

Conference Highlights

The second national conference of the Australian College for Child and Family Protection Practitioners

Clearinghouse staff attended the second national conference of the Australian College for Child and Family Protection Practitioners (ACCFPP) in Melbourne, 20–22 May, 2007. The Clearinghouse was represented by Prue Holzer, Mel Irenyi, and Leah Bromfield. Leah Bromfield also presented a research paper on current challenges and future directions of child protection in Australia.

The conference theme was 'Borders and Bridges', in acknowledgement of the challenges of working across agencies, states and systems, as well as the initiative involved in strengthening individuals, families and communities. It featured papers from a broad range of research and practice perspectives across Australia, and a small number of international papers. The keynote presenters were Ros Thorpe, Professor of Social Work and Community Welfare at James Cook University, and Robert Fitzgerald, AM, Commissioner with the Australian Government Productivity Commission. Professor Thorpe is currently Chief Investigator on a large research project on Foster Care and Foster Carers. Mr Fitzgerald is the former New South Wales Commissioner for Community and Disability Services.

Professor Thorpe spoke on *Family Inclusion in Child Protection Practice: Building Bridges in Working With (not against) Families*. Her paper focused on identifying ways in which renewed attention to family inclusion in child protection practice could be a key strategy for supporting and providing benefits for children, their families and communities. She also explored important components of inclusive practice, drawing on the documented experiences of parents whose children have been removed to out-of-home-care.

Mr Fitzgerald's keynote presentation addressed broad issues of social inequity and their intersection with community development and child protection. He noted the resurgence of the notion of 'deserving and undeserving citizens' within Australian society, and current trends toward blaming the poor for their own circumstances. He also commented on what he identified as the 'dubious' separation between child protection and community development, and questioned whether it is possible to ensure that in such circumstances child protection does not miss out on being resourced.

Other conference highlights included Lauren Bourne's paper titled: *Are family service workers the new child protection officers?* The paper considered shifts in expectations of the role of family services workers in the face of the Victorian Children, Youth and Families Act (2005). Lauren explored the process of analysing the skills required of child protection practitioners, the development of new systems for case management and accountability, as well as the implementation of a new way of thinking and working in light of the new Act.

The plenary session presented by Elizabeth Fudge, Ruth Lange and Fiona Arney addressed another area of potentially conflicting interests across agencies in presenting experiences from, and the evaluation of, the Mental Health Liaison project. The project involved the secondment of a mental health nurse (Ruth Lange) to a child protection agency to support families in which parents and/or children experienced mental health issues. The project was embraced by all involved, and resulted in unanimous support from all respondents (child protection workers, mental health workers and clients) for the continuation of the project.

In summary, the two highlighted sessions and many other presentations explored differing aspects of the challenges involved and the innovation required to build 'Borders and Bridges' in child and family welfare practice. Conference organisers and delegates stated that the conference was a success, with more than twenty research papers presented, three workshops, and a number of plenary sessions.



Micheal Bishop (ACCFPP) and Leah Bromfield (National Child Protection Clearinghouse).

Parental Substance Abuse and Child Protection National Forum

In this article Jenny Higgins provides an overview of a recent forum on Parental Substance Abuse and Child Protection, outlining the views of key speakers and reviewing possible options to address the issue of parental substance misuse and its effects on children.

Dr Jenny Higgins

“One in ten children have parents with a substance abuse problem – child protection is not the answer.”
– Forum participant

“There just isn’t a service system for parents. The whole world is closing in on them and [at a time when they are most likely to want to seek help] mandatory reporting is a huge disincentive to engagement.” – Forum participant

Introduction

Children whose parents have an alcohol or substance abuse problem are at heightened risk of experiencing child abuse or neglect, or inappropriate parenting as a consequence of their parents substance use or the environment in which this occurs; and may also suffer adverse affects as a consequence of their exposure to their parent’s misuse of substances (Dawe et al., 2007).

On 25 June 2007, Odyssey House and the Australian Institute of Family Studies hosted a national forum titled *Parental Substance Use and Child Protection*. The National Child Protection Clearinghouse and the Australian Family Relationships Clearinghouse were the two areas within the Australian Institute of Family Studies who helped coordinate the forum. The forum was supported by the Australian Centre for Child Protection, Griffith University, the FADNET (the Family Alcohol and Drug Network) Conference, and the Australian Government Department of Families, Community Services and Indigenous Affairs. The forum was a very important and timely first step in bringing key people together with great expertise in the areas of substance misuse and child protection.

The purpose of the forum was to develop national guidelines and strategies to address the growing problem of parental substance misuse, and its often-devastating effects on children and families. The forum participants were experts from both the child abuse and substance misuse fields, including academics, policy makers and practitioners, all of whom shared the goal of finding effective ways to minimise the harmful impact of parental substance misuse on children and families.

Key speakers

Key presenters at the conference were: Dr Stefan Gruenert, CEO of Odyssey House Victoria; Professor Sharon Dawe from Griffith University, Queensland; Professor Dorothy Scott, director of the Australian Centre for Child Protection, South Australia; and international guest Dr David Best, co-author of the *Hidden Harm* report, from the University of Birmingham, England.

Dr Stefan Gruenert was the forum’s first speaker, and his Welcome to Country included a moving commentary that when the traditional Aboriginal owners of the land on which the forum was held, the Wurundjeri people, welcomed visitors they would ask them not to harm the land, and not to harm the children of the land.

Dr Gruenert highlighted the emotive attention given by the media to issues of child abuse and family dysfunction, which in turn (mis)informs public opinion by polarising and sensationalising this complex and multifaceted social problem.

Professor Sharon Dawe spoke of how little we know about the prevalence of children exposed to substance misuse by parents, stating that processes designed to elicit information about a drug and/or alcohol user’s history and behavioural patterns do not include questions about whether they have children or whether children live in their household, suggesting that children of drug and alcohol misusers are invisible in frameworks of assessment and treatment for their parents: “Kids have not even made it onto the agenda.”

Professor Dawe suggested their absence may partly be due to a conflict for practitioners in taking a client-centred perspective and keeping the best interests of their clients (the parent) in mind, while also investigating the circumstances of the children in their client’s care. Another explanation for the absence of children in frameworks of assessment and treatment of substance-misusing parents is the view that children ‘don’t notice’ parental substance abuse, akin to the past belief that children ‘didn’t notice’ domestic violence between adults. The assumption that children ‘don’t notice’ substance abuse suggests that they are immune from its effects and not harmed by it. However, professionals are aware that children exposed to their parent’s substance abuse have negative outcomes, including higher rates of behavioural problems and school failure, and possible future engagement in substance abuse themselves. Professor Dawe also pointed out that substance-misusing parents often have a traumatic emotional history that requires complex support and treatment in order for family functioning to improve.

Professor Dawe believes the best approach to intervention in families where substance misuse is a problem is to take a multisystemic approach that addresses the complex and varied problems many families face, and “influence as many ecological events as possible”. Professor Dawe advised:

“In a problematic family with a depressed mum, an ADHD kid and another child in foster care, where do you start in making a program that can affect all aspects of the children’s lives?”

A multisystemic approach would utilise resources from a range of services at different levels, including: the child's school (for counselling, and possibly after-school programs); treatment services for parents; family support; health care, and so on, with a single case manager to coordinate and facilitate service access and delivery. This approach is in contrast to the current focus on short-term, restricted and targeted service delivery, which often comprises intensive input at a particular time in the course of a family's life, yet does not effectively improve family functioning over the longer term.

Professor Dawe also highlighted the importance of using evidence-based intervention programs, as there are many program options for children and parents that have good intentions, but do not demonstrate effective outcomes when evaluated. Professor Dawe cited a number of programs that have demonstrated effectiveness in addressing both substance abuse and child protection issues, such as: Henggeler's Multisystemic Family Therapy; Luther and Suchman's Relational Psychotherapy; Catalano's Focus on Families; and Dawe & Hartnett's Parents Under Pressure program.

Professor Dorothy Scott was the forum's next speaker. She raised the concern that child protection systems have not achieved their intended aim of protecting children from harm, and are at risk of imploding under the weight of increasing, and alarmingly high, numbers of notifications and substantiations. Professor Scott asserted that: "...when a system is under pressure it can become a dangerous place for children."

Professor Scott pointed out that one of the reasons for the high number of notifications relates to changes in reporting laws, but a key factor is the increase in, and inter-relatedness of, parental substance dependence, domestic violence, and parental mental illness. While alcohol abuse has long been a problem for families, in the past 30 years, drug use has increased dramatically to become a dominant feature in child protection cases.

In order to address the intractable problem of substance abuse and child protection, Professor Scott highlights the need for evidence-informed approaches in three key areas: child protection assessment, family support, and out-of-home care. Professor Scott cited evidence that positive psychotherapeutic outcomes can be attributed to: client and environmental factors (40%); the quality of the therapeutic relationship (30%); hope and expectancy of positive outcomes (15%); and the specific interview technique (15%) (Lambert, 1992). This evidence suggests that appropriate social support and an effective relationship with professionals can make a significant difference in improving outcomes for troubled families. It is important, therefore, to ensure that child protection assessments, family support services, and out-of-home care placements and plans, be conducted by appropriately-skilled people (such as maternal home visiting nurses, GPs, drug and alcohol specialist services, and NGO family support services) in a manner that allows for relationship-building and engagement, as well as context-sensitive, supportive intervention strategies. In order for such innova-

tions to improve outcomes for children, adult-focused professionals need to become more child-centred, and child-focused professionals need to become more parent-centred.

A significant barrier in achieving improved outcomes for families and children is collaboration between and within organisations, as well as problems at inter-professional, inter-personal, and intra-personal levels. Professor Scott identified the core problem in these areas, as well as suggesting possible solutions as follows:

Inter-organisational

Example of problem: Single-input services based on categorical funding

Example of solution: Multi-input family-centred services with flexible funding

Intra-organisational

Example of problem: Internal divisions managed by needing a 'common enemy'

Example of solution: Inter-group consultant, staff exchange, new leadership

Inter-professional

Example of problem: Different perspectives, unequal power, and different modes of decision-making and communication

Example of solution: Acknowledgement of differences, respect for one another's expertise, and agreement on process

Inter-personal

Example of problem: Conflict between individuals

Example of solution: Mediation by individuals or a third party

Intra-personal

Example of problem: Strong defences (e.g., projection and displacement) aroused due to high anxiety that fuel tensions

Example of solution: Individual or group clinical supervision

Professor Scott also highlighted the need for innovative, inter-sectoral collaboration, which could be achieved by:

- multi-disciplinary and multi-agency early intervention;
- drug and alcohol counsellors outposted in child protection services;
- therapeutic playgroups in drug treatment services with early childhood input; and
- effective inter-agency protocols.

When an organisation wants to implement innovative approaches to address parental substance abuse and child protection issues there are many options to choose from. In order for the program to be successful, Professor Scott suggested that in choosing program interventions we first consider four questions: "Is the program effective?" "Is the program efficient?" "Is the program transferable?" "Is the program sustainable?"

Dr David Best, a UK epidemiologist, was the final key speaker for the day. Dr Best is co-author of the UK report *Hidden Harm: Responding to the needs of children of problem drug users: The report of an Inquiry by the Advisory Council on*

the Misuse of Drugs, which was published in 2003. Findings from the *Hidden Harm* report were based on survey data and follow-up phone calls with professionals in three areas: social services, maternity services and drug services. The Inquiry focused on the behaviour of drug-using parents and pregnant drug-users, and also gathered information about children of drug-using parents. (The report did not explore the use and effects of alcohol.)

Two key recommendations to come out of the survey include:

- the UK Department of Health should ensure that all maternity units and social services record parental drug use by a pregnant woman or by a child's parents to ensure accurate assessment; and
- all specialist drug and alcohol services should enquire and record the number, age and whereabouts of all of their clients' children in a routine manner.

Dr Best also highlighted several key messages to come out of the Inquiry:

- it estimates there were between 250,000 and 350,000 drug-using parents and 780,000 to 1.3 million children living with alcohol misusing parents in the UK;
- parental drug use causes serious harm to children from conception to adulthood;
- effective treatment of the parent can have major benefits for the child;
- working in collaboration can help to protect and improve the health and wellbeing of the child; and
- the number of children affected by parental substance misuse will only reduce as the number of parental drug-users decreases.

Dr Best talked about some of the recommendations and strategies put forward in *Hidden Harm* and discussed some of the factors that contributed to successes and failures in the adoption and implementation of these recommendations.

Addressing child protection and parental substance misuse: The way forward

"The harm minimisation approach has failed largely with drugs. It's failed because not enough money has gone into demand reduction. Supply reduction and harm reduction [have had an impact]. But demand reduction and treatment are what works." – Forum participant

The remainder of the forum focused on what approaches would best lead to the harm minimisation of children placed at risk from parental substance misuse. Participants divided into four working groups to consider and address four issues:

- **Developing evidence-informed principles for practice**

The group concluded:

- make the best use of available evidence;
- develop a set of practice principles (from a family-based practice perspective); and
- agencies to provide a set of benchmarks.

- **Programs and Interventions – Implementing local interventions**

The group concluded:

- programs and interventions should be developed from the grass roots;
- offer families wrap-around services;
- support for workers with funding flexibility and asking families to choose their case workers;
- support workers to provide holistic services;
- shared awareness of what each sector is doing; and
- clear expectations of what roles each department is fulfilling.

- **Data collection and information sharing**

The group concluded:

- map the existing data sets that are available and whether these are in the child protection or drug and alcohol sector; and
- use existing data for a pressure group to get the issue on the agenda with national surveys – inclusion in longitudinal studies.

- **Influencing the policy agenda**

The group concluded:

- consider who is the audience;
- consider how you deliver the message;
- create substance misuse as a 'dirty issue' (e.g., smoking);
- ban or regulate advertising for alcohol;
- capitalise on the window of opportunity that currently exists; and
- deliver the message through the child's experience – drug and alcohol misuse is like domestic violence – children do notice.

The forum resulted in several very promising outcomes:

- Participants at the forum discussed drafting a resolution to government highlighting the importance of recognising the impacts of parental substance abuse on children and calling government to action.
 - After the forum, Professor Scott drafted the resolution in consultation with others.
 - The resolution was put to the participants of the FADNET (Family Alcohol and Drug Network) conference, which was held in the days following the forum where it received unanimous support.
- Participants from the forum agreed for the formation of a small working party to take the outcomes from the forum and refine this into a draft national strategy. Other participants agreed to take part in consultations to review the draft national strategy.

References

Lambert, M.J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In *Handbook of psychotherapy integration*. Norcross, J.C., & Goldfried, M.R. (Eds.). New York: Basic Books, pp. 94-129.

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