

Creating SPACES

Working with families experiencing complex and challenging issues alcohol and other drug use being one.

This resource is one of four 'Creating Spaces' guidelines, developed by Kina Trust in partnership with Matua Raki, the National Addiction Workforce Development Centre. These guidelines aim to promote best practices for alcohol and other drug workers to engage with families, to maximise wellbeing and the capacity for positive change.

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Guidelines for Fostering the Care and Protection of Children with Parental Alcohol & Other Drug Issues



CONTEXT

The relationship between substance abuse, parental functioning and the care and protection of children is complex, yet parental substance use is one of several precursors to child deaths. Infants are at greatest risk. Typically,

concerns arise alongside other family factors such as hardship, parents with mental health, addictions, intellectual or physical challenges, histories of violence and low engagement with services. Risk can increase quickly, but it also accumulates over time and across different domains namely health (mental health, illness, injuries), education (learning problems, truancy, bullying) and home (exposure to drug use, low supervision). By using skills in client engagement, risk assessment and collaboration, alcohol and other drug (AOD) practitioners can respond to risk and promote children's resilience while fostering safe parenting with reduced harm from substance abuse.

KEY ISSUES

- Seeing children's wellbeing as paramount.
- The importance of effective engagement. Poor engagement might be due to shame, fear of losing children, lack of practical support and inflexibility of services (*see Standalone No 1*).
- Stigmatisation of parents with substance abuse and other mental health concerns.
- The essential role of risk assessment and safety planning in practice.

APPROACHES

- **TO PROMOTE ENGAGEMENT, ASSESS RISK AND DEVELOP CONSTRUCTIVE PLANS**
Aim to work closely with the family unit. Focus on engagement (*see Standalone No 1*) in order to create relationships in which to explore children's wellbeing and assess risk.
Ask if your client is a parent! Explore their parenting roles and responsibilities e.g. shared custody.
Meet in the most appropriate/safe/private setting (*see Standalone No 2*).
Discuss information sharing and limits early but give time for trust to develop.
Keep a non-judgmental, flexible approach. Use persistence alongside respect.
Consider 'what's on top' and practical needs e.g. providing child care during early engagement, arrange transport for important appointments (e.g. Winz transport subsidy).
Work towards solutions that are sustainable and increase protective factors e.g. reducing social

isolation, increasing access to resources, providing harm minimisation and/or abstinence-based approaches.

Early on, advocate for more resources as appropriate to build trust while also promoting efficacy to minimise dependence.

Encourage disclosure of child risks. Talk gently about what it is like to discuss these issues. Use a scale 1-10 regarding discomfort in exploring these issues, focus on goals of safe parenting and child wellbeing.

Prioritise safe parenting discussions to keep children safe: "I have not missed the fact that you are also a parent, another full-time job, I would like to look at how your substance use might also impact on your day-to-day role of a parent"

Respond sensitively to fears about parenting (though acknowledge its role in motivating change).

Utilise whānau dynamics to support plans. (Who in the whānau leads the call for positive change?).

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● ● ● **TAKE ACCOUNT OF THE FOLLOWING FACTORS TO IDENTIFY STRENGTHS AND CONCERNS:**

Vulnerabilities - what environmental or personal conditions are contributing to risk? E.g. minimal parenting experience, unsettled baby, few supports, chaotic AOD use, limited understanding and insight.

Identify protective factors both contextual and personal that are keeping children safe and provide opportunities to promote resilience e.g. coping skills, family supports, communication.

Consider all types of harm: physical, sexual, emotional, neglect and the levels of harm. Include

the witnessing of family violence and/or accidental injury to children (due to poor supervision).

How immediate is the risk? Imminent/high, moderate/likely, longer term/potential.

Evidence - gain an adequate description of the context in which harm occurs (settings and triggers). How is the harm experienced and responded to?

Utilise assessments in constructive ways in partnership with parents (create a plan together).

Include a comprehensive history, (including parents' childhood experiences, parenting models) current presentation, with collateral and objective information.

Develop transparency with your client, support people and other services (protocols to share information) while recognising the tensions about information exchange (stigma, confidentiality, fear of children being uplifted). Identify and facilitate greater access to support systems (family, child care, social, cultural and religious).

Ensure timely, integrated and coordinated responses to identified risks (monitor risks, promote liaison).

Develop a plan to support your client's treatment that has also serves to address interagency concerns.

Review and evaluate progress (Individual clinician, service and interagency team).

KEEPING CHILDREN SAFE

WHEN YOU HAVE AN ENGAGED RELATIONSHIP WITH THE PARENT EXPLORE:

- Do the parents see their drug use as harmful to themselves or to their children?
- Do the parents place their own needs before the needs of their children?
- Is there a drug-free parent, supportive partner or protective relative?
- What is the pattern of drug use? Is it experimental, recreational, chaotic or dependent?
- Are the children being left alone while their parents are obtaining drugs? Who else is entering the home to obtain drugs?

- Because of their parent's drug use, are the children being taken to places where they could be "at risk"?
- Establish a safety and support plan that includes emergencies and safe, reliable adults.
- Explore strategies e.g. sleepovers away from home, substances secured and out of sight, child-free recovery time, and alternative transport if intoxicated. See *SCODA Management Plan and Risk Assessment For Parental Drug Use*.
Available at: www.kinatrust.org.nz/fip-tools.asp or www.drugnet.biz/parent_child/checklis2.htm.
- Ensure safety goals have *clear timeframes* and '*bottom lines*' (sometimes there needs to be 'a line drawn in the sand').
- Review concerns within a *team setting* ensuring that *all* concerns regarding risk are raised and discussed.

CYFS LIAISON - NOTIFICATIONS, REFERRALS AND INTERVENTIONS

Discuss early, your obligations to keep children safe e.g. to share information with Child Youth and Family Services (CYFS). Provide positive stories of successful CYFS involvement (e.g. children remaining with parents/whānau, accessing necessary supports increased safety and quality of life for children).

Always attempt to include parents in the process of notification. (Extensively assess any occasion when informing parents is not recommended).

Consider a confidential meeting/phone call to CYFS (to explore issues without identification).

Never make decisions alone. If your client and family are strongly opposed to liaison with CYFS, discuss with other services and within your own team and decide who is best to make a formal notification. In the interest of maintaining engagement, the service who is going to be involved for the shortest period of time may be the best to do this.

A notification done badly can increase risk and lead to family disengaging from potential supports.

Maintain or increase engagement when CYFS become involved (rather than passing responsibility on to others). Ensure that you actively follow up CYFS response, if not happy with it, persevere, this may mean taking this up the CYFS hierarchy.

Where possible work with CYFS to develop plans with parents to support child wellbeing.

FAMILY CONFERENCES/WHĀNAU HUI/ STRENGTHENING FAMILIES MEETINGS

These collaborative processes establish family at the centre of decision-making. Early on, those practitioners closest to the whānau who have earned the greatest trust and respect from family should consider the benefits of family meetings and take a lead coordinating role. Where possible locate meetings at places most accessible to family and whānau and their other social supports.



Māori Terms:

Whānau - extended family, family group, a familiar term of address to a number of people
Hui - meeting