'Good enough' parenting: Negotiating standards and stigma

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ABSTRACT

Background: Policy concern with families has led to the framing of 'good parenting' as a skill set that parents must acquire while 'poor parenting' is linked to a raft of social problems, including child maltreatment. A range of professionals are responsible for monitoring parents for evidence of 'poor parenting', and for reporting those parents to statutory child protection authorities. Little is known about how parents in vulnerable circumstances negotiate these dual pressures of 'good parenting' and surveillance.
Methods: Eight parents who use drugs were interviewed about raising children well. The data is drawn from a project that used a positive deviance approach to understand the practices and norms that contribute to positive child outcomes in communities where positive outcomes are unexpected or statistically anomalous.
Results: Parents use a range of strategies to minimise risk of harm from drug use. Participants resist negative stereotypes that portray their parenting primarily in terms of risk; and in contrast to previous research, describe feelings of guilt but not shame. Systemic barriers to safe environments include the nature of illicit drug markets and the surveillance and policing responsibilities of service agencies.
Conclusion: The findings contribute to an understanding of safe and competent parenting by parents who use drugs and highlight how drug laws and fear of intervention can work against the creation of safe family environments.

Introduction

Becoming a parent involves new emotions and challenges, among them apparently near-universal feelings of anxiety and guilt. These emotions are especially true for mothers, where decisions around paid employment are freighted with guilt regardless of the outcome: for example, working mothers feel guilty for not spending enough time with their children, and conversely stay-at-home mothers for not earning additional income which could provide their children with more opportunities (Liss et al., 2012). While parents have always had to negotiate norms and expectations, two discrete but interconnecting policy trends have heightened them in recent decades. First, the practice of parenting has come under increasing scrutiny over the last two decades in the UK, North America, Australia and other comparable nations, with the field of parenting culture studies emerging to critically examine what this 'turn to parenting' (Daly, 2013) means for contemporary parents. No longer conceived of as simply a relationship, 'parenting' has come to be viewed as a complex undertaking requiring a set of skills that will equip parents with the strategies, skills and knowledge to parent in the 'right' way (Edwards & Gillies, 2005;

Ramaekers & Suissa, 2011; Smyth, 2014).

Second, changing views of the nature and prevalence of child maltreatment have expanded the roles and responsibilities of people who have professional contact with parents and children, such as nurses and teachers, to identify and report potential risks of harm. Parents are therefore constantly scrutinised, both indirectly, in the form of expectations and social norms, and directly, by people whose work mandates them to report breaches of those norms. These pressures are felt by all parents (Liss et al., 2012), but those parents categorised as highly vulnerable or risky are particularly scrutinised (Romagnoli & Wall, 2012). Little is known about the strategies and resources used by these parents to negotiate parenting norms and standards, which is a significant gap as the expectations placed on parents are increasing, and the stakes of parenting thought to be so high. Parents who cannot recognise themselves in public representations of 'good' parents need to find other ways of navigating the expectations placed on them. This paper aims to fill this gap by describing how parents who use drugs (usually considered to be a risk factor for child maltreatment), can provide loving and safe environments for their children. It reviews how the practice of parenting has intensified in recent decades and become a

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locus for policy intervention, particularly where 'risky' parenting and child protection is concerned, and draws on qualitative interviews with parents who use drugs to describe their family practices and circumstances. Our findings identify strategies of risk management around drug use and the purchase of drugs, which are consistent with previous research, and feelings of competence and confidence which appear to mitigate against 'downward' comparisons with others, which departs from previous research.

Intensive parenting

Over the course of the twentieth century, idealised constructions of good mothering have served to create expectations of how children should be raised. These constructions of good mothering, or more recently good parenting, are evident in parenting magazines, child rearing advice literature and social policy and are class-, race- and gender-specific (Granja et al., 2014; Hays, 1996; Rutherford, 2009; Smyth, 2014; Valentine, 2004; Walzer, 1998). It has been argued that expectations of mothers in particular have intensified over the course of the twentieth century, culminating in an ideology of intensive mothering (Hays, 1996), which many find difficult to meet (Coleman et al., 2007; Coltrane, 2000; Wall, 2004, 2010; Walzer, 1998).

The intensification of mothering has its origins in the Industrial Revolution and the reorganisation of paid and unpaid work (Coleman et al., 2007). The shift from home production to a market economy took men out of the home to work for wages and helped to create a belief in separate spheres for men and women, both physically and ideologically (Hays, 1996). These separate spheres situated men in the public sphere and women in the private sphere where responsibility for raising children fell to them (Coltrane, 2000; Hays, 1996). Although this ideal was only attainable for those with sufficient means (Coleman et al., 2007; Coltrane, 2000), it served to create expectations of mothers as nurturers and fathers as providers (Coltrane, 2000). Mothers were expected to provide a safe haven from the corruption of the outside world, to be the guardians of morality (Hays, 1996) and devote themselves entirely to full-time housekeeping and child rearing (Vinovskis & Frank, 1997). Children's development and well-being were dependent on proper mothering (Valentine, 2004; Zelizer, 1985).

Despite the growth in maternal employment since the 1960s, the ideology of intensive mothering has persisted. Writing in the 1990s, Hays (1996) argued that 'intensive mothering' demands that parents devote themselves fully to the parenting enterprise. It holds that 'children are innocent and priceless, that their rearing should be carried out primarily by individual mothers and that it should be centred on children's needs, with methods that are informed by experts, labour-intensive and costly' (1996, p. 21). Drawing on Hays, many have since argued that intensive parenting ideology has become 'the hegemonic discourse of motherhood' (Arendell, 1997; Newman & Henderson, 2014:472-3; Smyth & Craig, 2015, 2017; Vincent, 2010; Wall, 2010).

Yet it is widely acknowledged that intensive parenting demands 'middle-class circumstances and resources' (Aurini & Davies, 2005; Chudacoff, 2007; Fox, 2006, p. 243; Granja et al., 2014; Quirke, 2006; Vincent, 2010) and that even those with ample resources struggle to adhere to intensive parenting ideals (Nadesan, 2002; Quirke, 2006; Wall, 2004). Similarly, many recognise that this 'hegemonic discourse of motherhood' excludes the experiences of many categories of parent including teenage mothers, (Romagnoli & Wall, 2012; Wenham, 2016) mothers who use drugs (Banwell & Bammer, 2006; Klee, 1998; Olsen, 2015; Rhodes et al., 2010) and mothers in prison (Granja et al., 2014).

In their research with mothers who used illicit drugs, mothers on low incomes, mothers who were mobile/socially isolated and non-drug using medium/higher income mothers, Banwell & Bammer (2006) found that all strove to position themselves as a good mother, but that low income and drug using mothers were excluded from the good mothering ideal. The former felt that their lack of resources resulted in their children missing out and the latter felt stigmatised by virtue of

their drug use. Conversely, Romagnoli & Wall, (2012) found that young, low-income mothers were aware of the norms of good parenting that they were expected to meet, but that they mostly had a sense of their parenting as capable and sufficient while resisting and questioning the tenets of intensive mothering. More substantive challenges to their parenting related to being able to meet their infants' most basic needs for items such as nappies and infant formula.

Elsewhere, in a pushback against intensive parenting expectations, some have sought to reclaim Winnicott's (1960) 'good enough' parenting as an acceptable and achievable parenting standard (Kellett & Apps, 2009; Spencer & Vogl, 2010).

'At risk' parents

In contrast to the idealised parent (usually mother) who provides intensive parenting, high levels of public and policy concern are expressed towards parents who cannot provide for their children's safety and well-being. Child maltreatment is strongly associated with poverty and social disadvantage, and within that, specific groups are identified as particularly high risk, including parents who use drugs (Berger & Waldfogel, 2011; Bywaters et al., 2016; Doidge et al., 2017).

The spectre of child removal haunts many drug using parents, regardless of their parenting capacity. This deters many from making contact with social, health and family support services for fear of being reported to child protection services (Buchanan & Corby, 2005; Klee, 1998; Radcliffe, 2009). Mothers to be in New South Wales who are known to use drugs are often required to attend a parenting program or refrain from using drugs. Those who refuse to, or breach the conditions of their contract with Community Services, risk having their child removed, including at birth, on protection grounds (Olsen, 2015). Even when they do agree to enter treatment for drug addiction, many women fear that they will be deemed unfit to parent on the basis of their drug use rather than their capacity to parent and will have their children removed (Taplin & Mattick, 2015).

Although there is a contested evidence base reporting on the impacts that drug use has on children and family functioning (Barnard & McKeganey, 2004), parental drug use is an identified risk factor for child maltreatment and recurs in both the child protection and child development literature (Battams & Roche, 2011; Cleaver et al., 2011). Studies have found differences between children of parents who use drugs and comparison groups in a range of domains, including neuro-cognitive development (Ackerman et al., 2008); anxiety and depression (Fals-Stewart et al., 2004; Kelley & Fals-Stewart, 2008; Osborne & Berger, 2009); externalizing disorders (Hussong et al., 2010; Marmorstein et al., 2009); hyperactivity and impulsivity (Milberger et al., 1996); and aggression (Ashrafioun et al., 2011; Malo & Tremblay, 1997; Osborne & Berger, 2009). The children of parents who use drugs have also been reported to have academic difficulties (Blanchard et al., 2005; Kolar et al., 1994) and lower test achievement, truancy, suspensions, and having to repeat grades whilst at school (Ashrafioun et al., 2011; Johnson et al., 1990; Kolar et al., 1994; Wilens et al., 2002). However, as noted by Dawe et al. (2008: 1) parental substance misuse "co-exists with other risk and protective factors across multiple areas of family life and it is the sum of these various influences that determine the outcomes of children. "(p. 1).

The strong associations between parental drug use and poor child outcomes, and the high proportion of children in out-of-home care whose parents have problematic alcohol and other drug use, have influenced child protection policies and practice in Australia as elsewhere, which specify alcohol and other drug misuse as relevant factors for risk assessment and statutory decisions (COAG, 2009). Combined with the public opprobrium with which parental drug use is regarded, results in many family support agencies, as Buchanan and Corby (2005), note, 'identifying negative risk factors rather than identifying positive resilience factors'. However:

the best interests of the child may be better served by a more ba-
lanced appreciation of positive factors that promote resilience
alongside the negative factors that place the child at risk. With an
unbalanced preoccupation upon the latter it could be wrongly as-
sumed that any parent who uses an illegal drug places their child at
risk, and agencies involved with drug using parents may be tempted
to play safe by adopting a zero tolerance approach to illicit drugs
taking (Buchanan & Corby, 2005: 3)

This gap in knowledge is also important from a policy perspective,
notably the costs associated with responding to child protection reports.
Every year in Australia, thousands of reports are made to child pro-
tection agencies by practitioners concerned about the safety of a child
because their parent uses drugs or has mental health problems. Many of
these calls are not investigated, both because of resource constraints
(too few investigators) and the nature of the calls (the report does not
indicate a child is at serious risk) (Cassells et al., 2014). While the latter
category is a drain on resources, the former category of too few in-
vestigators for calls has more serious potential consequences: the vo-
lume of calls means that children who are at serious risk do not receive
attention or intervention.

One way of addressing this significant capacity problem could be
better information about the diversity of parenting practices that are
loving and safe, to reduce the number of child protection reports based
on parental risk factors.

Method

The qualitative data reported in this paper is one component of a
larger study, Thriving in Adversity, funded by the Australian
Government as part of the National Research Agenda for Protecting
Children 2011–2014 (Eastman et al., 2014). The conceptual framework
for the study was positive deviance, which builds on decades of re-
search into the risk and protective factors for child maltreatment. The
positive deviance approach is strengths-based and practice-driven, and
emerges from the recognition that in every disadvantaged community
there are individuals and families who are doing unexpectedly well
(Zeitlin et al., 1990). These individuals and families have practices and
strategies that are both positive and deviant in that they differ from
those of most of their peers. Since that time, positive deviance has been
the basis of public health, education and healthcare initiatives in Africa,
Asia and the United States. In recent years, it has been used to develop
successful interventions in Australia, including a strategy to address
rates of smoking in NSW prisons (Awofeso et al., 2008), and to un-
derstand hepatitis C infection in injecting drug users (Friedman et al.,
2008).

Thriving in Adversity was a multi-method study that consisted of
four phases: a national Delphi study, data analysis to identify commu-
nities in which outcomes were unexpectedly positive, qualitative data
from those geographical communities and from 'communities of affi-
nity'[2] in which a significant risk factor for maltreatment is present. The
two communities of affinity were parents with mental illness and par-
ents who use drugs. This paper reports on interviews conducted with
one of the affinity communities selected for study - parents who use
drugs.

Ethics approval to undertake the research was granted by a uni-
versity human research ethics committee. Organisations that work with
parents who use drugs were asked to circulate a flyer about the research
in which interested participants were asked to make direct contact with
the researchers. This arm's length approach, in combination with
snowball sampling, yielded eight parents who use drugs. The interviews

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[2] Consistent with the focus of the project on strengths and protective factors,
we describe these families in terms of shared interests rather than risks and
designate them as 'affinity communities'.

were all conducted between April and June 2014. As per standard
practice at the centre through which the interviews were conducted,
participants were given a $50 voucher in recognition of their time.

Five of the eight parents who used drugs were female and three
male, and the sample included two couples. Participants ranged in age
from 33 to 63 years, all were partnered, and six were of Anglo-
Australian heritage and two were Aboriginal. Five of the eight parents
had one child, two had three children and one had five children. The
children ranged in age from four years to 33 years. Six of the eight
parents were educated to university level and resided in Sydney or
Canberra. All were in paid employment, with seven of the eight in full-
time employment.

The participants' income and education profiles are relatively unu-
sual in representations of people who use illicit drugs, particularly long-
term injecting drug users, and may not be generalisable to this popu-
lation. However, Buchanan & Corby (2005) report figures indicating
that a third of the UK adult population have used an illicit drug, rising
to more than half of those in their twenties. This, they suggest, makes it
highly likely that "significant numbers of young parents will be illicit
drug users". This makes it all the more critical to counter the prevailing
narrative that drug use by parents invariably poses a risk to children.

Participants took part in a semi-structured, in-person or telephone
interview. These interviews ranged between 30 minutes and one hour
and twenty minutes in duration. An interview schedule guided the in-
terview questions, so as to ensure that specific attention was paid to the
research aims whilst also allowing for flexibility in eliciting a range of
responses and experiences from participants (Bryman, 2012).

The interviews were audio-recorded and transcribed verbatim and
the interview transcripts were checked for accuracy against the re-
cordings. The interview data were organised, coded, and analysed using
NVivo 10. Two interviewers developed the coding framework using a
deductive thematic analysis approach, whereby interview transcripts
were read and re-read with a view to identifying patterns of meaning
across the data (Patton, 2002). Within this approach, themes were
identified in explicit or surface meanings of the data (Braun & Clarke,
2006) so as to explore the core research domains; that is, the family
practices and strategies that are known to be important in determining
child safety and wellbeing within families. The interviews were coded
by a single researcher.

Findings

The findings indicate that the interviewees are conscious of the
concerns accorded to drug use and that in addition to minimising the
risks of drug use, they felt a responsibility to be creative, resourceful,
and protective in response to these concerns. They also reported feel-
ings of guilt, but not shame, and active negotiation of what they re-
garded as unfair stereotypes and stigma.

Minimising risk: strategies to manage parenting and drug use

Participants reported adopting a number of strategies and practices
to minimise harm, with common strategies shared by most of the in-
terviewees. These included: keeping equipment out of reach and drugs
locked away, not using in front of their children, being discreet about
use and having a cover story ("dad's going to go and have a shower", for
example), waiting until children had gone to bed or staying at a friend
or relative's home, and ensuring that drug using associates were never
in contact with their children.

- Timing of use and choice of drug.

Parents reported planning their drug use for occasions when their
child was asleep or staying elsewhere overnight and also that their
parenting responsibilities influenced their choice of drug.

We'd kind of wait till he is at his sleepover, save that for a sleepover for when we are on our own. That would be mainly what we would do, wait till he is at someone else's place. There are other times when he has been home so we wait till bedtime and then we've stayed up all night doing whatever (Catherine)

I do it in my time so you know if they're at a friend's place for the night or yeah at their aunties' families' house or anything like that, that's my time and instead of going out nightclubbing I'll go out and you know take some drugs and sit at home and clean or watch a movie or do whatever (Kristen)

When we have been using say amphetamines, which we try and stay away from now because we just can't function as a parent as we would like if we've been up for two nights. The few times that it has happened where we've pretty much had to you know take like two or three hour slots of one of us sleeping and one of us with him and then swap over to try and get through that come-down (Alannah)

- Storage of equipment and drugs

Keeping injecting equipment and drugs away from children in order to keep them safe and to minimise their awareness of drug taking was a strategy adopted by parents.

I've got like a kind of walk in robe and it's got a very high shelf that is really unreachable and I keep it in a box up there and that's under all of my bags (Kristen)

Resisting stereotypes

The practices described so far are consistent with previous studies and to that extent reflect the preoccupations in research and policy with minimising harm and managing risk. However, the interviews also indicated a more active, agential negotiation of the practices of using drugs and the identity of a 'drug user', which pushed back against the idea that their parenting should be primarily thought about in terms of risk.

The interviewees rejected the stigma associated with using drugs and expressed frustration with the fact that that their identity could be reduced to a single dimension – that of 'being a drug user'. They emphasised how there were other facets to their identity, including being a parent.

For example, Phillip described overhearing nurses in the maternity ward commenting with surprise on how well he and his partner were coping with their new-born son. He took exception to the fact that they were viewed solely in terms of their drug use and that this was considered to be incompatible with parenting well:

It was kind of said in a way like oh these junkies are doing a lot better than we expected basically, that was kind of how it came across. It wasn't just, like those guys are doing really well kind of thing with a little surprise. Well we care about our son, we are trying to do everything we can and we are normal parents (Phillip)

Kristen, who had recently started worked with a peer advocacy group, spoke of the empowering effect it was having on her self-image. She described how, prior to connecting with the group, she did not like herself "because the world didn't like [her]" because she used drugs. She spoke of how this sense of disapproval influenced her interactions with other parents, making her reluctant to engage with them because she was worried that they might find out about her drug use and view her differently. Since connecting with the advocacy group, she felt empowered to recognise that her drug use did not define her:

I understand that I am a person, I am not a drug user, I am a mother and I am all these other things before. I actually hate that I get put into the category of drug user and nobody ever talks about the other, bigger parts of my life. (Kristen)

Guilt but not shame

Parents' reflections on their drug use were tinged with guilt rather than shame where they expressed guilt in relation to their actions rather than a sense of shame about their essence/being. This draws on Potter-Efron (1988) and Grey (2010) and is discussed further below.

Previous research on parents who use drugs emphasises the guilt they experience (Holland et al., 2014; Rhodes et al., 2010). However, there is often a strong sense that whatever guilt parents feel is either appropriate or insufficient: they should feel guilty, and perhaps they do not feel guilty enough (Taylor et al., 2016). In contrast, participants in this study acknowledged feelings of guilt, but they were relatively contained. Discussions about guilt were usually associated with the amount of money spent on drugs, not drug use per se. A couple of parents described feeling guilty about the amount of money they spent on drugs, while another said that they were no different to parents who spent significant sums on items such as shoes and clothes.

There's women that spend like you know hundreds and thousands of dollars on clothes and shoes (Alannah)

An additional source of guilt for Alannah was the fact that she worked full-time and consequently could not be "with [her son] full time kind of every day all day". While comparisons with the spending habits of other parents could be viewed as a rationalisation of her own practices and therefore suspect, it is arguably more significant that Alannah reported guilt over the time she spent away from her child when she was at work. Negotiating feelings of guilt are a part of parenting for Alannah, as they are for most parents, and, like most parents, she compares her choices with others and the wellbeing and development of her child to validate those choices:

Sometimes I feel a bit guilty… but then I do kind of think no our son has a great life and you know he is really, really well loved and you know like I guess he's a lovely boy so sometimes I think the proof is in the pudding kind of thing. You know if he'd been neglected and stuff like that as a child…I think it would show. (Alannah)

Similar accounts were provided by other participants:

I've often felt guilty about things but when I think about the life my children live I don't think that, I think that they are very much loved and cared for and they get everything they need before I get what I need, you know so when I am feeling guilty that's what I think about. (Kristen)

Kristen also contextualised the challenges she experienced in terms of the shared challenges of parenting because all parents have good days and bad days: "I mean it doesn't matter if you are a drug user or not, you are going to feel unwell sometimes and you are going to feel agitated sometimes.".

Notably, while participants acknowledged guilt, they identified specific decisions or practices for which they felt guilty, such as spending money on drugs. They did not, on the other hand, describe feelings of overwhelming or global guilt: they did not, that is, describe shame. Occasionally shame was explicitly rejected, for example:

Look we've tried to normalize it really, as much as possible. We don't inject in front of her but we you know, I don't have any shame around it and one of the things we discovered was when we did things like lock ourselves in the bathroom that that actually created a lot more stress than you know a casual thing (Sue)

In the past, Chris reported, his co-workers' negative comments about 'bloody junkies' produced feelings of shame.

When I was younger I was a bit ashamed of it, as well, because if there wasn't anything around telling me I was good, I was just a scumbag, as far as everyone else was concerned, if they knew.

However, since that time, he had successfully parented five

children, managed his drug use and negotiated a more positive self-image:

> I am very much a person that believes that you know just because you are a user, doesn't mean that you are a bad person and it doesn't mean that you can't parent in a good and positive way.

Systemic risks

The interviews also revealed the challenges of parenting safely in risk environments created by drug laws. In these environments, positive practices and active engagement with negative stereotypes can achieve only so much. For example, maintaining strict boundaries between time with their children and the time using and buying drugs was recognised as important for keeping children safe, as Liz set out in a series of prescriptions:

> You don't take your children around to score, you don't hit up in front of your children, you don't have liars and cheats and thieves and paedophiles in your house just because you want to score. You make that child safe (Liz)

However, these boundaries were eroded by the limited choices people have when buying illicit drugs. The interview with Liz continues:

Interviewer: Yeah. And is that a big tension though?

Of course it is because [...] the people who have got the drugs are usually the ones who are the [most] fucked up individuals on the earth (Liz)

Another example of systemic challenges to positive parenting was the fear of unwanted intervention that impedes parents from seeking support from services. Participants spoke of trying to avoid engaging with government supports and services, fearing that child protection services would automatically remove their child if they became aware of their drug use. They described high levels of anxiety and feelings of being scrutinised, rather than regarding services as a source of possible support. Sue spoke of being fearful that child protection services might check up on her if her daughter had days off school due to illness. Although they have never had any interactions with child protection services, Catherine and Phillip were also fearful of their judgement:

> If they came around would they say you are not a good parent because the house isn't spotless and stuff like, you are not a good parent because you are on 'done, you are not a good parent because of this, you haven't got enough support. (Catherine)
> [My wife] was so scared about having child services get involved in our lives because of our backgrounds that we did everything that would make that not happen. (Phillip)

One participant commented that parents' fear of having children removed from their care resulted in many children not getting adequate health care:

> The problem is that they don't go to the doctors when they need to, they just don't go anywhere near child services. Once their baby is born they don't go and get the immunizations, they don't go and you know they just try and stay away from anyone who can dob them in. (Liz)

Discussion

Our findings resonate with previous qualitative research conducted with parents who use drugs, and illustrate themes and experiences that are less established. In common with previous studies, we found that parents report using practical tactics to ensure their children's safety, such as keeping drugs locked up and out of reach, getting intoxicated only when children are away or asleep, and maintaining boundaries between family and drug-using environments (Banwell & Bammer, 2006; Klee, 1998; Rhodes et al., 2010). Also in common with previous research, parents reported significant ongoing challenges with

parenting, including those to do with drug laws and public anxieties around parents using drugs (Banwell & Bammer, 2006). These challenges included, at times, going without support from services, due to fear of child protection interventions which could result in the removal of children from home.

Other themes, while not entirely novel, are less familiar in accounts of parenting and drug use, which tend to focus on minimising harm and acknowledging guilt. Our focus on the positive aspects of parenting indicates that participants' experiences support the distinction between guilt and shame that was formulated by Potter-Efron (1988) and advanced by Grey (2010). The distinction can be parsed this way: feelings of guilt pertain to something that the person has done, shame to who the person is. Shame manifests as a deeply personal experience (Gray, 2010), and as a painful state of awareness of one's basic defectiveness as a human being, that is, a failure of being (Potter-Efron, 1988). In therapeutic terms, shame is unhelpful for interventions because it cannot be tolerated: it provokes a response to 'run, hide, or die' (Straker, 2011: 14). In contrast, guilt is specific rather than global. It can be severe or mild and, as we noted in the introduction to this paper, it is a common, perhaps universal experience for parents (at least in the Global North) who have to negotiate contemporary standards and expectations. Feelings of guilt can be managed, and the behaviours for which guilt is felt can be amenable to intervention.

Another theme is notable for its absence. Previous studies of people who use drugs have observed the 'downward comparisons' that people made to criticise or 'Other' the behaviour of others and thereby validate their own (Maher, 1997; Melhuish, 2011). In contrast, participants in this study rarely articulated their experience in terms of the poor practices of other people, nor did they draw distinctions between themselves and other drug users. They found validation instead from their own sense of security in their relationships and the wellbeing of their children. Some participants did talk about, for example, the spending habits of parents who buy a lot of clothes for themselves. However, this was a way of defending expenditure on drugs as a normal practice, not to 'heap censure' on other parents to defend and demarcate themselves, as described by Banwell and Bammer (2006: 510).

The sample in this study is, as noted, distinctive in that most of the participants were long-term daily drug users connected with peer advocacy and service delivery organisations that had allowed them to develop a strong sense of identity. Their interviews indicate that they were not only aware of, but contested, representations of drug users as incompetent parents. Although this obviously limits the findings in terms of representativeness, it also indicates a possible direction for the design and delivery of services for parents who use drugs. Supporting drug using parents to develop a sense of identity and efficacy seems counterintuitive in a context where drug use is so stigmatised, but may facilitate openness to support and change. Shame-drenched parents who think about their behaviour mostly in terms of it being not as bad as the behaviour of others, are far less likely to be amenable to support than parents who are secure in their identity and oriented towards their children.

A number of limitations of this study must be acknowledged. First, like most qualitative studies, it involved arm's length recruitment and is subject to selection bias. The parents who participated in the research for the most part had used drugs for many years and were involved in sector organisations and peer advocacy. They are unlikely to be representative of all parents who use drugs. In keeping with the positive deviance framework, this research highlights the strategies and practices that parents utilise in order to keep themselves and their children safe, and is not an investigation of their practices. No efforts were made to assess the well-being or safety of their children, and the views of children were not included. On the other hand, most qualitative studies which explore experiences of parenting are similarly based on parents' accounts.

Given the small sample size, it is not possible to draw conclusions about gender, although we note that those in the sample who were

partnered described family circumstances that were buttressed by strong partnerships and involved fatherhood (Monna & Gauthier, 2008; Sayer et al. 2004; Wall & Arnold, 2007).

Conclusion

The findings contribute to the understanding of 'good enough' parenting, that is, of adaptive and caring family relationships (Winnicott, 1960). Increased understanding could have significant benefits in relation to parents who use drugs, because substance misuse is highly stigmatised and associated with very poor outcomes for children; and there are few public representations of safe and competent parenting by parents who use drugs. Parents who use drugs have few public role models or realistic standards to follow. Practitioners with child welfare responsibilities who come into contact with these parents (notably teachers, social care workers, and health care workers) often have very limited information on which to make judgements about the children's safety. Beyond standardised risk assessment tools, and knowledge of rare but high-profile instances of child murder in which caregivers had substance misuse problems, these workers may have very little knowledge about the lives and relationships of this group of parents. This research contributes to filling this gap in information by describing the regular, loving family lives of people who face significant challenges in parenting, including regular use of illicit drugs. Although their lives and relationships do not always conform to mainstream standards, they practice ways of keeping children safe and loved that are rarely documented.

The lives of these families are also affected by changing norms of family lives and parenting, particularly the intensification of parenting, or the increasing responsibilities assigned to parents for their children's physical, emotional, psychological and cognitive outcomes and achievements. Parents who use drugs are subject to the same messages about the critical importance of the early years of life on lifetime outcomes as other parents, and feel the same pressures of balancing the demands of work and commitments with spending time with their children. They experience additional pressures in managing the stereotypes and stigma of drug use, but these should not be thought of as the only or even primary facet of their parenting.

The study also underlines previous research findings that drug laws work against the creation of safe environments. While the participants reported considerable efforts to keep their children away from undesirable people and situations, the nature of illegal drug markets means that this may not always be possible: parents who use drugs cannot always choose the circumstances in which they buy drugs. The association between drug use and poor child outcomes is also a barrier. Many parents who use drugs will not need help in managing relationships with their children, or financial or other support, but many others will, and services are intended to provide that support early, before problems escalate. However, fears of child protection interventions may stop people seeking help, with the consequence that environments that could otherwise be safe for children become unsafe.

To manage the volume of reports made to child protection helplines and ensure that system efforts can be directed at those most in need, the NSW Government raised the threshold for reporting from 'Risk of Harm' to 'Risk of Significant Harm' (Cassells et al. 2014). Positive representations of drug use and parenting may support policy efforts to reduce the number of reports made to the child protection helpline by presenting a counter narrative to the prevailing view that drug use and parenting invariably puts children at risk. This is particularly critical when child protection systems struggle to respond to all reports and requires practitioners to attempt to better ascertain risk.

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