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# Scoping Review on models and outcomes of mother and child residential care and community outreach support

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# 1. Introduction

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While many parents use substances such as alcohol and illicit drugs recreationally, for some families parental substance use can cause problems resulting in contact with the child welfare system. For the purpose of this review problem substance use is defined as use that leads to harm (social, physical and psychological) both to the user of substances and others in their circle (such as family members). Such problematic or harmful behaviour does not necessarily imply (or rely on) addiction or dependence, although it may well do so. At the same time, it is important to distinguish between different levels for the use of substances including alcohol, and their respective impacts (Taylor, 2013).

In the United Kingdom, there is no systematic data available about the number of children affected by parental problem substance use (Roy, 2021). Estimates calculated from administrative datasets such as the National Drug Treatment Monitoring System and surveys such as The Health Survey for England and General Household Survey have suggested that 22–30% of children live with a parent who binge drinks or drinks at a hazardous level and approximately 8% live with a parent with problem drug use (Duffy, Shaw, Woolfall, & Beynon, 2010; Manning, Best, Faulkner, & Titherington, 2009).

There is a significant body of research exploring the impact of problem substance use on parenting capacity and children's well-being. Professional concerns can arise when women are pregnant, including first and subsequent pregnancies (Saunt and Montoua, 2025). Living in a household where a parent or carer has a problem with substance use does not mean a child will experience harm or abuse, but it does make it more difficult for parents to provide loving and safe care. Concerns can centre on a range of issues including families being chaotic and unpredictable; parents struggling to provide the care and supervision that children require at different ages; ensuring that money is spent appropriately on food, clothes and household bills; and children being exposed to harmful substances and equipment such as needles and syringes (Taylor, 2013). The impact on children can begin in pregnancy, impacting on children's physiology and development. There are also concerns that children may be at a higher risk of experiencing physical or sexual abuse (Roy, 2023; Taylor, 2013), that they are likely to be facing other significant risks alongside problem substance use, in particular domestic abuse and parental mental health problems (Roy, 2021) and there is an association with an increase in death in childhood (Berg et al., 2022; Sidebotham et al., 2016). Many children have shared their experiences of living with a parent whose use of substances is problematic, and the immediate and longer-term impact on family relationships and emotional well-being (Nkobi and Kingan, 2025). Similarly, Smith et al. (2025) found that mothers reported a range of challenges including the struggle between managing their substance use while also being pregnant and planning for being a mother; the challenges of being fully present as a parent; the difficulties of engaging with the child welfare system and meeting the often very high expectations of professionals; and the implications for mother's relationships with their children. Mothers mostly reported that their problem substance use did negatively impact their children in numerous ways.

One of the core public health priorities in Scotland is to reduce the harms associated with the use of alcohol and drugs, with a particular emphasis on reducing drug-related deaths. The Scottish Government has recognised the value of a joined-up approach to reduce the number of deaths and harms arising from substance use (Scottish Government, 2024a). As we understand more about the impacts of parental problem substance use on children, it has become clearer that all health, social care and support organisations should take a whole family approach. This is where action to support and protect children is undertaken alongside working with parents, carers and other family members, with the joint aim of keeping children safe through supporting parents or carers with managing their substance use (Lagdon et al., 2021).

The Scottish Government's (2022) National Principles for Holistic Whole Family Support sets out that support should address the needs of the entire family while being underpinned by a focus on upholding and promoting children's rights. It should be tailored to the respective needs of individual families; be non-stigmatising, timely and sustainable; and seek to empower individuals and build on existing strengths within the family and their

wider community. Finally, it should be delivered collaboratively and seamlessly by a skilled and supported workforce that is able to promote the approach in a way that is accessible and understandable to families. These principles echo the ten driving principles underpinning intensive family support outlined in *The Promise*, itself a pledge to support families to stay together in a safe and loving environment, and reduce the number of children who are taken into care.

The largest known UK study of parental problem substance use as a feature of children's social care work was undertaken by Roy (2021; 2023) in England. This study utilized a cross-sectional profile of 299 children living in 186 families with parental substance misuse and referred to children's social care in one local authority. Data were collected from social work case files at the point of referral to social care about the child, family, the wider environment, and parental substance use. The findings show that children affected by problematic parental substance use frequently had other support needs relating to their well-being and mental health. Children were also likely to be experiencing other parental and environmental risk factors. The significant historical—and in some cases intergenerational—social care involvement for some families indicated potential challenges with the capacity of services to meet needs, alongside the opportunity to do so.

At point of initial referral, most children were cared for by their birth mother only (n = 118, 39.5%), with about a third of children being cared for by both birth parents. Less than 10% of children were cared for by their birth father only. Just under a third of children did not have any siblings (n = 98, 32.8%). Over half (n = 171, 56.4%) had 1–2 siblings, with the remaining 30 (10%) having 3 or more siblings. Some parents had a history of being removed into care as children (mothers 10.4%; fathers 5.7%), and just under 10% of children had parents who had had a child previously removed from their care. Parents were often dealing with a range of issues in addition to their substance use, including living in poverty and mental health problems (44.5%); criminal justice involvement (59.9%); and domestic violence and abuse (42.8%).

This highlights that children and families living with parental problem substance use have significant support needs. As such, services need to be able to address the multiple, interconnected issues children and families may be facing (Neo et al., 2021). This is likely to include recognition of the gendered nature of who is caring for children; the recent and non-recent factors contributing to the use of substances (such as poverty, family violence, domestic violence and abuse, and sexual abuse); the importance for children of protecting and promoting the bond between a children and their main carer(s), most often the mother; and the need for services to help children recover from any harm caused by their parent or carer's problem substance use; as well as the other adversities a child may have experienced (such as experiencing parental domestic violence and abuse).

Recently, there has been a renewed focus on the use of residential family assessment centres where professionals can assess parents' ability to safeguard and care for their child – often a newborn baby. However, there is significant variability in the type of accommodation and scope of support offered by this type of placement, and concerns about the quality of provision. There are also concerns about the focus on surveillance of parents and their children (Shaughnessy, Ott and Smale, 2025). Research has indicated that the most effective placements are those that respond to the therapeutic needs of new parents alongside new parenting guidance, and are built on stability and support – emotionally, practically and institutionally (Luke and Sebba 2014).

This scoping review has been commissioned by Aberlour to inform their mother and child residential care and community outreach support service. Aberlour have established two recovery houses for mothers with babies or young children up to the age of five years. The aim of this service is to assist mothers to stabilise their use of drugs and/or alcohol, to prevent deaths of the women they help, and to reduce the likelihood of babies or young children needing to be taken into local authority care. This is underpinned by a strengths-based approach, seeking to support mothers to regain control of their lives, and to empower them to create the best possible futures for themselves and their children. Aberlour do this through providing 24/7 therapeutic and emotional

support during a women's period of residence, with community outreach support both before and after staying in the house. The support has a clear value base, rooted in the provision of a nurturing environment, being sensitive and attuned to past and current traumas and adversities in the lives of women and their children, and seeking to address the root causes of a woman's substance use. The recovery work involves individual and group-based approaches on a range of issues (including mother/baby attunement, drug and alcohol recovery, domestic abuse recovery, and lifeskills work), and draws upon well regarded psychotherapeutic interventions such as "Parents Under Pressure" (Barlow et al., 2019).

To support the future enhancement of the service Aberlour are committed to continuously benchmarking their service to families against the international evidence base, and to look for robust evidence of how their service could evolve in the future. This scoping review is one part of this process of continuous quality improvement.

## 2. Methodology

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### Rationale for conducting a scoping review

A scoping review is a preliminary assessment of the potential size and scope of available research literature, aiming to identify the nature and extent of research evidence, often including ongoing studies (Grant & Booth, 2009). While some may use the term 'scoping review' to describe a rapid, less systematic examination of the literature, others, as stated by Levac et al. (2010), argue that scoping studies are particularly valuable for mapping areas of research where the evidence is not yet fully developed.

The rationale for conducting a scoping review is to explore the breadth of existing literature and identify key research and any gaps. This type of review provides a valuable mapping of the current evidence base, rather than undertaking a detailed critical appraisal or synthesis of findings (Munn et al., 2018). Scoping reviews are particularly useful in areas where the literature is complex or not yet comprehensively reviewed, helping to inform future directions for practice, policy and research.

### Methodological Framework

This scoping review adopted the methodological framework proposed by Arksey and O'Malley (2005). Eligibility criteria were set to define which studies to include based on relevant characteristics. A comprehensive search strategy was applied across selected databases using defined keywords and filters. Studies were screened in two stages—titles/abstracts followed by full-text review. Data from included studies were then analysed and synthesised narratively or thematically. Results are reported using flow diagrams, summary tables, and structured descriptions.

Arksey and O'Malley's (2005) framework is a widely recognised methodology for conducting scoping reviews, providing a structured and systematic approach to explore the breadth of research in a given field. It comprises six key stages: (a) identifying the research question, (b) identifying relevant studies, (c) study selection, (d) charting the data, (e) collating, summarising, and reporting the results, and (f) an optional consultation stage with stakeholders. The framework emphasises flexibility and adaptability, enabling researchers to map a wide range of evidence. Further recommendations by Levac et al. (2010) enhanced the framework by stressing the importance of clearly linking the purpose and research question, ensuring feasibility while maintaining comprehensiveness, employing an iterative approach for selecting studies and extracting data, and incorporating both numerical summaries and qualitative thematic analysis. The final stages focus on considering the implications of findings for policy, practice, and future research. This framework is particularly valuable for organising complex topics, such as indigenous scoping or narrative reviews, and for informing the development of environmental scans or assessment frameworks.

## Research Questions

The main aim of this scoping review was to understand the body of research surrounding residential treatment and associated community support services for women with children or pregnant women whose use of substances is of concern. Specifically, this review aimed to address the following questions for this group of mothers and children:

1. What is known about admission, transition, access, and assessment processes to get into residential care?
2. What is known about the definitions, organisations and services delivered in residential care and community outreach support for mothers and their young children?
3. How do the different types of services provided impact on maternal mental health, mother–infant relationships, and child health and development?
4. What constitute systems barriers and stigma that prevent women accessing support through a mother and child residential care and community outreach support service?
5. What is known about the relationship between the different models of services and the outcomes for mothers and their baby or child accessing residential care and community outreach support? (association between type of service and outcome)
6. How is the transition from mother and child residential care to community-based support structured, and what role do wider support systems, including peer support, play in sustaining maternal and child well-being?
7. What is known about the theory of change informing the philosophy and organisation of the mother and child residential support and community outreach care service?

## Eligibility criteria

As the purpose of this review is to understand the different kinds of residential and associated services or programmes available to women whose use of substances is problematic, and who are pregnant or have young children, the following eligibility criteria were used:

1. Study participants should be women who are pregnant or parenting young children
2. Study intervention should focus on accessing residential facilities, with or without associated community support services, for problem substance and/or alcohol use. Relatedly, study outcomes should reflect how treatment programmes within residential and associated community services impacts study participants' well-being (either or both mothers and their children).
3. Studies should be designed to collect primary empirical data, and be published between January 2010 and April 2025, and written in English.

Thus, the eligibility criteria excluded studies that were systematic reviews, book chapters, studies focusing on fathers, and studies focusing on community support services not explicitly connected to a residential facility or treatment program.

## Search strategy

For the purposes of this review various search terms and keywords were entered in several databases - PubMed, CINAHL, PsychINFO, ASSIA, and SCOPUS. These databases were chosen as the work indexed was most likely to be associated with the focus of the scoping review. While the initial review proposal had also included the Campbell Collaboration Library as a possible database, the Campbell Collaboration Library holds only systematic reviews, which is an exclusion criterion for this review.

In conjunction with a specialist librarian from the University of Edinburgh search terms were identified along with synonyms and then combined using boolean operators to produce search strings for the databases (see example below).

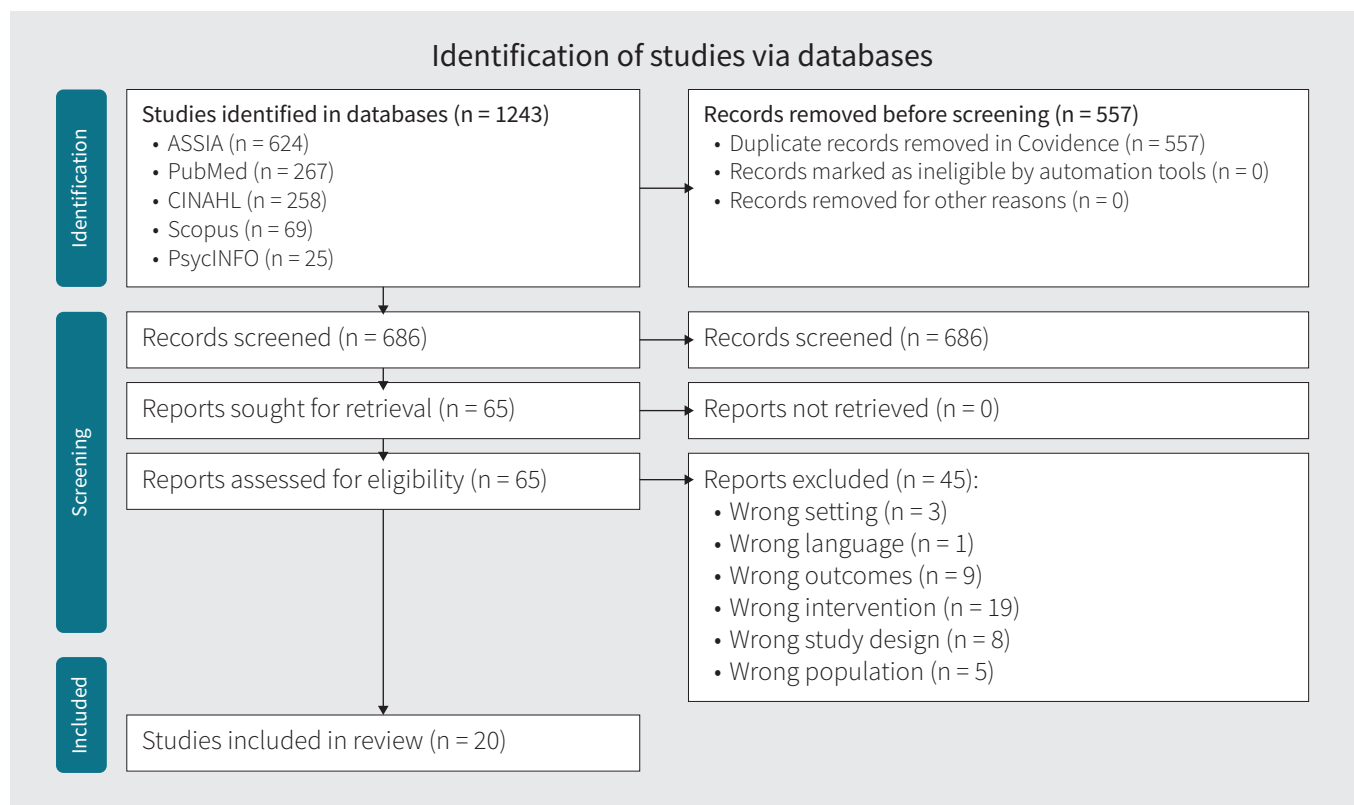
("mother\*" OR "maternal" OR "parent\*" OR "caregiver\*" OR "biological parent" OR "step-parent") AND ("child\*" OR "infant\*" OR "baby" OR "toddler" OR "pre-schooler" OR "minor\*" OR "dependent" OR "youth" OR "adolescen\*" OR "teen\*") AND ("family care" OR "residential care" OR "mother and baby unit" OR "mother-baby home" OR "mother and child unit" OR "mother-child home" OR "transitional housing" OR "supported accommodation" OR "residential rehabilitation" OR "treatment" OR "community support" OR "community outreach support service" OR "social services" OR "outreach program\*" OR "recovery support" OR "perinatal support" OR "family-centered treatment" OR "parenting support") AND ("maternal substance abuse" OR "substance abuse" OR "substance use disorder\*" OR "alcohol abuse" OR "drug user" OR "alcohol user" OR "substance user" OR "rehabilitation" OR "smart recovery") OR ("domestic abuse survivor" OR "parenting support for domestic abuse survivor\*" OR "vulnerable mother" OR "marginalized mother" OR "low-income mother" OR "struggling mother" OR "struggling caregiver")

Depending on the database used, changes were made to the search terms in order to find anything relevant, or to narrow down the search results. For example, we had excluded "dad"; "father"; "man" and "male" in the search terms for CINAHL. However, there were some results that had included fathering and fatherhood, which was not relevant for this review.

### 3. Results

After initial searches, references were uploaded to Covidence, an online tool that enables article-screening and extraction in a systematic way for scoping and other types of systematic reviews. One thousand, two hundred and forty-three studies were initially uploaded into Covidence, with 686 studies screened against title and abstract. In that stage, we excluded 621 studies before assessing the relevance of the 65 articles by reading the full study. We excluded 45 studies mainly due to interventions that were not relevant to the focus of the review, and/or outcomes, and extracted the remaining 20 studies (see Figure 1 below for the full process). Twenty studies were identified for inclusion (Table 1).

**Figure 1: PRISMA diagram of included articles**



**Table 1: Articles included in the review**

Author(s)	Year	Title	Country	Research Design
Andeson, C, Braverman, A, Maes, P, and Reising, V.	2022	Lessons Learned From the Implementation of an Integrated Prenatal Opioid Use Disorder Program.	US	Qualitative
Berlin, L, Shanahan, M, and Appleyard Carmody, K.	2014	Promoting Supportive Parenting in New Mothers with Substance-use Problems: A Pilot Randomized Trial of Residential Treatment Plus an Attachment-based Parenting Program	US	Quantitative
Bosak, J, Messersmith, L, Bryer, C, Drainoni, M, Goodman, D, Adams, M, Barry, T, Flanagan, V, Wolff, K, and Declereq, E	2024	“They just looked at me like I was human”: The experiences of parenting women and providers with substance use disorder treatment	US	Qualitative
Bromberg, S, Backman, T, Krow, J, and Frankel, K.	2010	The haven mother's house modified therapeutic community: Meeting the gap in infant mental health services for pregnant and parenting mothers with drug addiction	US	Qualitative
Chou, J.L.; Cooper-Sadlo, S.; Diamond, R.M.; Muruthi, B.A.; Beeler-Stinn, S.	2020	An Exploration of Mothers' Successful Completion of Family-Centered Residential Substance Use Treatment	US	Qualitative
Einbinder, S	2010	A qualitative study of exodus graduates: Family- focused residential substance abuse treatment as an option for mothers to retain or regain custody and sobriety in Los Angeles, California.	US	Qualitative
Franco-Rowe, C, Lee-Winn, A, Ng Williams, V, Lopez, C, Tung, G and Allison, M	2025	Perinatal healthcare experiences of pregnant and parenting people with a history of substance use disorder: a qualitative study	US	Qualitative
Hammond, G and McGlone, A.	2013	Residential family treatment for parents with substance use disorders who are involved with child welfare: two perspectives on program design, collaboration, and sustainability	US	Qualitative

Author(s)	Year	Title	Country	Research Design
Horton, E. and Murray, C.	2015	A quantitative exploratory evaluation of the circle of security-parenting program with mothers in residential substance-abuse treatment	US	Quantitative
Huang, H and Ryan, J	2011	Trying to come home: substance exposed infants, mothers, and family reunification.	US	Quantitative
Jirikowic, T, Graham, C, and Grant, T	2023	A Trauma-Informed Parenting Intervention Model for Mothers Parenting Young Children During Residential Treatment for Substance Use Disorder.	US	Quantitative
Pajulo, M, Pyykkönen, N., Kalland, M., Sinkkonen, J., Helenius, H. and Punamki, R.-L.	2011	Substance abusing mothers in residential treatment with their babies: Postnatal psychiatric symptomatology and its association with motherchild relationship and later need for child protection actions	Finland	Quantitative
Porreca, A, De Carli, P, Filippi, B, Bakermans-Kranenburg, M.J, Van Ijzendoorn, M.H, and Simonelli, A.	2025	Maternal cognitive functioning and psychopathology predict quality of parent-child relationship in the context of substance use disorder: A 15-month longitudinal study	Italy	Quantitative
Raynor, P, Corbett, C, West, D, Guille, C, Eichelberger, K, Litwin, A, and Prinz, R	2025	I Don't Know How to Live Real Life Sober'—Identifying Needed Supports Through the Voices of Pregnant and Parenting People Seeking Recovery.	US	Qualitative
Rivera, D, Henwood, B.F, Sussman, S, Wenzel, S, Dasgupta, A, Campbell, A.N.C, Wu, E., and Amaro, H.	2024	Characterizing Multisystem Barriers to Women's Residential SUD [Substance Use Disorder] Treatment: A Multisite Qualitative Analysis in Los Angeles	US	Qualitative
Sperlich, M, Bascug, E, Green, S, Koury, S, Hales, T and Nochajski, T.	2021	Trauma-Informed Parenting Education Support Groups for Mothers in Substance Abuse Recovery.	US	Mixed-methods
Weir, K, Pereyra, S, Crane, J, Greaves, M, Childs, T and Weir, A	2021	The Effectiveness of Theraplay® as a Counseling Practice With Mothers and Their Children in a Substance Abuse Rehabilitation Residential Facility	US	Quantitative

Author(s)	Year	Title	Country	Research Design
Wiig, E, Halsaa, A, Bramness, J, Myra, S, and Haugland, B	2018	Rescue the child or treat the adult? Understandings among professionals in dual treatment of substance-use disorders and parenting.	Norway	Qualitative
Zand, D.H, Chou, J.L, Pierce, K.J, Pennington, L.B, Dickens, R.R, Michael, J, McNamara, D and White, T.	2017	Parenting self-efficacy and empowerment among expectant mothers with substance use disorders	US	Quantitative
Zweben, J.E, Moses, Y, Cohen, J.B, Price, G, Chapman, W and Lamb, J.	2015	Enhancing Family Protective Factors in Residential Treatment for Substance Use Disorders	US	Qualitative

The majority of studies found were from the USA (17), and the remaining three from Finland, Italy and Norway. Twelve of the studies involved a qualitative research design, with seven quantitative studies, and one mixed method.

## Criteria for Accessing Treatment

As the literature focused on the effectiveness of certain programmes in helping women who are pregnant and/or parenting with problem substance use, there was little elaboration on the criteria for admission to any service. However, there was some diversity in terms of the age of the children that were allowed to live onsite with their mothers. For example, women accessing the Wayside House in Minnesota, US were allowed to bring their children up to 11 years old (Hammond and McGlone 2013). This was based on the facility’s focus on understanding the “outcomes of safety, permanency, and well-being for children” (Hammond and McGlone 2013: 137). Treatment would last for several months, with treatment facilities having residential services for up to 12 months, which could be extended to 15 months (Bromberg et al 2010). Wiig et al’s (2018) study also involved a facility that offered 12-18 month long residential care, usually starting from pregnancy to when the child is about a year old.

## Pregnancy

The included literature often referred to services and interventions as being for women who were pregnant or had young children as though their needs were synonymous, which is not the case. As noted by Smith et al. (2025) pregnancy can be a turning point for some women, when they are able to make changes in their life:

**“When I first became pregnant, I was really excited and I immediately quit doing pills...really wanted to be a mom. And I stayed sober for four years after I had him.” -Participant 033**

The research literature highlights that pregnant women with problem substance show poor maternal-fetal bonding characterised by low cognitive awareness of fetal characteristics and by avoidance of required medical screenings as a result of the continuous use of substances. At the same time, newborns that have been exposed to substances in utero are at higher risk to present unfavourable physical and autonomic characteristics at delivery, such as reduced growth, higher activity and irritability, low levels of arousal as well as disturbances in sleep and feeding patterns (Porreca et al., 2025). In addition, postnatal psychiatric symptomatology is often high (Pajulo et al., 2011).

The included studies highlighted that pregnant women were more likely to engage and remain in services that were person-centered and where services reduced the feelings of stigmatisation about being both pregnant and

substance using (Bosak et al., 2024). This included the benefits of wrap-around support before and after the birth of the child (Pajulo et al., 2011). Women who entered residential services in their third trimester as opposed to their first trimester were found to be more likely to complete treatment, and to report higher levels of self-efficacy regarding their parenting role (Zand et al., 2017).

Bromberg et al. (2010) recommended that those who are pregnant, an individualised infant mental health plan should include obtaining appropriate prenatal care, a birth plan centered around a supported and healthy delivery of the baby (an opportunity/experience foreign to many of the women who might otherwise give birth to their infant as guarded prisoners shackled to a hospital bed), breastfeeding support, and immediate postpartum services including care focused on attachment and bonding with their newborn and screening and treatment for postpartum mood disorders.

## Barriers to accessing care

The included studies on stigma around problem substance and/or alcohol use especially when one is perceived as a mother or pregnant. Such stigma can prevent women from seeking help. Shame and stigma stemming from any substance use and parenting is exacerbated through “the societal expectation that mothers assume the role of primary caretakers [which] places an extra pressure” (Chou et al 2020: 1115; see also Rayner et al 2025). Such experiences of stigma extend beyond the general public to social workers and medical professionals. Studies also report how women’s fears of punishment, such as having their children taken from them and put into state care prevents them from seeking help for their substance and/or alcohol use. For example, participants in Franco-Rowe et al’s (2025) study based in Colorado, US pointed to distrust in the healthcare system and professionals as a reason for reluctance in seeking help. Some of these women had previous negative experiences with medical professionals and social services, while others had little to no knowledge about the process of help-seeking. Lack of transparency in the healthcare system can serve as a barrier to accessing care (ibid).

However, often, women struggling with substance and/or alcohol use cite their children or pregnancy, and the impacts the “relapse-recovery cycle” has on themselves and their children, as a motivation to seek treatment (Chou et al 2020; Einbinder et al 2010; Franco-Rowe et al 2025). Being able to bring their children with them when they seek treatment for problem substance use was an added motivation (Einbinder et al 2010). Other times, women are motivated to share their substance use histories to healthcare workers to gain more knowledge of pregnancy and their health (Franco-Rowe et al 2025).

## Tailored Programmes<sup>1</sup>

Raynor et al (2025: 5) describe essential supports (whether existing or needed) identified through the voices of parent and pregnant people (the term used in the article) in a residential-based recovery support facility, and mapped these areas of support to the Substance Abuse and Mental Health Services Administration (SAMHSA) eight dimensions of wellness (Figure 2). Such an approach helps to see mothers and children holistically, and the importance of meeting the full range of needs rather than focusing solely or primarily on substance use, or parenting, or residential only. Rivera et al (2024) point to the importance of avoiding “one size fits all” programmes but rather, to focus on tailoring programming to the specific needs of women and their children in residential care, especially when considering the different histories of trauma that these women and children may have. Further, Bosak et al (2023) highlight how involving women in residential treatment design (e.g. co-designing programming) could help women feel empowered and involved in the process.

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1. While Pasiali et al’s (2022) article was excluded because it focused on the effectiveness of music therapy on the children (5-11years) who lived with their mothers in the residential treatment facility for substance use, it might be useful for thinking about how music therapy could also be helpful for young children, who need attention from their mothers who may be occupied with their own activities or programming during the day.

## Multi-agency Collaboration and Integrated Treatment<sup>2</sup>

Literature points to the potential benefits of multi-agency collaboration from the referral to treatment process, where having a more connected network of organisations working together to address the multiple issues that women using substances and alcohol face, such as mental health, childcare, and treatment for substance abuse are seen as facilitating better outcomes. As Anderson et al (2022) illustrate, having such collaborations also increases referrals for treatment as information sheets were placed at more clinics and other community organisations. Similarly, Chou et al (2020) argue for an integrated system of care approach. Participants in Franco-Rowe et al's (2025) research highlighted the need for "coordination of resources, services, and education, particularly those relating to substance use treatment" (p. 6). This was noted in one study, whereby the co-location of midwives in a treatment program for pregnant women improved access to prenatal care, continuity of care throughout the pregnancy, and increased participation in family services (Goodman, 2015).

Zweben et al (2015) also demonstrate the effectiveness of integrated care management - the involvement of multiple agencies and services - as soon as women are admitted to a residential facility. Such a model, which tailors programmes to individual women's needs, seeks to circumvent inconsistent and patchwork recovery treatments for these women. Zweben et al's (2015) findings show that fewer mothers self-reported low mental health (41%) after participation compared to 78% of mothers who reported having such issues at admission. Family reunification (reunification of children with their mother) was also at 100% after mothers participated in the programme. This was due to the involvement of the Family Court and Child Protective Services staff, who were able to keep track of the woman's progress and recovery during meetings. These findings are supported by a systematic review that has shown that mothers who participated in integrated treatment programmes were significantly less likely to have their children removed from their care (Odds Ratio (OR)=0.40, 95% CI=0.27, 0.61), more likely to complete substance use treatment (OR=3.01, 95% CI=1.79, 5.06), and more likely to reduce their alcohol consumption (Neo et al., 2021).

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2. If Aberlour is intending to pursue enhanced multi-agency and service collaboration, it might be helpful to read Lachini et al (2015), which looks at what barriers could emerge from such collaborations, and how to navigate it better. We excluded this study as it was not fully relevant for the review.

**Figure 2: Substance Abuse and Mental Health Services Administration eight dimensions of wellness (Raynor et al. 2025)**

<p><b>Physical</b></p>	<p><b>Occupational</b></p>
<ul style="list-style-type: none"> <li>• Self-care education resources</li> <li>• Adequate sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Community &amp; volunteer work</li> <li>• day-by-day workbook; Structure → daily plan</li> <li>• Work/life/childcare balance &amp; resources</li> <li>• Job skills classes</li> <li>• Childcare for work</li> </ul>
<p><b>Intellectual</b></p>	<p><b>Social</b></p>
<ul style="list-style-type: none"> <li>• The skill of “telling on your addiction”</li> <li>• Self-care balance: taking care of son with developmental needs &amp; maintaining recovery</li> <li>• Balancing self-care with parenting/work/life Life Skills</li> <li>• How to anticipate &amp; respond to child questions around addiction; Parenting coach—skills on answering child’s questions around addiction/family context as child ages</li> <li>• Recognizing triggers that negatively impact recovery</li> <li>• Parenting education/skills for child with special needs; single parenting classes</li> <li>• Tools on how we can teach our children about the disease of addiction</li> <li>• Getting child education around narcotics</li> <li>• A book or guide for first time mothers</li> <li>• Classes to help mothers learn what addiction is</li> <li>• Education on fetal alcohol spectrum disorders; effects on children</li> <li>• Baby CPR classes</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to connect with children that are not with you</li> <li>• Resources—navigating child custody</li> <li>• Access to Phoenix Center resources</li> <li>• Childcare while attending recovery meetings</li> </ul>
<p><b>Spiritual</b></p>	<p><b>Emotional</b></p>
<ul style="list-style-type: none"> <li>• Incorporating Christian faith in recovery steps</li> <li>• Religious support</li> <li>• Church/Faith-based support</li> <li>• Faith-based support/Spirituality resources</li> <li>• Sponsor with religious concordance</li> <li>• Church network/Spirituality</li> <li>• Church meetings/Spirituality</li> <li>• Faith-based support through churches</li> <li>• Faith-based support/Church</li> <li>• Faith-based support/Spirituality</li> <li>• When you feel broken in addiction; Positive Affirmations</li> </ul>	<ul style="list-style-type: none"> <li>• Coping classes</li> <li>• Mindfulness</li> <li>• Conflict resolution strategies; Healthy relationship boundary skills</li> <li>• Healthy coping; Coping skills</li> <li>• Anger management classes</li> <li>• Resources to help a person start over independently when they must leave a significant other/spouse</li> <li>• Mental health Treatments; Counseling</li> <li>• MAT</li> <li>• Boundary setting with people in addiction (family); (what others think about me)</li> <li>• Journaling</li> </ul>
<p><b>Financial</b></p>	<p><b>Environmental</b></p>
<ul style="list-style-type: none"> <li>• Diaper/child supply resources; Vouchers; Financial assistance/donations</li> <li>• Resources when you have bad credit</li> <li>• Financial assistance (WIC/food stamps); Financial support (ABC vouchers, child care)</li> <li>• Budgeting classes</li> <li>• Financial planning classes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources when you have criminal record</li> <li>• Age-appropriate activities to do with children</li> <li>• Legal Support; Legal assistance</li> <li>• Transportation assistance to well-baby and postpartum visits (Lyft); recovery meeting</li> <li>• Resources on IPV</li> <li>• Drug testing for personal accountability for sobriety</li> <li>• Recovery resources available in Spanish</li> <li>• Moms in Recovery network; mentors/coaches</li> <li>• Support groups for mothers who lost kids, active DSS cases</li> <li>• Resources for child with disabilities</li> <li>• Classes to help mothers learn what addiction is</li> <li>• Education on fetal alcohol spectrum disorders; effects on children</li> <li>• Baby CPR classes</li> </ul>

It is important to note that aside from an “integrated care management” model, there was another intervention that was implemented in Zweben et al’s (2015) study. Project Pride focused on healthy parenting programming for pregnant women and mothers, which involved the extended family and friends in the woman’s recovery. Hammond and McGlone’s (2013) evaluation of Wayside House suggests multi-agency collaboration allowed for diverse programming, such as equipping women with work skills, helping them find employment and housing. Thus, it is important to approach these specific treatment activities and programmes “not as mutually exclusive but instead as overlapping and influencing one another” (Chou et al 2020: 1120), in relation to each other and the multi-faceted intersectional experiences and needs of these women.

However, several studies among the 20 included in this review focused on possible challenges and barriers that employees face in these multi-agency collaborations. In cases where there are court mandates for women referred to residential care, for example that urge service providers to implement ‘one size fits all’ programmes such as Narcotics Anonymous, may not align with the values of the residential service (Rivera et al 2024). This also leads to communication difficulties between agencies and services which have different priorities in terms of treatment. Other misalignment of values could be child protection services and child welfare workers’ stigma around mental health and substance/alcohol use among mothers, which leads to women being reluctant to disclose their mental health issues or seek help for their mental health needs due to fears of such stigma, which may lead to their children being taken away from them (ibid).

Wiig et al (2018) conducted qualitative focus-group interviews with employees at a residential care facility in Norway to understand the difficulties that staff encounter when trying to help women with both parental and substance use support. One of the key themes that emerged was the difficulties approaching these women as either “substance using patients with children” or “parents with problem substance use” (Wiig et al 2018), a tension that Aberlour have proactively sought to address. This suggests professionals’ differing focus of concern on either substance/alcohol use treatment or parent-child support rather than approaching both issues as mutually constitutive to women’s recovery process. This led to tensions between different groups of professionals in the facility (for e.g. therapists vs. ward staff members). The emotionally demanding nature of care work in residential treatment also led to emotional exhaustion among staff, which further emphasised the importance of working in teams.

## Peer Support and Empathetic Staff

From Chou et al’s (2020) study, the women they interviewed saw “treatment staff and other mothers” as a significant aspect of their recovery process. In particular, having empathetic and supportive staff, who provided different services (e.g. educators; child therapists), was important for women (see also Sperlich et al 2021 on “compassionate responsiveness”). Outwith treatment staff, women’s experiences with healthcare providers (e.g. at the hospital during childbirth) who react negatively to participants after they share their histories of substance use “had a direct influence on participants’ emotional stress and their treatment-seeking decisions (Franco-Rowe et al 2025: 8). Conversely, non-judgmental connections with staff facilitated engagement and built trust, with small pivotal interactions along the continuum of care found to enhance engagement and retention in treatment (Bozak et al., 2024)

Having an “environment of peer support” with other mothers helped to “reduce risk of isolation” especially when women are able to relate and recognise similar experiences of difficulties in parenting and substance use, which encourages a “sense of belonging and support for one another” (Chou et al 2020: 1121). Such peer support can go beyond the treatment process and the facility. Bozak et al. (2024) found that peer relationships provided inspiration and diminished shame. Peer programmes were also found to be helpful, for example, in Sperlich et al’s (2021) evaluation of a trauma-informed parenting education support (TIPS) programme, adapted from Seeking Safety<sup>3</sup>, a programme that combines PTSD and substance use treatment, in which the importance and

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3. Seeking Safety is an evidence-based 25 module programme that is “present-oriented, trauma-sensitive, and combines cognitive, behavioral, interpersonal, and case management elements together” (Sperlich et al 2021: 744). For more information, visit [Treatment Innovations \(2020\)](#).

benefits of having peer-to-peer support groups was identified. New Additions, a process therapy group, also encourages peer support through a “temporary suspension of the hierarchy with regard to treatment-phase status so that all members are on equal ground” (Bromberg et al 2010: 267), with rules around listening, providing supportive feedback, and group dynamics (ibid).

## Family-Centred Treatment

Residential treatment facilities that provided activities to help guide women’s parenting led to mothers establishing healthier relationships with their children. For example, Weir et al (2021) examined the effectiveness of ‘Whole Family Theraplay’ among women in residential care for problem substance abuse, and their children<sup>4</sup>, a therapy model that seeks to develop healthy attachment relationships between the child and parent through play. The findings of their study showed that women and their children reported experiencing less distress and improved relationships (Weir et al 2021; see also Porreca et al 2025).

Parenting classes also help women relate and interact with their children in different ways, especially within the routine of their schedules in the facility. The routine provided more discipline and structure to their relationship with their children, which led to a “shift in power in the parent-child hierarchy” (Chou et al 2020: 1122) compared to before, where they “gave their children more autonomy and less structure” (ibid). Having parenting classes also provided a space for women to share difficulties or challenges and successes with each other and the professional leading these classes. When participants in Einbinder et al’s (2010) study saw their “newfound ability to see and understand both how their substance abuse had impaired their parenting and their treatment was improving it” (p. 39), it helped with women’s recoveries as well as their relationship with their children. Where residential facilities had services tailored for these women’s children, such as therapeutic day care (Chou et al 2020) or infant daycare (Bromberg et al 2010) on top of individual therapy, these children benefitted from being able to interact and play with other children in age-appropriate ways in a safe environment. For participants in Bromberg et al (2010), part of their daily programming was to drop off and pick up their child at the infant daycare, which gave mothers opportunities to receive on-the-spot feedback, while emulating daily routines in life outwith residential care. Aside from free daycare, because children also learn to be more confident at day care, it has positive impacts on the mother and child relationship. Further, Chou et al (2020) suggest that family therapists’ expertise is needed in designing and implementing treatment programmes for pregnant and parenting women who face issues related to their use of substances.

In a study by Zweben et al (2015), the researchers evaluated a programme called Project Pride<sup>5</sup>, which added supportive treatments, which “emphasized protective knowledge and skills and helped build support systems” (p.145)<sup>6</sup> to its trauma-informed approach to recovery. Implementing the Celebrating Families! programme, they encouraged extended family members to be included in the process of recovery, which helped educate family members on addiction, recovery and how to better support the woman facing issues with her use of substances. The mothers were supported in identifying friends and family members who could actively help with life after treatment. One of the residential facilities in Hammond and McGlone’s study (2013), OnTrack (based in the US), provided a service called ‘Partners in Parenting’, that sought to have frequent parent-child visitations and for foster parents to involve biological parents in treatment in their children’s daily lives. Foster parents mentored and guided biological parents when participating in children’s lives, such as bringing them to school or going for school events. They suggest this programme not only reduced stress and shame that women parenting sober

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4. To explore this question, the study consisted of a pretest/posttest quasi-experimental design that utilised the McMaster Family Assessment Device, the Outcome Questionnaire-45, and the Youth Outcome Questionnaire 2.01 to inform the questions in their survey. The McMaster Family Assessment Device (FAD) served to “measure the family’s overall systemic functioning” (p. 118), whereas the Outcome Questionnaire-45 assesses parents and their experiences of treatment. Lastly, the Youth Outcome Questionnaire focuses on children and youth’s well-being (ibid).

5. Outcomes after evaluation of Project Pride show that 41% of participants reported psychological problems at discharge compared to 78% (the baseline) and 6% reported substance/alcohol use at six-month follow-up check in compared to the baseline of 43% (Zweben et al 2015: 161).

6. These protective factors included the following: “(1) concrete support in time of need; (2) knowledge of parenting and child development; (3) social and emotional competence of children; (4) parental resilience; and (5) social connections.” (Zweben et al 2015: 145). These factors were identified by a broader framework called **Strengthening Families** (Center for the Study of Social Policy 2025).

may experience but also encouraged “consistent parenting practices between biological and foster parent homes” (Hammond and McGlone 2013: 137).

Parenting self-efficacy is closely linked to a sense of empowerment among women who have undergone a Family EMPOWERment Project programme<sup>7</sup> (Zand et al 2017). The programme allowed women to reside at the facility for up to a year, with dependent children up to 11 years old. The list of activities included in the programme were:

- group substance use counseling [Levels 1 (3x/week), 2 (2x/week) and 3 (1x/week)],
- individual substance use counseling (2x/week)
- individual co-occurring disorders counseling (1x/week),
- community support services (1x/week)
- trauma recovery groups (1x/week)
- day treatment (daily),
- family counseling (1x/week),
- parent education groups (Nurturing Parenting - 3x/week)
- family education groups (1x/week),
- therapeutic day care for children (daily),
- child-centered play therapy (1x/week) and
- children’s group for making healthy choices (1x/week) (Zand 2017: 33).

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7. To measure ‘family empowerment’ and ‘parenting self-efficacy’, the facility used “Service Subscale of the Family Empowerment Scale” and “Parenting Sense of Competence Scale (PSOC)” (Zand et al 2017: 34)

**Table 2: List of activities implemented at Project Pride according to protective factors**

Specific Activities to Develop Protective Factors					
Activity	Family Functioning/ Resiliency	Social Support	Concrete Support	Child Development / Knowledge of Parenting	Nurturing and Attachment
Parenting Group	■			■	■
Child Enrichment	■			■	
Team Meeting			■		
Celebrating Families!		■		■	
Early Head Start/Head Start	■	■		■	■
Library Trips/Zoo Trips/ Other Outings		■		■	■
Mommy and Me Group	■	■		■	■
Bodies in Motion Group	■	■			
Community Awareness	■	■		■	
Healthy Connections Group	■	■			
Home Groups		■			
NA/AA	■	■	■		
DBT	■	■			
Seeking Safety Group	■				
Mom+Child (Dyadic), Co-parenting/Couples Therapy, Family Therapy	■	■		■	■
Relapse Prevention Group	■	■			
Anger Management	■			■	
Domestic Violence Group	■			■	
Vocational Training	■	■	■		

Zweben et al. (2015: 159)

## Trauma-informed intervention

Jirikowic et al (2023) evaluated the Trauma Informed Parenting (TIP) programme designed by an occupational therapist, which “aimed to enhance attention to the developmental needs of the children and support mother-child co-occupations (i.e., regulation, routines, and relationships) during treatment and transition back to the community” (p. 160). An occupational therapist was on-site once a week to implement the TIP programme for women in care, working “individually with mothers in sessions designed to enhance, but not supplant, existing parent education groups at the treatment center” (p. 163). This study points to the importance of focusing on the mother-child dyad’s specific needs and relationship and supporting interaction between mother and child within the context of residential treatment programmes<sup>8</sup>.

TIP included screening for children’s neurodevelopment, accompanied by activities and guidance matching the specific sensory or regulatory needs of the child, having collaborative sessions with women to understand their specific needs and challenges and setting goals together, while equipping mothers with problem-solving strategies that can help them cope with issues that emerge in their everyday life. This helps to empower women, when they are active participants in their own treatment process and parenting. This is similar to participants in Einbinder et al’s (2010) study, who were “encouraged to determine their own lives in a program”, which empowered them rather than “make [them] feel less of a person for [their] addiction” (p. 40). This also included being able to “choose and assemble different services and parts of [the residential treatment programmes] so that it worked for her” (p. 41). Jirikowic et al (2023) recommended having flexibility in terms of implementation, to meet “wide-ranging parent-child needs and social circumstances” (p. 177).

The women-participants interviewed in Sperlich et al (2021) reported satisfaction with the programme, increased confidence in parenting, and a reduction in cravings. They highlighted how connecting past trauma to their dependence and recovery was helpful. Through the programme, they also learnt about the role of stigma and accompanying feelings like shame and guilt impacted their recovery, and parenting within the context of trauma.

## Life-After Support

Compared to other research questions, there were relatively fewer studies that addressed the effectiveness of programmes for women after they left the residential facility. Those that did discuss post-treatment support highlighted the importance of a “continuum of care” (Huang et al 2011), that ensures that women who have participated in residential programmes are able to continue accessing support after. As there is a shift from “treatment patient” to “community member” (Huang et al 2011: 327), it is important thus that women are “referred to both residential and community-based transitional services” (p. 327) to help them build support networks within the community outwith the residential facility. Likewise, Raynor et al (2025) illustrate how parenting and/or pregnant women’s needs are alike both in residential care and in the community after residential care. These needs, such as the need for financial aid, employment, secure housing, and peer support, are often missing when women return to their communities. Compounded with triggers and stress in their daily lives, this can lead to another cycle of relapse and exacerbate issues of shame and guilt. These effects are worsened as women tend to prioritise their baby’s well-being over their own mental health (Raynor et al 2025: 10).

In Zweben et al’s (2015) evaluation of Project Pride, as mentioned in the earlier section on “Family-Centred Treatment”, Project Pride’s implementation of Celebrating Families, encouraged and supported mothers to take a broad definition of ‘family’ when identifying friends and family members who can actively participate in their

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8. Pajulo et al (2011) reported that children who have been exposed to substances often develop “an impaired ability to regulate his/her states of wakefulness, sleep or distress, and needs especially sensitive care from his/her parent” (p. 65). They suggest the importance of having early screening for children’s development but also women’s psychiatric symptoms and thus be able to address their specific mental health needs and prevent placing their children in care further down the line. In this study, they used the following measurements - the Care Index for infants and toddlers (CI), Bayley Scales of Infant Development, Edinburgh Pre-postnatal Depression Screen, Brief Symptom Inventory, Inventory of Interpersonal Problems - to assess children development and women’s “maternal postnatal psychiatric symptoms” (Pajulo et al 2011).

recovery and life after residential care. A family therapist works closely with these ‘family’ members through interviews, therapeutic support and guidance (Zweben et al 2015). According to their study, 96% of the women who underwent treatment at Project Pride said their family and friends were supporting them during their six-month follow-up.

## 4. Discussion

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The literature included in this review highlights that the needs of children are often deeply interconnected with the needs of their mothers. As such, seeking to meet the needs of one has important implications for the needs of the other. As previous research has highlighted, a significant number of children are living with one or more adults who are experiencing problems as a result of their use of substances (Roy, 2021; 2023). Such parental problem substance use is often associated with poverty, and recent and non-recent adversities and traumas experienced by the parent(s). The challenge for services is in seeking to provide effective, trauma-informed and supportive practical and therapeutic support for adults, while also ensuring that any children are not at risk of physical and psychological harm, as well as physical and emotional neglect, given what we know about the longer-term impact of experiences of parental substance misuse (Leza et al., 2021; McGovern et al., 2023). It is of note that the included literature had a stronger focus on the needs and outcomes for mothers than their children.

Scotland has committed to a whole family approach in responding to both problem substance use (Scottish Government, 2022), and the support and protection of vulnerable children (Scottish Government, 2024b). Such a commitment has required services to look at how they deliver the types of holistic services that are able to meet the needs of individuals within the context of their familial relationships. Aberlour’s development of a mother and child residential care and community outreach support service is therefore timely. It is also commendable that Aberlour have engaged with the learning cited earlier in this report, that mothers and children do best when the service offered is a holistic, integrated offer to women and children which focuses on recovery, treatment and wrap-around family support. In commissioning this review, Aberlour is seeking to benchmark their own service against the best available international evidence on the key values, components and mode of delivery of such a service, and to look at how their own service could evolve in the future in ways that are supported by rigorous research evidence.

It is notable that the empirical research evidence on residential care and treatment for mothers and their children is limited to a small number of studies, mostly based on the American context. The evidence is even slimmer when it comes to looking at community services that wrap around residential services. However, there are a number of important themes, and research evidenced findings that are worth highlighting.

Firstly, from studies looking at change over time, there is clear evidence that both mother and children’s mental health improves as a result of residential care and treatment for mothers seeking to address their use of substances. This is both at point of discharge from the residential facility, as well as in the longer term (although there are only a small number of studies taking a longitudinal perspective). However, there is limited information about what factors – related to the mother, child, types of activities offered in the residential facility, or the length of time spent in the facility, that are key to more successful outcomes. Therefore, which mothers and children are likely to benefit most from a service is still an unanswered, but important question.

However, it is clear that mother’s report improvements in their mental health, management of substance use, and care for their children as a result of being in residential care with at least one of their children. The studies in this review point to more willingness among mothers or pregnant women to seek treatment and help for substance and/or alcohol use when their children are allowed to accompany them in such residential facilities. However, there is little consensus in the literature about the age of children, and whether one or more children accompanying a mother is an issue.

The improvements noted are due to mothers being supported to address their use of substances within the context of addressing the wider range of adversities they have experienced, and in exploring how they can be the best parent they can be. There appears to be benefits from services adopting a holistic approach to assessing and working with mothers across a range of important issues within a residential context that is qualitatively different from working with the same mothers in the community only. The evidence in this review also highlights the benefits of residential services being on a continuum of care that involves other professionals and agencies, both before and after the residential component.

The international evidence base highlights the core components of a holistic, wrap around service incorporating both residential and community services that need to be incorporated:

- individual staff and services should have a clear whole family orientated approach that infuses and informs the ways that mothers, children and other important family members are engaged with
- services and professionals from different organisations need to have a shared value base and common principles, alongside complementary ways of working that reduce mothers from feeling stigmatised, and increase the likelihood of families seeking and/or accepting offers of support
- ways of working that will benefit mothers with support to address their use of substances while also receiving support to address the multiple adversities they have experienced in life (such as domestic violence and abuse, sexual abuse and family violence)
- ways of working with children to ensure they also benefit from support in their own right (whether they are accompanying their mother in the residential component of the service or not), alongside the importance of working with mothers and their children together in a structured way to enhance relational security
- peer support for mothers both during and after their time in the residential element of the service
- ways of working that enhance a mother's sense of agency, including the ability to make informed choices about what services they need and have access to, and how these are provided

The included studies also highlight some approaches to the collection of information on a routine basis that would allow a service to monitor the difference that it is making, and for whom, and in what circumstances. A small core dataset of such information could further support Aberlour in monitoring progress for individual mothers and their children, while also providing a longitudinal picture of the progress for families at different parts of their recovery journey. Consideration of the involvement of mothers and children in co-designing such outcome measures would be important, given the earlier point on supporting women's agency.

Our review was also interested in identifying whether programmes or services had a theory of change informing the philosophy and organisation of their mother and baby residential support and community outreach care service. This was not explicit in any of the included studies, although there was some evidence of a clearly articulated set of values that guided the organisation and delivery of the service.

In reviewing the international evidence there are some factors to consider in the context of the UK, based on some of the literature reviewed which were excluded from the data extraction stage as they were not completely relevant to the research questions that this review was asking. However, they are important to highlight.

## Intersectional Inequalities

Most of the literature reviewed highlighted the compounding of structural inequalities, such as racism, poverty, gender-based discrimination and violence. This not only affects experiences of women in residential care but may also determine who gets access to such care in the first place. For example, Sperlich et al's (2021) US study pointed to the absence of diversity among their participants and attributed it to pervasive systemic racism, where racialised women tended to be jailed for drug use while white women would be recommended treatment. It is important thus to consider how compounded inequalities affect racialised women's chances of help-seeking.

## “No Recourse to Public Funds” and Its Impacts on Migrant Women

Based on our site visit, we understand that the referrals that the facility in Dundee receive have been white Scottish women (with one referral from Northern England). This could also be because of additional barriers that migrant women face when accessing any social service that is publicly funded. This is due to visa restrictions, such as the ‘no recourse to public funds’ clause that prevents migrant women or women on precarious visas accessing social services such as certain shelters. It could also be due to language barriers and the lack of knowledge around the availability of such programmes.

## Applicability of findings

Our conversations and site visit with Aberlour raise some issues about applicability of some findings. Currently there are only two residential services in Scotland and most of the referrals at the moment are women who live in a different city to where Aberlour's residential facilities are. This makes the ‘continuum of care’ difficult to implement, as women would return to a different community to the one they have been part of during residential care. Strong relationships that the women have developed with some key local professionals, such as GPs, are then disrupted.

Similarly, even though Hammond and McGlone (2013) suggest securing housing for women prior to leaving the treatment facility and to have six-month check-ins after women leave residential care to ensure they have remained abstinent, we are aware that Aberlour's residential care facility already has these steps in place for life after treatment. However, they have identified some gaps in community outreach provision in some areas. Different areas have different resources and often existing community services are not designed with the needs of parents in mind. While the evidence illustrates the benefits of having peer support among women in residential care and beyond, we understood from our site visit that whilst peer programmes were key, peer friendships can also be complex to navigate as people may be at different stages of recovery and have different needs. There are also challenges to stay connected given the geographical distance between many of the women when they return to their community.

## 5. Conclusion

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Parental substance use, especially when it reaches problematic levels, is likely to remain a significant issue for the child welfare system in many jurisdictions. Unlike many other identified risk factors associated with child maltreatment, there is a particular stigma and shame associated with parental problem substance use. It is often assumed that substance use is not compatible with good enough parenting. Research evidence to date highlights the high levels of needs of both mothers and children, and the absolute value of adopting a whole family approach in addressing these needs. This is not necessarily straightforward, but there is good evidence that positive outcomes can be achieved for mothers and their children through the provision of high quality, and evidence supported residential care and treatment, supported by wrap around support.

At present the research evidence is more limited about which mothers, and which children can benefit most from such a service, and which elements of the service are most likely to influence particular outcomes. However, the absence of research evidence is mostly to do with a limited body of work around these issues.

This report was commissioned to support Aberlour to benchmark its existing provision and to look at how the current service could evolve. It is clear that Aberlour is already delivering services and interventions that are aligned with the recommendations from previous studies. Moving forward, Aberlour could further contribute to this small international evidence base by undertaking local research, including gathering the feedback from women and children who have experience of the service, and setting up a system for gathering a small amount of data at regular points in time to monitor the changes that women and children experience during their involvement with the service, and whether progress is maintained in the longer term.

## Appendix

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We are aware of four existing scoping reviews that may be of interest:

- Milligan, K., Niccols, A., Sword, W., Thabane, L., Henderson, J., & Smith, A. (2011). Length of stay and treatment completion for mothers with substance abuse issues in integrated treatment programmes. *Drugs: Education, Prevention and Policy*, 18(3), 219–227. <https://doi.org/10.3109/09687637.2010.511638>  
A systematic review of 120 studies examining the length of stay and treatment completion in integrated vs. nonintegrated programs for mothers in substance use treatment.
- Neo, S. H., Norton, S., Kavallari, D., & Canfield, M. (2021). Integrated treatment programmes for mothers with substance use problems: A systematic review and meta-analysis of interventions to prevent out-of-home child placements. *Journal of Child and Family Studies*, 30: 2877-2889. <https://doi.org/10.1007/s10826-021-02099-8>  
A systematic review exploring the effectiveness of integrated treatment programmes for mothers with substance use problems on out-of-home child placements.
- Saunt, J. V., & Montoya, C. N. (2025). Pregnant and parenting women with substance use disorders and the child welfare system in the United States of America: a scoping review. *Journal of Public Health*. <https://doi.org/10.1007/s10389-025-02532-y>  
A scoping review of the intersection of substance use disorder among pregnant and parenting women, and the child welfare system
- Sword, W., Jack, S., Niccols, A., Milligan, K., Henderson, J., & Thabane, L. (2009). Integrated programs for women with substance use issues and their children: A qualitative meta-synthesis of processes and outcomes. *Harm Reduction Journal*, 6(32), 1–17. <https://doi.org/10.1186/1477-7517-6-32>  
A meta-synthesis explored 12 qualitative or mixed-method studies conducted across Canada and the United States to examine treatment processes and outcomes for mothers with SUDs in family-centered substance use treatment facilities

## References

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\*Article included in the scoping review

- \*Anderson, C, Braverman, A, Maes, P & Reising, V. (2022). Lessons Learned From the Implementation of an Integrated Prenatal Opioid Use Disorder Program. 26(3): 215-225. <https://doi.org/10.1016/j.nwh.2022.03.007>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1): 19–32. <https://doi.org/10.1080/1364557032000119616>
- Barlow, J., Sembi, S., Parsons, H., Kim, S., Petrou, S., Harnett, P., & Dawe, S. (2019). A randomized controlled trial and economic evaluation of the Parents Under Pressure program for parents in substance abuse treatment. *Drug and Alcohol Dependence*, 194: 184-194. <https://doi.org/10.1016/j.drugalcdep.2018.08.044>
- Berg, V., Kuja-Halkola, R., Khemiri, L., Larsson, H., Lichtenstein, P., & Latvala, A. (2022). Parental alcohol and drug abuse and offspring mortality by age 10: a population-based register study. *European Journal of Public Health*, 32(6): 933-938. <https://doi.org/10.1093/eurpub/ckac142>
- \*Berlin, L.J., Shanahan, M., Appleyard Carmody, K. (2014). Promoting supportive parenting in new mothers with substance-use problems: A pilot randomized trial of residential treatment plus an attachment-based parenting program. *Infant Mental Health Journal*, 35(1): 81-85. <https://doi.org/10.1002/imhj.21427>
- \*Bosak, J., Messersmith, L., Bryer, C., Drainoni, M., Goodman, D., Adams, M., Barry, T., Flanagan, C., Flanagan, V., Wolff, K. & Declercq, E. (2024). 'They just looked at me like I was human': The experiences of parenting women and providers with substance use disorder treatment. *Journal of Substance Use and Addiction Treatment* 157: 209240 <https://doi.org/10.1016/j.josat.2023.209240>
- \*Bromberg, S.R., Backman, T.L., Krow, J., & Frankel, K.A. (2010). The haven mother's house modified therapeutic community: Meeting the gap in infant mental health services for pregnant and parenting mothers with drug addiction. *Infant Mental Health Journal*, 31(3): 255-276. <https://doi.org/10.1002/imhj.20255>
- \*Chou, J.L., Cooper-Sadlo, S., Diamond, R.M., Muruthi, B.A. & Beeler-Stinn, S. (2020). An Exploration of Mothers' Successful Completion of Family-Centered Residential Substance Use Treatment. *Family Process* 59(3): 1113-1127. <https://doi.org/10.1111/famp.12501>
- Duffy, P., Shaw, C., Woolfall, K., & Beynon, C. M. (2010). Estimating the numbers of children of problematic drug users and their residential circumstances to inform United Kingdom research, policy and practice. *Drugs: Education, Prevention, and Policy*, 17: 470–484. <https://doi.org/10.3109/09687630902960314>
- \*Einbinder, S. (2010). A qualitative study of exodus graduates: Family- focused residential substance abuse treatment as an option for mothers to retain or regain custody and sobriety in Los Angeles, California. *Child Welfare: Journal of Policy, Practice, and Program*, 89(4): 29-45.
- \*Franco-Rowe, C., Lee-Winn, A., Ng Williams, V., Lopez, C., Tung, G., & Allison, M. (2025). Perinatal healthcare experiences of pregnant and parenting people with a history of substance use disorder: a qualitative study. *BMC Pregnancy and Childbirth*, 25: 1-11. <https://doi.org/10.1186/s12884-025-07473-8>
- Goodman, D. (2015). Improving access to maternity care for women with opioid use disorders: colocation of midwifery services at an addiction treatment program. *Journal of Midwifery Women's Health* 60, 706–712. <https://doi.org/10.1111/jmwh.12340>
- Grant, M. J. & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, 26(2): 91–108. <https://doi.org/10.1111/j.1471-1842.2009.00848.x>
- \*Hammond, G and McGlone, A. (2013). Residential family treatment for parents with substance use disorders who are involved with child welfare: two perspectives on program design, collaboration, and sustainability. *Child*

Welfare, 92(6): 131-150. <https://www.jstor.org/stable/48623415>

- \*Horton, E. & Murray, C. (2015). A quantitative exploratory evaluation of the circle of security-parenting program with mothers in residential substance-abuse treatment. *Infant Mental Health Journal*, 36(3): 320-336. <https://doi.org/10.1002/imhj.21514>
- \*Huang, H. & Ryan, J. (2011). Trying to come home: substance exposed infants, mothers, and family reunification. *Children & Youth Services Review*, 33(2): 322-329. <https://doi.org/10.1016/j.childyouth.2010.09.015>
- Iachini, A., DeHart, D., McLeer, J., Hock, R., Browne, T., & Clone, S. (2015). Facilitators and barriers to interagency collaboration in mother–child residential substance abuse treatment programs. *Children and Youth Services Review*, 53: 176–184. <https://doi.org/10.1016/j.childyouth.2015.04.006>
- \*Jirikowic, T., Graham, J. & Grant, T. (2023). A Trauma-Informed Parenting Intervention Model for Mothers Parenting Young Children During Residential Treatment for Substance Use Disorder. *Occupational Therapy in Mental Health*, 39(2):156-183. <https://doi.org/10.1080/0164212X.2022.2089315>
- Lagdon, S., Grant, A., Davidson, G., Devaney, J., Donaghy, M., Duffy, J., Galway, K. & McCartan, C. (2021) Families with Parental Mental Health Problems: A Systematic Narrative Review of Family-Focused Practice. *Child Abuse Review*. 30: 400-421. <https://doi.org/10.1002/car.2706>
- Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science*, 5(1): 69. <https://doi.org/10.1186/1748-5908-5-69>
- Leza, L., Siria, S., López-Goñi, J. J., & Fernandez-Montalvo, J. (2021). Adverse childhood experiences (ACEs) and substance use disorder (SUD): A scoping review. *Drug and Alcohol Dependence*, 221: 108563. <https://doi.org/10.1016/j.drugalcdep.2021.108563>
- Luke, N. and Sebba, J. (2014). *Effective parent and child fostering: An international literature review*. Rees Centre, University of Oxford. <https://www.education.ox.ac.uk/wp-content/uploads/2019/06/Effective-Parent-and-Child-Fosters-An-International-Literature-Review.pdf>
- Manning, V., Best, D., Faulkner, N., & Titherington, E. (2009). New estimates of the number of children living with substance misusing parents: Results from UK national household surveys. *BMC Public Health*, 9: 377–389. <https://doi.org/10.1186/1471-2458-9-377>
- McGovern, R., Bogowicz, P., Meader, N., Kaner, E., Alderson, H., Craig, D., Geijer-Simpson, E., Jackson, K., Muir, C., Salonen, D. & Smart, D. (2023). The association between maternal and paternal substance use and child substance use, internalizing and externalizing problems: a systematic review and meta-analysis. *Addiction*, 118(5): 804-818. <https://doi.org/10.1111/add.16127>
- Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, 18(1): 143. <https://doi.org/10.1186/s12874-018-0611-x>
- Neo, S. H., Norton, S., Kavallari, D., & Canfield, M. (2021). Integrated treatment programmes for mothers with substance use problems: A systematic review and meta-analysis of interventions to prevent out-of-home child placements. *Journal of Child and Family Studies*, 30: 2877-2889. <https://doi.org/10.1007/s10826-021-02099-8>
- Nkobi, M., & Kingan, M. (2025). The Impact of Parental Alcohol Misuse on Children: A Systematic Review. *Substance Use & Misuse*. <https://doi.org/10.1080/10826084.2025.2512232>

- \*Pajulo, M., Pyykkönen, N., Kalland, M., Sinkkonen, J., Helenius, H., Punamki, R.-L. (2011). Substance abusing mothers in residential treatment with their babies: Postnatal psychiatric symptomatology and its association with motherchild relationship and later need for child protection actions. *Nordic Journal of Psychiatry*, 65(1): 65-73. <https://doi.org/10.3109/08039488.2010.494310>
- Pasiali, V., Benner, G., Tisdale, A., Jones, G., Tart, M. & Crate, N. (2022). Music Therapy with Children Whose Mothers Are in Residential Treatment for Substance Use Disorders: A Program Evaluation. *Music Therapy Perspectives*, 40: 23-32. <https://doi.org/10.1093/mtp/miab020>
- \*Porreca, A., De Carli, P., Filippi, B., Bakermans-Kranenburg, M.J., Van Ijzendoorn, M.H., & Simonelli, A. (2024). Maternal cognitive functioning and psychopathology predict quality of parent-child relationship in the context of substance use disorder: A 15-month longitudinal study. *Development and Psychopathology*. 37(1): 439-450. <https://doi.org/10.1017/S0954579424000026>
- \*Raynor, P., Corbett, C., West, D., Guille, C., Eichelberger, K., Litwin, A. & Prinz, R. (2025). ‘I Don’t Know How to Live Real Life Sober’—Identifying Needed Supports Through the Voices of Pregnant and Parenting People Seeking Recovery. *International Journal of Mental Health Nursing*, 34(1): 1-12. <https://doi.org/10.1111/inm.13426>
- \*Rivera, D., Henwood, B.F., Sussman, S., Wenzel, S., Dasgupta, A., Campbell, A.N.C., Wu, E., & Amaro, H. (2024). Characterizing Multisystem Barriers to Women’s Residential SUD Treatment: A Multisite Qualitative Analysis in Los Angeles. *Journal of Urban Health*, 101(3): 653-667. <https://doi.org/10.1007/s11524-024-00857-9>
- Roy, J. (2021) Children living with parental substance misuse: A cross-sectional profile of children and families referred to children’s social care. *Child & Family Social Work*, 26(1): 122-131. <https://doi.org/10.1111/cfs.12795>
- Roy, J. (2023). Parental substance misuse and statutory child protection in England: Risk factors and outcomes. *Child Abuse Review*, 32(2): e2786. <https://doi.org/10.1002/car.2786>
- Scottish Government (2022) Routemap and National Principles of Holistic Whole Family Support. Available at: <https://www.gov.scot/publications/routemap-national-principles-holistic-whole-family-support/>
- Scottish Government (2024a) National Mission on Drugs Annual Report 2023-2024. Available at: <https://www.gov.scot/publications/national-mission-drugs-annual-report/documents/>
- Scottish Government (2024b) Keeping the Promise to Our Children, Young People and Families. Available at: <https://www.gov.scot/publications/keeping-promise-children-young-people-families-update-progress-2024/documents/>
- Shaughnessy, C., Ott, E. and Smale, E. (2025). *Residential family assessment centres: Data trends and questions*. Briefing. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/residential-family-assessment-centres-data-trends-and-questions>
- Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., GArstang, J., Harrison, E., Retzer, A. & Sorensen, P. (2016). *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014*. Department for Education. DFE-RR545
- Smith, B. T., Davidov, D. D., Gannon, M., Groth, C. P., & Kristjansson, A. L. (2025). Parenting through the Eyes of Mothers with Substance Use Disorder: Implications for Treatment and Related Services. *Drug and Alcohol Dependence*, 112782. <https://doi.org/10.1016/j.drugalcdep.2025.112782>
- \*Sperlich, M., Bascug, E., Green, S., Koury, S., Hales, T. & Nochajski, T. (2021). Trauma-Informed Parenting Education Support Groups for Mothers in Substance Abuse Recovery. *Research on Social Work Practice*, 31(7): 742-757. <https://doi.org/10.1177/10497315211007568>
- Taylor, A. (2013) *The Impact of Parental Substance Use on Child Development*. Research in Practice, Dartington.

- \*Weir, K., Pereyra, S., Crane, J., Greaves, M., Childs, T. & Weir, A. (2021). The Effectiveness of Theraplay® as a Counseling Practice With Mothers and Their Children in a Substance Abuse Rehabilitation Residential Facility. *Family Journal*, 29(1): 115-123. <https://doi.org/10.1177/1066480720980988>
- \*Wiig, E., Halsa, A., Bramness, J., Myra, S. & Haugland, B. (2018). Rescue the child or treat the adult? Understandings among professionals in dual treatment of substance-use disorders and parenting. *Nordic Studies on Alcohol and Drugs*, 35(3): 179-195. <https://doi.org/10.1177/1455072518773615>
- \*Zand, D.H., Chou, J.L., Pierce, K.J., Pennington, L.B., Dickens, R.R., Michael, J., McNamara, D. & White, T. (2017). Parenting self-efficacy and empowerment among expectant mothers with substance use disorders. *Midwifery*, 48: 32-38. <https://doi.org/10.1016/j.midw.2017.03.003>
- \*Zweben, J.E., Moses, Y., Cohen, J.B., Price, G., Chapman, W. & Lamb, J. (2015). Enhancing Family Protective Factors in Residential Treatment for Substance Use Disorders. *Child Welfare* 94(5): 145-166. <https://www.jstor.org/stable/48623467>

