**RELATIONS STUDY**

**Focus Group Topic Guide for Practitioners**

**Participant socio-demographic information:** to be recorded by researcher or participant on separate form prior to focus group.

**TOPICS TO BE DISCUSSED (WHERE RELEVANT) AND EXAMPLE QUESTIONS**

Broad topics for discussion and some example questions that could be asked to explore topics further – to be tailored according to the service and practitioner roles/remit:

* The care pathway
* Identification of a parent who uses drugs/engagement with parents
* Assessment procedures and processes
* Information-sharing
* Care planning
* Treatment and interventions (service provision) and impact
* Documentation
* Wider issues and concepts
* Alternative approaches
* **Impact of COVID-19 pandemic** – tailor according to current situation and across discussion topics.

**The care pathway** – *example questions* – If I was a parent who used drugs, opioids, what could I expect to happen if I got involved with your agency/service? Can you talk me through the care pathway from start to finish, from the first appointment through to the last meeting or discharge? Are there aspects of the care pathway that you think are working well, and not working so well? if so, what, why? If you could change any aspect of the care pathway to make it better for parents and families, and/or for the service, what would you change?

**Identification of a parent who uses drugs** – how does this happen in your agency? Or does it happen before they come to your agency? Once a parent is identified as a drug user, or discloses this information, what then happens in terms of practice? What policies are then enacted? Is this process different for parents who are not drug users? If yes, in what way?

**Assessment procedures and processes** – can you talk us through the kind of assessments you would normally do with a parent who uses drugs? What would be the purpose of any assessment from your point of view? Who else would you involve in the assessment process and why?, for example, other professionals/services/family members. What paperwork would you use and is it fit for purpose? To what extent do parents and families understand the assessment process?

What about ***on-going assessment, monitoring, surveillance*** of parents and the family? Who does this? What does it consist of? What about drug testing (toxicology)? Who does this? Who interprets drug test results? To what extent do test results influence what happens to families?

What about ***mothers and fathers who are expecting a baby*** – would the assessment process be the same or would it be different? If the baby developed severe neonatal withdrawal symptoms, how would your service respond? What support would you offer the parents?

**Sharing information** – in terms of sharing information between different professionals or services, what information would you share, or be expected to share, and what information would you need to know from other agencies? why? under what circumstances? Is there any information about families that you think should not be shared? when/why? What systems do you have in place to seek permission from family members to share information?

**Care planning process** – talk us through your care planning process. What would it involve? Who would be involved? What paperwork would you use? How would you go about deciding the goals for the parent and family, timescales, where to start etc? How would you review the care plan? To what extent would the family be involved in the care planning and review process?

**Treatment and interventions (service provision)** – what kind of interventions or treatments do you offer parents and families – can you give some examples? Do you have an underpinning model of care that you work to? Are there particular interventions or aspects of this model of care that you think work well, or do not work so well?

What would you say is the main purpose, or role of ***drug treatment*** for parents e.g. OST programmes? Do you think the goals of drug treatment are *shared* goals, for example, between parents and services and between services? If not, why not? How are disputes about drug treatment goals resolved in practice? You have mentioned ‘recovery’/’harm reduction’/’abstinence’, what does this mean from your perspective? Do you think other professionals/services and parents/families have the same understanding? If not why not? What happens if a parent relapses or has a lapse? How would you deal with this?

In terms of ***interventions*** or your ***model of care***, to what extent are these designed for mothers, fathers (including non-biological and non-resident fathers), the children, or the family as a whole? What about kinship carers or foster carers? How easy is it for mothers/fathers to access family support services or parenting programmes or other services that they might need for themselves and their children e.g. housing support, welfare benefits advice, domestic abuse and mental health services, kinship care support, children’s centre placements etc.

What support would you offer parents whose children are taken into care or who are living elsewhere, either in kinship care, foster care or who have been adopted? And what about parents who have had repeat child removals – what interventions or support would you offer to them?

**Documentation/practice tools** – if staff talk about documentation/practice tools/outcome tools, ask them to say a little more about how the documents are helpful in terms of responding to the needs of parents, children and families? And ***assessing outcomes*** for families?

**Wider contextual and conceptual issues** – if staff talk about concepts such as ‘risk’, ‘vulnerability’, ‘protective factors’, ‘resilience’, ‘adversity’, ‘addiction’, ‘attachment’ etc, ask them to give some examples of what the concept means *in practice*, how is it understood and responded to *in the context of parental drug use*?

If staff talk about ***wider structural issues*** such as gender, race, poverty, class/culture etc, ask for examples of how this relates to their practice and the way they relate to parents/families, how it is understood and responded to within the context of parental drug use?

If staff talk about ***wider systems of care*** e.g. partnership working, the overall quality of service provision, available resources/funding/staffing, waiting times, state intervention, overarching policies or ideologies etc, ask them to expand on how these impact on their practice and relations with parents and families.

**Alternatives** – if staff identify or allude to particular challenges or practice/policies that they would like to see changed, explore their ideas about ***potential solutions*** – for example, new types of interventions or services, different models of care, new ways of thinking about the issue, organisational or structural changes etc. What would be required to bring about these changes? The group could be encourage to make a ‘wish list’.

**Finishing up – suggested questions to end on a positive note.**

To finish up, we’ve talked a lot about the challenges of working with parents who use drugs, but if you were to say something about the rewards of working with parents who use drugs and their families, what would you say?

And lastly, if you were to give advice to a new member of staff about working with parents who use drugs and their families, what advice would you give them? …perhaps something that you wished you had known at the beginning?