Families Voices Project

Supporting and elevating the voices of families in recovery

December 2025

aberlour
scotland's children's charity

On behalf of mothers who have been supported by Aberlour's Intensive Perinatal Support Services and Mother and Child Recovery Houses, we are so pleased to have been involved in bringing together this report.

Our hope is that it will showcase our voices, experiences, and the life-changing impact these services have had on our families.

For many of us, these services came into our lives at a time when we were struggling - not just with substance use, but with trauma, isolation, and the risk of losing our babies. Aberlour's support gave us something we thought we'd lost: hope. With compassion, understanding, and care, we were given the chance to recover, to rebuild trust, and to stay together as families.

The support we receive isn't just about treatment; it's about love, safety, and giving our children the best possible start in life. Without these services, many of us believe our stories would have turned out very differently.

We know that decisions about funding and policy are never easy. But we want you to hear directly from us - the women whose lives have been transformed. We believe that by sharing our stories, we can show why it is so vital that these services not only continue but are strengthened and made available to more families across Scotland.

Thank you for taking the time to read this report, and for all that you do to support families affected by substance use across Scotland.

Ashley, one of the mothers previously supported by Aberlour's Intensive Perinatal Service in Falkirk.

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Introduction

This section of the report introduces Aberlour Children's Charity, the Families Voices Project, the Intensive Perinatal Services and Mother and Child Recovery Houses, and why strengthening and expanding on this work is so vital for families across Scotland.

Setting the scene

Despite recent falls, Scotland still has the highest rate of drug-related deaths in Europe. The data also demonstrates that there remains a strong correlation with deprivation, with mortality rates 12 times as high in the most deprived communities.[1]

Estimates by the Scottish Government indicate that 40-60,000 children may be impacted by alcohol and drugs use within families. Children too often end up in care due to the impact of parental substance use. Furthermore, substance use is a direct risk factor in maternal deaths and women affected by substance use are at significant risk during the perinatal period, including from suicide.

Studies have also shown that mothers with addiction are six times more likely to have their children removed than fathers.[3]

Women specific services – both community-based family support and residential rehabilitation and recovery services – are vital to reduce drugs harm affecting mothers and their children.

Aberlour's services follow a model based on choice. Mothers are supported with their substance use in a variety of ways, each personalised to the individual. This includes Medication Assisted Treatment, such as methadone prescriptions, attending recovery and support meetings and working towards or maintaining abstinence.

Aberlour Children's Charity

Aberlour Children's Charity (Aberlour) was established in 1875 as an orphanage. Over the years, Aberlour has grown into a leading care organisation in Scotland.

Aberlour delivers a range of services, including residential care, fostering services, addiction services, early years support, disability support, early intervention services and emergency financial relief.

The Families Voices Project

In Aberlour, we believe services designed to support families must be shaped by the perspectives of families themselves, ensuring their voices are elevated, amplified and influence future care and support.

Given the urgent need to improve support for mothers and their children impacted by substance use and perinatal mental health across Scotland, the Families Voices Project was established to achieve several aims:

- To work with mothers supported by Aberlour's Mother and Child Recovery Houses and Intensive Perinatal Services to capture their views and experiences of support during their recovery journey.
- For the evidence gathered to directly inform our work to achieve our ambition of supporting many more mothers in recovery and their children to stay together, by growing and expanding our Mother and Child Recovery House model across Scotland, as well as our community-based support.

Every year the lives of thousands of children across Scotland are impacted by alcohol and drugs use within families.

1 Decrease in drug misuse deaths, National Records of Scotland, 2025
2 Chapter 5: Getting it Right for Children in Substance Misusing Families – The road to recovery: a new approach to tackling Scotland's drug problem, Scottish government
3 Gender, Addiction and Removal of Children into Care, 2022.

Aberlour's Intensive Perinatal Services

Aberlour's Intensive Perinatal (IP) service offers support to pregnant women and new mothers who are affected by substance and/or alcohol use and have a baby under 12 months of age.

The service provides practical and emotional support to mothers to keep children with their birth families where it is safe to do so.

Where fathers are involved and willing to engage, they are also offered support in the community, with the aim to reduce the risk of future challenges for them and their children.

Intensive Perinatal Service
key facts and figures

Aberlour has operated the Intensive Perinatal service in Falkirk since April 2021 and has supported
53 mothers and 53 babies to date

Services in Forth Valley, Glasgow and Tayside are more recently established. In the last six months they have supported a total of
50 mothers, 29 babies and 21 unborn babies

An independent evaluation undertaken in June 2024 demonstrated that through its support of
34 mothers and families over three years
the Intensive Perinatal service in Falkirk had created a future care cost saving of
£3.2 million

The service includes:

- Establishing household routines, understanding child development and promoting the value of play.
- Ensuring parents have access to financial support and household resources.
- Supporting parents with their mental health and wellbeing.
- Accompanying parents to various appointments, including antenatal and addiction services.
- Supporting recovery and strengthening positive relationships with family members and friends.

The service works in partnership with other service providers, as well as local children's services, health, and community addiction recovery services.

The intensive nature of the support means staff are available from 7am-7pm seven days a week, including during holidays and weekends. Every mother, on average, receives **131 hours of support**.

All mothers were referred to the Intensive Perinatal service by a statutory organisation, with:

62% referred from **a health professional**

38% referred by **social work**

Aberlour's Mother and Child Recovery Houses

Our two dedicated Aberlour Mother and Child Recovery Houses (MCRH), provide support to keep families together by creating safe, nurturing and loving spaces for mothers and their babies during their recovery journey.

In line with The Promise, our goal is to keep children safe, loved and with their families whenever we can.

We believe that prioritising the bond between mother and child throughout the recovery process, and maintaining the family unit, plays a crucial role in long term success.

A core aspect of the work is to empower mothers to take control of their lives, while being compassionate and understanding of the challenges of addiction. As with the Intensive Perinatal services, there is a strong focus on connection, relationships and community.

Each mother's story provides evidence of the clear need for intensive, wrap-around services:

96% of mothers we support have been **impacted by domestic abuse**.

96% of mothers we support have **had children previously removed from their care**.

54% of mothers we support have been **involved in criminal activity**.

54% of mothers we support **have had formal care experience**.

100% of mothers we support **have experienced trauma**.

Each house has capacity for four mothers. Unfortunately, demand for this support continues to outweigh what can be provided: there have been 214 referrals since December 2022, from across 20 local authorities.

Sadly, when a woman has to remain on the waiting list, too often we hear from referrers that **"If she can't come in, we are going to have to remove the baby at birth."** More residential mother and baby spaces are desperately needed.

The positive impact of the Mother and Child Recovery Houses is echoed by professionals working in local authorities, for example:

"We've had both the privilege and the necessity of accessing The Burrow for three of the mothers we support and their babies from Clackmannanshire. I'm in no doubt that without this vital resource, the chance to keep these families together – to see the mothers and babies thriving, and to give them the time and space to begin healing – simply wouldn't have been possible.

Too often, the outcome is immediate separation, with babies taken into care and mothers left to endure further trauma and decline. Visiting The Burrow, holding their babies, and witnessing their bonding and joy was priceless. It gave me hope for the future. We need to continue to invest in this type of resource if we are to improve outcomes, tackle poverty and provide whole family support."

Lorraine Sanda,
Strategic Director of People,
Clackmannanshire Council

Mother and Child Recovery Houses
key facts and figures

Discovery House in Dundee was opened in December 2022 and The Burrow in Falkirk followed in September 2024.

26 mothers

have been supported in our houses so far. A further 10 have been supported in the community.

29 children

have been supported to stay with their mothers in the houses.

100% of the babies and children

were at risk of being removed from their mother's care.

29 children into residential care equates to

£7.25m per year

in care costs that the MCRH have avoided for Local Authorities.

"If she can't come in, we are going to have to remove the baby at birth."

Methodology

Here we outline our approach to participation in the Families Voices Project.

Importance of co-design

It was essential that mothers were involved in the design of the Families Voices Project from the outset. Ashley, Kerri and Nikita, who have been supported by the Intensive Perinatal service in Falkirk and already familiar with participation in Aberlour influencing activities, took on the co-design role.

After initial discussions, it was decided that views would be sought through semi-structured conversations, and our co-design group were instrumental in shaping the questions that would be used.

The aims and structure of this report and the Families Voices event were also established.

Setting up the conversations

Staff were able to use their expertise and close relationship with the mothers to approach those who would be most comfortable and able to participate. It was of the utmost importance that participation would not interrupt or negatively impact anyone's recovery journey.

As such, staff had sight of the questions beforehand, could share these with the mothers in advance and advise if any topics may be particularly triggering. They could also be present during the conversations for additional support.

Where possible, the conversations were in-person, in either a group or individually, depending on what was preferred. It was also possible to participate through phone calls, or in discussion with a trusted member of staff instead.

The latter was the most preferred method of participation with recently established services, where mothers were still building connection with support staff.

What we asked

The approach was to keep conversations as free flowing as possible, using particular questions or prompts if necessary to capture a rounded view of their experience.

The conversations covered their route into the service, their experience with Aberlour and other health, mental health and social care support, the impact of being supported to build a strong attachment with their baby, and their thoughts for the future.

Everyone who participated was compensated for their time and lived experience expertise in the form of a voucher. They were advised that they were in control of how much they were happy to discuss, and they could withdraw at any time.

Who participated

Service	Engagement	No. of mothers
Intensive Perinatal Falkirk	Conversation	5
Intensive Perinatal Tayside	Phone call	1
Intensive Perinatal Angus	Phone call	2
Intensive Perinatal Glasgow	Phone call Feedback to staff	1 7
MCRH Dundee	Conversation	3
MCRH Falkirk	Conversation Feedback to staff	3 1
Total		**23**

Key Insights

Insight 1

The impact of past trauma, mental health and the challenge of dual diagnosis

What is dual diagnosis?

The term 'dual diagnosis' refers to the co-occurrence of problem substance use and mental health concerns. Despite recognition by the Scottish Government of this complex and interconnected relationship, requiring rights-based, person-centred approaches, the mothers' stories uncover inconsistent, siloed models of care.[4]

This complexity is further heightened when pregnancy and child protection concerns become additional factors.

Finding a way to cope

Many of the mothers we support spoke about their mental health, and concerns that were present long before their pregnancy. A few spoke about diagnosed conditions, but most spoke more generally about feeling depressed, anxious, low mood, self-harming and suicidality.

For the vast majority of mothers, their substance use began at a young age, as a way to cope with severe and often multiple traumatic life events, when no other support was available to them:

"I've been taking drugs since I was twelve, when I had to start taking care of myself. All I've known is to self-medicate. No-one helped me to deal with my emotions… Fight or flight mode is all I've known."

> "It's keeping people in a perpetual state of addiction."

Lack of integrated support

A recurring theme was the lack of mental health support available through the addiction recovery process:

"There's support when you're using drugs and alcohol – lots even – but mental health support should come hand in hand with it. It would have saved me from lots of things that happened."

"We need to start looking at the bottom line – why are people addicts?"

"I'm in the wrong postcode!"

"I went to the GP and told her I was feeling depressed but she just told me 'well, you don't look depressed!'"

"In Aberdeen you don't get counselling unless you're completely drug free… I was just stuck."

"I always felt I fell through the net a bit."

"I asked for support non-stop, but every time I was told 'you're just not in the right place for that at the moment.' They won't support you whilst you have a substance use problem, but surely if you get mental health support then addiction falls away… It's keeping people in a perpetual state of addiction. It's sad when someone dies as they become a statistic, but they're a person."

"I asked for support when I was pregnant but was told there was nothing for me."

4 Drug and alcohol services - co-occurring substance use and mental health concerns: literature and evidence review, Scottish Government

A repeating cycle

With the majority of the mothers we spoke to having had previous children removed, it became clear that opportunities to support them more fully in their recovery journey were repeatedly missed, allowing the cycle to begin again.

One mother described multiple attempts to recover from her addiction, but only now when the right environment and support has been made available to her does she feel hopeful:

"This is my eighth time in recovery. It was so hard to do in the community because you know where all the drug dealers are, you're reminded of all your traumas there… I kept failing… It's changed my life being here."

Another described how previous postnatal mental health concerns and substance use did not lead to additional support for her mental health with her second child:

"I suffered postnatal depression previously and I turned to alcohol to get through that… I don't remember anyone asking me about my mental health second time around."

Another described how an abrupt end to mental health support jeopardized her recovery:

"Now I'm clean there's no support. I'm on a two-year waiting list to receive grief and trauma counselling. It made me wonder whether I was better off going back on the drugs… Now I was sat at home feeling all the trauma from my past, without the one coping mechanism I had to numb it all."

> "It made me wonder whether I was better off going back on the drugs… Now I was feeling all the trauma from my past, without the one coping mechanism I had to numb it all."

Care experienced mothers

We know that mothers with experience of the care system (foster care, kinship care, residential care) are disproportionately represented in adult addiction and mental-health services. Many mothers spoke of their own experiences. Each story represented high levels of early trauma, grief and instability.

Now in adulthood, there was a strong sense of mistrust in statutory services and keen awareness of the mechanics and stigma of the child protection system.

"I shouldn't have to keep proving my worth."

"I was with 32 foster carers… I know what's expected of you in a residential setting."

"I'm a care leaver, so I'd be getting an assessment [with social work] regardless."

Contact with the Criminal Justice System

A couple of mothers we support spoke about their experiences of the criminal justice system, which differed significantly in terms of the support provided. One mentioned:

"The only time I got consistent mental health support before now was when I was in prison."

However, another mother's experience of birth and child removal while in prison with no support provided highlights how there is still work to be done to support our most vulnerable mothers.

Neurodiversity

It is worth noting too that a number of mothers mentioned the impact of undiagnosed and unsupported ADHD through their formative years and into adulthood. This included being overwhelmed by strong emotions, trouble sleeping, feeling judged and having difficulty sticking to routines and staying in jobs.

This is corroborated by a recent RCPsych report that states: **"Unidentified and unsupported ADHD places individuals at heightened risk of physical and mental health issues, substance misuse, and social exclusion."** [5]

It is a particular consideration for women and girls, who are more likely to go undiagnosed for longer.

5 Multi-system solutions for meeting the needs of autistic people and people with ADHD in Scotland, Royal College of Psychiatrists, p.7

The importance of trauma-informed services

With everything they had gone through up to the point of being referred to Aberlour, it was clear that all the mothers truly appreciated the trauma-informed approach taken by the support staff.

"A big difference here is time. I didn't feel judged by social work, but I felt rushed. Here I can take my time to open up."

"Before I was pregnant there was no one. But as soon as I fell pregnant there were about 10 people around me... at each appointment you need to go through it all again. I don't even have the same social workers for my other children, so I'm getting different rules and opinions each time."

"This service needs to be everywhere."

"They said something really sweet the other day, about how after everything I've been through, I deserve to be looked after just as much as the baby."

"They've acknowledged what I went through and said I'm allowed to have all these feelings – I'm not a bad person."

"Ask [support worker] about the looks I used to give her... but now she's part of the furniture!"

"I've not had a good experience with the perinatal mental health team. I've been breaking down on the phone to them, scared for how I'm feeling, but nothing... You get fully supported here – they've got me counselling and it's brought my confidence up."

Knowledge and healing

In talking about the in-house mental health support provided at the Mother and Child Recovery Houses, some mothers spoke of how that process unlocked a greater understanding of themselves and the impact their trauma has had on them. It was a weight lifted.

"It wasn't for mental health – the drugs were the issue and why I was referred here. But now I'm here and talking about things, I've realised I've been depressed."

"I didn't know what the impact of that [repeated trauma] on my brain was until I came here and the counsellor explained it to me. Now I finally understand."

"I'm finally getting help with my mental health and getting diagnosed [with Borderline Personality Disorder (BPD)] because I've been here. All these things have just been left for years and my life has been so chaotic. I've never been in such a good place as I am now."

"I'm so grateful. This is a once in a lifetime opportunity and I'm grabbing it with two hands."

One mother also described how taking part in the Freedom Programme changed her outlook and understanding of a series of abusive relationships.

A positive experience

One mother we support described having no concerns about the mental health support she had received before coming into the Mother and Child Recovery House:

"I have my own mental health worker because I have Emotionally Unstable Personality Disorder (EUPD) and take anti-psychotics. I get to speak to a worker when I want, so there was no need to ask for additional mental health support."

Insight 2
Stigma and judgement

More than a social attitude

Stigma is not just a social attitude, it's a structural barrier that affects whether mothers seek help and how they are treated. Reducing stigma requires changing professional culture, public perception and policy to recognise addiction as a health and social issue, not a moral one.

Barriers to support

Several mothers spoke of their reluctance to ask for support with their mental health, most often rooted in a deep mistrust of the motivations of statutory services.

"There's such stigma around mental health. Anything they [social work] have got on me they will use against me."

"I felt like if I asked for any help at all with my mental health there was no chance I was getting my kids."

Shame and isolation

Others spoke to the shame and isolation they experienced as a result of their addiction, and how the issue is so widely misunderstood:

"There's so much stigma with drug use. People think you don't want help but there isn't any help. The only thing you can do is keep covering up... Nobody wants to be a drug user, nobody wants to be shoplifting, nobody wants to be going into prostitution, but you have to survive. If the help was there it would all go away."

"I don't want to be taking drugs when I'm pregnant, I know it'll probably be doing damage, which makes me feel even more guilty, and so I take more drugs."

"I felt embarrassed to ask for help... but if it had gone on any longer he would have been removed from my care completely."

"Nothing changes you like having your bairn taken from you at five days old, but I kept being judged the same."

One mother spoke of how the support she was accessing while pregnant was too conspicuous for her to feel comfortable attending services within the community:

"If I wanted to go to any of the antenatal groups I would have had someone with me, but they'd be wearing a badge and everyone would know I'm being supported with something."

Professionals' perceptions

Some of the mothers we support spoke about their history 'following them' and how they felt it impacted decisions made and the perceptions of professionals reading their notes, before they have even met.

"My middle son is 12 now, but the review meetings still begin with reading out my chronology. It follows you. Even the foster dad said at the last one 'but she's nothing like that person now.'"

"I knew there was issues [with my baby's health], but the health visitor didn't listen to me."

"Nothing changes you like having your bairn taken from you at five days old, but I kept being judged the same."

"[When my baby was in hospital with severe health complications] I still had parental rights but the foster carer was told to tell me in the morning..."

One mother detailed a hard-hitting example of the impact of stigma:

"I refused to work with social work after I was told I was the 'common denominator' in my childhood sexual abuse and domestic abuse relationships. My [Aberlour] support workers became the middleman in getting me to work with them again and it's only because of them that I'm in the position I am today."

Maternity experiences

Of the mothers who spoke about their labour and birth, experiences with specialist midwifery teams were largely positive; however, some described instances where maternity care was given on the general ward due to staff capacity:

"They know you're with the addictions team. You will hear them talking about you."

The same mother described how she discovered from her hospital records that social work had pushed for her to have a C-Section, so they knew exactly when baby was coming, and without her knowledge. Her baby was removed from her care while on the labour ward.

The grief of child removal

The impact and grief associated with child removal too often lacks recognition and support. One of the mothers we support described her experience of child removal as leaving her suicidal and threatening her recovery:

"If he had been taken from me and I wasn't getting him back I would have taken my life. I wrote letters to all the kids. Knowing when I was seeing him next made all the difference…

"It's amazing to see and spend time with your baby, but handing them back is so so hard. You then have all this time… It's too tempting to relapse."

Meeting mothers where they are

There was appreciation for the fortnightly reviews in the Mother and Child Recovery Houses. This meant care plans were constantly adapting and designed to meet the mothers where they are – able to both acknowledge progress but also when extra time and support is needed.

Valuing non-stigmatising support

It must be highlighted that there were mothers who spoke very highly of the support they received from other services and individuals. Where they provided non-judgemental, non-stigmatising support and created an environment where the mothers could share openly and were confident they had their best interests at heart.

"My social worker was amazing. She's only been able to come and visit me once here, but I know I can text her if I need. I was sad to tell her we'll be moving to a new area after we leave here [the Mother and Child Recovery House]."

Insight 3

The importance of building connection and trust

Prioritising connection

A theme that came through strongly in every conversation was the positive impact of Aberlour staff prioritising connection and building trust with the mothers in their care.

"For the first time it felt like someone was listening to me, interested in my story and weren't just going to cover it up with tablet after tablet. I could feel that from the get-go."

"I am so lucky to have this Aberlour support around me."

"The support from Aberlour has been amazing. I've opened up to my support worker – she has been so good. I now have someone I can rely on. I feel I can trust and feel comfortable around her. I know she has my best interests at heart, for me and my kids and my unborn baby."

All the mothers we support spoke about how empathetic, relatable and "real" the staff were. They were able to take the time to build a genuine connection, and from there trust can build.

The flexible nature and responsiveness of the support was also highly valued, particularly as you cannot plan for when a crisis will occur.

"My social worker was nice but she was hard to get hold of. [Support worker] is much more available."

From the mothers' descriptions, it was clear that a chat over coffee meant more than friendly conversation. It left them feeling like they mattered, and increased their confidence in getting out and about in the community, particularly with their baby.

"For the first time it felt like someone was listening"

Managing transitions

Many conversations touched on the phased entry into the Mother and Child Recovery Houses, with staff using regular visits to start building a relationship and understanding of the mother's needs before welcoming her as a new resident.

This phased approach is replicated when they leave, ensuring a smooth and supported transition back to living within her community.

For the Intensive Perinatal services, support being limited to baby's first year was cause for genuine concern for some, as was the risk that funding might not continue: **"I'd be gutted if the service wasn't here."**

Becoming family

Considering the trauma, unsupported mental health concerns and mistrust in services that the mothers were carrying, it speaks volumes of the Aberlour staff that many described them as being "like family".

Trust is so vital, especially when the success of the service is so often tied to whether a mother will be able to keep care of her baby.

"Some people haven't had that family experience… with Aberlour I feel secure and safe. I trust them with my life and my family."

"We haven't actually got round to doing the work [support worker] had planned because things keep coming up, but she told me we'll get to it when we can, we'll sort these things out first."

Many also spoke highly of how they were offered choice about next steps and planning activities – they appreciated that their opinion was taken into consideration at all times.

Practical support

Besides the clear emotional support, in every conversation there were examples given of practical support provided by staff.

The impact of this goes far beyond simply being helpful. Each time a staff member demonstrated their reliability, empathy and willingness to **"go out of her way"**, this built trust and a sense that **"[my worker] completely has my back."** For most, this is something they had never experienced before.

"She's not helping me just to get the case closed, she genuinely cares."

Some of the many examples were being driven to and supported to attend appointments, making housing applications, helping to collect furniture for the baby, and baby care.

One spoke of how she was helped to set up a bank account, after being in controlling and abusive relationships meant she'd never had one. Another mother spoke of being supported with managing budgets, as this hadn't been a skill taught to her while she was in a formal care setting. There was an example of staff supporting a mother to make a substantial compensation claim, and another being supported through a difficult court case.

"It gives you a bit of trust back. They're actually there to help you. They're making sure you're good to help the baby."

"It's really refreshing to have someone who's supporting my partner, supporting me with my other child, and supporting me too. It's so tailored and robust… My partner is just out of prison and (support worker) offered to help collect a mattress for him, so there'd be no pressure for him to stay with me, as that just doesn't work well for us. She's also offered to help him get to his appointments, because that was something I was taking on too."

Aberlour staff acting as true advocates for the mothers we support as they navigate an incredibly difficult and complex set of circumstances has also meant that some have felt able to recommend the service to others who would benefit from the support, increasing the positive impact of the service within their communities.

Insight 4

Supporting maternal-infant attachment

A different ethos

Setting Aberlour's services apart from most other addiction support services is the principle that throughout the recovery journey, mothers should also be supported to build a strong, loving attachment with their baby. This was spoken of as a highly motivating and rewarding aspect of the care provided.

"I didn't know a place like this existed at all. I was under the impression that I'd go away myself without my child. It was my social worker who told me about here and I was up for it straight away."

"If this was a rehab where you couldn't bring kids, I think I would have left before now… It's so lovely for her here as well."

"If this house hadn't of been here, my daughter would have been taken away from me at the hospital until I was 'fixed'. And that would have taken a long time. All that time we wouldn't have had a bond. That would break my heart. And maybe I'd have relapsed."

Strengthening bonds

The mothers we support spoke fondly of all the opportunities provided to bond with their babies, such as baby massage and attending baby groups. Courses provided on parenting and child development were highly valued.

Staff were also by the mothers' side during scans and birth, with one reminiscing about her support worker being the one to cut her daughter's umbilical cord.

"I'm learning to be a parent."

"I can't wait to meet my new baby!"

"I had such a good birthing experience compared to my first pregnancy."

"I was terrified about how I was going to cope, (still am really), but seeing how excited [support worker] is about the baby has helped me be more excited."

"I'm not worried about how he's doing because he's here… he never leaves my hip!"

A pivotal period

Many of the mothers we support spoke about finding out they were pregnant or giving birth as a pivotal moment, and with the right support, an opportunity for change.

"Since having him I've become a different person. I'm sober 11 months. I've always been suicidal and wanting to die, but once I had him I said I wanted to live longer and be healthier and change my lifestyle. Being here [the Mother and Child Recovery House] has just helped so much."

"He's off the child protection register now and I don't think that would have happened if I hadn't come in here."

"This experience is so different from my other kids."

Infant mental health

Many mothers were aware of the impact removal from their care could have on their infant's mental health. This was particularly true of those with their own experience of care.

"It would be more trauma if they remove my child than if he was with me. There wouldn't be any security or stability."

"The babies are the most important thing."

Facilitating family time

Numerous mothers spoke of Aberlour staff facilitating family time with their babies and older children. This included liaising with and writing reports for social work.

One mother described the moment her support worker stepped in to ensure she had the full time she was entitled to:

"I absolutely love [support worker]. She's all for me and all for [my son]."

Words of Encouragement

Two mothers spoke in particular about the encouragement and support they receive from staff in looking after their babies, and how much that means:

"He was born with complications that we didn't know about and it was really scary not knowing how things would go, especially as I'm on my own. Stress is one of my triggers… I'm always dead hard on myself, but they're always telling me how well I'm doing...They're so on top of everything he needs and they'll make sure I get a break when I need."

"I'm learning to be a parent."

Fear of losing their baby

While Aberlour's services are voluntary, several mothers mentioned that they were told if they did not engage with these services, or if there was no space for them, then their child would be removed.

While for some, this can compel them to take a first step in a transformative recovery journey; for others, there is a risk that their engagement with the service remains at surface-level, doing what they need to do to avoid more punitive measures.

"I missed the newborn stage and the staff are very aware of that. They keep reminding me what a good job I'm doing and it's so nice to hear."

Insight 5

Hope and empowerment

Looking ahead with hope

Some of the most heart-warming exchanges were when asking the mothers we support how they now felt about their futures. Every single one felt far more hopeful, and were quick to credit the support they received from Aberlour in helping them reach that point.

"The day I found out I had my place at the [Mother and Child] Recovery House was the day I finally had hope."

"As long as I get in [to the Mother and Child Recovery House] I know my baby's coming with me, and for the first time I can relax... I'm really glad to have the opportunity to do it all properly."

"I am looking forward to having a chance, and a time with us all at home with my new family."

"I feel more at ease. Before I was very stressed about how I was going to get through this, but with this support I'm much more reassured."

A fresh start

A number of mothers spoke of Aberlour staff supporting them in housing applications for a new area. Each of them were excited to leave behind places that were associated with traumatic experiences and build a new life somewhere that represented their fresh start.

Several mothers spoke of looking forward to passing their driving test in the future. This would not only help when seeking employment, but also travelling to see their older children. For some, the prospect of using their lived experience to support others in the future was something they were really looking forward to:

"I would love to go back to college and get my qualifications… then work for the Mother and Child Recovery House."

"They've given me confidence to want a better future for my kids…they've lit something in me."

Positive references

In several conversations, the mothers touched on the power of positive points of reference. This not only included other mothers being supported by the service, but also a member of staff with lived experience.

"It's good for me as well to see other people doing well."

"If she can do it, then I can absolutely do it too."

Confidence and pride

Perhaps the most powerful tool the mothers we support gained was the sense of pride and renewed self-confidence that came with overcoming such adversity, and ultimately feeling like they can be the mothers they'd always hoped to be.

"It's hard but oh my god it's so worth it."

"My daughter's going to get the best experience of all my kids."

"No one has ever said they were proud of me before."

Hope for others

In coming forward to share their stories, the mothers all expressed hope that this would help mothers coming after them, and far fewer would need to endure years of trauma before receiving the help they need.

Voices in context: the current service landscape

Having heard from the mothers we support, we consider the current service landscape to better understand how it has impacted their recovery journeys, and where there are opportunities to improve the quality of support provided.

Complex, overlapping risks

Women affected by drug or alcohol use in pregnancy face complex, overlapping risks: higher rates of antenatal complications, neonatal abstinence or withdrawal syndromes, and social vulnerabilities that increase the chance of child protection intervention and family separation.

Scotland's recent data show that hundreds of infants are born each year affected by parental substance use, and that these births are concentrated in areas already facing inequalities, underlining the public-health and social consequences when women don't receive joined-up perinatal and addiction care.

The recent MBRRACE-UK Confidential Enquiry into Maternal Deaths (2021 - 2023) continues to demonstrate that the most common cause of late maternal death (from six weeks to 12 months postpartum) is suicide, and these figures are increasing. An overwhelming majority (91%) of those who died faced multiple, inter-related challenges, including mental health, domestic abuse and substance abuse.[6]

Furthermore, the Saving Lives, Improving Mothers' Care 2025 report showed that 21% of women who died were known by children's social services, painting a stark picture of the inequities they continue to face into adulthood. Many of the mothers who died by suicide or substance use had experienced loss, with over 50% having had their children taken into care.

The report calls for more coordinated and easily accessible care, with specialist teams taking a stronger leadership role. [7]

Lack of integrated care

In Scotland, policy and service development over the last decade have strengthened both alcohol and drug recovery services and specialist perinatal mental health capacity. However, independent reviews and service mappings have repeatedly demonstrated that women who use drugs or alcohol in pregnancy continue to fall into gaps between separate systems of care.

Statutory systems, notably NHS perinatal services, drug and alcohol treatment partnerships and local authority child protection services do not necessarily provide a comprehensive and integrated model that keeps mother and infant together while delivering intensive addiction recovery support.

Mothers are too often faced with an overwhelming number of appointments and different professionals involved, with little coordination between their efforts.

A study of antenatal care of women who use opioids across three health board areas in Scotland confirms that:

> **"There appears to be a perception among health professionals interviewed that some of the models of antenatal care examined in this study do not provide enough in the way of integrated care and are thus failing to provide the appropriate support for these women…**

> **"The prevalence of trauma in this population is high… [and] trauma-informed psychological support is critical for these women in supporting their, and their child's, long-term outcomes."**[8]

6 Saving Lives, Improving Mothers' Care, MBRRACE UK, 2025
7 Saving Lives, Improving Mothers' Care, MBRRACE UK, 2025
8 Antenatal care of women who use opioids: a qualitative study of practitioners' perceptions of strengths and challenges of current service provision in Scotland, 2024

Numerous sources cite the barrier to care posed by this lack of integration. So high is this barrier, that it is estimated the proportion of people receiving integrated care for co-occurring mental health and substance use is as low as 4% in the UK. GPs have also highlighted the difficulty in referring people to both mental health and substance use services, even at times of crisis.[9]

Child removal as the default option

The literature, professional testimony and lived experience voices all point to the tension that arises when safeguarding intentions and supporting the mother's recovery are not considered as a joint undertaking. Safeguarding concerns naturally take priority, with child removal often being seen as the only viable option in the absence of intensive support for the mother and the wider family.

There are of course cases where children cannot remain in their mother's care, but more can be done to support the mothers and families through this process. One study describes how the lack of service provision at this time can in turn cause parents to feel undeserving of support.[10] They are subject to multiple layers of stigma and the resulting feelings of shame and isolation can have a detrimental impact on their recovery journey.

Role of the third sector

The third sector plays a crucial role within the support service landscape. Their independence from statutory organisations, strong relationships with communities and 'opt-in', flexible approaches have proven crucial to supporting engagement.

Despite this, there is continued concern around fragile and short-term funding cycles, which jeopardises their ability to establish meaningful collaborations with other services, recruit and retain staff, and plan for the longer term.

In addition, there is significant risk in breaking (again) the trust of those who have had the courage to seek support, if services need to close.

National Mission on Drugs

In response to the alarming levels of substance-related deaths, the Scottish Government announced a National Mission on Drugs, backed by an additional £250 million funding.[11] This coincides with commitments towards more holistic, whole family support approaches.

There are a myriad of policies and workstreams connected to supporting families affected by substance use, including: The Promise; Stigma Charter; Rights, Respect and Recovery; National Trauma Training Programme, Whole Family Approach; Medication Assisted Treatment (MAT) Standards; Getting It Right For Every Child (GIRFEC); Women's Health; Children and Families, Unscheduled Care; Alcohol; Mental Health; Justice; Housing and Equality.

A short life working group has been established, 'Supporting Women, Reducing Harm', to develop good practice guidance for agencies supporting women who use substances and their families. [12]

Specific commitments have also been made to expand the provision of residential rehabilitation: at least 1000 people will be publicly funded to go to residential rehabilitation every year.[13]

Despite clear political ambition, there is mixed evidence around how these standards are being implemented in practice, particularly when it comes to person-centred care. Funding pathways are similarly convoluted and often short-term. [14]

9 Literature review - Drug and alcohol services - co-occurring substance use and mental health concerns: literature and evidence review, Scottish Government
10 "Everything is fear based": Mothers with experience of addiction, child removal and support services, 2025.
11 National mission on drugs - Alcohol and drugs, Scottish Government
12 Health: Supporting Women, Reducing Harm Short Life Working Group, Scottish Government
13 National mission on drugs - Alcohol and drugs, Scottish Government
14 Literature review - Drug and alcohol services - co-occurring substance use and mental health concerns: literature and evidence review, Scottish Government.

Reflections and recommendations

What can we take away from the Families Voices project?

Reflections

The first observation to make is how valuable it was to be in conversation with the mothers we support. Each one shone a powerful light on where the challenges lay, and in equal measure on the transformative power of finally being given the opportunity to receive the right support. It is another example of why it is vital to put the voice of lived experience front and centre of service design.

The courage and integrity they have shown in coming forward to share their stories must be met with action. While it is laudable to ensure lived experience voices are heard, they must start to see tangible results from their efforts.

Mothers affected by substance use face layers of stigma: not just for their addiction, but also for being deemed a 'bad mother', in a way that does not necessarily fall on fathers. A gendered, non-punitive and non-stigmatising approach to support is essential.

There is no doubt that the reasons for Scotland's drug crisis are vast and complex, but, perhaps, the same need not be said for identifying an effective solution for mothers and pregnant women.

Through this project we have seen strong alignment between the voices of the mothers we support, the professionals supporting them and the wider research: investing in intensive, mother-centred recovery that keeps babies with their mothers delivers better health, social and economic outcomes than the fragmented alternatives.

While the conversations uncovered where challenges lie, there were also positive examples of the difference made when mothers felt listened to and advocated for by the other services supporting them. We also heard how encouraging it is when these various services are seen to work in partnership. It is key that all partner organisations work together and in the best interests of the child, with consideration given to all forms of intervention as early as possible.

Aberlour's experience offers a tested, scalable blueprint for how Scotland can reduce harm, preserve families and realise long-term savings.Our support workers have the time to build trust, coordinate care, and respond quickly to crisis points in a way that over-stretched statutory services simply cannot.

The intensive nature of these services shifts the focus away from throughput, instead determining success by the improvements made to these families' lives. Indeed, some of the most positive outcomes we heard throughout the conversations were things that are not easy to track: reduction in relapses, social inclusion, housing stability and returning to work and education. This highlights the benefit of gathering anecdotal evidence in addition to clinical and functional outcomes.

A similar listening project conducted by the Maternal Mental Health Alliance in the north of England highlighted similar concerns around mental health support and stigma. It also spoke of the importance of investing in advocacy, with the women describing the "complicated and draining" need to advocate for themselves in a system that has "a huge lack of empathy and understanding." There lies a stark contrast with this project, with every one of the mothers we support confident that they have a trusted advocate in Aberlour staff.[15]

Scotland faces high human and financial costs from substance use, but these costs are overwhelmingly reactive, spent on crisis intervention, child removal, and long-term care rather than prevention and recovery.

Crucially, this is not a call for new money, but for a rebalancing of existing expenditure towards preventative, integrated pathways, that will in turn relieve pressure on overburdened social work systems. The same budgets currently absorbed by late-stage statutory interventions could achieve far greater impact if redirected upstream, funding early engagement, trauma-informed recovery support, and whole-family care.

If we, for example, were to invest the estimated £3.2 million in avoided care costs generated by the Intensive Perinatal service in Falkirk in its first three years, by the same rate of ROI this would become £48 million in avoided future care costs.

In short: the question is not whether we can afford to invest in these services, but whether we can afford not to. Investing deeply in a smaller number of mothers achieves transformational change, while fulfilling national commitments under The Promise, National Mission on Drugs and the Whole Family Approach to give every child the best start in life.

Intensive, person-centred support is not an add-on; it is the only model that works for the most vulnerable families.

15 Listening to stories of women who have experienced child removal due to drug and alcohol use, Maternal Mental Health Alliance, 2024

Recommendations

Based on the findings of this project, we make the following recommendations:

1. Expand Aberlour Intensive Perinatal services and Mother and Child Recovery Houses, **offering this intensive support to more mothers in more localities**.

2. Consider additional capacity in community services to allow for the length of service to be available until a child's second birthday. **This will provide a greater level of wrap-around care at this pivotal time**.

3. Training on mental health and trauma awareness is essential for all health and social care professionals supporting mothers in their recovery. **Improved awareness and understanding here will also play an important role in reducing stigma**.

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