ACWA
Association of Children's Welfare Agencies

CCWT
Centre for Community Welfare Training

ACWA SUBMISSION TO THE NSW DRUG SUMMIT 2024

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Executive summary

Children thrive when their parents are supported. Parents who are experiencing drug misuse are usually facing multiple challenges which can be addressed by an integrated, family-focused, therapeutic model of care.

The impact of parental drug misuse on children can be significant. It has been described as one of the most serious issues facing the child welfare system in NSW. We need an urgent, coordinated multi-service response that is as interconnected as the health and wellbeing challenges that children and families are facing. Too often, services make significant resource investments but are hampered by working in isolation from each other's goals and frameworks. We can and must treat drug misuse and child welfare as an integrated, whole-of-family issue.

ACWA is advocating for:

1. Coordinated support options for pregnant women and mothers experiencing drug misuse, including access to prenatal care, childcare, domestic and family violence and mental health services.
2. Increased recognition at the policy level of the needs of children and other family members in relation to drug misuse, including appropriate funding models and expanded minimum data sets.
3. Early access to non-stigmatising, non-punitive supports for parents, to keep families together and reduce negative impacts on children.
4. Strengthened child and family sensitive practice across all services supporting parents who experience problematic drug use.
5. Tailored, non-judgemental responses to parents using methamphetamines, from screening and assessment through to harm reduction and treatment interventions.
6. Adapting the service system to better enable practitioners to provide individualised support that recognises the central importance of family and community relationships.
7. Tailored support for relative and kinship carers who are raising children due to parental drug misuse.
8. Increased service collaboration and integration to ensure that parents receive support to address the multiple challenges that frequently occur alongside drug misuse.
9. Greater access to learning and development opportunities across the alcohol and other drugs, child protection, mental health and domestic and family violence sectors, to increase understanding and awareness of child and family needs in the context of parental drug misuse.

Introduction

The Association of Children's Welfare Agencies (ACWA) is pleased to contribute to the 2024 NSW Drug Summit. A focus on supporting families who are experiencing drug misuse is critical to our mission to improve the lives of children and young people in NSW. Integrated therapeutic support for parents experiencing drug misuse and addiction would improve children's health and wellbeing outcomes and reduce the current demand for out of home care.

About ACWA

ACWA is the NSW peak body representing non-government community organisations that deliver services to children, young people and their families in vulnerable circumstances. ACWA member agencies include organisations providing a range of important services to improve children's safety, including early intervention, family preservation and out of home care services.

ACWA collaborates with our members, partners, government and non- government agencies and other peaks to advocate for systemic reform to improve the lives of children and young people.

Our approach to this submission

This submission focuses on the following key focus areas identified for the NSW Drug Summit 2024:

- equity and inclusion (women/parents/carers with children)
- integrated support and social services.

ACWA developed this submission in consultation with the Network of Alcohol and Other Drugs Agencies (NADA), Odyssey House and several of our member organisations. Specific input was provided by Allambi Care, CASPA, Professional Individualised Care and Uniting.

ACWA acknowledges the harm to Aboriginal families and children of past and current child protection practices, and the links between colonisation, intergenerational trauma and substance misuse. ACWA supports cultural safety and self-determination for Aboriginal communities, and as an ally and a non-Aboriginal peak body we seek to elevate the voice of Aboriginal stakeholders. We support Aboriginal peak bodies, organisations and communities to determine the solutions that will work for them.

ACWA acknowledges the depth of experience of our members, many of whom have provided services over decades, engaging and supporting many thousands of families to make remarkable and lasting changes to enable children to grow and thrive safely within their families and communities.

Equity and inclusion (women/parents/carers with children)

Drug misuse impacts not only the individual but the broader extended family and community. Children are particularly vulnerable, with a growing body of research highlighting that children's exposure to parental drug misuse increases their risk of poor psychological, physical and cognitive outcomes. Children for whom parental alcohol and other drug (AOD) use is problematic are more likely to come to the attention of child protection services and tend to be removed from the family home earlier and remain longer[1].

It is important to note, however, that parental drug use does not necessarily mean that a child is being abused or neglected. Many parents in NSW use drugs recreationally in a way that may not affect their daily functioning or parenting. We use the term 'drug misuse' in this submission to refer to situations when a parent's drug use puts their child at risk of psychological and/or physical harm.

Parental drug misuse in NSW

In Australia, it is difficult to ascertain the exact number of children exposed to parental drug misuse because neither the child protection nor the alcohol and other drugs sectors systematically collect that data. Nevertheless, estimates of the pervasiveness of drug misuse among parents who are engaged with child protection services range from 50% to 80%[2]. Anecdotal evidence from our member organisations supports this level of prevalence.

A recent analysis of data collected through the National Drug Strategy Household Survey found that parental drug use in NSW is rising at a significant rate: in the decade between 2013 and 2023, illicit drug use among parents increased by 21.1%[3].

The Pathways of Care Longitudinal Study of children in out of home care found that:

- parental AOD was the third most common type of issue (as assessed by the NSW Child Protection Helpline), after physical abuse and neglect
- for young children aged 9-13 months, AOD was the second most common issue
- AOD issues were the most common type of Helpline assessed issue for the Aboriginal children in the study[4].

A compounding factor in understanding the extent and potential harms of parental drug misuse is the complex interplay between drug misuse and other parental risk factors, particularly domestic and family violence (DFV) and mental health issues. Families who come into contact with child protection services in NSW are likely to be experiencing DFV, often along with parental misuse of alcohol and other drugs and/or mental health issues. There is a greater likelihood that these children will then be removed from the family home, particularly where all three risk factors are present[5].

Women and drug misuse

Women and mothers experiencing drug misuse require specific, coordinated support including access to prenatal care, childcare, and mental health and DFV services.

Women in Australia access drug treatment at lower rates than men, experiencing a range of barriers such as stigma and discrimination (particularly in relation to pregnancy and parenting), childcare and custody concerns, and financial reliance on others. Women in AOD treatment also have higher rates of DFV experience than other women.[6]

There is evidence that drug use during pregnancy is associated with negative foetal outcomes such as pre-term delivery, foetal respiratory distress and higher infant mortality in the first year of life[7]. The use of some drugs can cause Neonatal Abstinence Syndrome, in which babies experience withdrawal symptoms upon birth.

While there is a lack of data indicating the reasons for child removal in Australia, available studies suggest that around 10% of women identified as using substances during pregnancy have their babies removed from their care at the time of birth[7]. Research suggests that across Australia there is a lack of consistency in skill levels across the child protection and health workforces and a lack of referral pathways into support services for pregnant women identified as using drugs[7].

Pregnant women who use drugs need a coordinated support response that includes practitioners from neonatal, mental health, AOD and social work fields. Pharmacotherapy interventions designed to treat addiction lead to better outcomes when combined with other interventions such as home-based support, perinatal care and mental health services. Ideally, women should receive continued support after the birth of the child in the areas of housing, parenting and healthcare.

Impact of parental drug misuse on children

Parental drug misuse can have a significant impact on children's health and wellbeing.

It is well documented that exposure to parental drug misuse is associated with child maltreatment. Drug misuse can impact parents' emotional availability and supervision capacity and can lead to instability and inconsistency in household routines. These risks not only result from the drug misuse itself but from the financial, social and lifestyle implications of drug use[8,9].

These factors can have a significant impact on children's social, educational and health outcomes. However, as noted above, it is difficult to disentangle the impacts of parental drug misuse from the multiple co-occurring risk factors such as DFV and mental health issues, poverty, housing instability and low levels of social support. Furthermore, parental drug use is significantly associated with parents' own histories of childhood abuse and trauma[10]. Drug treatment services alone are unlikely to improve parenting capacity if the other interrelated issues are not addressed.

Children themselves have reported the ways in which a parent's drug and/or alcohol misuse affects them. A recent systematic review of qualitative studies[11] highlighted the following common experiences:

- the unpredictability of their parent's mood and behaviour
- lack of stability and security resulting from frequent moves and the presence of unsafe adults visiting the home
- emotional impacts such as feelings of sadness, anxiety and fear, as a result of the drug use and interrelated factors such as DFV
- feelings of shame and stigma
- hypervigilance and attempts to control the situation at home.

Children often continue to experience emotional distress even when a parent has stopped using drugs, reporting feeling dread that the drug use might resume. This highlights the importance of ongoing child-centred support in addition to any treatments to reduce parental drug use.

Children whose parents misuse drugs are also at risk as a result of their parents' diminished capacity to create a safe home. Examples include the accessibility of drug paraphernalia and exposure to unsafe adults.

Responding more effectively to parents misusing drugs is critical if we are to keep more children safe in their families.

Currently, responses are hampered by both a lack of general drug use services, and a lack of appropriately family-inclusive services. The scarcity of drug treatment services means that parents may not access services until the family is recognised by child protection authorities as being in crisis[5]. According to some of our members, a lack of AOD treatment and support is causing children to be removed from their family, and continued untreated drug misuse is one of the main barriers to successfully returning those children home. **Early access to non-stigmatising, non-punitive support for parents would keep families together and reduce negative impacts on children.**

Treating substance misuse is complex given the co-morbidities that most clients experience, and introducing child and family sensitive practice into that complexity can be challenging. Changes are needed at a policy, systems and organisational level to support this approach.

At a policy and systems level, we recommend that:

- All new policy initiatives and frameworks addressing drug use in NSW explicitly recognise children and families as core business for AOD services.
- Existing policy frameworks are reviewed to identify consistencies with the United Nations Convention on the Rights of the Child.
- The concept of 'client' in AOD treatment be redefined to include children and family members.
- Funding models reflect the demand that working with children and families' places on organisations.

- AOD services minimum data collection standards include information about clients' children as part of their intake processes.

At an organisational level we recommend that:

- Organisations are encouraged to review and update their policies and practice guidelines to reflect child and family sensitive practice.
- Training for practitioners incorporates strategies for discussing clients' roles as mothers and fathers and increasing the visibility of their children.
- Organisations train and/or employ practitioners to be child and family specialists.
- Organisations implement the *Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and other Drugs Sector*, developed by the Network of Alcohol and Other Drugs Agencies.

The harms to children related to parental use of methamphetamines are of particular concern. Tailored, non-judgemental responses to parents using methamphetamines are needed from screening and assessment through to harm reduction and treatment interventions.

Methamphetamines are not the most used illicit drug in Australia. However, the harms resulting from methamphetamine use are significant and appear to be increased as evidenced by a rise in:

- helpline calls relating to methamphetamine
- drug and alcohol treatment episodes
- hospital admissions for methamphetamine use
- methamphetamine-related deaths[12].

Methamphetamine use during pregnancy is of particular concern as it is linked with a wide range of negative outcomes for children. These include:

- multiple risks to foetal health such as preterm birth, low birth weight, neurodevelopmental challenges and neonatal death
- potential harms to children under three years including respiratory issues, unintentional injuries and neurological harm
- risks to children over three years because of in utero exposure, such as developmental delays, behavioural problems and attention deficits[12,13].

Women who use methamphetamines prenatally are significantly more likely to lose custody of their infant than other women[12], and children are at increased risk of all forms of child maltreatment during all stages of their parent's methamphetamine use[13].

ACWA recommends the following steps to reduce the risk of harm to children related to parental methamphetamine use:

- concerted efforts to increase the understanding of key staff about the risks of parental methamphetamine use to children

- identify and/or develop evidence-informed screening tools to help workers understand how methamphetamine use and different dosages impact parenting
- increase response options for families with multiple, co-occurring risk factors.

Stigma and parental substance misuse

Stigma is a common problem for people who use drugs, often preventing them from seeking support. Substance use, child abuse and neglect, and mental health disorders have been described as the three most highly stigmatised conditions in our society[14]. This is deeply concerning given the extent to which these three factors commonly occur.

Stigma needs to be disrupted at all levels - from the development of public policy through to the language that individual practitioners use. We recommend that organisations incorporate stigma training as a core component in their learning and development programs. A process of periodically reviewing family files and reports and providing feedback to caseworkers can support the use of non-judgemental language.

In the context of child protection, particularly where children are in out of home care, it is important that practitioners focus on the parent-child relationship, rather than the drug use itself. Parents report feeling 'punished' for disclosing a relapse, for example through the withdrawal or reduction of contact with their child. A therapeutic response to drug use disclosures can support the parent-child relationship while still ensuring the child's safety.

Understanding trauma and building connection
Many parents who experience drug misuse have also experienced trauma and adversity in their lives. Positive, trusting relationships are crucial for parents and for their children, and are a strong predictor of recovery from trauma.

There is an increasing understanding that services - and indeed service systems - need to collaborate to support recovery, recognise parents' resilience and agency, and understand the central importance of relationships.

This means that commissioning processes, funding agreements and service design all need to:

- provide practitioners with the flexibility to tailor their response to the unique needs of each parent, each child, each family
- focus on empowering parents and families to set their own goals and strengthen their capability to achieve those goals
- address administrative barriers to practitioners spending time with parents, children and families.

Supporting extended family and kinship carers

There is an urgent need for a state-wide approach to providing tailored support to relative and kinship carers in the context of parental drug misuse.

Drug misuse can also have a profound effect on other family members, including broken relationships and family instability. Extended family may experience:

- violent or aggressive behaviours, along with the stress of being constantly vigilant to prevent escalation of these behaviours
- a sense of grief over lost relationships
- feelings of stigma and a fear of judgement, often leading to family members keeping their problems secret and experiencing social isolation[15].

When the person misusing drugs is a parent, extended family - particularly grandparents - become a primary source of formal and informal support for the family. This support takes a variety of forms, including emotional, financial, help to access treatment and healthcare, and the official or unofficial assumption of parental responsibility for children.

We know that this family support is crucial to the wellbeing outcomes of children and recovery of parents, however grandparent carers are often reluctant to seek help, do not know where to turn, or have tried to find help to no avail. Some grandparents report turning to the NSW Department for Communities and Justice for assistance because they were not able to get help anywhere else, bringing the children into ongoing contact with the child protection system.

Relative and kinship care is the fastest growing form of out of home care in Australia[16], and in NSW more children in out of home care are in kinship care than foster care[17]. This reliance on kinship care is likely to continue as the pool of potential and available foster carers continues to decline. Given the rising rates of parental drug misuse, and the link with other factors that pose a risk of harm to children, it is likely that NSW will need to continue relying on grandparents and other kinship carers to care for children until they can be returned home. It is critical that these family members receive support that is tailored to their unique circumstances.

It is well documented that relative and kinship carers in general tend to be older, experience financial stress, and report feeling abandoned by child protection agencies[17]. Grandparents who care for their grandchildren because of parental drug misuse face a number of specific challenges and stressors such as:

- needing to maintain their grandchildren's safety and wellbeing while simultaneously managing a complex relationship with their adult child
- avoiding involving government authorities for fear of the repercussions for their adult child
- experiencing grief and loss over decisions that prioritise the wellbeing of their grandchildren but may damage their relationship with their adult child[18].

Grandparent and other kinship carers need:

- support that helps them manage the often fractured and fraught relationship with the child's parents
- support with raising children who experience psychological, emotional and sometimes physical challenges resulting from parental drug misuse
- specific training related to methamphetamine-specific substance use.

Integrated support and social services

A comprehensive, integrated service response is needed to support children and families experiencing parental drug misuse.

There are clearly large numbers of children in NSW who are impacted by parental drug use. However, there are very few services that can provide whole-of-family support, and even fewer residential rehabilitation and withdrawal management services that can allow parents to bring their children.

In NSW, as is the case globally, children and families can fail to receive the support they need due to the fragmented service context in which services are funded and operated. Service collaboration and integration do not present an easy fix, particularly given the complex multiple vulnerabilities often experienced by parents who misuse drugs. However, it is vital if parents are to receive the support they need, and children are to remain safely at home.

Traditionally, child-focused child protection services require parents to achieve abstinence in a relatively short timeframe in order to address child protection concerns, while adult-focused AOD services allow longer time to achieve treatment goals[19]. Both sectors require funding support, funding flexibility and practice guidance to enable greater collaboration.

This also needs to extend to the mental health and DFV sectors. Where children have already been removed from their family, restoration is more likely to happen when their parent receives drug use treatment as part of an integrated program designed to meet their complex needs, such as mental health, employment assistance and parenting support[20].

An integrated approach to supporting parents experiencing drug misuse is vital to improve outcomes for families. Residential rehabilitation is one option that may be appropriate for some people. However, for parents in NSW there are very few rehabilitation centres that enable their children to stay with them while they undertake treatment. Research suggests that allowing children to stay with their mother during residential treatment can increase motivation to remain in treatment and provides a safe environment in which to strengthen parenting skills. It is important to note, however, that residential programs for women should also include integrated services such as prenatal, childcare and mental health programs[21].

The health and child welfare sectors must develop a shared vision, strategy and services to enable collaborative, integrated system responses to families impacted by drug misuse.

ACWA understands that the NSW Government has committed to developing and implementing a whole-of-government AOD strategy. We recommend that the strategy:

- includes holistic policy and service responses for the whole family, not just the individual
- addresses families' broader health and social needs, and address risk factors and co-occurring vulnerabilities such as history of trauma, poor mental health and family and domestic violence
- includes parents and pregnant women as priority populations.

Case study: The importance of holistic, therapeutic care

A young boy was removed from his mother's care because of her illicit drug use. His mother had experienced childhood neglect, and domestic and family violence, which negatively impacted her mental wellbeing. She described feeling trapped in a vicious circle, in which her negative emotions led to her using drugs which in turn exacerbated her poor mental health. She received a holistic service response that included counselling, a therapeutic program focused on tolerating distress, and engagement with a community centre. With that support in place, she learned and applied strategies to regulate her emotions and manage daily life challenges as they arose. The boy has been returned to her care and they have had no further involvement from child protection authorities.

A skilled and supported workforce across the AOD and child and family sectors is critical.

We commend the NSW Government for developing the *NSW Alcohol and Other Drugs Workforce Strategy 2024-2032*, which targets those whose main role is to address AOD issues within the healthcare system. The Strategy aims to address some of the critical issues raised in this submission, including a focus on the social determinants of health and cross-sector collaboration. However, the Strategy represents a missed opportunity to increase requirements for family inclusive policy and practice.

As highlighted by Australia's National Centre for Education and Training on Addiction[22], AOD policies and practice need to view the family (rather than the individual) as the unit of intervention. This is vital in light of the growing understanding of the relationship between drug misuse, child safety and wellbeing and reports and substantiations of child abuse and neglect. A focus on family is included as a core workforce capability in the *Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and other Drugs Sector*, developed by the Network of Alcohol and Other Drugs Agencies. We recommend that this capability be applied to all AOD workforces in NSW.

It is also critical that workers in the child and family sector are trained and supported to work effectively with families affected by drug misuse. Currently, however, many of the learning and development opportunities in NSW that focus on drug misuse are targeted at workers in the AOD sector. We recommend that child and family

practitioners have access to tailored training and coaching support to develop skills in supporting parents, children and extended family members in the context of parental substance misuse.

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