

Inquiry into the Impact of Illicit Drug Use on Families Submission



Glastonbury Child & Family Services - Background

Glastonbury Child and Family Services is an independent, not-for-profit organisation governed by a Board of Directors.

Glastonbury was initially established in 1854 to meet the needs of orphaned and abandoned children in the Geelong Region and the adjacent Western District of Victoria. For over 150 years Glastonbury has remained proud of its tradition of strengthening families and contributing to community well-being in the Geelong and surrounding area.

Glastonbury's mission is to improve the safety, well-being and development of children and young people most at risk. Glastonbury Child and Family Services has ongoing links with the Geelong community, business, other community service organisations and the general community. This mission is supported by Glastonbury's Values of: Respect, Possibility, Diversity, Collaboration, Quality and Accountability.

Glastonbury provides a range of services to over 2,000 children, young people and families every year. These include early years, early intervention, counselling, groupwork, community development and support, intensive family support and out of home care provided by voluntary community carers and within residential units.

To do this work, we employ over 100 highly skilled staff and have the support of sixty volunteer caregivers and forty community volunteers.

Glastonbury provides services within the City of Greater Geelong, Surf Coast Shire, Shire of Golden Plains, Colac Otway Shire and the Borough of Queenscliffe.

Glastonbury's operational budget is \$5 million and services are provided from our Geelong and Colac offices and through co-location with other agencies in Bannockburn, Norlane, Drysdale and Torquay.

Glastonbury's Strategic Plan for 2006-2009 outlines our current strategic objectives within five key areas of: Service Delivery and Quality, Strategic Development, Collaboration and Partnership, Profile and Identity and Organisational Development and Governance. The Plan affirms our commitment to providing high quality services that are responsive to identified and emerging needs and investing in our skilled workforce.

At Glastonbury we expect staff to enact the Values of the organisation on a day-to-day basis while carrying out their work.

For more information on our organisation, refer to our website www.glastonbury.org.au.

A copy of the Agency's organisational structure and recently completed Strategic Plan can be viewed (See accompanying attachments).

Context of Practice

The organisation provides a continuum of service from prevention and community education activities through to intensive family support and placement services for children. Of the 79 children Glastonbury cares for annually in out of home care, it is conservatively estimated that around 80% are in some form of care as a direct result of parental illicit drug use. Within our intensive family services stream since 1st July 2006 approximately 37.5% of families involved with our service had adult substance abuse issues identified.

Glastonbury also provides structured early years programs and community strengthening opportunities for families that offer pathways out of poverty. By creating positive communities and opportunities for families in the early years it is hoped to alleviate some of the issues of poverty that may lead to illicit drug use, thereby preventing it.

Since 2005 Glastonbury has been providing the Supporting Kids and Their Environment (SKATE) Program, funded under the Federal Government's National Illicit Drug Strategy (NIDS) family measure. This program was developed over a number years to respond to families and children affected by illicit drug use. Our experience suggests that this support is overdue and has been well utilised. Much of the current service system is set up to support the primary patient – the client with the illicit drug dependence. Programs such as SKATE have enabled us to develop some innovative service interventions for children and extended families. These include:

- Supporting Kids and Their Environment (SKATE) – a specialist groupwork program offered to children and extended family affected by parental/family substance use (NIDS funded).
- Strengthening Child and Adolescent Relationships in Families Project (SCARF) – a specialist groupwork program offered to upper primary and lower secondary children affected by parental mental illness. This program has recently received .5 EFT Department of Human Services' funding and receives trust support from IOOF, Newsboys, Danks and the Carer Respite Centre.
- Grandparents on the Go – a groupwork program providing support for grandparents caring for their grandchildren. The majority of members have care of their grandchildren due to the illicit drug use of the parent(s) of the child.

SKATE is a partnership between Glastonbury Child and Family Services, Barwon Health Drug Treatment Services and Bethany Community Support. The project worker is co-located across all three agencies.

The Program has four components: **groupwork** programs for children and extended family members where illicit substance use is present; **brokerage** to enable children and young people to take part in community recreational activities; **secondary consultation/community education** for practitioners/community members in the child and family, drug and alcohol and community sector, and, a **specialist group** is provided for pregnant mothers attending the Barwon Health Chemical Dependency Unit throughout their pregnancy. The group offers art therapy and developmental opportunities for young children who may also be attending the group with their mothers.

SKATE has been in operation since July 2005 and has had 56 children take part in groupwork and 36 family members involved in groupwork/support. It has provided brokerage for 142 clients and undertaken 73 secondary consultations. Advice and referral has been offered to over 300 members of the community and professionals around issues of illicit drug use. A total of five children's groups have operated as well as the ongoing group at the Chemical Dependency Unit. Age groups for children are as follows:

- Pre-kindergarten children and babies in utero – Chemical Dependency Unit (Geelong)
- Lower Primary, 5-7 years of age (Geelong)
- Middle Primary, 8-12 years of age (Geelong)
- Upper Primary, 10-12 years of age (Colac)

Terms of Reference for Submission

1. 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

All Glastonbury programs have encountered high financial, social and personal costs to all family members where illicit drug use is present. The co-morbidity of illicit drug use with mental illness has been observed across all the agency's service delivery streams. The response to the terms of reference focuses on the experiences of the SKATE Project and the Family & Placement Services streams of service delivery in relation to the impact of illicit drug use on families.

SKATE has been uniquely placed to hear the voices of the children and key relatives where there has been family member using illicit drugs due to the nature of its service mandate. SKATE has observed a close relationship between mental health issues and illicit drug use – encountering anxiety and/or depression in the parent(s) of almost all children referred to the groupwork programs.

There is a growing body of research linking the co-morbidity of drug dependence and mental health issues. Policy and practice development in this area should be informed by research in both areas as this will inform the development of systemic service responses across both sectors. To this end, the Glastonbury SKATE Program is supported by the already existing SCARF reference group which ensures that service responses for children and families are cognisant of both mental health and illicit drug use¹. In addition, SKATE has been working with Barwon Health Drug and Alcohol Services and Mental Health Services to establish groups for children where there is parental dual diagnosis.

¹*Mind the Gap The National Illicit Drug Strategy (NIDS) Project to Improve Support for Children from Families where there are Mental Illness and Substance Abuse (MISA) Issues Literature Review* Prepared by Michelle Hegarty for the NIDS MISA Project. A Partnership Between The Mental Health Co-ordinating Council (NSW) and The Department of Community Services (NSW) June 2004

Themes and Children's Voices

The following themes have emerged from the children's group programs and the opportunity for the children's voices to be heard by the Parliamentary Inquiry has been taken. The information includes direct quotes and comments from children who participated in the SKATE children's groups. The primary goal of each SKATE children's group is to provide age appropriate interventions to address the social, emotional and cognitive needs of children and young people impacted by parental illicit drug use.

Evidence from the SKATE Program describes the social, financial and personal cost to children as seen through the eyes of the children involved in the programs. Clearly the children understand their predicament and circumstance in a real and profound way as evidenced by their experience in the program. They understand isolation, stress, the social impact of drug use by their parents, stigma and the need to belong and deal with feelings of rejection and being unwanted. Children have described the personal cost of illicit drug use, which has included fear, sadness, worry, anger and frustration. Other issues emerging include children taking on a parental role, the impact of episodic care, embarrassment and continued family dislocation and subsequent loss of relationships and friends.

Feedback from Children:

"When they pick me up from school, I never know whether they will be in a good mood or a bad mood, what it will be like." **Boy, 7**

"My Dad came in my room and did bad things to me. I'm scared he will come back and do them again. He's really bad, he takes drugs all the time." **Girl, 5**

"A hard thing for me is when someone (adult) gets so angry that people get hurt." **Boy, 6**

"I watched my Dad punch my mum hard right in the face. He hit her jacked up like a rocket. (Sic.) I felt really angry and really sad at the same time." **Boy, 6**

In response to the pre-test question "If you could change one thing about your life, what would it be?" *I would go back and start it again.* Interviewer: "Your whole life?"
Yes, I need to start it all over" **Girl, 8**

"She doesn't know what I'm doing yet, she's too young, she never seen the fit, I hide it, she doesn't know I'm taking it". **Mother, (injecting amphetamines on pay day each week and speeding for 24 hours)**

"When you've taken speed, you stay up all night and don't sleep. You are awake all day and all night." **Daughter 10 (In SKATE Group)**

"When I am really angry, I go into my room and hit my pillow. If anyone comes in, I have to pretend that I am not angry, that I am fine." **Girl, 12**

"I was really worried about what was happening with mum, and I told my two best friends about it. One of them was okay with it, and the other one couldn't cope, and told her Mum. Her mum told some other mums."

I gave out the invitations to my birthday party, and no-one from my grade was allowed to come because "my mum takes drugs". Mum was really angry, and I got into a lot of trouble for telling." **Girl, 12**

"I don't tell anyone at school about my mum now. I only talk to kids who do not go to my school." **Boy, 10**

"Mum takes drugs. She says she will stop, but then she starts taking them again. Dad says she has to leave when she starts again, so she is staying in a motel at the moment. I think she will come back soon." **Girl, 12**

"I love my family, and I always try to look after them and help them. I try really hard to take care of them. That's the most important thing." **Girl, 10**

During an activity where children drew their 'stuck person', and were invited to speak privately to their drawing about what it was like living with someone who was stuck:
Boy stabbed his drawing repeatedly with a pen, making holes in it, then punched it, then stood up and stamped and jumped on it. After this, he was much calmer in the group. He said "I don't get what just happened" **Boy, 8**

"When Mum and Dad fight, I go into my room and watch TV. TV calms me down, it sounds silly, but it does. I just want to stay in there, but after it is over, they want me to come out and go out with them. I don't want to come out of my room, but I have to. I don't want to go out with them, cos they don't listen to anything I have to say about it anyway." **Boy, 10**

"You feel like no-one wants you or has time for you." **Girl, 9**

"My Dad went to jail yesterday. I'm staying with Mum now. My sister is with Nana, cos she doesn't like Mum. I don't know how long Dad will be in jail for." **Boy, 6 (who had lived with his Dad and Aunty for several years, because of mum's drug use)**

"That's the bit I can't do. When I get upset, my friends have to hold me against the wall, and try and keep me there. I can't think, I get really really upset, and I just want to go off and do something that works out bad" **Boy, 8**

"Mum is always promising things to us, and they never come true. She says we will go here, or have this, but then it changes and we can't. It happens a lot." **Boy, 7**

Impact of Illicit Drug use on Families

The impact of illicit drug use on families extends like a ripple in a pool where often families believe they have limited options and no choice but to care for a child or children where their parents cannot care. Families in this circumstance are not prepared financially, psychologically or physically but do so because they do not want a child to be placed in foster care or residential care in the state based child protection system.

A number of clear issues emerge:

- **There are clearly a lack of family-inclusive services and family sensitive practice around the person with the substance dependency.**
- **Families are also in the difficult position of supporting their son or daughter or relative with drug dependency whilst at the same time supporting and, at times, protecting children from their parents.**
- **A significant number of grandparents are struggling to maintain and continue this role with limited financial and emotional support, often with their own health and other age-related concerns. Grandparent support required has included payment of fines, buying and replacing essential items, rehabilitation and mental health services, etc, and providing recreational and educational supports for children.**

The range of issues observed in Glastonbury's other programs includes many identified within the SKATE Program experiences. The following additional points are also noted:

- The bulk of the twenty grandparents attending the Grandparents on the Go Group have their grandchildren in their care as a result of parental substance misuse. Often the substance misuse is of a chronic nature.
- Grandparents are confronted with caring for young and adolescent children as they approach or pass retirement age and it can be very challenging trying to manage the energy of young children and teenagers. Additionally many grandparents feel the financial pressure of child care costs, such as kindergarten and school fees, community and recreational activities, food and clothing as it often comes at a stage of their lives where income is becoming reduced.
- There can be ongoing family conflict as the generations become exasperated due to the ongoing substance misuse.¹ The grandparents become tired of financially assisting their adult child with the substance use and disappointed that the substance misuse does not stop. By the time the substance use begins to stop the grandparents' support may have been cut off which makes sustaining the drug free lifestyle a challenge to the parent. This is often also the point of reunification which can become fraught as the parent struggles to remain drug free whilst re-adjusting to the children returning to their care.
- A frequent challenge for Placement Services is also in placing siblings together when the family breaks down due to substance misuse. Often families can be characterised by different parental configurations and children may be separated with one child going to a father whilst another goes to foster care. Still another child may be in the care of a grandparent (often the eldest child as grandparents are often unable to take on subsequent children). These complex family dynamics make it a challenge to even arrange access, let alone work towards reunification.

2. THE IMPACT OF HARM MINIMISATION PROGRAM ON FAMILIES

SKATE Experience

The SKATE program's focus on harm minimisation tends to be around education for the children and extended family networks. Through the provision of skills development and shared support with others it is hoped to strengthen the extended family unit.

Provision of groupwork to children and extended family reduces the secondary trauma of having a family member involved with illicit drug use. It further minimises the harm beyond the immediate family member impacted by illicit substance use.

Information and education via the groupwork experience provides the children and family members with language to process their situation thereby reducing the isolation felt by many families who experience a family member involved with illicit substances.

The increased understanding of children at a primary age of helpful and harmful behaviours and how to make good choices around these actions is anticipated to reduce the potential for second generation illicit substance use. Children are learning that they are not powerless and can make good decisions.

Assisting families to recognise they have finite energy, to understand the cycle of illicit substance use and more importantly when best to support the family member also ensures that harm minimisation occurs within the extended family and for children as families are not further torn apart by conflict and disruption.

Training and supporting children around safety plans also assists them to be safer when in the care of parents with illicit substance use issues. In addition to this education, problem solving skills are provided for children who attend SKATE groups.

Access to brokerage funding for children to participate in recreational and community activities also provides children with a safe place away from their often disrupted family environment and builds social connectedness. This increases the likelihood of normal developmental milestones being met and creates more normal social involvement which is likely to be otherwise hampered by the poverty being experienced as a result of parental illicit drug use.

Glastonbury Family, Placement & Early Years Services Experience

Overall it is felt that a zero tolerance policy would not be effective and would force the illicit substance use still further underground. It would then become further counterproductive for the children in the care of a parent using illicit drugs as they would receive even less help and fewer support services.

Some of the advantages of harm minimisation for families include:

- Being able to understand the level of use and make relevant safety plans for children.

- For many parents substance use is so longstanding that complete abstinence is not viable and they are better maintaining a small amount of substance use than the attendant stresses of trying to maintain something that is not achievable. This is particularly pertinent with the use of marijuana, where marijuana use is often maintained by parents in a recreational manner and is contained within this framework. To insist parents given up this recreational or maintenance use may be counterproductive.

Some disadvantages of the current harm minimisation policies are:

- Many children can stay in parental care for too long and at the time of removal can be significantly damaged both emotionally and behaviourally. Placements are then not always successful due to the level of trauma the child has experienced and sadly children are often "lost" within the system, without realistic hope of recovery.
- There is inconsistency between professionals around what constitutes harm minimisation. Different workers within the Child Protection continuum can vary in their expectations around illicit drug use, with some expecting zero tolerance and others being more flexible. It can be confusing for both the professional and client when they are unclear of what the expectations are.
- There is also inconsistency within the community around what is satisfactory around harm minimisation. Many practitioners are unable to tolerate any form of illicit drug use and can be quite judgmental in working with families with these issues. It leads to mistrust, lower take up of the support system and potential lack of safety for children.
- Increasingly Child Protection is expecting the community to manage significant risk issues and monitor parents' involved with illicit substances. Many staff report feeling ill equipped to understand the impact of substances on parents and their capacity to make changes.
- Children are already knowledgeable about the illicit drug culture from an early age, certainly from primary school onwards, which leads to an incorporation of the illicit drug use lifestyle into the psyche of children and young people.
- The combination of mental health and illicit substance use continues to be a vexed issue for practitioners and families alike with the adult client falling through the gap of each system. Many clients report using illicit substances to manage mental health conditions which in turn creates both stress and confusion for the family members and professionals.

3. WAYS TO STRENGTHEN FAMILIES WHO ARE COPING WITH MEMBER(S) USING ILLICIT DRUGS

SKATE Experience

Families with a member using illicit drugs are typically isolated, lack community supports and service access and can feel stigmatized and excluded by the service system. The substance-using parent is often highly guilty and low in confidence about their ability to

provide a positive family environment for their children. Children growing up in a family where someone is using illicit drugs can experience difficulties with:

- Attachment and connection to others
- Unacknowledged losses and distortions
- Family breakdown and conflict
- Traumatic and frightening experiences
- Role confusion within the family

The family members surrounding the person using illicit drugs can experience denial, fear and anxiety, guilt or blame, shame and stigma, isolation, helplessness, grief, and anger. They travel on a parallel journey to the person using illicit drugs, moving through the cycle of use and managing chronic stress and chaos for long periods of time.

In the SKATE Project, the following interventions have been noted to be positive in strengthening family relationships and functioning:

The Extended Family Members' Groupwork Experience

Participating in a group program designed for families with a member using illicit drugs provides the following supports for children and adult partners/parents/siblings:

- The normalization of the family's experience living with a member who is using illicit drugs
- A safe space to acknowledge feelings and experiences with others who offer understanding without directive advice or opinion
- The ability to name and share common experiences without being judged or stigmatized
- A place to obtain information and learn skills to keep going, cope positively and remain connected
- A venue to receive and offer support
- Education about helpful, growth-focussed and relationship-strengthening coping responses, so that families have a choice about when and where they put their energy, if they are managing a substance dependency in their family over a long period

Community Linkage

The experience of isolation and loss of community connection is so common for families struggling with substance use issues that the capacity to rebuild these links is extremely significant.

The SKATE Project has used its brokerage funding to purchase community linkages for children whereby they can participate in the social and recreational life of the community.

It has proved to be a protective factor for children, by providing access to a regular and positive activity at which they can be successful, receive encouragement, and develop positive relationships with others. It has had the effects of increasing self-esteem, fostering connection and collaboration with others, providing fun and play and the motivation to participate in social events and activities with others.

Part of the structured Stepping Stones Program (used to work with extended family members) invites reflection on the relationships the family has, internally and externally, and encourages rebuilding of links and attention to lost or disrupted connections with previous sources of support. Research in the field (Counting the Kids, Odyssey House) shows that family members do better when they have sustained connections within the community, child outcomes are much better when the child is attached to even one other adult in their network or to a school/community support and the substance-using person does better in terms of recovery when they have extended family support.

Community support for families where a person uses illicit drugs, rather than community stereotyping, stigmatization and rejection, has profound effects on outcomes for families. In the experience of the SKATE project, adult family members and children have repeatedly experienced blame, negative judgments and stigmatization within the community. This shaming, exclusion and marginalization has been deeply and further traumatizing to the families, and comes on top of the multitude of other distresses that they have lived through. It has in fact increased the family's sense of helplessness, victimisation and disempowerment.

Personal and Parenting Support

Parents experiencing problematic substance use are less likely to utilize general parenting programs provided by community and family support agencies because of their fears of stigmatization and child protection involvement. A significant way of strengthening families would be the provision of parenting/support programs which were developed specifically for this group of vulnerable parents. These programs could be provided in partnership with specialist Family Support agencies within the Drug and Alcohol agencies which the parents already comfortably access.

Research (Counting the Kids, Odyssey House) shows that children are a significant motivator in a parent seeking treatment and support for a substance dependency. A holistic program specifically designed for these vulnerable parents and offered in a non-stigmatizing environment would be extremely positive. This is supported by the success of the Chemical Dependency Unit group for pregnant mothers in the Geelong Hospital and their pre-school children currently being run in a partnership between Glastonbury Child and Family Services and Barwon Health.

It would also be advantageous to offer creative/therapeutic, artistic/musical outlets for emotional expression and safe resolution of past trauma/grief for parents struggling with problematic substance use. These interventions can be safer and more effective for clients experiencing substance use issues, who may destabilize/not engage with the formal "talking" therapies.

The SKATE Project has offered an art therapy/playgroup alongside the Chemical Dependency Unit at the Geelong Hospital for almost twelve months. Feedback from

mothers indicates that having soothing, self-expressive, self-reflective time is a rarity. It has provided a space to focus on their pregnancies and children, which is difficult to find in the rest of their lives where the family environment can be experienced as 'problem-saturated'. Obviously, time which is experienced by parents as nurturing is beneficial in terms of increasing their personal resources to attend to the needs of their children. It also provides an environment which increases optimism about making and sustaining changes which allow the possibility of life becoming better.

SKATE has noted that participation in positive expressive therapies can support recovery and connection and this obviously benefits family members around the person using illicit drugs.

Families consistently try to support their drug-dependent members, often over years, and want the person to find ways to live a fulfilling life. Providing community access to personally supportive family programs and experiences within the expressive therapies arena can offer a person using illicit drugs a sense of hope and connection and build personal resilience. Supporting this access and these changes for an individual has direct flow-on benefits for a whole family.

Feedback from Children in the SKATE Program indicates that they:

- wanted information about substance use, recovery, etc (that is developmentally appropriate);
- know what is happening with their family;
- need someone to talk with (not necessarily formal counselling), and,
- want access to recreational activities and social support.

Service System Issues

Collaboration, education and relationship-building across the family support and drug and alcohol sectors has been significant in terms of increasing service access and utilization for families and increasing service capacity to respond to family needs effectively.

The SKATE Project has worked with both family support and drug and alcohol workers to increase worker confidence and skills in working directly with these vulnerable families, and in being able to address both the family support and the drug and alcohol issues. Traditionally each sector has held different expertise, and a family can be offered a quite different service response depending on where they present for assistance. It is clearly advantageous for families to receive services where they are offered the benefits of both sets of expertise, hence the value of partnerships.

The SKATE Project has also conducted training and community education to make the experiences and needs of family members, both adult and child, visible within the community. Families can travel a lonely, exhausting, chaotic and difficult road without guidance or support and can live through profoundly distressing and confusing experiences without being able to share them. Children may not receive comfort, empathy or the support to cope in ways which will be helpful in their lives. To explain these experiences to the wider community and to increase the opportunities for families to receive targeted compassionate and useful support is vital to their well-being and the likelihood of positive outcomes.

Staff in the Family Services Program within Glastonbury report a need for more immediate rehabilitation responses. The impact of illicit substance use is such that when a decision is made to cease use then a prompt service system response is required. Frequently when trying to address their illicit substance use clients have to telephone during intake hours or wait several weeks before they can be admitted to withdrawal, rehabilitation or other drug treatment services.

Given that the issues that have led to illicit substance use can be complex and painful, once the moment is embraced the possibility for change needs to be prompt. Otherwise the emotional pain will continue to be overwhelming leading the client to continue to self medicate (through the use of illicit drugs) around the pain.

Given rehabilitation resources can be finite and expensive, an alternative option may be the assertive outreach model which is offered in Glastonbury's Family Services programs for families who do not meet the threshold for child protection intervention but who may require some form of family support to avoid going down this path. The type of model could include in-home and outreach support and counselling whilst the client is on the waiting list for a rehabilitation program or could be a form of intervention in itself.

More options for residential rehabilitation to be family friendly and inclusive of children and families are required. Staff have found programs for mothers with babies and young children have good outcomes and so extending these programs to older children could also be beneficial. Frequently observed practice experience is that if a young child is removed it often leads to the parent(s) becoming disheartened and the illicit substance use worsening, occasionally with fatal results.

Another useful idea may be the expansion of the Families First Program which is an Intensive Family Preservation program running in Victoria for approximately fifteen years. There would be benefits in this intensive preservation work occurring in the home for a period of three months in partnership with local drug treatment services at an early point of illicit drug use identification.

Conclusion

The opportunity to provide feedback to the Parliamentary Committee around the impact of illicit drugs on families is greatly appreciated.

It is hoped that some of the issues identified for the person using illicit drugs, their children and families and the wider service system will be useful to the committee in its deliberations on the impact of illicit drug use on families.

**Judy Wookey
Chief Executive Officer
Glastonbury Child and Family Services
222 Malop Street
Geelong Vic 3220**

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PH: (03) 5222 6911