

Better care integration needed for mothers in substance use services

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[New research](#) from the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London, in collaboration with University College London and Glasgow Caledonian University, has used electronic health records to identify how to better integrate policy and practice for parents involved in public family law proceedings cases (care proceedings) and receiving treatment for substance use in England.

The research identified several key areas where care could be improved and has put forward a series of recommendations that reflect this.

Approximately 162,000 UK children under the age of 18 currently live with an opiate-dependent parent, while 200,000 live with a parent who is alcohol dependent. Parental [substance use](#) is considered a significant risk to a child's health, education, social and biological development, and is often linked to childhood maltreatment and neglect. Despite this, there is a lack of evidence-based practice to help address the needs of parents with substance use problems.

Researchers undertook five linked studies, analyzing the [electronic health records](#) of women and men attending substance use services at South London and Maudsley NHS Foundation Trust (the Trust) to better understand the characteristics of both the individual and their treatment. Records of the women were then linked to data sourced from family courts to further investigate the relationship between treatment and childcare status.

An analysis of the data established a distinctive profile of service using mothers, including being younger, more socially deprived, more likely to be experiencing housing problems, and have a history of experiencing [domestic violence](#), as well as coming from racially minoritized backgrounds compared to other service users who were not mothers.

"Mothers in substance use services are likely to have a very particular set of experiences that can, in turn, make it very difficult to provide sufficient care for their children. Unfortunately, substance use treatment services are not adequately capable of identifying and responding to needs of these mothers as well as the fathers," says Dr. Martha Canfield, who completed most of the work at King's IoPPN but has since moved to Glasgow Caledonian University.

"It is vital that proper methods of screening are created including when and how to assess childcare issues among service users so that proper support can be provided."

The report proposed eight recommendations to promote better care in substance use services:

1. Better staff training needed required to account for the high proportion of missing data about parental characteristics
2. Ensure that mandatory assessments, such as the administration Alcohol Use Disorders Identification Test (AUDIT), Child and Need Risk (CNR) and Addiction Brief Risk Scale Assessment (BRSA-A) forms, are carried out
3. Services should have greater awareness that substance use is not an isolated problem in women's lives, and greater emphasis needs to be placed on the experiences of trauma
4. Remove the barriers that stop mothers in crisis from accessing substance use services
5. More effectively identify problems and integrate services to improve outcomes between fathers and children
6. Conduct further research to establish how service providers can work with fathers to support mothers with substance use problems involved in Family Courts
7. Future studies should place a greater focus on exploring how substance using couples manage their relationships while figuring

out how to be parents together

8. Introduce intervention that respond to instances of intimate partner violence perpetrated by fathers in substance use treatment settings.

Gail Gilchrist, professor in addictions health care research at King's IoPPN and the report's senior author said, "Our society typically views mothers as the primary caregiver, and this is reflected by the lack of data in clinical notes as to the childcare responsibilities of fathers in these services.

"While every case is different, our study did find that the participation of the child's father can be a protective factor for maintaining childcare while mothers undergo treatment, but more research is vitally needed in this area."

Ash Patel, program head for justice at the Nuffield Foundation said, "This research adds to growing evidence base about the families that come into contact with child social care services and the family justice system providing further insights into the often complex needs of a parent going through treatment for substance misuse. The research lends support to the arguing for a more integrated or coordinated delivery of services to support better outcomes for both mothers and their children."

The researchers suggest that future studies into this area should combine different data sources with collaborative approaches that can effectively explore the relationship between parental substance use and child welfare.

More information: Parents in treatment for substanceuse: using electronic records tounderstand Individual and treatmentcharacteristics associated withchildcare and parental outcomes.

[www.kcl.ac.uk/ioppn/assets/rep ... -report-june2024.pdf](http://www.kcl.ac.uk/ioppn/assets/rep...-report-june2024.pdf)

Provided by King's College London

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