Children in families with multiple and complex needs - - SANDAS Position Paper No.5

Background

The South Australian Drug Strategy 2011 – 2016[1] acknowledges that substance misuse has an impact on the broader family, including dependent children. The Strategy emphasises the importance of services that support families and children in these circumstances. Two of the key priority areas the strategy identifies in relation to children exposed to parental substance misuse include the need for:

- Developing an inter-agency strategy to improve co-ordination of services for children with caregivers who have substance dependence issues; and

- Recognising the importance of services for at-risk children and families, and provide comprehensive early intervention strategies for these families in Children's Centres.[2]

While it is important for governments to implement strategies to help and support children in families where there is parental substance misuse, it is equally imperative for interventions to tackle other complexities that often exist in these families.

It is clear that increased and focused support plus improved coordination between all levels of government and other service providers are integral to optimising outcomes for vulnerable children in families with multiple and complex needs.

Impacts of parental alcohol and substance misuse on children

According to the Advisory Council on the Misuse of Drugs, "for every adult seeking Alcohol and Other Drug (AOD) treatment, there is generally one child impacted by problematic parental AOD use."[3] Families with multiple comorbidities are often situated within a wider

[1] South Australian Drug Strategy 2011-2016 http://www.dassa.sa.gov.au/webdata/resources/files/SA_AlcoholandOtherDrugStrategy_2011-2016_web.pdf

[2] *Ibid* p.9

[3] M. White, A. Roche, R. Nicholas, C. Long, S. Gruenert & S. Battams (2013) *"Can I ask…? An alcohol and drug clinician's guide to addressing family and domestic violence"* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, SA

context of poverty and social isolation, which can be particularly acute in families where there is parental substance misuse. Where mental health problems and substance misuse co-exist, children can be increasingly more vulnerable to abuse and neglect.[4]
The link between parental substance misuse, mental health problems, and the occurrence of domestic violence within the family home is highlighted in the National Framework for Protecting Australia's Children, which clearly states that there should be "a particular focus …on key risk factors of mental health, domestic violence and drug and alcohol abuse." [5]
While the severity and longevity of the impacts on children in families with multiple and complex needs can vary, it is important to stress that not all children within these family groups will experience poor outcomes.

For children in families with multiple complexities, being strongly connected to their peers, and school community, has an increased importance as they enter their adolescent years. Numerous studies have shown that when young people feel disconnected from the school environment, they are at an increased risk of a range of mental health problems. Providing a strong connection to the school community may go some way in buffering the effects of family dysfunction.[6] Unfortunately, the ability to engage in the broader community through support groups, sporting clubs or other organised activities, is proven to be more restricted in neighbourhoods with the greatest need – where parental substance misuse is typically more prevalent.)[7]

Impacts of Domestic Violence on children

While statistics around the number of Australian children affected by domestic violence is limited, a 2005 Australian Bureau of Statistics survey, found it to be widespread problem that has affected more than one million Australian children.[8]

Families struggling with substance misuse, mental health and domestic violence are often known not only to child protection services but also correctional services and emergency accommodation services. A 2002 analysis of child protection cases in Victoria found that 52 per cent involved domestic violence, 33 per cent substance misuse and 31 per cent alcohol misuse.[9]

Evidence has shown that more women (and their children) in AOD treatment programs are victims of domestic violence. The impacts of family domestic violence on children can cause significant trauma and long-term problems for their development. We know, that where family based violence is present, children are affected either directly (as the victim), or indirectly (as a witness), and will therefore be in need of support.

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[4] National Child Protection Clearinghouse *"Child Abuse Preventions Issues"* 2008 No.29 p.4
[5] Council of Australian Governments, 2009 *Protecting Children is everyone's business: National framework for protecting Australia's children 2009-2020* p.21 www.coag.gov.au/coag_meeting_outcomes/2009-04-30/docs/child_protection_framework.pdf
[6] Ibid
[7] Cauce, A. M., Stewart, A., Rodrigeuz, M. D., C=Cochran, B., & Ginzler4, J. (2003). Overcoming the odds: adolescent development in the context of urban poverty. In S. Luthar, *Resilience and vulnerability: Adaption in the context of childhood adversities.*
[8] The Australian Bureau of Statistics *Personal Safety Survey* 2005 http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0
[9] Scott, Dorothy "Think child, think family" *Family Matters* 2009 No.81, p.38

A recent study from the Australian Institute of Health and Welfare, found an over-representation of Aboriginal and Torres Strait Islander (ATSI) Families in AOD, domestic violence and child protection data. This highlights that where ATSI clients may have co-occurring AOD and domestic violence issues, children within this family unit, are at risk, and will need support.[10] Also, this emphasises the need for a range of accessible family focussed services and programs in non-metropolitan and regional areas.

Responding to families with multiple and complex problems

A study on parental substance misuse and children in out of home care by the then South Australian Department of Families and Communities, found that "of the children entering care due to a parental substance abuse problem, 69 per cent of parents also experienced domestic violence and 65 per cent had mental health problems."[11]

Research has consistently shown that there are strong links between domestic violence, AOD misuse and mental health problems, frequently affecting parents involved with child protection systems. In isolation these issues can pose a significant threat to the well-being of children within the family unit. However the reality is that they often operate as complex set of problems that require a collective approach to be effective.

We know that simply highlighting the needs of children in substance misusing families will not directly translate into adequate service provision. Even with a whole-of-government approach, an ongoing challenge will be ensuring the early detection of children and families with multiple and complex problems, before the situation deteriorates to the point of significantly affecting development. Building capacity within AOD focused services to be child-sensitive and to routinely screen for family violence is essential for any strategy aiming to respond to the multitude of problems that exist
Improving service provision for families with complex problems will occur within an integrated service system which increases the capacity for service providers to work together to improve outcomes for children and their families.[12]

FASD

Foetal Alcohol Spectrum Disorders (FASD) is an umbrella term used to describe a range of disabilities and a continuum of effects that may arise from prenatal alcohol and other substance exposure.

FASD is widely recognised in several western countries as the most common preventable cause of birth defects and brain damage in children (as well as serious secondary disabilities) with serious impacts on them and their families or carers.

Working with the complexity of FASD is not new. NGOs delivering AOD and Mental Health services have been dealing with FASD-related issues without being able to refer to a defined

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[10] Australian Institute of Health and Welfare 2012 *Child Protection Australia 2010-11*
[11] L. Bromfield, A. Lamont, R. Parker & B. Horsfall *Issues for the safety and wellbeing of children in families with multiple complex problems.* NCPC issues No.33 2010 p.12
[12] *Ibid* p.21

condition, disability framework or to direct suspected FASD affected clients to screening or diagnostic options.

For more than a decade the western world has been piecing together its medical knowledge of FASD and its understanding of the secondary disabilities that follow it.[13] Research is starting to present a clearer view of the effects of prolonged substance use by expectant mothers and its' future implications for these mothers, their children, the health system and other services. Overseas evidence shows an exponentially increased risk and severity of FASD conditions in second and subsequent children to the same mother. This evidence has supported the development of FASD specific screening and treatment approaches in both USA and Canada.[14]

In its submission to the House of Representatives Social Policy and Legal Affairs Committee, inquiry into Fetal Alcohol Spectrum Disorders, the National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD) stated that "the true extent of the incidence and prevalence of FASD in Australia is currently unknown. There is no nationally consistent definition; diagnostic criteria for FASD; nor biomarker for all conditions within the spectrum. Children are not routinely screened in infancy or early childhood and data which accurately reflects estimates of FASD incidence and prevalence in Australia are lacking."[15]

More than 60 per cent of Australians agree that clear health labels should be placed on alcohol products. It is clear that FASD requires a whole of Government response as its' impacts are not just on health, but also early childhood development and education, employment, social services and the criminal justice system.

The future and beyond

While the sector is in the initial stages of implementing and developing coordinated family sensitive practices, there is momentum to ensure that adequate and appropriate services for children and their families, continue to grow. This involves ensuring the implementation of policy and funding models to reflect accessible and coordinated service delivery, particularly in rural and remote communities.

Workforce development in up-skilling staff from services such as AOD, mental health, and domestic violence is also an ongoing focus for the broader community services sector, to ensure we adopt a whole of family coordinated response into the future.

While efforts have been made to incorporate and represent the views of our member organisations, the position presented in this paper are those solely of SANDAS

[13] Understanding the Occurrence of Secondary Disabilities in Clients with Fetal Alcohol Syndrome. Final Report. Centres for Disease Control and Prevention. 1996. University of Washington School of Medicine.
[14] Foetal Alcohol Spectrum Disorders (FASD) Tasmania. Professor Larry Burd. ATDC Conference May 2008
[15] National Organisation for Fetal Alcohol Syndrome and Related Disorders, *Submission 46,* p. 8.