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# Invisible Children? Parental Substance Abuse And Child Protection: Dilemmas for Practice

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**Brynna Kroll and Andy Taylor draw on relevant literature to explore the impact of substance abuse on parenting and child welfare. They also make use of a preliminary survey of professionals to consider the implications for practitioners working with drug or alcohol using parents. They conclude that a more holistic model of intervention needs to be developed if the needs of both vulnerable children and adult clients are to be met.**

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**“Boy, 7, hands in mother’s heroin to his teacher” (*The Times*, 1998)**

For those of us who have been long concerned with the effects of parental substance misuse on children, this headline was not surprising. The child in question explained his behaviour as a response to his concern about his mother’s drug use and told the teacher he wanted her to stop using heroin. It was one of several similar cases reported in the period of a week; all came and went with little impact apart from a comment from the ‘Drugs Tsar’ Keith Hellawell, who dismissed them as “isolated incidents” (*The Times*, 1998). This article considers the extent to which children of substance misusing parents have become ‘invisible’ in this context, as Robinson and Rhoden (1998) suggest and as some accounts of children make clear (Laybourn *et al*, 1996). It explores the dilemmas faced by professionals in this context, who often feel ill equipped to hold onto both the needs of the adult and the needs of the child, and

argues that children may, as Cleaver *et al* (1999) and Weir and Douglas (1999) fear, be falling between the gaps in service provision for different groups. It will be argued that a new approach to intervention is required that enables substance misuse to be explored while ensuring the ‘visibility’ of the children.

## Parental Substance Misuse and Risk to Children

A significant body of research now exists linking problematic drug and alcohol misuse with both poor parenting and different forms of child maltreatment (see, for example, Famularo *et al*, 1992; Coleman and Cassell, 1998; Sloan, 1998; Reder and Duncan, 1999; Ammerman *et al*, 1999; Cleaver *et al*, 1999). Three particular themes emerging from this research are central to the debate:

- Firstly, there appears to be some correlation between substance misuse and an increase in child maltreatment/abuse (Chaffin *et al.*, 1996; Juades *et al.*, 1995). However, it is false to assume that all such parents maltreat their children.

- Secondly, findings indicate that parenting skills, family life and dynamics, and general child-rearing practices (such as discipline, boundary setting and consistency of care) can be adversely affected by drug-centred lifestyles (Magura and Laudet, 1996). This may have considerable consequences for child/parent attachment patterns and therefore children's feelings of emotional safety, quite apart from the implications for physical safety. Chaotic lifestyles can also have a direct impact on children's safety and stability (Sloan, 1998; Cleaver *et al.*, 1999), partly because they make it harder for professionals to keep in contact (Cleaver *et al.*, 1999).

- Thirdly, there is an increased risk of violence in families where substance abuse is present (see, for example, Bays, 1990). The link between domestic violence and child maltreatment and the interface between substance misuse, domestic violence and child welfare are the subject of much debate (see, for example Hester *et al.*, 2000). However, it must be acknowledged that the interaction between substance use and violence is complex and is by no means as simple as some findings may suggest (Fagan 1993). The difficulty in interpreting the figures comes from the fact that much substance misuse takes place in the context of the stresses and strains of daily life, exacerbated by social pressures, experiences of discrimination, low self-esteem, anxiety and depression.

Fundamentally, the research suggests that many different possibilities need to be borne in mind when assessing risk posed by, or when working with, substance-abusing parents. Sloan (1998) highlights the vast range of emotions and reactions that different kinds of substance misuse can provoke. Children may be living with

parents who are euphoric, benign and indulgent at one end of the spectrum, and depressed, aggressive or comatose at the other. Clearly negative assumptions must not be made but, equally, assumptions that children will necessarily be fine cannot be made either:

“... the effects of substance misuse on a family is probably complex and varied ... it is necessary ... to understand the substance abuse in the context of the individual family and its impact on the child care experienced by the children.” (Sloan, 1998, p.39)

The implications for a thorough assessment of the family system as a whole, and not just the individual, are clear. Yet, although assessing risk has always been an important task for probation officers (and is a current preoccupation in welfare circles generally), the main criminal justice literature on risk and drug/alcohol problems does not address the risk posed by substance-abusing parents to their children in any real depth. This is despite the fact that ‘risk to whom’ is a standard risk assessment question (Kemshall, 1996 and 1997).

In contrast, risk assessment in child care work identifies parental substance misuse as a key predictive factor in child maltreatment (Greenland, 1987) and an addicted parent is a feature of a substantial minority of children on child protection registers (Sargent, in Parsloe, 1999). For example, in her snapshot survey, Rickford found that parental substance misuse was suspected for 70% of children subject to care orders (Rickford, 1996). In his research into parental substance misuse and child maltreatment in Cornwall, Sloan also found that, of children on the register where parents had substance problems, parental behaviour was often characterised as “either violent or failing to meet the child's needs” (1998, p.34). Research into factors contributing to child abuse tragedies has identified both alcohol and drug misuse as significant factors (Reeder and Duncan, 1999) and there is considerable research

both into the impact in later life on children who lived with addiction as well as children's accounts of their experiences in the present (see, for example, Woititz, 1990; Robinson and Rhoden, 1998; Seval Brooks and Fitzgerald, 1997; Laybourn *et al*, 1996). We will now attempt to explore some of the emergent issues in more detail.

## Substance Misuse and The Effects on Parenting

"To ask the question whether drug addicts make good parents is to pose a question which, while offensive in its formulation, is serious in its import." (Barnard, 1999, p.1109)

In analysing this area some core points need to be made that help retain a sense of balance as well as a child-centred focus. An obvious first point is that not every one who uses substance A behaves in manner B; even if they do behave in manner B at times, it is the frequency and pattern of this behaviour – assuming it is in some way antithetical to 'good enough parenting' – that is significant, together with any additional consequences that might also have an adverse effect on safety, domestic and social harmony or lifestyle. Substance misusing parents are not a homogeneous group and therefore any general statements must be taken as such.

There is also the recurring problem of what might be called 'collision of circumstances'. In other words, parental substance misuse occurs for many reasons, in different contexts and can contain additional elements other than just the substance itself. These levels of complexity cannot be emphasised too much; the relevance of their emphasis is to guard against over-simplistic analysis and over-categorisation since this often leads to misinterpretation and misunderstanding. The object of any kind of generalised statement is, after all, to enable the territory to be broadly mapped out in such a way that

useful understandings and assessment can be reached, not in order to locate, compartmentalise or categorise.

This is particularly important in relation to assumptions about gender – in relation to both men and women – and parenting roles and responsibilities. Just as women are still treated very differently within a range of systems, both welfare and criminal justice (Worrall, 1995), men are also treated differently when it comes to issues of child care, child welfare and child protection. Unfair judgments can be made about women who are parents and abuse substances (see, for example, Ettore, 1992; Kroll, 1997), and by the same token men are often discriminated against by the child care system (Ammerman *et al* 1999). It is important, therefore, to realise the importance of taking into account the unique circumstances of fathers and mothers within any consideration of parenting and substance misuse (*ibid*).

Within this context, then, attention will now be turned to the ways in which substance misuse can affect aspects of parenting. Different authors have used a number of ways to structure potential problem characteristics of substance misuse for parenting. Here, we have attempted to group some of the most useful of these, borrowing particularly from Cleaver *et al* (1999), Coleman and Cassell (1998) and Famularo *et al* (1992). Although we separate consequences of drug use on parenting capacity into the *physical, psychological and social*, we acknowledge that these are fluid concepts and that there is a continual interplay between them.

### Physical and Psychological Consequences of Substance Misuse

The physical effects of certain drugs may pose particular health risks or hazards. Possible loss of consciousness caused by substance misuse could mean children being placed at physical risk unless there is another adult around to take over supervision. If left alone children may find themselves in situations which they may be unable to handle, such as injury, illness and

fire. Neglect (on both physical, personal and environmental levels) can be another consequence, giving rise to the potential for poor hygiene and risks to health (Sloan, 1998). Further health risks might be presented by careless disposal of syringes, bottles, needles, etc, and the tendency of children to copy parents could have fatal consequences (see accounts of children who died as a result of taking methadone in Reder and Duncan, 1999).

The physical and psychological effects of misuse can result in limited time and attention being given to children, inconsistent care or conflictual relationships with them (Barnard, 1999). Substance misuse can cause altered perceptions, apathy, listlessness, feelings of paranoia or a distorted view of children. This can involve inappropriately blaming them for a range of circumstances (Seval Brooks and Fitzgerald, 1997). Loss of emotional control has been shown to be one result of substance misuse with frightening, confusing or violent behaviour deeply affecting children (Laybourn *et al*, 1996; Seval Brooks and Fitzgerald, 1997). If chronic addiction results in considerable time and attention being focussed on acquiring and using drugs, problematic or insecure attachment may result where this leads to emotional unavailability (discussed in more detail below). Research has identified the chaotic lifestyle associated with some substance misuse as a significant variable with regard to parenting capacity (Sloan, 1998).

### **Social Consequences of Substance Misuse**

Maintaining an addiction, particularly an illegal one, may make employment difficult to sustain and lead to resources being diverted away from the family budget, with food, clothing and household bills being sacrificed. The illegal status of many drugs, the recourse to crime to gain them and the imprisonment which may follow, could result in children being separated from carers, and dislocation from normal social networks. Where substance misuse

includes a heightened risk of domestic violence, there may be the issue of a mother having to leave the home to go to a refuge, or drug-misusing parents leaving to attend detoxification or rehabilitation facilities, which tend not to have child care provision.

Parents may also become separated from normal support systems, sometimes fearful of seeking help in case children are taken into care (Coleman and Cassell, 1998). They may cut themselves off, fearing disapproval from family and friends, and retreat further into a drug-taking environment and culture, to the exclusion of a wider circle of social supports. Parents' behaviour at school, influenced by wariness or anxiety, may create stigma and, for example, lessen the chance of children being asked to other children's homes, thus impacting on the development of their own social networks.

Fear within the family system about the consequences of the substance abuse can lead to both adults and children adopting a secretive "keep out" stance in relation to the wider world (Laybourn *et al*, 1996; Brisby *et al*, 1997). This also has implications for attitudes towards welfare professionals and the degree to which children feel free to confide in others for fear of the consequences. This is particularly true where the mother is abusing substances and women go to great lengths to remain hidden (Kroll, 1997). For many people, a substance is the only means by which they can manage family responsibilities and coming off poses too great a threat of disruption and change. It is, however, hard to hide addiction from children and can provide them with a potentially dangerous model for problem solving (Aldridge, 1999). The 'substance' relationship can then become the one seen as the most reliable. It is perhaps not surprising that many young people who grew up with a substance dependent parent or parents, often develop an addiction of their own (Aldridge, 1999).

All of the above circumstances can of course interconnect. The conflicting pressures may be especially problematic

where there is acute economic pressure, no alternative carer, and little or no support from relatives, neighbours or outside agencies.

## Parental Substance Misuse and the Impact on Children

From a discussion of the impact of substance misuse on parenting, we now turn to a more focussed consideration of the consequences of this for child welfare, bearing in mind that, as Laybourn *et al* (1996) point out, "various aspects of the child's situation interact with each other to produce different levels and time scales of impact" (p.43). The effects of parental substance abuse can be countered by a variety of 'protective factors' such as the child's personality, coping mechanisms and other people in the child's social system (Rutter, 1990; Howe *et al*, 1999). However, these factors are likely to be effective only if the child has a sense of confidence and self esteem, some experience of engaging with and surviving stressful situations, and a range of problem-solving strategies (Rutter, 1990).

In terms of vulnerability, a number of factors come into play. These include the extent to which the child is directly involved in the parent's problem behaviour, irrespective of the seriousness of the behaviour itself. The children most at risk of significant harm are those who are the subject of rejection, aggression, violence or neglect as a result of the substance abuse, or who are the subject of their parents' substance-induced delusions or paranoia (Quinton and Rutter, 1985). Research also suggests that children of lone parents who abuse substances are particularly vulnerable (Cleaver *et al*, 1999). Children are less likely to be affected if they have sound social networks, if the parent's behaviour does not lead to a chaotic lifestyle, family discord or family break up, and where the problems are mild and of

short duration (Rutter, 1990). In two parent families, it helps if one parent is substance free, if there are other adults sharing child care, if the home environment is safe (syringes, bottles, etc, kept out of reach), family activities and rituals are maintained, and finances are adequate (Velleman, 1993; Laybourn *et al*, 1996). Girls tend to be less affected by parental substance misuse problems in the short term, but if they persist they are just as likely to experience problems as boys, although it is not clear why (Tweed, 1991).

### The Implications for Attachment

Research based on both adults' experiences of their childhood with substance-abusing parents (see, for example, Woititz, 1990; Velleman *et al*, 1998) and on accounts from children and young people themselves (see Brisby *et al*, 1997; Laybourn *et al*, 1996; Childline, 1997) indicates that children's central experiences are to do with the impact of parental substance abuse on attachment and the consequences of this in terms of losses on a range of levels. This can include loss of a reliable, consistent and responsive parent, loss of confidence and self-esteem, loss of a 'normal' lifestyle in which it is safe to bring friends home or go to school. Parental substance abuse may also result in temporary loss of parents' due to imprisonment, as suggested earlier, or being accommodated by the local authority or permanent separation as a result of care proceedings (Cleaver *et al*, 1999).

Attachment between child and caregiver has long been recognised as the cornerstone of healthy psychological and emotional development, both during childhood and in later life (Bowlby, 1988) and attachment behaviour is a child's way of obtaining reassurance and protection from an attachment figure at times of anxiety:

"... attachment behaviour is activated whenever young children feel distressed and insecure and need to get into close proximity with the main caregiver. Thus situations which lead to separation from or loss of the attachment figure not only cause

anxiety, but also entail the absence of the very person who is able to soothe the child ... prolonged or repeated losses and separations of the attachment figure ... might therefore subject children to sustained periods of unresolved distress.” (Howe *et al*, 1999, p.13)

In addition to this physical closeness, attachment theory extends to include a child’s sense of emotional closeness to a caregiver – the belief that they are there for them psychologically as well as physically (Howe *et al*, 1999). As a consequence, “attachment figures who are emotionally unavailable and unresponsive are just as likely to cause anxiety and distress as those who are physically absent” (Howe *et al*, 1999, p.14). As we have seen, one of the possible effects of substance misuse on parenting is difficulty with attachment at a number of levels; if the adults’ primary attachment is to a substance this has implications for attachment to others. Consequences of this for children can be low self-esteem, lack of confidence, insecurity, mistrust, confusion and self blame, with implications for the formation of sound relationships in later life (Seval Brooks and Fitzgerald, 1997; Brisby *et al*, 1997).

### **The Hijacking of Childhood**

For some children with a substance abusing parent or parents, there are apparent benefits, albeit usually of a short-term nature. Studies suggest that, when parents are ‘under the influence’, children can experience more freedom, benevolent attitudes generosity with pocket money, etc (see, for example, Laybourn *et al*, 1996). Children can also gain a sense of status and self-worth from taking on caring responsibilities (Laybourn *et al*, 1996; Aldridge and Becker, 1993). However, becoming a young carer, as research has shown in other contexts, can effectively hijack childhood, and places adult burdens on children’s shoulders; developmental stages are often not resolved, since children have to grow up quickly, take responsibility for a parent who may often be unwell or

incapacitated, manage a range of embarrassments which may lead to loss of a social life, schooling, academic attainment and outside networks (Seval Brooks and Fitzgerald, 1997; Brisby *et al*, 1997; Laybourn *et al*, 1996; Childline, 1997). Developmental stages can also be skipped completely and premature adulthood ensues. As Aldridge and Becker (1993) discovered:

“These young carers ... are to some extent guardians of their own welfare and ... their own parent’s parent”. (p.45)

Notwithstanding this, many children with a substance-misusing parent cope successfully and show much insight into their parents’ situation (Laybourn *et al*, 1996; Brisby *et al*, 1997). However, just because some do, this does not mean that all will. Despite the dangers of idealising childhood, it is an important period and needs to be preserved in such a way that development and growth can be protected and sustained.

## **Issues for Practice**

### **The Pilot Study**

The stimulus for this article was a small pilot study which sought to further explore the issues and dilemmas suggested by the research discussed above. Our overall aim is to use this pilot to inform a larger study (currently being undertaken) to test out and build on some of the emerging themes.

The sample comprised fifteen people drawn from both voluntary and the statutory sectors. It included two adult services social workers, three child care social workers, three probation officers, three voluntary sector drug/alcohol workers, a staff group of three at a family centre, and two staff at a residential unit for young people with drug problems. This group was comprised of 12 front-line practitioners and three managers.

Welfare professionals were interviewed using a semi-structured interview format

with five general areas for discussion and use of prompts (May, 1997). Most individual interviews were taped although for technical reasons some had to be recorded by hand. Interviews lasted between 45-90 minutes and were transcribed and searched for themes, issues and dilemmas which were then clustered where possible (Robson, 1997). Less formal team discussions also took place in which some of the emerging themes were shared and debated. No attempt has been made to come to any firm conclusions on the basis of this data; rather the aim has been to describe and illustrate some of the most challenging practice issues.

### **Practice Dilemmas**

The conflicting and often polarised views of professionals in the pilot study highlights the complexity of the messages which emerge from the research discussed above. In common with the findings of a larger study by Bates *et al* (2000), views ranged from the assumption that controlled use would ensure child safety, to the opinion that a parent with a drug or alcohol problem is by definition a less fit or unfit parent, possibly requiring drastic child protection measures to be taken. One of the most problematic issues was of knowing how to regard the parent who, to quote one professional, is "an exceptional parent when sober but barely able to stand up when drunk". Issues of discrimination, stereotyping and the fear of being judgmental came into play, as well as uncertainty about how to tell if children were suffering or not, particularly as access was usually quite limited. Some practitioners in adult services were honest enough to admit that "if the children looked okay, then I assumed they were okay"; this is despite an awareness that such observations, made during a visit to a family centre or drug or alcohol drop in, were unlikely to provide a realistic or full picture since the agency might provide the *only* 'safe place' where children could actually 'feel okay'. Many of the people interviewed were aware that, despite tragic

empirical evidence to the contrary (see inquiries into the deaths of children in care, for example Bridge Report, 1997) they still had a tendency to assume that interventions with the adult would inevitably have positive consequences for children. They admitted that evidence of this tended to be sought from the parents rather than established by observation of or contact with the children.

For other workers, parental drug abuse was one feature among so many – criminal activity, poverty, threat of eviction, school exclusion, mental health problems, parental conflict or violence – that it was hard to clear a space in which it was possible to really assess the impact on the children. The multi-layered nature of the problems experienced, and teasing out the links between these and substance abuse, clearly made decisions about both how to intervene and where to intervene very problematic.

Many felt conscious that due to pressure of work and organisational imperatives, they were retaining neither a clear child protective stance, nor a holistic approach to a problem they knew had wide implications for family systems in general and children in particular. Although, on the one hand, everyone had the 'paramouncy principle' (i.e. the overriding importance of the child's best interests) in mind, many workers felt ill equipped to make confident assessments about risk, and almost set up to fail by agencies that exhorted them to address the issues but gave them neither the space nor support to do it properly. Inter-agency tensions, procedures and practices tended, they felt, to encourage them to take a narrow view of what knowledge was relevant, based on an acute awareness of what could realistically be done. It seemed that, although workers could identify the problem, feelings of anxiety and impotence characterised their interactions. Role confusion was commonplace; workers' uncertainty about which agency was supposed to be doing what and with whom, and about who was the actual client, often led to inaction. These dilemmas reflect the

findings of both Bates *et al* (2000) and Reder and Duncan (1999). The latter also underlined the role played by communication problems in allowing children to remain 'invisible'. One consequence of this was "assessment paralysis" (Reder and Duncan 1999, p.56) in which professionals became so caught up in assessing the parent's mental health that "this interfered with thinking about the needs of the child" (*ibid*).

The levels of stress engendered by the additional organisational dynamic were also a significant factor (Davies, 1998). One voluntary sector childcare professional commented on the refusal of a statutory agency to "listen to a situation", leading to a two-year delay in a referral being accepted. This was at a time when staff morale was low, stress levels high and workloads overwhelming. Many respondents admitted that it was easier either to condemn or condone rather than occupy a place somewhere along this continuum. In between these extremes is the complex place where skilled assessment involving all family members is the crucial ingredient for effective intervention.

## Final Thoughts

Debates about parental substance misuse and child maltreatment give rise to some important questions about the nature of substance dependency and the effects not just on the active participants but on those dependent on them. Substance misuse is a factor in a range of social problems, including general crime, domestic violence, child maltreatment and health. It can have considerable adverse consequences for children and can cast a long shadow, leading to problems in adulthood unless protective factors can be mobilised. Practitioners' concerns reflect discomfort with approaches that enable child protection concerns to lurk just out of sight and organisational imperatives which

encourage 'not knowing' that which, instinctively, they know should be addressed. They also reflect the increased divisions between child and adult services and increase the danger of children remaining invisible within the professional network.

It seems beyond doubt that we need to reconsider how we intervene in families where substance abuse is present. What we feel is required is a more holistic model for intervention that brings together methods, skills and approaches from both child and adult services, enabling us to enter the world of the substance abusing family and know what to do when we get there. To make a contribution to this area of practice, we are currently attempting to explore the potential for such a model and preparing it for publication. Seeing the 'invisible' children, we believe, may have a significant impact not just on the approach of professionals with whom they come into contact, but also on their parents' motivation to change.

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