Social worlds in collision

When policy meets policy on parental substance abuse

Margaret Hodge

The risk of child abuse and neglect is higher in families where the parent(s) abuse substances, with the highest incidence in families where both parents abuse alcohol. The interplay between parental substance misuse and child maltreatment has become a crucial issue in statutory child protection work and consequently for those who work intensively with clients in their homes. Not all children of substance-abusing parents are 'at risk' of harm, however, and abstention from drug usage is not always a helpful treatment goal, nor indeed does it necessarily reduce the harm to a child under protective scrutiny.

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The interplay between parental substance misuse and child maltreatment has become a crucial issue in statutory child protection work and consequently for family preservation workers (FPW). Intensive family based services are often asked to accept referrals where parental substance misuse has become so much a matter of concern that placement of children is being considered. Coordination of the joint involvement of child protection services and alcohol and drug services can be a complicated task, involving competing needs and values. There is a potential for conflict and confusion as to different perceptions of the problem and what is needed to help.

There are often major discrepancies between the prevailing social policy of harm minimisation expressed by the Department of Human Services (DHS) and the approach of child protection workers, which frequently focuses on abstinence-based interventions. (Protocol between Protective Services, 1993). This paper will endeavour to look at the reasons behind those discrepancies and to outline the potential of a family preservation service to work with families who are affected by parental drug misuse whilst attempting to ameliorate the disagreements that can often arise.

Intensive family preservation services, as the name implies, work with families in their homes at the point of crisis, ie, when a child is at the point of being removed from the parents' care due to the seriousness of either physical, sexual, or emotional abuse or neglect. These situations are considered by the Victorian statutory child protection services, the Department of Human Services, to be serious enough to warrant involvement by a program that will work intensively with these families to effect sufficient change to ensure that children can remain in the home free of any further abuse.

Family preservation services in Victoria are generally funded through the DHS and auspiced by a variety of family service agencies situated throughout the State. Present policy for the use of the Families First Program dictates the following essential components:

- referrals only accepted from statutory child protection workers, where there is a clear and present need for a child to be placed in alternative care owing to the likelihood of serious harm occurring;
- the focal point for service delivery is the family members' home;
- the emphasis in the intervention is on a small number of concrete and behaviourally specific goals;
- a high availability of services exists and is provided at times that are suitable for family members;
- intervention is short-term, typically between 4 and 6 weeks, and consists

of a mixture of counselling and practical services;

- there is one primary worker, who focuses on understanding and addressing the needs and goals of all family members. The aim is to ensure that the family as a whole is in the best position to attend to the physical and emotional care of the children.

A family preservation worker's role with families affected by parental substance misuse is informed by a number of specific philosophical premises or values. One important value is that children are entitled to every available opportunity to grow up *safely* within their own family, notwithstanding the view that most parents do not intentionally set out to harm their child. When treated respectfully, parents can often be recruited as knowledgeable allies in determining strategies for improving the safety of children in their care. Another viewpoint is that human behaviour (including that which is apparently self-destructive), when viewed in context, is purposeful and makes sense to the behaver. FPWs also recognise that the likelihood of positive change is increased when there is a genuine attempt to focus on addressing goals important to family members, as opposed to goals which are externally imposed.

Families affected by substance misuse comprise about 45% of the caseload of family preservation services. An internal agency audit of 105 families, accepted across teams in three separate locations of Melbourne between June 1991 and December 1994, included 45 cases of substance misuse. Of these, 38 cases were verified and a further seven were strongly suspected at the time of referral. Twenty-eight cases involved alcohol misuse and 17 involved prescription or illicit drugs. One case involved both drug and alcohol misuse.

Kaplan and Girard (1994) point out that conventional wisdom amongst many workers within the child welfare field states that parents who have experienced difficulties in the area of substance misuse need to have a consistent period of abstinence from alcohol or drugs in order to begin effective work on relationships between themselves and their children. They also argue that, for family preservation programs in particular, there is an important role for workers in helping family members to assess realistically the impact of substance misuse on their lives, in enhancing motivation to change drug-taking patterns that directly impact on the care of children so that specific harms are reduced, and in helping parents to develop formal and informal support networks for themselves and the children with consistent offers of encouragement for a change of lifestyle.

Intensive family based services are often asked to accept referrals where parental substance misuse has become so much a matter of concern that placement of children is being considered

It is not assumed that all parents who participate in substance misuse are unable to provide adequate care for their children, although some workers contend that in all substance-abusing families, children experience some degree of neglect. The FPW providing home-based intervention has a special responsibility to recognise potentially serious harm to children. Jiordano (1989) notes that substance misuse is not manifested as a unitary phenomenon amongst parents presenting to family preservation programs. Rather, individual consumption levels vary in range from occasional, to several times weekly, to daily. In order to ensure the safety of children whilst they are involved with the family preservation program, it is important that there is some assessment at the referral stage as to where a parent currently is on this continuum, as intervention strategies require a different emphasis, depending on the pattern of use. As Jiordano (1989) has pointed out, it is less common that the family preservation program would receive referrals of families where drug misuse is occurring on a daily and consistent basis.

There are some important contextual issues that are vital for the FPW to consider in working with families affected by substance misuse. From this perspective successful intervention is not merely determined by the cessation of drug use, but rather by the degree to which family members are actively involved in planning to address issues that affect a child's physical and/or emotional safety. For parents referred to the service, knowing that there is a very real prospect of their child being placed in alternative care should there be insufficient evidence of change occurring, initial contact with the worker can become either a time of heightened sense of purpose and motivation, or alternatively, of overwhelming anxiety. It is in this phase that the most important work of structuring situations to address issues of child safety is vital.

Insufficient evidence of change in this context would be measured by the FPW's observations or identification that the family had made insufficient progress toward altering the risky situations that first led the DHS to become involved with their family, and that the children remained at risk from abuse or neglect. The family's functioning must be considered to be at a level that would no longer place the children at harm from an abusive parental lifestyle in order for the Department to withdraw its involvement.

Child protection services are provided for children/young people and their families in order to protect children from significant harm resulting from abuse and neglect within the custodial family unit. Initially work is undertaken to enable the child/ren to remain in the care of their family. However, where this is not possible, an alternative environment is provided until the parents can resume care. Where resumption of care by the parents is not possible, protective services will work towards an alternative family care arrangement.

Where substance abuse has been identified as impacting on a parent's capacity to care for and protect a child, a child protection worker (CPW) will

firstly endeavour to refer the individual to Drug Services Victoria (DSV) or a drug and alcohol service for assessment and treatment. The individual's cooperation with this referral will be sought. However, in situations where untreated substance abuse is likely to lead to children being removed from the care of their parents, or when children are unable to be returned to the care of their parents because of substance abuse, the child protection worker may decide to proceed with the referral against the wishes of the individual. A CPW may also direct a family to accept or attend a particular service or recommend that a treatment condition be included on a Children's Court Protection Order when involvement in a service is considered to be an integral part of a case plan. Refusal to comply with a direction or condition may lead to the CPW initiating breach/ variation proceedings in the Children's Court. Treatment and participation in this context means a client's full involvement in a program which suits the individual's needs. It does not mean monitoring an individual's drug or alcohol use only (Protocol between Protective Services 1993).

> Defining a given situation as child abuse is not a straightforward task and decisions in this area tend to fall more into the moral rather than the technological domain. Protective workers must search for some corroboration between the incident or presenting condition, the explanation offered and the demeanour of the adult involved. (Clark 1994, p. 97)

In the cases where substance abuse has been identified as a protective concern, the way in which the drug affects all family members is used as a measure to determine the degree of protective involvement and often treatment decisions or directions.

Whilst in essence the protocol developed between the Department of Health and Community Services (ie, DHS), Protective and Drug Services, and the Victorian Association of Alcohol and Drug Agencies (VAADA) states that 'treatment and participation, means a client's full involvement in a program which suits the individual's needs and does not mean monitoring an individual's drug or alcohol use only' (Department of Health and Community Services 1993, p. 13), my own experience in working with clients under a Children's Court order tells me other things. It tells me that focusing on the drug as the sole cause of the abuse or neglect can lead to an increasing and sometimes strange preoccupation with treatment and drug screens.

> While the degree of impairment cannot be determined on the basis of a positive drug test, sweeping conclusions regarding parental capacities tend to be made in both positive and negative directions by protective workers and courts. (Clark 1994, p. 106)

It is my opinion that it is more appropriate to use a holistic harm minimisation approach by encouraging access to counselling and/or support groups, provision of in-home support, telephone counselling and monitoring to enable relapse prevention strategies as well as the careful observation of the impact of parenting on the overall well-being of the child. The worker's role is to make a clear and true risk assessment whilst allowing the parent some freedom of choice in the change process.

Harm minimisation, also called harm reduction, is a social policy which prioritises the aim of decreasing the negative effects of drug use. It has become the major alternative drug policy to abstention. Priority is given to decreasing the prevalence or incidence of drug use, which would seem to be a more appropriate focus for protective workers rather than the now out-moded model of abstinence. The area of the DHS under which the Victorian Drug Strategy 1993-1998 is coordinated is Drug Services Victoria which in its strategic plan states:

> The Strategy promotes an integrated model of harm minimisation which takes into account the relationships between people, the drugs they use and the environments in which they use them' (Department of Health and Community Services 1993, p. 13).

A harm minimisation model encompasses three basic types of activities: reduction of controlled drug use; safer drug administration; or reduction of harmful consequences of drug use for the community.

> Supply control measures aim to prevent or reduce inappropriate access to drugs, primarily through regulation, legislation and law enforcement. (Department of Health & Community Services 1993)

Demand reduction measures aim to reduce the actual use of drugs, and problem prevention or risk reduction measures 'aim directly to prevent or reduce specific problems associated with drug use in a way which recognises but does not condone either illicit drug use or harmful levels of illicit drug use' (Department of Health & Community Services 1993). It is my belief there-fore that a comprehensive effort to address any particular drug-related harm will most often require elements of each of the three approaches.

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On returning to the role of the family preservation worker, at this point of intervention it would be expected that issues relating to the child's safety should be immediately addressed since much of the later preventative work cannot occur in circumstances where a child continues to remain unsafe. For example, where environmental neglect (with a substance-abusing parent) is an issue, that is, where the parents' lifestyle places a child at risk by prioritising their own needs over those of their children, by leaving children unattended whilst they use or score, or by financially disadvantaging their children through their use, our priority would be to develop a plan for addressing this issue first. There is often an assumption on the part of the family and some professionals involved that, if substance misuse ceases, then parenting difficulties will automatically cease to exist. For the parent, there is at times a strongly competing assumption, for example, that at some level, being in a

drug-induced state will help them to be effective as a parent. For this reason, it is common that, at least covertly, there will be disagreement between the family preservation and child protection workers that substance misuse has negatively impacted on parenting. Alternatively, the issue may be presented as one which has already been successfully resolved, and hence does not require professional help.

Since parents who are misusing substances, motivated by anxiety and fear at the prospect of 'losing' their child, are often very evasive in their contact with child protection workers, there will have often been difficulty in establishing a clear and accurate picture of the extent of the drug misuse and its consequences for parenting. Enter a family preservation worker who is asking for behaviourally specific goals, based on clearly documented evidence of protective concerns and the scene is set for potential confusion and conflict. An important task for the FPW in this phase is to work to establish clarity with the CPW and the family as to their role and tasks during intervention. Where there is an unspoken agenda for the involvement, the drug-using parent will often be especially sensitive to evidence of this and there is danger that a climate of suspicion will emerge.

When a CPW refers a family affected by parental substance misuse to a FPW, there is often an expectation that the goals will incorporate issues relating to both the substance misuse and parenting. A 'snapshot' of goals that family preservation workers have been asked to focus on, in working with families affected by substance misuse, provides an indication of the double edge to the issues involved, for example, 'that Susan abstain from consuming any alcohol whilst the children are in her care'; 'to develop an appropriate relapse prevention strategy for Susan'; or 'to help Susan to find alternatives to physically reprimanding the children'.

Goals which incorporate issues relating both to a reduction of drug-related harms and to parenting can often lead to the family becoming overwhelmed with what needs to be achieved within a short interventive time. A family preservation worker must therefore learn to become skilled and clear about the potential of limits (what is and is not possible) as part of their role. During this phase, it is often the case that a parent who is misusing substances will not acknowledge or recognise the links between that activity and any parenting difficulties they are experiencing. It is important therefore for the FPW to establish a climate where the parent is encouraged to take on the role of 'personal scientist' wherein they identify what is best for themselves and their family and choose their own solution with respect to these links.

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A cornerstone to successful intervention in family preservation services lies in the goal-setting process. Goals that are concrete and which enable success in attainment to be clearly visible are the most effective. However, goals from the child protection worker are often focused on abstinence from drugs and/or alcohol as the desired outcome. Parents also often perceive that this is what would be needed to avoid placement of their child and will cling tenaciously to abstinence in the hope that this will satisfy child protection workers more quickly. There is risk that a mind-set of 'all or nothing thinking' will influence the goal-setting process. Given the stakes involved, parents can often be under tremendous pressure to make promises about abstinence as a goal and then to underestimate any difficulties they may experience in attaining this.

It is often useful to work within a model that regards change as a process, where individuals begin to recognise that their drug-taking behaviour has become problematic in their lives. They then consider the need for change, rehearsing and gradually integrating new behaviours into their existing lifestyles. They should be helped by the FPW to recognise and challenge examples of 'all or nothing thinking' with respect to drug use at the outset, whilst at the same time, the FPW should clarify with parents and CPWs what would be regarded as unacceptable or inadequate care of the children involved. Goals need to be established that fit where the parent is at in the change process and that are genuinely meaningful for them. Miller and Rollnick (1991) and Jiordano (1989) have talked about the motivational potential that can be accessed when the substance-misusing client is working on goals which are meaningful to themselves.

Throughout involvement with families, it is assumed that people incorporate drug use into their lives for reasons that make sense to them at some level. It is important for the family preservation worker to try to establish what the drug use means to the person involved and then to assist that person in looking explicitly at the losses and gains involved in any process of change. It can be important to clarify losses and gains impacting on individual, interactional and ecological levels for the family. It is important that family preservation workers attempt to establish a picture of individual and family strengths in making decisions and pursuing a lifestyle where substance abuse is not a focal point.

It is also important to help family members anticipate and plan for the possibility of difficult times ahead and to frame these as very much part of a process of new learning. It is necessary to help parents recognise and act on the signs of problematic drug use as early as possible and to encourage parental involvement in making adequate plans for the care of their child in these circumstances.

In implementing the above strategies, the focus is towards harm minimisation as a change strategy. What this means in family preservation work is that a number of prevalent beliefs around this arena are challenged. It is especially

important to challenge the idea that it is impossible to do any effective work on parenting difficulties whilst a person is struggling to make choices about change in relation to drug behaviour. It is also unhelpful to expect total abstinence and 'good parenting' as goals for a parent who may have a long-standing history of substance misuse, and who is struggling to make necessary changes in that area alone.

The end result of intervention, especially for those families who come under the scrutiny of child protection services, must equate to a safe and consistent lifestyle for the children of these families. No doubt one can argue, as I have endeavoured to do, for a harm minimisation approach which takes into account the entire family functioning, as opposed to one focusing on whether or not drugs and/or alcohol are being used. However, when all is said and done, the most important outcome is whether or not the drug-affected person wishes to make the required changes to ensure the safety and welfare of his/her children and, by adopting useful approaches, actually makes them. ✪

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