

**House of Representatives Inquiry into the Impact of Illicit Drug Use on rammes**

**Submission to House Standing Committee on Family and Human Services**

We are writing this submission on behalf of Marymead Child and Family Centre in the ACT. Marymead has been supporting and working with families for many years where there has been an impact of illicit drug use. It is with this experience in mind that Marymead wishes to present this submission to the House Standing Committee on Family and Human Services.

As you can see, many of the client groups affected by drugs are also affected by alcohol and tobacco. The restriction of the Terms of Reference to illicit drugs only is unfortunate as it gives only a partial picture of the issues involved. The reality for many families involved in illicit drug use is that they are often also involved in legal drug use including alcohol and tobacco. We ask that you record this comment as having critical importance in your deliberations.

**Marymead Child and Family Centre**

Marymead Child and Family Centre is a local community-based child and family service comprising of many programs which aim to preserve and support families, as well as care for children and young people who cannot be at home. Marymead has been strengthening families and caring for children in Canberra since 1967, serving Canberra through the community's support.

We exist to strengthen and support families, and increase life chances and choices for children and young people who have experienced the trauma of family violence, child abuse and neglect, and substance abuse.

Marymead uses a variety of means to support and strengthen families. These include home-visiting support services, counselling services, group education for parents, a support network for grandparents raising grandchildren, residential programs for high needs and disabled young people, fostercare, as well as services which aim to reduce conflict between separated parents in the interests of their children.

The following submission is derived from the work of four specific programs at Marymead. These programs are the High Support Program, Fostercare program, Family Skills, specifically the Grandparents Raising Grandchildren Support network, and Families Together. Each of these programs offers a different service to families and so can offer a different view of the issues and struggles families face when they are also impacted by illicit drug abuse.

Much of the following is anecdotal, gathered from our collective experience in providing the above services to families and children in the ACT. Most of these families have contact and/or involvement with the ACT Child Protection authority, the Office of Child Youth and Family Services. The child protection issues are usually related to the illicit drug use by parents. The submission details some examples of family situations about which Marymead staff have had intimate knowledge. These case examples do not contain any identifying information to protect the families and children concerned.

**The impacts of illicit drug use on these families is multiple and complex. The interrelationship between the factors outlined in the Terms of Reference cannot be overstated.**

### **Marymead High Support Program**

#### *Description of program:*

High support provides assistance by caring for children for long periods allowing parents time for recovery and healing. This can be a long-term option for children in this situation. The care provided in High Support has a therapeutic function to supporting children with the impacts they have suffered having been parented by a drug user.

#### *Perspective on the impact of illicit drug use on families:*

Illicit drug use in the family home have deleterious consequences to the children and young people's emotional, physical and psychological development and wellbeing. It has been our experience that when parents have addressed their illicit drug use, they become more aware of their children's issues and is unable to deal with the challenging behaviours their children present with. The High Support Program works very closely with the children and young people and their families to assess their needs and look at ways to address them.

#### Case Study

This is a brief description of a client that was with the High Support Program sometime last year. Names and details have been changed to protect the anonymity of this family:

Brent was a 10 year old boy who came to the High Support Program, following many failed Foster Care Placements. Brent was very violent and aggressive; he had difficulties negotiating social relationships and therefore was very isolated, not being able to make or retain friends. When stressed or angry, Brent would go into a rage very quickly, and it was very difficult to reason with him at those times. At night time, he feared being left alone, and of falling asleep, just in case someone came in his room to attack him.

Brent was removed from his mother's care following several substantiated notifications from his school and neighbours to the child protection authority. His mother, Flora, was in an abusive relationship. Flora said she had been drinking and smoking drugs since she was a teenager. Most relationships were formed with partners who also used illicit drugs. Flora said she always sought comfort in drinking and smoking drugs when things got too hard in life. Flora said that her drug and alcohol habit prevented her from seeing and understanding the problems Brent was developing and that she was not there for him emotionally and well as physically. Flora said that Brent became more and more independent, often wagging school and staying out late at night. When confronted with something he had done (eg. an act of violence) he would deny knowing anything about it; his step father would become quite irate and hit Brent or give him severe consequences, like selling his bicycle. Flora said she would protect Brent by not telling her partner anything Brent did. Brent would get annoyed at his mother for constantly drinking and smoking drugs and

would try to take care of her. He soon took charge of household matters and often prepared meals. Brent would also try to protect his mother from the domestic violence, often becoming involved in physical altercations. Flora said that Brent started to take control of the situation, always wanting to know and control where she was and what she could and could not do. Brent started skipping school more frequently because he said he needed to keep an eye on his mother as she was drinking and smoking too much and just in case his step-father came home early.

Brent agreed to speak to Care and Protection about the concerns at home, hoping that they would remove the step-father from the home. Brent wanted his step-father to go away and believed that mum would get better if there was going to be only him at home to be in charge of things. Brent was removed from the home as Care and Protection assessed Flora incapable of looking after Brent and addressing his needs. By this time Brent was assaulting people both at school and around his neighbourhood. When placed with foster carers he would refuse to accept their care and guidance; he would frequently abscond, destroy property and get into fights with other children in the house. Brent was greatly distressed at being away from his mother, because in his words "he needed to keep an eye on her"; whilst at the same time he resented her for not being there for him and not being able to take care of the family. Brent resented being placed anywhere where there were rules and boundaries as he believed he could take care of himself. Brent did not believe he had any problems with violence and aggression; he also believed that he did not have difficulties in managing social relationships: it was everyone else who did not know how to behave. Flora started addressing her drug and alcohol addiction soon after Brent was placed in the High Support Program.

### **Marymead Fostercare Program**

#### *Description of program:*

The Marymead Foster Care program manages 75 carers and over 100 children and young people whose ages range from young babies to 18 years. The program offers respite care, short term/emergency care and long term care.

Respite Care offers planned weekend care (usually one weekend a month) to families who are having difficulties and can benefit from having a break from the constant care of their children. These families can be socially isolated and have no help in caring for children and may be involved in other Marymead programs such as Family Support or Family Skills programs.

Short term/emergency care can range in duration from overnight to a few weeks and sometimes up to six months. Short term care can be planned. Children are referred because of a crisis causing them to be removed from their usual place of residence. Most of these referrals are made by the OCYFS and little notice can be given to carers at any time of the day or night. Children referred have often experienced social or emotional problems or display behavioural difficulties due to the trauma of the crisis from past abuse or neglect.

Long term foster care varies from several months to many years and Orders from the Childrens Court might be given until the child is 18 years old.

The Program has a team of caseworkers who support carers and children and their families.

*Perspective on the impact of illicit drug use on families:*

Many of the children who come into the Foster Care Program (short term or long term) are children of parents affected by illicit drug use sometimes leading to severe mental health issues. This not only has led to children living out of home with foster carers but has implications in the stability of the placement due to the erratic use of drugs or unpredictable behaviour of the parents. Sometimes these children experience quality contact time with their parents and other times the parents might not turn up at all when using. Drug use too can lead to violence and neglect where children are forced to live in out of home care. A number of children come from parents who suffer from excessive alcohol use.

There is an increase in young babies coming into care due to parents affected by drugs use.

**Marymead Family Skills Program**

**Grandparents Raising Grandchildren Support Network**

*Description of program:*

GrandParents ACT and Region is a partnership project of Marymead Child and Family Centre, Canberra Mothercraft Society and Relationships Australia Canberra and Region.

This partnership was formed in June 2003 as a result of the three organisations becoming increasingly aware of the needs of Grandparents raising grandchildren and their inadequacies as individual organisations to meet the needs of these families. A strategic partnership was formed and a project officer was employed to run support groups and to provide individual support, referral, and advocacy for grandparents raising or playing a significant role in raising their grandchildren.

Almost 50% of out-of-home care placements in the ACT at present are with kin carers and the number is growing. Grandparents raising grandchildren are included in this group.

Support and information sessions are held at Marymead Child and Family Centre every month with guest speakers providing information and answer questions on topics the group has identified as being of special interest. Lunch is provided and there is no cost to attend. The program also offers individual support for grandparents such as counselling and assistance in emergency situations (assessed on each individual set of circumstances). All grandparents receive the monthly newsletter, Grandview.

This client group faces numerous challenges including social isolation, financial hardship, health issues, and grief and loss issues over their own children and the reasons why they can no longer be a parent, and the effects of traumatic circumstances on their grandchildren.

Until mid-2006, funding for the network has been provided by the Government. Marymead Child and Family Centre are currently funding this program.

*Perspective on the impact of illicit drug use on families:*

The impacts of illicit drug and alcohol use on these families is multiple and complex. Grandparents raising grandchildren would not be in this parenting role in approximately 80% of cases if their children were not drug and alcohol affected to the point of being unable to care for their children. This group of parents consist of those who have died from drugs and alcohol, those who are permanently cognitively, physically and emotionally affected by the use of drugs such as Ice (in some instances so extremely affected they will never be able to adequately care for their own children), and those who are current users of drugs and alcohol.

**Financial factors:**

- Families are severely financially disadvantaged as many grandparents have adjusted budgets for retirement (some are fixed income pensions) or are leading up to retirement and existing on a fixed income. This simply does not allow for the costs of raising one or more children.
- Some grandparents are dependent on charities for food and clothing
- Grandchildren's health, education and social opportunities are severely restricted due to cost of medical and dental work, school activities and excursions and other activities in the community for children their age.
- Caring arrangements are not always formalised, so there is often not financial assistance from the government or other areas that can be utilised.
- Many grandparents have significant health issues due to age that are expensive to treat. This is in addition to the costs of child-raising on a fixed income.
- Grandparents may be financially assisting their own children who may be in rehabilitation or other drug and alcohol programs. These grandparents may also bearing costs for their children such as food where they are still drug and/or alcohol-affected and not caring for themselves.
- Grandparents raising grandchildren may have to bear the huge legal costs if they need to go through the court system to contest custody. I know of several cases where this has eroded all financial savings for retirement and put the grandparents into substantial debt. This is a serious problem when they are coming to the end of their working life or in fact have retired and so do not have the ability to repay large debt.

**Social factors:**

- Grandparents suffer severe social isolation due to both the time and energy taken to raise grandchildren at their age and also the financial burdens which reduce activities they may have formerly enjoyed as the cost is now prohibitive.

- Some grandparents feel they are judged by friends, neighbours and the community generally as 'not being a good parent' as their children are now severely drug and alcohol affected.
- Grandparents have huge grief and loss issues around the circumstances of their own children while at the same time trying to assist the grandchildren to process *their* own trauma, loss and grief.
- The circumstances the grandchildren may have encountered will often result in emotional trauma and behavioural difficulties in school as well as social difficulties outside school, which the grandparents need to assist with.
- Grandchildren cared for by grandparents often feel different from their friends, for example, they may be embarrassed about being picked up from school or having friends over as they would then have to explain to their friends why their parents aren't caring for them.
- The stress levels placed on grandparents raising grandchildren as a result of financial responsibility for their grandchildren, attending to their grandchildren's emotional, physical and mental well-being and dealing with authorities and organisations affected (e.g. unacceptable behaviour at school) is ENORMOUS. This is a health problem in itself, but also exacerbates other existing health problems for grandparents. A decline in the grandparents' general health and well-being levels is often a consequence of this new caring role. The adverse effects on health and wellbeing of caring is well documented. Depression is also common from our experience.
- Sometimes children experience Attachment Disorders, (where the attachment of a child to a primary caregiver is disrupted or damaged leading to developmental and other distortions in the child).
- Children may experience poor self-esteem leading to anxiety, depression and other mental illness
- School attendance may be poor with academic delays/disruptions
- Increased involvement with statutory authorities if the caring arrangement is formalised through the courts.
- Missed social opportunities for all in the family. The cost of activities such as sports or music lessons for our own children is outside the budgets of most grandparents raising grandchildren.

**Personal factors:**

- Poverty and the on-flowing effects at all levels e.g. poor diet & healthcare
- The emotional development of grandchildren and adults may suffer enormously
- Physical care issues may be left untreated due to the cost of the treatment. Orthodontic work for children is a health care issue that comes up a lot for children. The cost of braces for one child is currently around \$13,000.
- With limited money, time and energy grandparents will often put the needs of their grandchildren before their own. This can have a severe effect on their physical, mental and emotional health.
- Poor diet
- Lack of sleep/erratic sleep patterns is a common health problem
- Greater susceptibility to the experience of loneliness and depression, which is further, heightened when there is only one grandparent in the caring role who does not share the burdens with a partner.

- The grandchildren may have low self-esteem, their self-identity still being linked to their drug and alcohol affected parents.
- Living daily with generalised levels of stress

*The effects of both illicit and legal drug use* on families are multi-layered and can continue for a very long time beyond the actual drug use. The grandparents raising grandchildren families are the perfect example of the long-term effects of drug and alcohol abuse by a family member. It is also an example that family members at all stages of life can be called upon to deal with the consequences of drug and alcohol abuse by a family member.

### **Marymead Families Together Program:**

#### Description of program:

Families Together is a home visiting program which provides support, education and counselling to families regarding relationships, parenting, and domestic organization. Many of the families are struggling with child protection issues, domestic violence, legal and illegal substance abuse and mental illness, and financial problems.

Much of our work involves developing solid working relationships with families to provide a catalyst for achieving agreed upon goals with the family. The program comprises an intensive component of service where specific change is required to prevent children from being removed from their parents' care, as well as a more long term component for supporting families in need.

The client population of Families Together almost entirely comprises of families where there are child protection concerns but where the children are still living with their parents. The program is funded by the ACT Government Office of Children Youth and Family Services.

#### Perspective on the impact of Illicit Drug use on families

The existence of child abuse and/or neglect within a family reflects a lack of parenting capacity usually caused by a range of major stressors. In our program, one of these major stressors is the impact of drug and alcohol abuse, including illicit drug use. Other major stressors include poverty, mental illness, social alienation or marginalization and domestic violence. In the ACT, poverty is often exacerbated by the housing affordability crisis which currently exists here.

Many of the families who are suffering from the impact of illicit drug use are also experiencing the effects of these other stressors at the same time.

The following case study highlights the complex issues these families are struggling with. It is also hoped the case study highlights how important it is for policy implementation to respond to the complexity and interrelatedness of the various stressors on family situations. It is argued that governments and the community generally must find ways of working in a more integrated holistic way with this population group. Often these families are involved in many services at the same time. The demands being placed on the family by one service might not be compatible with the expectations being placed on them by another service. Much of the juggling

and /or coordination required by families to manage these demands is hampered by the effects of their drug use, for example, missing appointments because they are 'wiped out'.

### Case Study

Ms. P is a 32 year old mother of an 11 year old. Ms. P has a long history of illicit drug use which started when she was thirteen years old. In our time of working with her, Ms. P openly acknowledged that she wanted to leave this drug use and the lifestyle behind as her feels considerable remorse and regret about her lack of parenting of her son. Ms. P recalled many times when her son had to look after himself for long periods since he was about the age of five and starting school. She said that for example, he had to get himself up for school, make his own breakfast and find clean clothes. She reflected how physically and emotionally unavailable she was to her son. Whilst he was liked at school and was regarded as 'funny' by peers he was unable to sustain any relationships and struggled academically partly because he missed so much school time. Teachers had trouble getting him to stay on task. When he didn't want to do something asked of him by the teachers, his behaviour escalated to the point where he was throwing chairs and engaging in other threatening behaviour. Her son is likely to have been very lonely through this time. His mother says her main parenting strategy was to bribe her son to get him to do things she wanted. As the years went on the bribes became bigger and bigger.

The context for this relationship is that Ms. P has always had many stressors impacting on her. Although she had attempted rehabilitation programs a few times before this was only really successful as recently as last year. She participated in a residential rehabilitation program for about a month but didn't complete it due to an unresolved conflict with another resident.

Since that time Ms.P and her son have engaged with school based counselling support and Families Together, having been directed by the statutory child protection authority to improve her parenting of her son and provide greater stability for him. At this time, Ms. P was reticent to engage with these services for fear her parenting would be heavily criticized. From our observation this fear also fed her feelings of guilt and regret.

In addition to these issues, she was still drug dealing to supplement her Centrelink payments. As a consequence she was constantly feeling anxious about her activities being discovered by statutory agencies including being subject to police raids which has occurred on a number of occasions.

She was also extremely socially isolated from her own family. Ms. P said she had other associates through illegal drug activity whom she didn't regard as supportive. A regular theme of her reflections is the perception that she could no trust any of these people. This in turn adversely impacted on her capacity to trust others who might be supportive.

Anyone who had tried to help her in the past saw the drugs as the main issue of concern. Her repeated failure to manage her drug use only further helped to alienate from potential support. Her sense of helplessness became greater with each failure.

Despite these challenges which are still ongoing, Ms. P has managed to achieve the following over the last 18 months: - a greatly improved relationship with her son, a



regaining of self-determination, the fostering of inner strengths to better support her son as he comes to grips with the changes in their situation. She discovered this inner strength when she realized the magnitude of the damage she had caused her son through the drug lifestyle in conjunction with a realization of how much her son loved her and wanted to be with her. Ms. P also realized at around this time that her inability to adequately parent had probably come from her own childhood experience of being abused by her own parents. Through these discoveries Ms. P was able to develop a more realistic appreciation of what is involved in being a parent.

Over the last twelve months Ms. P has developed a relationship with a man who is now her defacto partner. This was a turning pint for her also it seems. They now have a child. While this has perhaps added extra pressures, on the other hand, Ms. P and her son appear to be enjoying this new family situation. Her son's behavioural issues at school have significantly improved.

From our observations the pressure being placed ion her by family and services to quit using and remove herself from dealing was so great that she felt she need the drugs to help her handle the pressure. For her and for many who have lived this lifestyle for many years there is huge fear of the unknown which has to be overcome. That is, a lack of knowing how to live in a day-to-day-basis without the use of drugs; of being able to negotiate all the tasks of normal daily life, such paying bills, organizing food foe the family, cooking, cleaning, talking with the school, attending meetings and appointments, being punctual, let alone gaining employment.

Perspective on the impact of illicit drug use on families:

**Financial factors:**

Heavily dependent on charities for food and clothing  
Erratic spending behaviour leading to shortages/deprivation esp. children  
Bankruptcy  
Erratic compliance with Centrelink leading to spasmodic or interrupted payments  
Lack of financial capacity can lead to:  
increased social isolation (examples school trips, extra-curricular activities, transport, housing, medical and other appointments, joining social activities, eg birthday parties),  
Starvation and malnutrition,  
Disorganization in the household, eg. missing appointments, lack of quality parent-child time/interaction, lack of household hygiene

**Social factors:**

Isolation from peers, services, local community, neighbourhoods  
Rejection and abuse from neighbourhood and others  
Breakdown in relationships with anyone inc. children  
Delayed development  
Missed opportunities for all in the family  
Attachment disorders  
Anxiety, depression and psychosis in children and adults  
Lower self-esteems  
Poor school attendance – academic delays/disruptions

Minimal opportunity for children to learn acceptable social behaviour/ values etc  
Increased likelihood of unemployment  
Increased likelihood of violence and physical abuse within family  
Higher risk of criminal involvement  
Increased involvement with statutory authorities  
Increased involvement with underworld, similar sub-cultures  
Increased delinquent behaviour with young people

**Personal factors:**

Emotional development of children and adults suffers enormously/mood disorders  
Poor self- worth  
Poor physical health  
Poor compliance with medical treatment  
Poor self-care for parents and children  
Poor diet  
Poverty  
Lack of sleep/erratic sleep patterns  
Lack of structure in daily life e.g. routines  
Loneliness  
Mental illness  
Children have no sense of future direction or that they can make a difference  
Children often the carers and thereby sacrificing their own development and needs

The effects on families of having been illicit drug using are multi-layered and can continue for a very long time beyond the actual drug use. For example, families often live daily with being labelled a 'druggy' family by the neighbourhood; children are often subject to teasing and bullying from other children at school because they come from a 'junkie' family. Each time something 'goes wrong' the effects for these families are magnified. These families are very sensitive to setbacks and to real or perceived criticism; they very much want to prove that they are 'reformed'.

**WAYS TO STRENGTHEN FAMILIES**

Families who are struggling with their drug abuse and/or trying to recover from drug abuse require much support on a number of fronts.

Whilst resources are needed in acute phases of drug withdrawal, the family and children require ongoing support and interventions of various types over a long and sustained period.

It is this long period, often lasting years following rehabilitation, which is the challenge for both families and services as they are currently structured. Services often have to withdraw too early to comply with contractual requirements.

Families are very vulnerable to returning to former patterns of behaviour when they are coping with challenges such as:-

- learning new ways of relating to other people, their children;
- trying to become financially independent;
- coping with the stigma of having been a 'druggy' or 'junkie';
- mending their relationships with their children
- Trying to repair any developmental problems children may have suffered during the drug abuse period.
- Attempting to integrate socially in the wider community

Systems better able to distinguish between those wanting to make change as opposed to those who repeatedly indicate they don't think their drug habit is a problem impacts on children.

Support services also endeavour to enable the family to develop alternative and more appropriate ways to build and repair relationships with their children, and to re-establish a safe and nurturing family environment.

### **THE WAY FORWARD**

- **That supporting these families is a community responsibility and that they need long-term support to maintain high quality care of children in their care.**
- Acknowledging that the abuse of legal and illegal drugs are often co-existing (dual diagnosis is the norm now for many drug and alcohol rehabilitation facility clients). Effective strategies will need to address both areas as you cannot treat "Illicit drugs" as a separate issue when it is linked to the abuse of legal drugs.
- Beginning preventative work with children earlier e.g. 12 -13 year olds before they get into the "binge drinking" culture. An estimated 230,000 children under the age of 15 years are involved in binge drinking and research evidence establishes the link between alcohol and illicit drug abuse.
- Supporting the family affected by a member's drug and alcohol abuse in their own right. The family should not be regarded as an agent to "fix" the drug and alcohol problems for the individual but as a group severely affected by it that need support.
- Expanding the definition of 'family' to include friends. Biological family may not be present or may be estranged and friends may be filling the role of family members in providing support. This is particularly true of younger people.
- Financially support networks for groups highly affected by drug and alcohol usage that are extremely vulnerable. Grandparents Raising Grandchildren are one such group. Financial support from government should come from across a number of sectors i.e. not only Community Services but Health and Education. Five initiatives that would support all families including grandparents raising grandchildren are:
  1. Free counselling for children
  2. Further funding for initiatives like "Counting the Kids" Brokerage Fund at Odyssey House, Victoria which provides financial grants to assist children with parents affected by drugs and alcohol to access opportunities they would otherwise miss out on.
  3. Financial support from Government for self-help and support programs like the Grandparents Support Network funded by Marymead Child and Family Centre in the ACT (see [www.grandparents.org.au](http://www.grandparents.org.au)).
  4. Respite provision for families
  5. Funded activities for families including grandparents raising grandchildren to reduce social isolation (through a support network as the hub providing a full range of family support services)
  6. Working with clients with drug and alcohol issues is a specialized area and the approach of the worker will determine whether the client can

be engaged to utilise the service. Useful options would be whether to provide training for existing family support workers in drug and alcohol practice and/or establishing built-in positions in family support and service networks

7. Finally, greater integration and coordination of services from health, education and family support is critical in order to provide more holistic responses to families.

Marymead Child and Family Centre

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