport’ the latter may provide to services primarily available to ‘careleavers’.

At the same time, over the last few years, numerous policy documents have considered the problems experienced by vulnerable young people aged 16-25, particularly those who are

‘NEET’ (SE 1999, 2005a, 2005b, 2006b; National Assembly for Wales 2000, SEU 2004, 2005, Cabinet Office 2006). It has been recognised that:

relatively few public services [...] address the needs of 16-25 year olds in the round or ensure an effective transition from youth services to adult services (SEU 2005: 8)

Bell and Jones’ analysis of the broader support structure available to young people aged 16 and above reveals formidable barriers to these transitions where young people have little or no family support. Entitlement to the full level of benefits is only available from the age of 25, and access not only to benefits, but also to the minimum wage and to public housing is particularly restricted for non-‘careleavers’ aged between 16-18. Education and employment policies construct this age group as at least semi-dependent on their parents, and, as such, Bell and Jones conclude that:

School-leavers who continue to seek economic independence through work are [...] in an ambivalent and possibly vulnerable situation, particularly where they [do] not have [...] economic support from their parents (2002: 8).

Few of the policy documents above, however, question or reverse the assumptions and gaps identified by Bell and James, preferring to single out specific groups, such as ‘careleavers’, for specific support. This paper will focus on the situation of young people affected by parental substance use to identify ways in which the piecemeal nature of current policy approaches to parental substance use and youth transitions highlights the situation of some, while obscuring that of others, particularly those who, while not ‘careleavers’, lack parental support. The paper will go on to explore the need for a more holistic approach, providing both practical and emotional support to these young people, drawing on a research project which explored young people’s own accounts of their experience. This project is described in the following section.

Method

This paper is based on a qualitative study of the experiences and trajectories of young people with experience of parental substance use problems.^{vi} As noted, much recent research has focused on young children (Hogan & Higgins 2001; Kroll & Taylor 2003; Barnard & McKeganey 2004; Hart & Powell 2006; Kroll 2007; Barnard 2007). Young people have been little considered in the literature on parental substance use, except retrospectively as adults (Velleman & Orford 1999). We aimed to explore their needs, as well as themes of resilience (Gilligan 2003; Newman & Blackburn 2002) and transitions (Shucksmith & Spratt 2003, Furlong et al. 2003) from their perspective, thus highlighting the agency of young people themselves. We were also concerned to include young people affected by both drug and alcohol use. The semi-structured interviews explored the respondents' reflections on growing up, their parents' substance use and their responses to it, and their aspirations and plans for the future. The methods chosen reflected the potential sensitivity of the issues likely to be raised and our concern to incorporate a life course perspective. These are discussed in more detail elsewhere (Wilson et al. 2007). Ethical advice and clearance was obtained from individual agencies and the local National Health Service Research Ethics Committee, which governs research with patients and medical staff.

We interviewed 38 young people (20 women, 18 men, aged 15-27) from a range of urban and semi-rural locations across mainland Scotland between July 2002 and March 2004. Most respondents were aged 16-23 and were contacted through youth organisations, universities, young carers' groups, community drugs and offenders' projects. Many respondents were from deprived communities, but a few were middle class. None was from a minority ethnic group, broadly reflecting the historical, ethnic make-up of Scottish substance users. The final sample included the children of parents with a broad range of parental substance use problems: 22 respondents spoke of alcohol use exclusively, 11 reported problems with drugs (primarily opiates, but also amphetamines and cannabis), while 5 highlighted polydrug issues (alcohol and opiates, amphetamines, valium, cannabis or glue).^{vii}

At the time of the interviews, the **circumstances of the sample members as a whole** were varied. Some were attending school or university or had non-casual jobs; many, however, were on low levels of benefits, or in insecure, ‘dead-end’ jobs. A minority had been homeless, around half had experienced substance use problems themselves^{viii} and a few had criminal records. This paper will focus on **the comments of** a sub-sample of seven participants, **who formed part of a larger group of 18 respondents who had neither received much, if any, support from either of their parents (the source of support assumed in transitions policy), nor from social services (the source of support identified in parental substance use policies), while growing up because their circumstances were not identified or were identified late. Many other respondents in the full sample shared one of these criteria. However, in the light of the policy assumptions above, the transitions of this sub-group might be described as particularly ‘unsupported’ or likely to be ‘fast-track’.** Not only does their experience illustrate the potential long-term effects of focusing **primarily** on early intervention in one sphere (parental substance use) **therefore**, but also the gaps created by the lack of careful consideration of the intersection with transition policy. In particular, the experience of this group may provide pointers as to whether unsupported young people can latch onto supports offered to young people, if they have not already received some sort of service support as children. **Focusing on seven of these 18 respondents in this paper was intended to provide some of the benefits of a ‘case-study’ type approach while also highlighting the heterogeneity of young people affected by parental substance use and pointing to the difficulties created by targeting ‘careleavers’ or those who are ‘NEET’.** Notably, the **seven respondents who were selected for inclusion in** this sub-group differed significantly in the level of their educational qualifications and the degree and type of support they had received from services: while some were ‘careleavers’ **as a result of late contacts with social services**, others had come into contact with criminal justice services and some had had no such support.

This paper will **therefore** draw on selected excerpts from **seven** respondents' interviews to highlight policy-relevant issues. Pseudonyms are employed throughout and identifying details have been removed or altered.

Name	Louise	David	Emma	Martin	Alex	Maddy	Gerry
Age	21	18	19	16	18	17	17
Sex	F	M	F	M	M	F	M
Parental figure affected	Mother	Mother	Father	Stepfather/ Female cousin	Stepfather	Mother	Father
Substance	Alcohol	Opiates	Alcohol	Alcohol/ opiates	Alcohol	Alcohol	Cannabis/ alcohol
Careleaver	No	No	Yes	No	Yes	No	No

Parental Substance Use Policy: The Relative Invisibility of Young People

The first part of this paper will examine parental substance use policy to highlight the relative invisibility of young people. It will consider ways in which the understanding of patterns of parental substance use implicit in these documents has obscured the situations of young people whose family circumstances were unidentified or very different when they were young children. Constructions of young people in terms of risky behaviour rather than their need for protection will also be examined. Finally, the consequences of the construction of parental substance use within these documents as primarily an issue of child protection are explored, with particular focus on the effects of the blunt age limits and thresholds delineating access to many statutory services.

(i) The construction of parental substance use

The visibility of older children under the age of 16 in parental substance use policy is diminished by the latter's focus on the importance of the early years and on child protection service responses. This approach implicitly constructs parental substance use as a long-term presence in certain families, pre-dating the birth of children, a construction that did not reflect the experience of about half of our full sample. For example, her mother's substance use problem was not a feature of Louise's early childhood. Instead, she identified the year she was 14 as a crucial watershed:

That's when like my dad got the jail and then my mum went [...] off the rails [...]. But everything was fine till I was about 14. [...] We had a brilliant life [...] never without anything.

Similarly, David identified his parents' separation when he was about 12, and his mother's re-partnering and subsequent drug use problems, as key turning points:

R: I wasnae the best behaved laddie before they split up, but I reckon when they did [...] that's when I went off the rails [...] because I took it bad eh?

I: Yes....in what way [...]?

R: ...well I was what only 12, 13 I thought it was the end of the world [...] And I didn't want to see my mum with another man [...] Every time I looked at him, I wanted to murder him. [...] She never took drugs until she met him, [...] she didn't even smoke.

Such narratives of the later development of parental substance use, often in relation to parental separation, re-partnering or bereavement, are relatively absent from policy documents. As discussed, the main service arena identified in these policies for older children is the school. *Hidden Harm*, for example, focuses on school as a potential 'safe haven' for children, recommending that schools prepare critical incident plans covering

circumstances such as inebriated parents turning up at school; the nomination of a designated person to coordinate approaches to substance use issues; and the incorporation of information on parental drug use into teacher training.^{ix} However, the primary focus of these recommendations and related discussion seems to be on supporting children whose circumstances are already known, rather than identifying those whose home circumstances were unknown or which developed later.

Moreover, our research suggests that these policies,^x whatever their intention, may not result in the further identification of many older children seriously affected by parental substance use problems. First, as several researchers have indicated, children become practised at concealing parental substance use, learning, while young, not to raise such issues in public, and later about the associated stigma and potential for social work or police intervention (Hogan & Higgins 2001). For example, Emma explained her inability to disclose her circumstances to teachers who did ask why she and her sister were often tired at school with reference to her fear of the ensuing consequences and sense of shame:

we couldnae tell because we were scared [...] what he would do next. [...] And also ashamed of [...] our family.

While they spoke warmly of school and their relationships with teachers, both Louise and Emma's interviews also suggested further complex barriers to such later identification and to their seeking help in the school context. The following quotation relates to several occasions around the age of 15 when Louise had attended school drunk:

R: It kind of disappointed me that the teachers couldnae see what was happening because I knew my work was being affected [...].

I: Did they not ask you what was up?

R: Nuh never. Never ever, ever. Probably because I put on a front [...] because I'm

like, put everything tae the back o' my head till I get home [...] when I need tae start thinking aboot it again.

I: They didn't smell the alcohol or?

R: No. [...] When there's 800 odd people it's hard tae pick oot who's the one stinking o' drink (laughs).

These comments indicated that, although Louise had not raised her home circumstances, she had half hoped to attract attention. On the other hand, she is realistic about the likelihood of this happening in a large secondary school in a deprived area. Her comments also suggest a fear that her problems being recognised in this context might result in the loss of an important space in which she did not have to think about her home situation, a point she, like others in our sample, made several times. Finally Emma, like Louise, also questioned whether teachers could ever raise such issues discreetly, and shrank from appearing 'different':

I would let people so far [...] and then [...] push them away because [...] when you talk to someone you want them to think that you're a straight person, but you're not, instead you're not.

(ii) The construction of young people as 'risky'

In addition, both inside and outside the school system, the characterisation of older children and young people in terms of behaviour risky to themselves and others (Bancroft & Wilson 2007), may be significant in moulding service responses to young people affected by parental substance use, whose family circumstances deteriorated when no longer a young child. In particular, this focus on behaviour may sometimes divert attention from their own support needs.

First, our research suggested that for many respondents, particularly young men, school may not be perceived as a 'safe haven'.^{xi} For Martin, for example, school was a violent place, in which he received little protection from staff:

Teachers are useless. [...] If you're getting bullied 'aye we'll speak to them'. That's all [...]. They dinnae, they dinnae exclude them.

In the sample as a whole, several young men, including Martin, and one young woman, had developed attendance and other problems at school, before being excluded. As a result, the role of mainstream school in identifying and supporting these young people was limited.

Similarly, David, who linked most of his subsequent problems to his parents' separation when he was 12 or so, recounted that service interventions had highlighted his offending behaviour almost exclusively rather than his home circumstances:

S: What kind of things did [social worker] help you out with?

R: [...] cos I'm under 21, when I'm going to get sentenced or remanded I need to get reports [...]. So she does [them] [...] organises my community service [...] my intensive probation...[where] you all sit in a group and you talk about [...] how to stop offending.....they should have something like that for kids whose mothers or fathers take drugs.

Two respondents in the full sample did discuss encounters with the criminal justice system which had led them to address their own substance use and to engage in training programmes. David's experience of criminal justice social work, however, like that of several other respondents, seemed more narrowly focused on his offending, and begged questions as to the relative lack of support at the time of his parents' separation. An important source of support

at this time had instead come from a small group of close friends, all of whom developed substance use problems, thus reinforcing his involvement in offending behaviour.

(iii) The construction of policy in terms of child protection

In addition, the age at which respondents first came into contact with service agencies had further important consequences. Notably, the importance of the age-related ceilings of many statutory child protection organisations is starkly illustrated by a comparison between the support available to Louise and Emma. Louise's mother and Emma's father each had serious problems with alcohol use. Both had experienced severe physical and emotional abuse at the hands of their parent, while Louise had often cared for her mother's physical safety. Neither had sought any formal help until their mid-teenage years. When they did, the fact that one was 16, and the other 17, proved crucial, illustrating the role of serendipity in the first-time allocation of services to young people.

At 16, Emma's trip away from home through an organisation concerned with a common medical condition, proved a key turning point. When she related her home circumstances, this organisation arranged for her to spend some time away from her family to reflect further. After deciding not to return home, she was placed in a women's refuge and a hostel before being re-housed in supported accommodation by the Social Work Department and receiving further services, including counselling. It is important to note that she only qualified for several of these services since her belated encounter with child protection services meant that she could now be classed a 'careleaver'.

In contrast, Louise's approach to her local social work office, at 17 had resulted in a crushing rebuff:

R: One time when I [...] just had totally enough and I didnae want tae go to my family [...] I went tae try and get social work help. And they told me,... you don't qualify for

it basically. And [...] all right I'm 17, I'm-I'm an adult then but I didnae have [...] anybody tae help me.

I: Because you were 17?

R: Yeah [...] they couldnae dae anything for me [...]. I was quite mad because [...], it took a lot for me to go doon and ask for help. [...] And [...] basically the door was shut in my face [...]

I: [...] Did they [...] give you any addresses [...] that might have been of help?

R: Nuh. They just say you, you don't allocate for oor services.

As a result of contacting services when officially one year older than Emma, Louise was not eligible for help from the Social Work Department and subsequently could not access services for 'careleavers'.

This brief examination of parental substance use policy in relation to the lives of these young people therefore illustrates the relative invisibility of children whose parents' substance use problems were unknown or did not exist when they were young children. This suggests that many young people in similar circumstances may not receive appropriate help or may pass the age-related ceilings of many statutory child protection services without receiving any support, a further consequence of which is that this group will not be eligible for the small number of services that are provided for young people negotiating unsupported transitions as 'careleavers'.

Transitions Policy: Are Young People Affected By Parental Substance Use Visible?

As discussed, policy documents on parental substance use do not consider the situation of young people and their transitions to living independently. The transitional trajectories of young people aged 16 and over, and who are 'NEET', have however fallen within the sights of a series of recent policy documents (DfES 2005, Cabinet Office 2006, SE 2006b). This

group has been described as on a ‘fast track to adulthood’ (DfES 2005, 10), ‘escap[ing]’ from ‘untenable current circumstances, such as unhappy family lives’, and is characterised as:

lack[ing] the economic, family and individual resources to enable them to be [...] forward-thinking. (DfES 2005, 36).

While the influence of difficult family circumstances is recognised, policy responses have focused on encouraging young people to remain in education or to go into training (Maguire & Rennison 2005). These options are generally reliant on being able to remain in the family home, and few of the respondents whose experience is highlighted in this paper were able to rely on such parental support. The next part of the paper will highlight some of the obstacles the young people faced, as well as those types and styles of service provision they particularly appreciated in their different and often difficult, non-linear, ‘stop-start’ pathways away from difficult family circumstances.

Pathways towards economic independence

Policy emphasis on the importance of education and training was implicitly endorsed in the accounts of many of the young people we interviewed, who were concerned about their longer-term job prospects and need to secure financial independence. A minority of our full sample, mostly young women, had planned their futures carefully, working hard to obtain (minimum) educational qualifications to get jobs or university places, in several cases for vocational training attracting bursaries. Louise, for example, was optimistic:

I cannae really go wrong with my nursing. [...] I’ve done all the hardest work [...] getting intae uni. [...] Yeah I’m looking forward tae my future.

The reported experience of several respondents suggested that obtaining minimum qualifications, recognised by employers, could form a partial foundation for future

development, even in difficult circumstances. Alex, who had little parental support and had experienced mental health and substance use problems, commented:

When I was on the drugs I thought to myself I'm no gonna get nowhere [...] just [be] a downer and a junkie [...] but I got off the drugs and calmed doon [...] with the drink. [...] Got myself on my feet. Got my flat and got my-my course.

However, these accounts also suggested that in the absence of further family or service supports, obtaining adequate grades was not enough. Louise had benefited from an unusual level of support from her extended family, as explained below. Alex, a careleaver, was grateful to workers at an advice centre, for help with his college application, while Maddy, also a careleaver, who had obtained good grades and a job with prospects, enthused about the work experience a youth worker had organised for her:

R: I'm really glad I met [youth worker]

I: A-ha. Do you think that's made a difference?

R: [...] Definitely. [...] Like when I got my job at [...] Hotel, [...] I had something to do, and something to enjoy, and get my own money.

In the absence of qualifications which 'counted' in the market, and additional family or service support, some respondents seemed despondent about the future. Martin had achieved several qualifications to the level recommended in policy documents, but could only find work in 'dead-end' jobs with no guaranteed hours and erratic shift patterns. He reflected:

R: I dinnae see why you have tae choose your life at 16.

I: Why do you feel you have to?

R: Because that's when you leave school. You cannae just walk out of school and no

have nothing. You have tae go to [...] college. [...] [And] you cannae go back in, unless you're gonna dae Highers. [...]

I: What about doing Highers?

R: [...] I'm useless at English and Maths.

The problems of such young people who move into the labour market at a young age, unprotected by minimum wage legislation, are well documented (Bell & Jones 2002: 2, 16-7; Furlong et al. 2003; DfES 1999, 2005: 22; SE 2006b: 11, 23). Research suggests that recent policies, such as Education Maintenance Allowances (EMAs) to encourage young people to remain in education have not attracted back those who have already left (Maguire & Rennison 2005: 193). In this study, routes back into education and training for respondents who had left school in precarious circumstances seemed limited and piecemeal, however. Although such pathways have been criticised as reinforcing low pay for young people (Bell and Jones 2002), two such respondents were somewhat optimistic about their prospects after participating in voluntary work organised by voluntary sector groups. However, neither this option nor EMAs would seem to overcome the vulnerability of this group in the absence of family support. The second of these more optimistic respondents, Gerry, was 17 and dependent on his girlfriend's parents for accommodation and on undeclared agricultural or cleaning work to support himself. At 16, Martin might have been able to derive some encouragement and guidance through mentoring schemes such as Beattie key worker support^{xii} although seemed not to have heard of this service. However, since he lacked family support, the failure of recent policy approaches even to question lower benefit rates for 16-25 year olds (DfES 2005: 64) and the lack of a minimum wage for 16-17 year olds would appear more potent obstacles feeding the dejection suggested by the above excerpt.

Pathways to independent living

These findings also point to the huge importance of secure living arrangements in negotiating the transition towards independent living. Unlike most respondents, Louise's extended,

wealthy family were able to compensate for her lack of parental support by providing her with housing during the nursing studies she spoke of with such enthusiasm. Although their situation was not easy, respondents who were ‘careleavers’ could eventually gain access to support with their living circumstances. Alex, for example, had spent two years in homeless, bed and breakfast and hostel accommodation and ascribed his own substance use problems to the currency of drugs in this environment. However, his new-found confidence, reported in the previous section, related strongly to his new flat in supported accommodation. He was one of 6 respondents (all ‘careleavers’) in the full sample who had obtained access to these services. The long term consequences of Emma’s serendipitous approach to services were also evident in her access to a supported accommodation flat and her appreciation of help received from the associated keyworker with the practical difficulties of living on her own at a relatively young age. She pointed to help with furniture, budgeting, as well as advice on:

*Just coping with my own house [...] You have to change the linen, I never knew before.
[...] My support worker’s actually come to my house quite a lot so I’ve got to know
more and more about healthy eating.*

For those who were not ‘careleavers’, access to secure living arrangements seemed particularly difficult. In Scotland, parents’ legal obligation to provide a home ends at the age of 16 (Bell & Jones 2002: 45). In addition, the rules associated with various means-tested benefits may further undermine the fragile position of young people within the family home by effectively penalising parents whose children remain living with them after the age of 16 while not in full-time education (Bell & Jones 2002: 44). Martin, for example, reported that, because he did not have a full-time job, his stepfather planned to evict him on his next birthday and move to a new property without him. He was not sure what he would do if his stepfather carried through with this threat, the existence of which seemed to further dent his sense of hope and ability to plan for the future. In recent years, the legal duty of local authorities to house and support ‘careleavers’ has been extended (Bell & Jones 2002: 48), but

this does not apply to the large proportion of young people in housing need who, like Martin, are not formerly 'looked after' children. In the absence of other sources of support, this group may be particularly vulnerable. As Bell and Jones put it: 'research on the causes of youth homelessness shows the danger of assuming that families will step in when the state safety net is withdrawn' (2002: 26; Jones 1995; Smith 1998).

Emotional complexities of 'fast-track' transitions

The lack of parental or certain types of service support seemed therefore to be a crucial influence on respondents' practical experience of transitions. In addition, whether careleavers or not, the interviews suggested the importance and complexity of the emotional dimension of negotiating these transitions without parental support. Unravelling or re-negotiating complex relationships with parents and family with whom many no longer lived or had contact presented particular difficulties for many respondents. The respondents' accounts also suggested the importance of building trusting relationships with service providers.

Some respondents' accounts did present the rejection of usually one parent as relatively unproblematic: Alex, for example, recounted having beaten up his violent stepfather with great relish, while Gerry spoke of his relief during periods his father was in prison. However, most respondents' accounts suggested great ambivalence and feelings of loss, as well as the difficulty of presenting oneself as having abandoned the role of son or daughter. David, for example, had presented his mother with an ultimatum, namely that unless she stayed away from her boyfriend and street drugs he wanted no further contact with her, but also recounted in detail the efforts he had made previously to maintain this relationship.

Louise made several statements to the effect that she did not want any contact with her mother. However, the following quotation illustrates not only her anger at her mother's behaviour, but also her concern to emphasise that the impetus for this non-contact had come not from her, but from her mother, who had thereby forfeited her role:

R: I don't know why I stayed so long [living with my mum]. It was still my mum. But I think if I'd have left, I would have wondered, well would she have still been like that if I'd just stayed or... But it didnae it just got worse, so. Then I wasnae the one that choose tae leave. I've never spoke tae my mum since she's threw me out that day. Never once, ever. Apart fae going back and getting my stuff.

I: Yeah.

R: But she never tried tae get in contact with me or anything.

I: Right.

R: So like well if your mum can dae that tae you then she's not much of a mum.

Further, Emma stated that she did not have a family, had panic attacks if she saw a family member and would not care if her father had an 'accident'. At the same time, she found this stance of 'not having a family' difficult to negotiate in everyday life:

I do feel ashamed ..[.]..Even though I got out and I know what I want to do, I still feel ashamed when people ask me about my family. [...] I don't know what to do. I don't know what to say...And if you do say something you don't know how much to tell them, and if you just tell them the truth, sometimes..they think you're a bad person because your parents are like that.

The *Transitions* report did highlight the current patchy provision of psychological support services for young people (DfES 2005, 48). However this did not seem to be a concern for most respondents in the full sample, most of whom had not received any counselling. In contrast, the significance of building trusting relationships with service providers of any type, a point which has also been made in many policy documents (DfES 2005, 72), ran through the respondents' interviews. Their accounts often suggested the importance of feeling cared

about and respected as an individual and sometimes highlighted the emotional significance of these relationships.

In describing what made for supportive relationships with service providers, some of these respondents focused on ease of access and the possibility of flexible contact. At the time of his interview, Martin, for example, had no contact with services, except for attending a youth café. He appreciated that this gave him the option to raise his concerns with workers, if he chose to do so, but also that the initiative was left to him. Alex also highlighted the informality of his relationship with workers at the drop-in centre who had also helped him with many practical issues including his applications for housing and further education:

I go up [there] nearly every day seeing my support workers and just going in for a chat or whatever.

Maddy also focused on the importance of informality in building trust, criticising a previous social worker for being ‘bureaucratic’ or ‘professional’ (also see Smith 2005: 5) in approach:

I: What do you mean by ‘professional’?

R: [...] Letters sent with meeting times on them and [...] I didnae want that ...Just to be like, they’ll come and pick you up and you can go wherever you want and talk about it and no sit in a silly office.

In response to similar questions asking respondents for tips for social workers, Emma emphasised the importance of feeling cared for. She identified her supported accommodation keyworker as one of her two closest ‘friends’, while also seeming to construct this worker as a substitute ‘mother’, a label she had previously applied to the mother of a friend:

R: She acts like my mother she does [laughs]

S: Yes?

R: She'll do my washing, like she'll want to come in and do my washing And I'll be like I don't want you controlling all my underwear! [laughs]

This section therefore underlines the emotional impact on many respondents of negotiating difficult family relationships, and the interplay between the practical and emotional aspects of such accelerated transitions. The respondents' comments highlighted their appreciation of support from various service providers in mitigating this impact, in particular through the construction of trusting and individualised relationships rather than more conventional psychological counselling.

Discussion

The relatively small size of the study on which this paper is based cannot support a detailed evaluation of the full range of current policies and service structures broadly relevant to young people affected by parental substance use. However, our in-depth interviews with a socially and educationally diverse group of respondents, affected by a range of parental substance use problems **many of whom were negotiating** relatively unsupported or 'fast-track' transitions, can shed light on the often difficult circumstances of these young people and identify potential weaknesses in specific as well as broader policy issues.

The findings suggest several weaknesses in policy responses to parental substance use, **in the UK and elsewhere**.^{xiii} **Notably, many policy** documents have constructed parental substance use primarily as an issue of child protection, emphasising the needs of very young children and ignoring the situation of those aged over 16. This pragmatic approach, building on existing statutory structures, presents several further weaknesses in relation to older children who have not yet reached 16. Notably, in the light of the complexity of substance use patterns and stigmatised nature of this issue, it is suggested that many affected children will remain unidentified. The association in the respondents' stories between parental substance use and parental crises also suggests that many children will not experience this issue until out

of focus of services for young children. In particular, many young people living in very difficult family circumstances may still pass beyond the age-related ceilings of many statutory services without receiving any support, and without being able to access those supports which are primarily available to specific groups such as 'careleavers'. Finally, young people whose family situation is not identified for whatever reason while still quite young, and who engage in anti-social or illegal behaviour, may risk being viewed primarily in terms of this behaviour, rather than their needs for protection or support. All of these points highlight the need for the remit of future commissions of inquiry **and future research** into issues such as parental substance use to focus on a broader age range **and to employ a longitudinal perspective** (ANCD 2006: 227; OIS 2004: 10) to better respond to the diverse patterning of family circumstances, to bridge the gaps between child and adult-focused services and to include and to respond to the effects on the experience of transitions of unsupported young people, aged 16 or above.

The need for a more holistic approach, less focused on 'simplistic age criteria' (Bell & Jones 2002: 53) or the identification of particular groups (te Riele 2004), is further reinforced by our consideration of the situation of those respondents who were negotiating transitions to independent living with little family or services support. As such they may be seen as part of a broader group of unsupported young people. Much recent government policy-making has been concerned with this group, and several documents have underlined difficulties arising from the lack of holistic service provision, the age-related ceilings of many children's services and the huge gulfs in provision between children's and adult services (SEU 2006: 6). However, the main thrust of these policies has been on encouraging young people to remain in education or training, and, by implication for those not 'in care', primarily dependant on their parents. **Muncie and others have argued that underlying such policies is a risk management approach which has re-drawn and extended the boundaries of youth justice to include, for example, the potential criminality of those who are 'NEET' (2006). This analysis has also pointed to the 'hybridity' of such measures, which like those discussed in**

this paper, are torn between a ‘neo-liberal’ emphasis on the individual responsibility of young people for their acts and, what he describes as, a ‘neo-conservative’ concern for the ‘remoralisation’ of families and communities (2006: 781). Drawing also on Goldson and Jamieson’s work, this emphasis on parental and familial responsibility, whether, as they argue, in terms of parenting orders, or, as discussed in this paper, of supporting their young adult children financially, contradicts the concurrent emphasis on individual responsibility whether for criminal acts or continued education, while both divert attention from family poverty (2002; Muncie 2006: 777).

On a more prosaic level, it is also important to point out that any additional non-family help, for example in relation to housing, is in many cases contingent on falling into a specific group, such as ‘careleavers’, young prisoners and drug users (SEU 2006) or ‘careleavers’, those at risk of teenage pregnancy or mental health and conduct disorders (Cabinet Office 2006). This paper underlines that many young people affected by parental substance use are not ‘careleavers’, nor do they fit consistently into any of these other categories identified for additional resources. As such, and in the absence of substantial reform of the current structure of welfare benefit and employment policies, the financial and living circumstances of many young people will remain fragile. Respondents’ experiences of living in very difficult family circumstances with little or no support, and the serendipity involved in their development of supportive relationships with service providers, or indeed in accessing services, highlight the need for the greater provision of more holistic and accessible, longer-term supported accommodation services (SEU 2005: 77) and much greater investment in more flexible, varied and accessible youth work services and spaces providing opportunities to try new activities and build relationships with adults and others.^{xiv}

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ⁱ Scotland remains part of the UK but since 1999 has had its own devolved government. Under current arrangements, the Scottish Parliament has jurisdiction over health and education, while jurisdiction over areas such as social security is 'reserved' to the UK Parliament.

ⁱⁱ In the UK context, the term 'careleaver' refers to a person who has previously been 'in care' or 'looked after' by the state. In other words, 'careleavers' have experience of being fostered or of living in children's homes.

ⁱⁱⁱ Recommendations 38 and 39 of *Hidden Harm* relating to adolescent mental health services were rejected by the DfES (England and Wales) in its response, on the basis that mental health assessments should already cover this eventuality and that training needs vary.

^{iv} Reviews of the work of such agencies suggests difficulties in contacting young people aged over 17; most work with young people aged 14-17. In Scotland, the Changing Children's Services Fund has a specific strand relating to this issue, as does the Lloyds TSB Partnership Drugs Initiative, but most work is with young people aged under 18.

^v This work is also cited in most of the Scottish Executive policy documents on this issue (Scottish Executive 2003, and 2006a).

^{vi} The research was funded by the Joseph Rowntree Foundation.

^{vii} As such there was a greater prevalence of heroin and lesser prevalence of volatile drugs than identified in the US and Australian reports above.

^{viii} The large proportion of respondents who had experienced drug problems was influenced by the difficulty of recruiting young people in this age group and consequent decision to recruit through an NHS substitute prescription facility.

^{ix} Recommendations 26-8.

^x Even where bolstered, as in Scotland, by assessments under the *Additional Support for Learning Act (2004)*.

^{xi} This point is recognised in *Hidden Harm: Next Steps* (2006: 10).

^{xii} A Scottish equivalent of Connexions advice worker.

^{xiii} In addition, the recommendations of the SCFCA report, which contains a strong dissenting opinion, focus particularly on shifting resources away from harm minimisation approaches for drug users towards agencies endorsing a drug-free stance.

^{xiv} This point is partly recognised in SE 2006b and Cabinet Office 2006 but primarily in relation to employability rather than more broadly.