



research bulletin



Parental substance misuse and children's entry into Alternative Care in South Australia, 2006.

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"Drug and alcohol misuse is not a peripheral issue but a core component in a substantial majority of situations where children enter care."

In recent years there has been a growing awareness of the potential for an individual's substance use to have implications for other family members and particularly for the welfare and development of children. Recent estimates are that 230,000 Australian children are raised by adults who misuse alcohol or drugs. Although parental substance misuse does not inevitably lead to neglectful and abusive parenting, drug and alcohol problems feature in a substantial proportion of families where there are child protection concerns. Parents who misuse substances often struggle with other complex problems and children are likely to be exposed to a range of harms and high risk situations, making these some of the most difficult cases in the child protection system. This study has focused on the extent to which problematic alcohol and substance use are factors influencing children's entry into care. It has also collected a range of data relating to family circumstances and problems; the impact on children and the services provided in response and outcomes. Findings have implications for both the child protection and drug and alcohol fields, in relation to policy, strategy and service delivery.

The study

The study explored the following questions:

- How many children are entering care in South Australia (SA) as a result of parental substance misuse?
- What types of substance misuse are associated with children's entry into care?
- Are families receiving targeted interventions that address their substance misuse and any coexistent issues and problems?
- What interventions and services are required to reduce risks for children?

467 children entered care for the first time in SA in 2006. Electronic records of all these children were examined, and case files of a random sample of 50 analysed in more detail. Files were also examined for a comparison sample of 50 children for whom parental substance misuse was not identified at the time of entry into care.

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Findings

Parental drug and alcohol problems – extent and patterns

The analysis of electronic data and case records found parental drug or alcohol misuse was associated with children’s entry into care in approximately 70% of cases. The three most common substances used by parents were alcohol (77%), cannabis (53%) and amphetamines (50%) – and usually in combination. The majority of parents used these substances on a daily or weekly basis, with strong indicators of dependency.

Do substance abusing families have a more complex profile?

Children who enter care from families where substance misuse is present are likely to have been exposed to more, and experience complex problems than other children entering care, with problems including: abuse and neglect; domestic violence; homelessness; housing instability; severe financial problems; parental mental health issues; parental involvement with criminal activities; and incarceration. Substance abuse is thus associated with conditions which pose extremely high risk to children and complex family issues which are unlikely to be resolved quickly.

Children’s experience of abuse and harm

Neglect was the most common form of abuse experienced by all children entering care. However, emotional abuse was significantly more prevalent where drug or alcohol problems were present and was strongly associated with alcohol misuse (probably due to its relationship with family violence). Children from families using illicit substances were significantly more likely to have experienced homelessness and parental mental health problems. A strong link was also found between the frequency of substance misuse and the likelihood of families (and children) experiencing homelessness and severe financial difficulties.

Serious harms identified for children commonly included exposure to domestic violence, material deprivation and neglect, instability and disrupted living arrangements. Parental substance misuse was associated with longer stays in care, longer periods of decision making and reduced likelihood of reunification.

Interventions

Both a ‘risk management’ and ‘therapeutic’ approach were evident in the service response to families. These two styles were adopted in response to the level of risk to the child and the perceived attitude of and engagement with families. Families were generally referred to a wide range of services – more than other families in the child protection system – with referrals reflecting presenting problems and needs.

Most parents had had no sustained drug and alcohol treatment prior to the involvement of child protection services: for many the intervention was the first gateway to treatment. Drug and alcohol services referrals were generally dependent on the severity of the problem as well as parental attitude and engagement. A relatively low rate of drug and alcohol treatment was observed (24%), with considerable numbers not following through or dropping out of services. Substantial difficulty was indicated in achieving sustained drug and alcohol interventions.

In most cases the intervention provided met best practice criteria, particularly relating to child-centred interventions and service collaborations. Less success was achieved in the areas of successful engagement with families and the provision of a sustained intervention.

“Most parents do not receive treatment for drug and alcohol issues prior to the involvement of child protective services. Child protection processes are an important gateway to treatment.”

Implications

1. Prevalence

Drug and alcohol misuse is not a peripheral issue but a core component in a substantial majority of situations where children enter care.

The observed prevalence rates have major implications for both the child welfare and drug and alcohol fields. Policy, practice and service delivery in child welfare should be predicated on the assumption that substance misuse issues are the norm, rather than the exception, and drug and alcohol interventions are clearly situated as a key family/child welfare intervention.

- **Child protection workforce: practice and competency**

The child protection workforce needs the confidence, skills, knowledge and competencies to work in this difficult terrain – not as specialist drug and alcohol workers, but simply in order to do their job. A well-equipped and supported child protection workforce creates opportunities in a wide range of areas, including better assessment and intervention. This may precede, lead to or complement specialist intervention, or in some instances be all that is required. Breaking down some of the ‘mystique’ of drug and alcohol interventions – that only specialists can do it – may help to equip a broader range of workers to intervene more effectively and confidently with the growing numbers for whom drug and alcohol misuse is an issue.

- **Drug and alcohol specialist services and strategies**

Reducing harm to children should be a major objective of drug and alcohol strategies and services and safeguarding and promoting the wellbeing of children a core component of intervention. This requires assessment and treatment approaches which take into account the client as a parent and the impacts on children and a workforce whose core competencies include knowledge of child protection and family systems issues.

- **Family support and intervention services**

Dealing with drug and alcohol issues will be central to the work of family support and intervention services in the non-government sector, particularly reunification and intensive family preservation services, with resulting implications for: service models; staff competencies; intervention strategies; and training and development.

- **A holistic approach**

Parents with drug and alcohol problems need a holistic service. Strategies to develop robust collaborations between child protection and drug and alcohol services are imperative – collaborative practice should be the norm and not the exception.

2. Prevention and early intervention

Parental alcohol and substance misuse is demonstrably associated with child abuse and neglect, and rising levels of misuse will thus increase harm to children. This has implications for child abuse prevention and early intervention strategies: reducing levels of alcohol and substance misuse becomes a critical element. Similarly, drug and alcohol strategies should be constructed with strategies clearly focused on child and family welfare.

3. Child protection as a gateway to treatment

Most parents do not receive treatment for their drug and alcohol issues prior to the involvement of child protection services. Child protection processes are an important gateway to treatment.

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Child protection issues may be the catalyst that bring drug and alcohol issues to light and may also provide the motivation to change. Child protection interventions therefore should be conceptualised and understood as a key – and perhaps unique – opportunity to engage people in treatment. The relationship between child protection and drug and alcohol services is essential to ensuring this gateway works effectively; and child protection workers have a crucial role in supporting the pathway to treatment.

4. Complexity, cause and effect

Substance abuse rarely occurs in isolation but typically coexists in combination with a constellation of issues which create high levels of risk to children. These families tend to be amongst the most difficult in the child protection system.

Drug and alcohol misuse appears to be driving not only more, but also more difficult cases. This creates workload issues for the child protection, out of home care, family support and treatment systems. It also creates challenges in relation to intervention approaches and models with a need to develop approaches and systems that will be effective. For example, increased numbers of entries into care place pressure on an over-stretched foster care system; and children who have been significantly harmed will have different care needs which may or may not be met in family-based care.

Holistic and interagency work is also fundamental. Services can no longer deal with family problems separately or in isolation but need to work as a collaborative team.

5. Substance type

Alcohol was the substance most commonly misused, either in combination with illicit drugs or by itself. Alcohol misuse was associated with particular risks and harms, including family violence.

Alcohol is a legal substance, widely available, its use broadly sanctioned, and often valued as an important feature of family and social life. General community perceptions around illicit drugs are much different and more negative. This study indicates, however, the prominent role alcohol misuse has in causing harm to children: risks that should not be overlooked and deserving of broader attention. It is also important to note that alcohol and drug misuse are not discrete issues: many people are poly substance users.

Building the evidence base

This study is a small contribution to the growing literature on the impact of problematic drug and alcohol use on parenting and child wellbeing, and in particular substance misuse as a ‘driver’ for children’s entry into care. There is still limited Australian research literature on this topic. Issues worthy of further research include prevalence monitoring; the impact of different substance types on parental behaviour and harm; intervention approaches; collaborative models; early intervention and prevention; the care and treatment needs of children; and the associations between the clustering of problems related to drug and alcohol misuse. These significant issues call for large-scale, robust and sophisticated studies, and particularly for collaborations between child welfare and drug and alcohol researchers.

This bulletin draws on the findings of the *Parental substance misuse and children’s entry into Alternative Care in South Australia, 2006* research report. A full copy of the report can be obtained from the Department for Families and Communities Research Unit website at www.dfc.sa.gov.au/research/