

Submission to the Standing Committee on Family and Human Services

Inquiry into the Impact of Illicit Drug use on Families

Wanslea Family Services
Perth, Western Australia
March 2007

Submission No: 97

Supp to Sub:

AUTHORISED: **KS**

9/5/07

The Impact of Illicit Drug Use on Families

Background

Wanslea Family Services, a non-government, not-for-profit agency, provides a range of services to children and their families in Western Australia. Families, where parents are currently misusing substances or have a history of illicit substance use, participate in a number of the agency's services. Much of the work is around the preservation of families rather than children being placed in alternative care, where the safety and wellbeing of children are in question, or to enhance the functioning of families.

Keeping Families Together

Families referred by the statutory agency for intensive, in-home work to provide for the safety and wellbeing of their children and prevent them from being placed in alternative care.

Creating Stronger Families

A programme aimed at enhancing family functioning and delivering intensive, in-home support. The objectives are for families to develop knowledge, skills and abilities to provide safe, nurturing care for their children.

REACH

Work to strengthen families with vulnerable children at key transition points in their lives.

Grandcare

Support, referral information and advocacy for grandparents who have the full time care of their grandchildren.

Emergency Foster Care/Spectrum (specialised foster care)

Out-of-home placements with foster carers for children who are unable to remain safely with their families.

In the work done with families where there is illicit drug use, Wanslea is mindful of the need not to sanction or further marginalise families who experience both the stigma of a history of drug usage and the fear that their children might be removed from their care. Usually they are connected with the child protection system, with the demands and terrors that system holds for them.

Wanslea's services to substance misusing parents are delivered in the home by a community-based worker and social worker. The practice is strengths-based and holistic, working collaboratively with the family and other key people and agencies. Agency staff members are in privileged positions, being service providers who gain access to families' homes and families' lives.

This submission is based on the acute observations and the broad experience of agency workers who engage hopefully and collaboratively with all families. Families where there is illicit substance use or a history of such misuse, usually participate in Wanslea's services because they want something different and better for their families. Sometimes they are less willing participants who connect with these services at the direction of the statutory agency.

The financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders.

Wanslea has just commenced work with a family whose circumstances powerfully illustrate the profound social and personal impact of illicit drug use.

A young couple in their early 20s has just delivered their third child. He was born with neonatal abstinence syndrome and is being treated with morphine. Both his mother and father are on the methadone program. His mother grew up as a Ward of the State and a child in care. She presents well, keeps house acceptably, but is unsure of her capacity to parent her children and is finding the baby very unsettled. The oldest child was removed from her care but now they've been reunified. Her partner has work. The one month old baby has a medical condition and requires two full leg casts which have to be reset each week. The mother has lost her licence and each day makes her way to the pharmacist for methadone, with her three children, on public transport. They keep their all their hospital appointments. Instability in their housing, because they have a month by month lease, compounds their challenges.

Last year Wanslea worked with 348 families. In almost a third of these families substance misuse was a significant concern. Grandcare has had contact with 705 grandparents. 92% of the grandparents cited their children's

substance abuse as the reason that their grandchildren came into their care. Though substance misuse is not necessarily an indicator of lack of commitment to a child, it does have implications around capacity to parent and the social and personal costs of this misuse are considerable.

Children

- Babies born to substance misusing parents often face the health implications of poor antenatal history.
- Babies with neonatal abstinence syndrome may have excessive crying, sleeplessness, excessive sucking of fists, difficulty in/poor feeding, breathing troubles, poor weight gain. Such high needs babies place additional strain on parents.
- There may be difficulties with forming the attachments necessary for brain development and emotional growth where a substance misusing parent is unable to be responsive to the needs of a baby. Implications are ongoing for a poor attachment with behavioural, relational and educational struggles.
- For children removed from the care of their parents who are not meeting the child's needs, there will be on-going (probably lifelong) issues around abandonment, loss and trauma.
- Having entered the out-of-home care system, a child risks serial placements, many different schools, educational disadvantage, difficulties with peer relationships and oversights in regard to health care.
- Where children remain within family systems where there is illicit drug usage and inattentive parenting, they are vulnerable.

Parents

The withdrawal time for a newborn baby of a mother who uses illicit substances is very stressful and emotional for parents, making the initial period of adjustment to parenting even more difficult.

Meeting both their own and a child's needs is a challenge for all new parents but in the circumstances of parents who are engaged in illicit drug usage the conflicts are powerful.

Parents who have a baby removed from their care also experience long term issues around loss and grief. The removal of a child projects parents into complex welfare and legal systems. Children in those same systems will have advocates, but parents whose children have been removed are usually without anyone who supports or advocates for them.

Extended family

Extended family members take on anxieties relating to the wellbeing of related children who have substance-using parents.

Many in Wanslea's Grandcare program have assumed responsibility for the full time care of their grandchild/ren. These children, often emotionally and psychologically damaged by their early traumas and neglect, also struggle with being different from most of their peers in that they're cared for by grandparents, many of whom are aged. There are behavioural challenges and the need to make very substantial adaptations to a grandparent/s' lifestyle and expectations to return to child rearing.

Issues around the financial entitlement of many grandparents with full time care of grandchildren are often not resolved. Children placed with grandparents, under the authority of the statutory agency, may receive a fostering allowance but grandparents whose arrangements for caring for their children are informal or supported by Family Court orders are usually not entitled to receive the equivalent of a fostering allowance.

Community

There is a strain on child protection, family support and therapeutic services engaged in assessing and treating children from families with issues around substance misuse. Therapy services appropriate for children are very limited and access is abysmally slow.

Substance misuse triggers chaotic lifestyles and difficulty functioning, putting strain on domestic violence, housing, mental health and family support services.

Families with chronic substance misuse are vulnerable to unstable housing and homelessness and this is exacerbated with the current crisis in the supply of rental accommodation in Western Australia.

Recruitment of foster carers is challenging for all agencies involved in the sector. Numbers of children requiring care are increasing as the foster care options diminish. A stable, suitable, ongoing foster placement for the children removed from their parents who use illicit substances is not assured.

The current expectation is that foster carers will contribute this valuable community service as volunteers. With the exception of only a few programs, Australian states hold to this model of paying foster carers a small subsidy for the work they do with vulnerable, damaged children.

Ways to strengthen families who are coping with a members(s) using illicit drugs

The recommendations reflect the need for effective partnerships and a collaborative framework across government and the community sector. They also reflect this agency's ethos and commitment to the safety and wellbeing of children as well as to the preservation of families.

1. A unified support framework which sees the family holistically and encompasses
 - drug issues
 - family support, including strengthening the capacity to parent
 - home management
 - an out of home care component
 - crisis support
 - legal services.
2. Support services with the capacity to provide continuity of care premised on an expectation of relapse.
3. Intensive, home-based services, delivered by face to face contact and including practical assistance.
4. Support services to families during a child's early years that are not crisis responses or time limited.
5. Support services using strengths-based practice to counter stigmatisation and marginalisation.
6. Timely access to support/therapeutic services for children impacted by their parent/s' drug choices.
7. Income support for grandparents caring full time for grandchildren as a result of illicit drug usage.
8. Increase in payments to foster carers, commensurate with the contribution they make to the community.