

## Chapter 15

# Involving Children and Young People Who Experience Parental Substance Use in Research

Cassey Muir<sup>a</sup> and Kira Terry<sup>b</sup>

<sup>a</sup>*Population Health Sciences Institute, Newcastle University, Newcastle upon Tyne, United Kingdom*

<sup>b</sup>*Young Person Advisory Group, Newcastle University, Newcastle upon Tyne, United Kingdom*

### Abstract

Parental substance use is highly prevalent worldwide, presenting major child safeguarding and public health concerns. Evidence-based interventions aim to reduce risk to the child through primarily focussing on the parent, often overlooking the specific needs of children and young people. Partnership approaches to intervention development, from consultation to co-production with public members, are needed in designing interventions for children and young people who experience parental substance use. Within this chapter, an example of involving children and young people with experience of parental alcohol and/or drug use in research and intervention development will be provided. There will be an acknowledgement of the tension between the importance of active involvement of children and young people in research that concerns their well-being, and the recognition that children and young people may experience additional vulnerabilities or risks. The chapter will conclude with four steps to providing opportunities for enhancing young people's agency in public involvement research. There needs to be a shift from viewing young people as vulnerable or risky due to their experience of adversity or parental substance

---

**Public Involvement and Community Engagement in Applied Health and Social Care Research: Critical Perspectives and Innovative Practice, 183–193**



Copyright © 2026 by Cassey Muir and Kira Terry. Published by Emerald Publishing Limited. This work is published under the Creative Commons Attribution (CC BY 4.0) licence. Anyone may reproduce, distribute, translate and create derivative works of this work (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this licence may be seen at <http://creativecommons.org/licences/by/4.0/legalcode>.  
doi:[10.1108/978-1-83608-678-920251015](https://doi.org/10.1108/978-1-83608-678-920251015)

use, to viewing young people as capable of being change agents. This is all whilst acknowledging the real sense that young people may need external support and assistance, but this should be carefully navigated with the young people themselves.

*Keywords:* Children; young people; parental substance use; intervention development; co-production; public health; public involvement and engagement; agency

## Introduction

Prevalence estimates of parental substance use vary globally it is suggested that between 2% and 37% of children live with at least one parent who uses substances problematically (European Monitoring Centre for Drugs and Drug Addiction, 2008; Galligan & Comiskey, 2019). For this chapter, parental substance use includes the problematic use of alcohol and/or illicit drugs, as well as the misuse of prescription drugs by one or both parents or formal caregivers. Many of these children and young people go on to experience a wide range of physical, behavioural, emotional, and social impacts due to parental substance use (McGovern et al., 2018, 2023; Muir, Adams, et al., 2023; Velleman & Templeton, 2016). Systematic reviews exploring the evidence-based interventions to alleviate the impact on children and young people, found that interventions tend to focus on the parent who uses substances, with the aim of reducing risk to the child (McGovern, Newham, et al., 2021, Moreland & McRae-Clark, 2018). Whilst these interventions showed some positive affect on child outcomes, the reviews concluded that child-targeted interventions were also needed to address the lasting impact of substance use. Currently, child and young person-focussed interventions are limited and have mixed and low-evidence of effect (Barrett et al., 2023; McGovern, Smart, et al., 2021). Research has also shown that there are limited interventions that have been co-produced with multiple stakeholders in a power sharing approach, especially involving children and young people with lived and living experience of parental substance use (Barrett et al., 2023).

The Medical Research Council framework for complex interventions recognises intervention development as the first of a series of interconnected steps in the development-evaluation-implementation process (Craig et al., 2008; Skivington et al., 2021), but this framework lacks sufficient detail and specificity to inform intervention development. A recently published taxonomy of approaches to developing interventions outlines eight separate categories for development, inclusive of partnership or population-centred approaches (i.e., active partnership with end-users), evidence and theory-based approaches (i.e., using existing evidence), implementation or efficiency-based approaches (i.e., does it work in the real world), stepped approaches (i.e., taking a systematic process), intervention-specific (purposefully developed for a specific intervention) or combination

approaches (i.e., combining existing approaches; O’Cathain, Croot, Sworn, et al., 2019). The partnership approach involves active engagement of stakeholders, including the public, in developing interventions, throughout the whole process from decision making to design, which can facilitate the development of feasible, efficacious, and context-sensitive interventions (Voorberg et al., 2015). Partnership methods can range from consultation to co-design and co-production (O’Cathain, Croot, Duncan, et al., 2019). Throughout our research, we endeavour for active involvement, where we recognise and use the skills, knowledge, and expertise of those with lived and living experience, going beyond developing interventions ‘for’ to developing interventions ‘with’ relevant public members (Slay & Stevens, 2013). To ensure that newly developed interventions supporting children and young people whose parents use substances are relevant and acceptable, it is important that their voices are included in the decision-making and priority-setting process, as well as in the later stages of designing and refining the intervention. Within this chapter, an example of involving children and young people with experience of parental substance use in research and intervention development will be provided. There will be an acknowledgement of the tension regarding the involvement of children and young people in research, and we will reflect on our practice of providing opportunities for enhancing young people’s agency.

## **Involving Children and Young People Who Experience Parental Substance Use**

Our project was concerned with understanding the experiences of children and young people whose parents use substances and how to support them, from the children and young people’s point of view as well as those who provide the support. We started with reviewing worldwide literature, then talking to and involving children and young people who live in England. We aimed to develop resources that would be of most benefit to children and young people who experience parental substance use. Our research was conducted across four stages from January 2019 until January 2024, we (1) reviewed international qualitative studies, (2) interviewed young people and practitioners, (3) ran prioritisation workshops with young people and practitioners, and (4) used co-design workshops, focussed on co-producing interventions for children and young people who experience parental substance use. Throughout each stage of this research, we took a flexible approach and involved different groups of children and young people who had lived or living experience of parental substance use. This approach allowed us to gather increasingly diverse perspectives, whilst also acknowledging a key challenge in researching with young people who experience parental substance use: the temporary nature of accessing services (from which researchers typically recruit) and the issue of ageing out of services. As a result, the same group of young people were not always available or able to be involved continuously in our research. However, young advisors reassured us that this was entirely acceptable.

Firstly, we reviewed the qualitative literature to understand how children and young people experience and are impacted by parental substance use (Muir, Adams, et al., 2023). We involved four young people (aged 11–17 years) who helped us to understand the problem, define key concepts, and make sense of the findings. Secondly, we interviewed young people and practitioners to understand how to support young people who experience parental substance use (Muir, Terry, et al., 2023). We involved four young people (aged 17–24 years) who supported the recruitment, analysis, and dissemination of findings. Thirdly, through workshops, we determined the top three intervention ideas and priorities for support. About 13 young people (aged 12–24 years) were involved in the decision-making and priority-setting workshops alongside health, education, and social care practitioners. Fourthly, we co-produced the top priority intervention with and for children and young people who experience parental substance use. There were seven children (aged 5–13 years) and two young people (18–25 years) involved in the co-production of a social and emotional well-being storybook for children who experience parental substance use, to be used in a school setting.

## **Children and Young People’s Agency**

The theoretical assumption underpinning much of public involvement and engagement is that communities of people, however defined, possess agency in the sociological sense, that they have the ability to act and be agents of their own development and care needs. We acknowledge that agency can be bounded by many factors; however, we also recognised that if the starting point is that children are active agents, then as researchers, we needed to have the capacity to make opportunities available to them. However, involving children and young people in research is a widely debated issue, often based on the role of agency in young people’s lives. On the one hand, there is an implicit or explicit view that children and young people are vulnerable and in need of protection (Hill et al., 2004). This is especially true for young people who experience family adversities (Kendrick et al., 2008), including parental substance use (Bancroft & Wilson, 2007). It is argued further that, due to this vulnerability, children can be seen as lacking the social or cognitive competence and agency to make informed decisions about their lives, and what care or support would be best for them (Hill et al., 2004). Additionally, Bancroft and Wilson (2007) argued that older children who experience parental substance use may become increasingly seen in policy, practice, and research as having and expressing agency that is problematic and risky. For example, young people may begin engaging in risky behaviours (e.g., drinking or offending) rather than ones that will be supportive of their development. We further argue that some young people move from experiencing associative stigma because they are closely connected with their parents who use alcohol or drugs to experiencing direct stigma and discrimination from peers, practitioners, and researchers connected to their own behaviours due to a negative perception of their character, behaviours, or abilities (Muir et al., 2022). This view implies that young people are not to be trusted to make the right or sensible decisions about their lives or care needs. In a societal context, children and young people who

are not seen to be making an active contribution to their own well-being, community, functioning, and furthering of society are often villainised and labelled negatively as trouble (Rose, 1999). Whichever viewpoint, young people's involvement is often governed by the adults in their lives, who make decisions for them instead of with them, either seeing them as vulnerable and in need of protection or as a risk to themselves.

However, there is increasing recognition of the importance of the active participation of children and young people in research that concerns their care. The United Nations Convention on the Rights of the Child states that the views of children and young people should be taken into account in any decision that is likely to affect their well-being (United Nations, 1989). The World Health Organisation also recognises the importance of young people being included as active partners in all health-related activity, from design through to evaluation, especially for interventions impacting their own well-being (Clark et al., 2020). There has also been an increased interest from policy makers in acknowledging and learning from different perspectives, including children and young people with varied lived and living experiences (Involve, 2016). Whilst this is the intended direction for research and practice, a recent qualitative study found that young people who experience family adversity felt like they were not being listened to, valued, or having their needs met within support services (Stafford et al., 2021).

Taking a collaborative approach has shown to improve adaptation and tailoring of interventions and services to be appropriate for a specific context, whilst also identifying the barriers and facilitators critical for success (Leask et al., 2019). Furthermore, interventions are more likely to be acceptable, relevant, and focussed on changes that are most important to the population they seek to benefit (O' Cathain, Croot, Duncan, et al., 2019). Making decisions with, instead of for, young people has also increasingly been applied within research exploring support for families that experience adversities, for example, young people who experience parental domestic violence and abuse (Fellin et al., 2019) or multiple and interacting adversities (Muir et al., 2024). Involving children and young people in research and service design could promote benefits to young people's well-being, including enhancing their agency (Erwin et al., 2016; van Bijleveld et al., 2020).

## **Creating Opportunities for Agency in Public Involvement**

During the research process, agency was identified by our young person advisory groups as a key theme in their experiences of parental substance use and seeking support. The qualitative review further highlighted that children and young people were not passive within their experiences of coping with parental substance use but often reported trying to 'control the situation' at home or within their family (Muir, Adams, et al., 2023). For example, children and young people spoke of ways they enacted agency by taking control of their environment and creating safe spaces for themselves and siblings to escape within an otherwise unsafe home. Within a similar field, Arai et al. (2021) conducted a qualitative systematic review of young people's experiences of domestic violence and abuse and found

comparable themes on children's agency and coping, whereby children found creative and meaningful ways to change their situations. Additionally, during the interviews, young people reflected that having their agency acknowledged and built upon by practitioners led to reported increased confidence and self-esteem amongst young people (Muir, Terry, et al., 2023). The social value of increased confidence in children is important for many reasons, and young people wanted to negotiate safety and support alongside practitioners, be offered choices, and be supported to develop their agency. Allowing young people to tailor support to their needs was thought to be a useful approach to empower young people. Likewise, researchers within the field of domestic violence and abuse have argued that interventions should focus on supporting young people by enhancing the strengths they have developed due to living with violence and abuse and to recognise their need for agency (Fellin et al., 2019). We decided that this should also be an important aspect of our public involvement work, to create opportunities for agency amongst the children and young people involved in our research, where their agency may not have been acknowledged or had been problematised before.

The first step was ensuring we were researching what was relevant for children and young people, this was achieved by listening to the voice of children and actively engaging them in the research process. In some of our first young person advisory meetings we developed the research questions together. Young people identified that there was a need to understand what support young people are currently offered and what support they actually wanted. This became one of the main areas of our research, further supported by the qualitative review that identified a lack of access to formal support for young people who experience parental substance use (Muir, Adams, et al., 2023). By incorporating these research questions into our work, we were validating that these were real problems that children and young people faced and wanted effective and relevant solutions for. We also moved beyond listening and were prepared to engage children in difficult subject and topic areas as a way of understanding the lived experience and needs. We asked the question, 'how can we involve young people in the research process', from the initial set-up all the way through to dissemination. We were encouraged by the young advisors to be adaptive and continue asking that question as we went, allowing us to refine and change our approach along the way. It became significant to recognise that researchers need to be prepared to have difficult conversations with children and young people should the opportunity arise to engage in the details about their perspectives.

The second step was to provide flexibility in the opportunities for young people to engage and get involved. This was achieved by asking, listening to, and considering young people's concerns. We took into account how everyone wanted to get involved and provided them with choices and assured them that they could change their mind throughout the process. We were not prepared to simply let young people be 'passengers' or 'prisoners' in this research, being carried by others or being unable to speak their minds and give opinions. For example, we made our research as accessible as possible, and during online meetings with other young people, one young person had their camera off to begin with and asked if they could listen to others first before contributing. This allowed our co-producers

to feel more comfortable, and they began actively participating in meetings after the first couple. Equality, diversity, and inclusion were a driving force for us, and all members were encouraged to contribute using their preferred communication style, either by talking aloud, writing in the group chat, or adding notes or images to the interactive resources. Another young person wanted to be involved but did not feel comfortable being in a group setting. They were provided with the notes from the group discussions and could add to this over email or in a one-to-one meeting. The group were also provided with the additional notes from this member. Additionally, all meeting times and frequency were agreed upon with the group, allowing flexibility in when and how often we would meet. Through this process, we acknowledged that young people were able to make decisions, and this validation helped them to act on their decisions by turning up to meetings.

The third step involved young people in specific decision-making about interventions and priority areas. This step recognised young people's ability to contribute to change for other children and young people in similar situations. Intervention ideas had been identified through qualitative interviews with young people and practitioners (Muir, Terry, et al., 2023). The ideas ranged from interventions for children and young people directly (e.g., school well-being lessons, digital applications, or podcasts) to interventions that would have indirect impacts, including support for parents, national stigma campaigns, or specialised training for health, social, and education practitioners. To make sense of these findings, we used co-production workshops and individual consultations to prioritise intervention ideas and understand young people's and practitioners' reasons for prioritisation. Young people's decisions were acknowledged and respected by practitioners and researchers, and one of the top priority ideas (i.e., a social and emotional well-being storybook resource to be used within primary schools) has since been co-designed with children to be tested in real-world settings.

Fourth and finally, we involved and trusted young people in the actual doing of research and co-designing of an intervention. We shared power with young people, where one young person became a co-investigator on the development of the prioritised intervention and other young advisers co-produced the children's storybook. We found creative methods helpful using exploration workshops with young children to come up with the character ideas and storylines, which were supported by a young person who helped facilitate the workshops. Art was used to help children express their thoughts and ideas with different activities including writing, drawing, and structured worksheets. Whilst the sessions were guided, children could choose to spend more time on certain activities if they preferred. The storybook, called 'Twinkle, Twinkle Arti', can be easily embedded into a classroom situation, where the teacher can facilitate age-appropriate discussion about how pupils think the main character is feeling and what might help them to feel better. As the book has been developed by children and young people, it can also help adults to understand the experience of parental substance use from a child's perspective. Storytelling, as an unstructured psychosocial intervention, has been found to be an effective way of delivering messages to younger children in an engaging manner that can encourage the sharing of problems and ideas (Bouchard et al., 2013). Additionally,

storybooks can demonstrate positive responses for dealing with a complex problem, by signalling to children what to do if they feel similar to the main character (Bouchard et al., 2013). Storybooks could therefore facilitate conversations between a child and a trusted adult within the school, as well as whole-class discussions around bullying and talking to a safe adult, which could lead to enhanced social resilience (Tillott et al., 2022).

## Using Negative Life Experiences for Positive Outcomes

The public involvement throughout this research allowed the children and young people to feel empowered and helped create positive outcomes for themselves and others. Reflecting on their involvement in the research process, a public contributor said:

It has been an absolute honour to be involved as part of this project. To use my 'negative' life experience and be able to turn it into a positive impact for other children like me in the future: to help speak for those who feel they don't have a voice and aren't seen by people around them in the position they are in. Some children aren't ready, some don't want help, some we won't reach, but to push and be as present for as many children as possible, for as long as possible and to reduce the isolation of the stigma around it is vital.

Hearing that there was funding to action the findings of the research was absolutely incredible. It was brilliant to be part of the research in the first place, to have my voice heard and really listened to, but to find out that there was then funding to be able to actually create a real life 'product' from the research findings, was the cherry on the top. To take the findings from our lived experience and create something real for families and people beyond the world of research. I gained experience of the process that goes into producing a children's book, which I wouldn't have ever come across otherwise. It has really brought about another positive, rewarding outcome from my hard life experience that still impacts me now. This book is something I would have loved to have been able to give to little me, having something that related to my home situation when I was a child. I feel rewarded to be able to do this for me now, for little me going through all those hard times, and for all the children who will read the book. To be able to show them that they are not alone and there are people around them who are there to give them love and support. To hopefully reach them earlier than I was reached out to. It is incredibly rewarding to have a book that exists, that will last and be passed on to different children who are in a variety of situations for years to come. I am very proud of it. (Female, aged 24)

## Conclusion

Researchers, practitioners, and policymakers can either encourage or discourage a young person's sense of agency. Providing opportunities to develop and explore children and young people's own sense of agency, the capacity to act independently and make their own choices, during interactions with adults is vital for children and young people's development. It is important to remember children's involvement is more than just consulting with them for their ideas or views. It is about listening to them, taking them seriously, validating their opinions and views, allowing flexibility, trusting their decision making, and turning their ideas and suggestions into reality. It is also about providing children and young people with the opportunity and ability to influence some of the things that affect them and at the same time helping adults understand children and young people's issues through their lens. Researchers need to be brave and unafraid to have difficult conversations with children and there needs to be an equitable shift from viewing young people as vulnerable or risky due to their experience of adversity or parental substance use, to fairness, inclusion and justice where young people are recognised as capable of being change agents. This is all whilst acknowledging the real sense that young people may need external support and assistance, but this should be carefully navigated with the young people themselves.

## References

- Arai, L., Shaw, A., Feder, G., Howarth, E., Macmillan, H., Moore, T. H. M., Stanley, N., & Gregory, A. (2021). Hope, agency, and the lived experience of violence: A qualitative systematic review of children's perspectives on domestic violence and abuse. *Trauma, Violence, & Abuse, 22*, 427–438.
- Bancroft, A., & Wilson, S. (2007). The 'risk gradient' in policy on children of drug and alcohol users: Framing young people as risky. *Health, Risk and Society, 9*, 311–322.
- Barrett, S., Muir, C., Burns, S., Adjei, N., Forman, J., Hackett, S., Hirve, R., Kaner, E., Lynch, R., Taylor-Robinson, D., Wolfe, I., & McGovern, R. (2023). Interventions to reduce parental substance use, domestic violence and mental health problems, and their impacts upon children's well-being: A systematic review of reviews and evidence mapping. *Trauma, Violence, & Abuse, 25*, 393–412.
- Bouchard, S., Gervais, J., Gagnier, N., & Loranger, C. (2013). Evaluation of a primary prevention program for anxiety disorders using story books with children aged 9–12 years. *Journal of Primary Prevention, 34*, 345–358.
- Clark, H., Coll-Seck, A. M., Banerjee, A., Peterson, S., Dalglis, S. L., Ameratunga, S., Balabanova, D., Bhan, M. K., Bhutta, Z. A., Borrazzo, J., Claeson, M., Doherty, T., El-Jardali, F., George, A. S., Gichaga, A., Gram, L., Hipgrave, D. B., Kwamie, A., Meng, Q., ... Costello, A. (2020). A future for the world's children? A WHO-UNICEF-Lancet Commission. *The Lancet, 395*, 605–658.
- Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: The new Medical Research Council guidance. *BMJ, 337*, a1655.
- Erwin, E. J., Maude, S. P., Palmer, S. B., Summers, J. A., Brotherson, M. J., Haines, S. J., Stroup-Rentier, V., Zheng, Y., & Peck, N. F. (2016). Fostering the foundations of self-determination in early childhood: A process for enhancing child outcomes across home and school. *Early Childhood Education Journal, 44*, 325–333.

- European Monitoring Centre for Drugs and Drug Addiction. (2008). *Drugs and vulnerable groups of young people, Selected issue*. European Union Drugs Agency.
- Fellin, L. C., Callaghan, J. E., Alexander, J. H., Harrison-Breed, C., Mavrou, S., & Papanthasiou, M. (2019). Empowering young people who experienced domestic violence and abuse: The development of a group therapy intervention. *Clinical Child Psychology and Psychiatry*, 24, 170–189.
- Galligan, K., & Comiskey, C. M. (2019). Hidden harms and the number of children whose parents misuse substances: A stepwise methodological framework for estimating prevalence. *Substance Use and Misuse*, 54, 1429–1437.
- Hill, M., Davis, J., Prout, A., & Tisdall, K. (2004). Moving the participation agenda forward. *Children & Society*, 18, 77–96.
- Involve, U. (2016). *Involving children and young people in research: Top tips and essential key issues for researchers*. National Institute for Health and Care Research.
- Kendrick, A., Steckley, L., & Lerpiniere, J. (2008). Ethical issues, research and vulnerability: Gaining the views of children and young people in residential care. *Children's Geographies*, 6, 79–93.
- Leask, C. F., Sandlund, M., Skelton, D. A., Altenburg, T. M., Cardon, G., Chinapaw, M. J. M., De Bourdeaudhuij, I., Verloigne, M., & Chastin, S. F. M. (2019). Framework, principles and recommendations for utilising participatory methodologies in the co-creation and evaluation of public health interventions. *Research Involvement and Engagement*, 5, 2.
- McGovern, R., Bogowicz, P., Meader, N., Kaner, E., Alderson, H., Craig, D., Geijer-Simpson, E., Jackson, K., Muir, C., Salonen, D., Smart, D., & Newham, J. J. (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.
- McGovern, R., Gilvarry, E., Addison, M., Alderson, H., Geijer-Simpson, E., Lingam, R., Smart, D., & Kaner, E. (2018). The association between adverse child health, psychological, educational and social outcomes and non-dependent parental substance: A rapid evidence assessment. *Trauma, Violence & Abuse*, 21, 470–483.
- McGovern, R., Newham, J. J., Addison, M., Hickman, M., & Kaner, E. (2021). Effectiveness of psychosocial interventions for reducing parental substance misuse. *Cochrane Database of Systematic Reviews*, 3, CD012823.
- McGovern, R., Smart, D., Alderson, H., Araújo-Soares, V., Brown, J., Buykx, P., Evans, V., Fleming, K., Hickman, M., Macleod, J., Meier, P., & Kaner, E. (2021). Psychosocial interventions to improve psychological, social and physical wellbeing in family members affected by an adult relative's substance use: A systematic search and review of the evidence. *International Journal of Environmental Research and Public Health*, 18, 1793.
- Moreland, A. D., & McRae-Clark, A. (2018). Parenting outcomes of parenting interventions in integrated substance-use treatment programs: A systematic review. *Journal of Substance Abuse Treatment*, 89, 52–59.
- Muir, C., Adams, E. A., Evans, V., Geijer-Simpson, E., Kaner, E., Phillips, S. M., Salonen, D., Smart, D., Winstone, L., & McGovern, R. (2023). A systematic review of qualitative studies exploring lived experiences, perceived impact, and coping strategies of children and young people whose parents use substances. *Trauma, Violence, & Abuse*, 24, 3629–3646.
- Muir, C., Kedzior, S. G. E., Barrett, S., McGovern, R., Kaner, E., Wolfe, I., Forman, J. R., & On Behalf of The ORACLE Consortium. (2024). Co-design workshops with families experiencing multiple and interacting adversities including parental mental health, substance use, domestic violence, and poverty: Intervention principles and insights from mothers, fathers, and young people. *Research Involvement and Engagement*, 10, 67.

- Muir, C., McGovern, R., & Kaner, E. (2022). Stigma and young people whose parents use substances. In M. Addison, W. McGovern, & R. McGovern (Eds.), *Drugs, identity and stigma* (pp. 173–196). Palgrave Macmillan.
- Muir, C., Terry, K., Kaner, E., & McGovern, R. (2023). OP56 Qualitative study on the support needs of young people who experience parental substance use. *Journal of Epidemiology and Community Health*, 77, A28–A28.
- O’Cathain, A., Croot, L., Duncan, E., Rousseau, N., Sworn, K., Turner, K. M., Yardley, L., & Hoddinott, P. (2019). Guidance on how to develop complex interventions to improve health and healthcare. *BMJ Open*, 9, e029954.
- O’Cathain, A., Croot, L., Sworn, K., Duncan, E., Rousseau, N., Turner, K., Yardley, L., & Hoddinott, P. (2019). Taxonomy of approaches to developing interventions to improve health: A systematic methods overview. *Pilot Feasibility Studies*, 5, 41.
- Rose, N. (1999). *Governing the soul: The shaping of the private self*. Free Association Books.
- Skivington, K., Matthews, L., Simpson, S. A., Craig, P., Baird, J., Blazeby, J. M., Boyd, K. A., Craig, N., French, D. P., McIntosh, E., Petticrew, M., Rycroft-Malone, J., White, M. & Moore, L. (2021). A new framework for developing and evaluating complex interventions: Update of Medical Research Council guidance. *BMJ*, 374, n2061.
- Slay, J., & Stevens, L. (2013). *Co-production in mental health: A literature review*. New Economics Foundation.
- Stafford, L., Harkin, J.-A., Rolfe, A., Burton, J., & Morley, C. (2021). Why having a voice is important to children who are involved in family support services. *Child Abuse & Neglect*, 115, 104987.
- Tillott, S., Weatherby-Fell, N., Pearson, P., & Neumann, M. M. (2022). Using storytelling to unpack resilience theory in accordance with an internationally recognised resilience framework with primary school children. *Journal of Psychologists and Counsellors in Schools*, 32, 134–145.
- United Nations. (1989). *The United Nations convention on the rights of the child*. United Nations.
- van Bijleveld, G. G., Bunders-Aelen, J. F. G., & Dedding, C. W. M. (2020). Exploring the essence of enabling child participation within child protection services. *Child & Family Social Work*, 25, 286–293.
- Velleman, R., & Templeton, L. (2016). Impact of parents’ substance misuse on children: An update. *British Journal of Psychiatry Advances*, 22, 108–117.
- Voorberg, W., Bekkers, V. J. J. M., & Tummers, L. (2015). A systematic review of co-creation and co-production: Embarking on the social innovation journey. *Public Management Review*, 17, 1333–1357.