

# Child protection practice with families affected by parental substance use

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*This paper reports on a study of child protection practice in a non-government child protection organisation in inner Sydney. The purpose of the study was to explore workers' perceptions of critical issues in child protection and family support work in families affected by parental substance use. The findings raise issues about prevalence of substance use issues in child protection work, the risks posed to workers in this domain of practice, and the importance of improved co-operation amongst agencies involved with these families affected by parental substance use. Future research directions for improving child protection and family support practice with families affected by parental substance use are considered.*

Over the last decade, Australian child protection practitioners and policy makers have expressed growing concern about families affected by parental substance use (Campbell, 1997). In this paper we use the term 'substance use' to refer primarily to the use of illicit substances, such as heroin or cocaine, though we also recognise that parents' heavy use of other substances, such as alcohol and cannabis, is also a concern in child protection practice. This study focuses on the perspectives of service workers in a non-government family service agency in inner Sydney involved in child protection practice with families affected by parental substance use. In this paper we will outline the key issues from the workers' perspective and consider directions for practice and research aimed at improving child protection and family support practice with these families.

## LITERATURE REVIEW

The Australian Institute of Health and Welfare (AIHW) survey of illicit drug use in Australia between 1995 and 1998 showed a trend toward increasing use of illicit substances (AIHW, 1999). This is a concern for child protection policy and practice in Australia as international evidence suggests that parental substance abuse poses a significant risk for child abuse and neglect (Brown & Saqui, cited in Tomison, 1996; Forrester, 2000; Semidei, Radel & Nolan, 2001). Black and Meyer's prospective study of children of parents affected by either heavy alcohol use or addiction to opiates found that 'nearly all suffered some level of neglect and children whose parents abused each substance suffered serious neglect' (Semidei et al., 2001, p. 110).

There is little Australian research on the impact of parental use of illicit substances and child abuse risk (Tomison, 1996). A recent study of child protection practice in Victoria found that parental substance abuse was present as an issue of concern in 33 per cent of substantiated cases of child abuse and neglect (AIHW, 2003, p. 253). This is consistent with a range of national and local studies in the USA which have found that parental substance abuse is a concern in between one-third and two-thirds of cases in the child welfare system (Semidei et al., 2001). A study by Clark (1994, in Tomison, 1996) on 75 randomly selected cases from the Protective Service Branch in Victoria showed that 41.5 per cent of families sampled had substance use

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concerns recorded as contributing to protective concerns. Tomison's (1994, cited in Tomison, 1996) research conducted in regional Victoria found that a drug problem was present in 16.7 per cent of physical abuse cases and 41.3 per cent of neglect cases (Tomison, 1996).

The substantial practice experience of one of the authors of this paper indicates that harmful use of drugs by parents increases child protection risk in a number of ways. It has been observed from this practice that parental drug use is associated with chaotic lifestyles as parents' energies are diverted to the procurement of drugs. Parental drug dependence contributes to financial difficulties as household monies are directed to drug related expenses and, in some instances, is associated with parents' involvement in criminal activities such as stealing or drug dealing to support their addiction. Risk of child abuse by others also increases as parents affected by drug use may be unable to monitor other people's behaviour toward their children.

Research on child protection practice with families affected by parental substance abuse suggests that these families are difficult to engage in a collaborative way. Parental substance abuse can contribute to unpredictable behaviour which may pose a threat to members of the affected families and to the workers providing services to them (Semidei et al, 2001). According to Littlechild (1996), 15 per cent of incidents of physical violence towards workers occurred when the client was under the influence of drugs. The situations in which staff are most likely to be at risk are those where clients perceive them to be challenging their parenting role or behaviour, as can be the case in child protection work. In addition, the private nature of much family support and child protection work – for instance much of this work is carried out in the client's home – can increase workers' exposure to risk (Littlechild, 1996).

The author's practice experiences again suggest that harmful use of drug and alcohol can elevate risks to both family members and workers, especially when it is combined with other issues, such as mental health problems. In these instances, drug and alcohol use contributes to risk by reducing the service user's impulse control. Risk to workers is also elevated when parental drug use is associated with criminal activity and the possibility of weapons in the client's home.

Furthermore, research points to poor collaboration across agencies working with these families, particularly between child protection agencies and drug and alcohol clinics (Semidei et al., 2001). Tensions are especially evident when different services have conflicting views about who the primary client is, and the primary purpose of service delivery.

## METHODOLOGY

In this pilot study, we interviewed five caseworkers, all of whom were women working in a direct service role in a child protection service operated by The Benevolent Society in the Waterloo and Redfern areas of inner Sydney. According to a recent parliamentary inquiry, the Redfern and Waterloo communities are amongst the most disadvantaged in New South Wales and are characterised by 'low employment, high drug and alcohol misuse, and poor health' (Standing Committee on Social Issues, 2004). While our pilot project does not focus on practice in culturally and linguistically diverse communities, it is also important to note that these communities are culturally diverse and include a large Indigenous population.

The formal qualifications of the respondents varied and included two social workers, two psychologists, and one mothercraft nurse. Their length of service at the agency ranged from four months to 17 years, with an average of 5 years of service. Most of the workers had previously worked at other similar agencies and had therefore had other relevant experiences outside of their current employing agency.

Each respondent participated in a semi-structured interview. The interview schedule was constructed in collaboration with the manager of the service and we used case vignettes and open ended questions to cover the key topics including:

- the workers' experiences of working with families affected by parental drug use;
- their perceptions of risk to children posed by parental drug use and how they assessed risk;
- their experiences of working with other community service agencies also working with families affected by parental drug use;
- the workers' perceptions of the risks to which they were exposed, as well as how they were affected by working with families in which there was parental drug use.

Interviews were conducted individually, and the interviewer recorded and transcribed the interviews. The interviews ranged from 35 minutes to an hour. A thematic analysis was conducted on the data. In this instance the themes were partially determined beforehand by using specific questions as a guide when conducting the interviews. The research was of an exploratory nature and was intended to provide a basis for further research in the field. We acknowledge that due to the small sample size and sampling process, our findings cannot be generalised beyond this sample.

## RESULTS

The key themes arising from our analysis of the data included: firstly, workers' perceptions of the prevalence of parental drug use in their current caseloads; secondly, the

effects on them of direct service delivery with families affected by parental drug use; and thirdly, issues related to collaboration with other agencies. We turn now to a discussion of these themes.

### PERCEPTIONS OF PREVALENCE

The respondents stated that almost all the parents with whom they were currently working had a history of illicit substance abuse and they estimated that the vast majority, variously estimated at 80% to 90%, continued to use illicit substances. The respondents reported that the parents with whom they worked used a range of illicit substances, especially heroin, alcohol and pills (barbiturates and tranquilisers). These drugs are often used in conjunction with methadone, which is a synthetic form of heroin used as part of a harm minimisation treatment plan for heroin users. One worker stated:

I would say, at least 90 per cent of clients I've worked with have drug use issues, whether it be present or in the past, so the far majority of clients that I've worked with.

These respondents were exposed to a higher rate of drug use amongst their client population than is typical in child protection practice (see Tomison, 1996; Forrester, 2000; Semidei et al., 2001). The higher rate found in this study can be attributed to the specific location of the service (Redfern/Waterloo) and the population it serves in inner Sydney which has been found to have high levels of harmful use of drugs and alcohol (Standing Committee on Social Issues, 2004). The respondents' constant exposure to this issue makes them well qualified to comment on issues of parental drug use in child protection practice.

Respondents reported that they received training in substance use and its impact on parenting capacity, in addition to other child protection training. They regarded this information as essential knowledge for child protection practitioners. Consistent with international research (Littlechild, 1996; Semidei et al., 2000) respondents emphasised the unpredictability of the clients' behaviour as a key feature of work with families affected by parental drug use. As one respondent commented:

I guess that you just have to be prepared for everything, you can never be 100% sure. Which makes it really difficult to work with.

Unpredictability of parental behaviour can hinder workers' capacity to work collaboratively in a planned and focused way with service users. This is significant given the growing policy and practice emphasis on family participation in case planning (Healy, 1998).

### EFFECTS ON THE WORKER

The interviewees identified three main effects of this area of work upon them:

- the emotional effects;
- the physical effects; and
- concerns about worker safety.

#### The emotional effects

The research interviewees identified that they were emotionally affected by witnessing the negative impact on children arising from their parents' use of illicit substances. As one worker stated:

You can't have, you know, this huge emotional reaction to every single family you work with because you couldn't be an effective worker but it has an impact somewhere and I think one of the [issues] is acknowledging that this kind of work does have a huge impact on you emotionally in terms of what you see and what you feel in terms of what happens with these children.

Some interviewees identified the need to protect themselves from the emotional impact of the work. They felt it was crucial for their agency to provide opportunities for them to process their feelings and responses to the situations they encountered in practice with families affected by parental drug use. Respondents had access to weekly clinical supervision and they viewed this as vital for managing the emotional impact of the work upon them.

#### Perceptions of physical danger

The respondents perceived that they potentially faced significant physical dangers in this practice domain. All respondents observed that violence is often an issue in families affected by drug use. Furthermore, the 'private' nature of the work, which often involved home visits and working with service users on emotionally confronting issues, such as the impact of their substance use on their children, also contributed to the risk of physical violence. One of the respondents observed:

I think it is a very real risk towards worker safety. A lot of our clients are involved in violent relationships and we are going into their house every day [and appear to be] telling them that they are not looking after their kids properly, so if they don't do what we say, the kids could be removed, so there is a lot of anger towards us anyway, so I think that puts us at real risk.

The respondents also observed that parents' emotional responses to the involvement of child protection agencies, especially their sense of frustration, also increased the risk of danger to them. One respondent relayed a personal experience of this kind:

... when dad was told the child was going to be removed, you know, we had to lock ourselves in the office in DoCS [Department of Community Services] while he just trashed the place, punched holes in walls and kicked holes in walls and you know we were hiding under the table. So, you know, we are

dealing with violence, people who sometimes have nothing left to lose, so I think that puts us at a lot of risk.

The workers' perceptions of physical risk were consistent with Littlechild's (1996) observation that child protection workers working with parents affected by substance abuse face significant risk of violence. Littlechild (1996) asserts that physical violence is more likely if the parents are substance abusers whose behaviour is unpredictable and whose use of substance impairs their awareness of their actions.

### Worker safety strategies

All the respondents highlighted the importance of safety policies for managing the risks of physical violence they faced. The program manager constantly assessed worker safety issues and a number of strategies were implemented to reduce workers' vulnerability to physical assault. These strategies included:

- carrying a mobile phone;
- visiting service users in pairs if they had assessed the situation as posing a risk of physical or verbal violence;
- informing colleagues of one's location when doing home visits;
- seeing clients at the service office if the risks were too high in the client's home;
- compliance with safety codes whereby the Police are alerted to a worker in physical danger; and
- strict compliance with occupational health and safety policies relating to the management of aggressive clients and home visiting procedures.

The safety strategies were a routine aspect of the daily work of service providers in the agency, as the following comments from one of the respondents illustrates:

... every worker has a mobile phone to every visit which is turned on. There are very strict policies around home visiting: the worker's mobile phones; that everyone knows where they're going; that we have a clear policy in terms of that they are feeling unsafe or the client is angry; that we do a lot of work around that, [for example] what do you say, what do you do... [we have a] safety code thing if the worker is in trouble and they make a phone call with a certain message which means that if anybody here gets that [code], to call the police.

All respondents were satisfied with the safety policies in their office and found that these helped them manage the risks they faced. While safety policies were important in many areas of practice, in work with parents whose drug use is associated with an increased risk of danger, these policies are vital. In this domain of practice, the workers' capacity to assess risk to themselves, to minimise client aggression, and to access adequate agency support, are central to effective

engagement, assessment, and intervention practices. Leaders in child protection agencies have an important role to play in assessing the risks faced by service providers and implementing procedures that address these risks (Littlechild, 1996).

### COLLABORATION WITH OTHER AGENCIES

Respondents emphasised that poor communication amongst social service agencies working with families affected by parental use of substances is a significant barrier to effective child protection practice. One area of concern related to the initial referral from the statutory child protection authority. The respondents observed that the information provided was too scant or inaccurate to guide their initial engagement with the family. As one respondent observed:

...so for example that we have been told the drug use is not current ... and we actually start working with the family and we find that it is very current and is pretty much of concern. So, there is a real gap in what we are given at referral.

Despite these difficulties at the referral point, all respondents agreed that the general working relationship with the Department of Community Services was positive; they attributed this to their common primary focus on the well being of children.

By contrast, all respondents identified significant problems in communication with non-child protection agencies that were also involved with the service user families. These other agencies included: mental health services; drug and alcohol services; and methadone clinics. We asked respondents to rate their relationships with other agencies on a scale of 1 to 5, with 1 being very poor and 5 indicating an excellent working relationship. The workers all rated the mental health services and drug and alcohol services with 1-2, or very poor. On average, methadone clinics were rated at 2, which is poor. The Department of Community Services received high ratings of between 4 and 5, as did preschools and other child focused agencies. One respondent explained the difficulties child protection agencies faced in working with other services thus:

their clients are the adults, very often they're not child focused and there is a lot of hostility when we are asking questions from them and there are a lot of sort of defensiveness, like you don't get the information.

Respondents to this study experienced poor relationships with a range of human service agencies and this hindered their capacity to work collaboratively with them and to provide quality services to clients, particularly children. Because of poor information flow between social service agencies, the workers were unable to assess the level, or effects, of drug use by parents, and this hindered their ability to assess risk to children. The key reasons for these poor relationships appeared to be: conflict over who is the primary client; concern about violation of confidentiality

protocols; and a lack of child safety focus in agencies who primarily engaged with other family members. Further research is needed to establish if this pattern of poor communication between child protection and other service agencies is prevalent across the community services sector and, if so, how this might be overcome.

## IMPLICATIONS

This study confirms the overlap between child protection work and parental drug use, while prior research confirms that parental illicit drug use increases the risk of child abuse and neglect. For this reason, social service providers, particularly those working in child protection or drug and alcohol services, must be aware of the impact of drug use on child abuse risk. One way of increasing this awareness is for workers in these agencies to receive opportunities to develop knowledge and skill in these areas of practice. Joint training sessions across child protection and other service agencies focusing on these issues may help to overcome some of the communication difficulties identified by respondents in our study.

Secondly, further research is required to establish whether the lack of collaboration between service provider agencies involved with families affected by parental drug use is common across the sector as suggested by our study and previous research on the topic (see Semidei et al., 2001). The lack of effective communication appeared to impede respondents' capacity to accurately assess child protection risk and to work in a holistic way with the range of issues facing service users. Urgent attention is required by service provider agencies in both child protection and drug and alcohol treatment services to improve cross-agency collaboration. In addition to joint training sessions, shared initiatives such as interagency research projects, and policy and protocol development may help to increase cross-agency understanding of child focused practice with families affected by parental drug use.

Thirdly, this study highlights the importance of agency support for service workers in this demanding area of community service delivery. Professional supervision can help workers to deal with the demands of work that is often emotionally charged, personally distressing and physically risky. Previous research on child and family services indicates that clinical supervision is frequently unavailable, in part because agencies do not have the financial means to provide supervision and also because clinical supervision is seen as lower priority than other demands on agency resources (see Healy and Meagher, 2001). It is important that funding bodies and service agencies recognise the importance of clinical supervision to promoting quality practice in complex child protection matters, such as practice with families affected by parental substance abuse. Clear workplace safety policies, as were present in the agency in which our study was conducted, help workers to manage the

risks they face in this practice domain. Again, as the numbers of families affected by parental substance abuse continues to grow, it is vital that child and family service agencies recognise that worker safety policies are critical to effective and safe family support practice.

## CONCLUSION

Families affected by parental drug use pose specific challenges for child protection practice. Some of these challenges are linked to the parents' use of substances, insofar as this can limit their capacity to engage with workers in collaborative decision-making, accurate assessment of risk, and planned interventions. Significant challenges are posed by the contexts of practice, particularly where there is poor communication and hostility between social service agencies and lack of a common child safety focus. The research on drug use in Australia suggests a growing use of illicit substances, and workers in the child protection field can expect the issue of parental use of illicit substances to continue to be a significant practice concern. Urgent attention is required to the specific challenges associated with the delivery of effective and quality services to children and families affected by this issue. □

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