Drug Using Parents – The Child Care Issues

A revised paper in response to Patricia Keamey's T.C.D. paper.

by Brid Clarke

During the last few years, there has been a questioning of our attitudes in relation to drug using parents and their parenting skills and there have been a number of significant developments in practice and service delivery in the Eastern Health Board region. The Report – The Government Strategy to prevent Drug Misuse (1991) and the Child Care Act (1991) are key contributing factors to these developments. The recommendations of The Government Strategy to Prevent Drug Misuse include: (i) the need to co-ordinate services, (ii) the establishment of Community Drug Teams, (iii) the availability of varied treatment approaches, and (iv) the provision of accessible services.

The 1991 Act, when fully enacted will replace the Children's Act 1908, provides a legal framework for statutory child care services. Section 3 states "It shall be a function of every health board to promote the welfare of children in its area who are not receiving adequate care and protection."

The prevalence of HIV/AIDS among drug using adults has had an impact on our child care and family support services, and will continue to present new challenges in the future.

Before outlining a number of policy and services issues two assumptions need to be clarified:

(a) Generally when we are discussing drug using parents and child care issues, we are talking about parents who have the additional burden of poverty. Drug usage among the higher income groups rarely comes to the attention of the statutory and voluntary agencies. More significantly, such families have the resources to purchase family and child care support eg. boarding schools, summer camp, au pairs.

(b) Secondly, I agree with Patricia Keamey that the responsibility for parenting often rests solely with women. Parenting in many instances means mothering.

There is general agreement that the philosophy and principles informing child care policy should incorporate the following elements: 1. The welfare of the child is paramount. 2. The right of all children to such care as will meet their basic needs - physical, psychological, emotional, educational and social. 3. The right of all children to be protected from harm. 4. That it is generally in the child's best interest to be brought up in one's own family. 5. The right of children and parents to be involved, as far as possible, in decision making. That planning is the cornerstone of good practice. 6. That services should be integrated and co-ordinated.

Agreement and adherence to these principles will facilitate a positive and co-ordinated approach to child care.

Drug Using Parents and the Child Care Issues

Assessing parental skills is the first and fundamental task. Intervention with drug using parents should be based on a comprehensive assessment of risk. Drug use or addiction by parents does not automatically indicate child neglect and abuse. The assessment should address such issues as (i) the pattern of parental drug use; (ii) is there a drug-free parent present? (iii) does the child's life revolve around the parent's drug use? (iv) how are the drugs procured?

If, following assessment, intervention is indicated, the primary objective should be to enhance parental skills. Section 3.3 (Child Care Act 1991) places an obligation on health boards to provide

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family and child support services, e.g., home-help services, day fostering. Such services are required by many families; some however may require an intensive, long-term input to ensure that their children receive adequate care and protection, while remaining at home.

Child/parental separation may occur in drug using families. Such separation can be temporary e.g., parent attending an in- patient treatment programme, imprisonment. Some are planned; others are unforeseen. We know that extended families are the key providers of care and support in these situations in Dublin. Jane Rowe's (1984) study of approved placement in extended families concluded "that children fostered by relatives seemed to be doing better in virtually all respects than those fostered by others". The children felt more secure, less anxious about their future. Such placements were particularly positive for adolescents. However carers will need support and guidance. The children could be facing the loss of a parent or sibling. Some may have to cope with a life threatening illness. Services are also required to meet the needs of the children in situations where alternative care is required. To date there are no residential rehabilitation services for drug using parents and their children in Ireland. Such a service could enable families stay together during rehabilitation.

Confidentiality

Patricia Kearney in her paper refers to the issue of confidentiality and how the perception and understanding of confidentiality may have militated against inter-agency co- operation. Child care and drug agencies should have clear written policies on confidentiality, and this policy should be shared with all relevant personnel, and in particular with service users. The right to confidentiality must be respected, but it cannot be presented as an absolute right. The Kilkenny Incest Investigation Report (1993) addresses this issue and states that 'The withholding of information between professionals and between agencies is not acceptable where failure to disclose may have an influence on the future safety and welfare of the child"(pl01). However in deciding to disclose information, one must look at the nature of the information - its significance – and whether positive intervention can be achieved without the disclosure of this information. Also, information should only be disclosed on "a need to know basis", and only to the appropriate person.

Parenting is a complex and onerous responsibility. Most families need support at some time. Child care agencies and drug agencies must work together in supporting and enhancing family relationships and skills, sharing the common objective of promoting the welfare of children. Acceptance of the primacy of the child's welfare will remove the barriers to communication and will ensure that all the parties involved - parents, children, relatives, child care agencies, drug agencies – can work in partnership.

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Brid Clarke is a Head Social Worker with the Eastern Health Board.

Drug Using Parents and their Children: The Experience of a Voluntary/Non-Statutory Project

by Marguerite Woods

A revised version of a paper presented at Trinity College, Dublin on the 20th May 1993, in response to Patricia Keamey & Brid Clarke.

This paper focuses on the experience of the Ana Liffey Drug Project with regard to child care issues and drug using parents. The Ana Liffey Drug Project has traditionally been an adult centred agency. However the experience of the Project in recent years has included an attempt to focus on the needs of women and, of necessity, involved looking at children's needs. As a result we have attempted to place children's and family issues on our agenda and to make a commitment to responding to child care issues. Liaison with other services, voluntary and statutory, has increased in this regard.

Prior to 1989 women's attendance had been approximately 25% of the total attendance at the Project. Since then significant increases occurred, many women attend more consistently and engage in on-going counselling relationships. During 1992, 681 individuals attended the Project. 88 of those were the partners and family members of drug users. Of the 593 drug users, 407 were men and 186 were women. Many of the men are fathers, although with varying degrees of involvement in parenting. 142 women were parents while 44 of the women had no children. Between them the 142 women had 280 children.

A total of 86 women were HIV antibody positive. Of these, 75 had children, while eleven were not parents. The 75 women had 176 children between them. The other 100 women were not affected, did not know or had not declared their status.

We are aware of twelve deaths of individuals involved in this survey during or since 1992. All of the women who died were HIV positive, although not all the deaths were HIV related. Ten of the women who died were parents, while two were not. The ten mothers have 36 children.

Therefore 280 children were indirectly affected by the drug use of their mothers. 176 of the 280 children were indirectly affected by HIV, while some were no doubt affected directly. Of the 280 children of the women who used the services of the Project, 36 have been affected by the HIV/drug related deaths of their mothers.

In examining child care arrangements, contrary to the popular notion that children of drug users are not living with their parents, it was found that 89 of the 142 mothers were caring for their own children. Twenty-six women had children living with family members. Nine women had children either in foster or residential care. Eighteen women had children in combined care situations. While information about the stability of these care arrangements is not available, hospital admissions, arrest and sentencing, respite care and residential drug treatment may bring about sudden and significant changes in these care arrangements.

The majority of the women are living with or have relationships with drug using partners, it is extremely rare to find a woman drug user with a non drug using man. However many of the men who attended the service in 1992 were living with women who do not use drugs. The children of these families, who were affected by the drug use/HIV status of their fathers and indeed the HIV status of their mothers, are unfortunately not included.

During 1993, the Project recorded the attendances of all children to the premises in Lower Abbey Street. 126 individual children visited on a total of 909 occasions.

In 1989 research (Butler and Woods, 1992) was carried out on the needs of women with HIV and their professional, volunteer or family carers. One part of the study focused on the increased isolation of women and the fears about child care should they test HIV antibody positive. Many women at that time appeared to perceive this diagnosis as further compounding the "unfit mother" notion. For this reason it is feared that many women with drug problems will avoid both voluntary and statutory agencies.

So what did this mean for the Ana Liffey Drug Project? Inadvertently, due to the concerns with which many parents were presenting we became involved at a more indepth level with child care issues. We had to begin to explore issues which may arise for staff in this situation and policies which need to be implemented. Staff training and development are crucial in this regard. We had to focus on the drug user not just as an individual but as a parent also. We had to examine the meaning of adult centred and child focused services and aim to incorporate a perspective which, rather that being one or the other, is family centred.

Some of the recommendations we at the Project would suggest are: 1. The drawing up of local guidelines for community care teams to guide in the assessment of drug using parents. 2. More in-service training for community care personnel on the subject of drug problems so as to dispel feelings of fear and inadequacy when faced with drug users, and more in-service training on child care issues for drug workers so as to demystify this unavoidable topic. 3. Better co-operation between community care workers and drugs workers which might enable us to achieve the ideal of working together.

As a voluntary drug agency, we have a significantly important advantage because of people's perceptions of our agency as being less threatening. We have a crucial role to play in developing an understanding of many of the situations which arise for drug using parents. Parents may sometimes be more willing to come forward to voluntary agencies with regard to fears about their children's care or their own parenting skills.

Liaison with community care may not only improve the understanding clients have of the statutory social work role, but may also lead to more trusting, open and less fearful relationships between clients and statutory agencies.

Finally, it would be interesting to explore the possibility of a joint venture around child care issues involving the Eastern Health Board and a voluntary body, such as the Ana Liffey Drug Project.

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Marguerite Woods is Director of the Ana Liffey Drug Project.