Parental Drug Use – A Recent Phenomenon

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THE MIRABEL FOUNDATION

The Mirabel Foundation – Researching for Positive Change

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The Mirabel Foundation Inc (Mirabel) was established in 1998 to assist children who have been orphaned or abandoned due to parental illicit drug use. Mirabel provides advocacy, linkage and referral, research, practical and emotional support for children and their kinship carers.

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The work and services of The Mirabel Foundation are funded through donations, philanthropic grants, fundraising events and a Commonwealth Government project grant.

The Mirabel Foundation is committed to research that will make a positive difference to the lives of children living in kinship families. This discussion paper is one of many tools that will be used to document best practice when working with children who have been orphaned or abandoned due to parental illicit drug use and the kinship carers who give of themselves for the sake of the children.

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Purpose of Report

This research is intended to bring together the current literature available on children and families who have been affected by parental illicit drug use. The research examines the changing nature of Australian society, the emergence of illicit drug use by parents and the development of kinship care as the preferred option for out-of-home care. This paper is intended to assist with the formation of a research agenda, ultimately bringing about positive change for the children and their families.

Terminology

Terms such as ‘parental illicit drug use’, ‘parents addicted to substances’, ‘substance abuse’ and ‘parents using illicit substances’ are used throughout this paper. In all

cases, such terms are used to describe parents who meet the criteria for substance dependence and abuse in the Diagnostic and Statistical Manual IV of the American Psychiatric Association.

Introduction

The need for this paper has grown out of an Australian society that is changing. As a nation, Australia is faced with myriad and complex social issues that did not exist in the past. “The past 50 years has [sic] seen significant changes to Australian families and communities, the identification of a variety of new social issues, and as a result, substantial expansion and changes to the family support system” (Tomison 2003: 17). Two of these significant social issues are: the emergence of illicit drug use by parents; and the development of kinship care as the preferred option for out-of-home care. This report brings together information and resources about these profound social issues and considers the ways in which they affect one another.

A historical perspective facilitates an understanding of how Australian society has evolved to its present state and provides a context from which to move forward. In a recent review of home-based care conducted by the Department of Human Services (2003a: ii), Scott confirms the importance of looking at the past as a means to improving the future: “If we adopt an historical perspective we are able to see just how far we have come. Understanding the past should therefore give us the courage to address new challenges and overcome the shortcomings of our current policies and practices. Unless we do so we will stand condemned by those who follow us as having failed this generation of children”.

This paper is separated into two sections. The first explores the way in which parental drug use has changed the face of child welfare in Australia. It cites parental substance abuse as one of the primary reasons for the increasing numbers of referrals to the child welfare system and details a system that has failed to cope with the changing nature of society. The report provides a summary of drug use in Australia from the

early 1900s, when addiction to drugs was referred to as an illness rather than a criminal offence, to the present day, where it reviews government and community attitudes that have neglected to consider the children of drug users in their debates on drugs and the stereotypical view of a person who uses drugs as someone without children. An overview is provided of the past and present complexities of parental drug use in relation to child welfare with a discussion of the systemic changes required to provide adequate protection to children.

The second part of this paper examines the ways in which parental drug use has changed the face of the out-of-home care system. The paper provides an overview of past child welfare practices from the beginning of white settlement and highlights the growth of kinship care. Australia's tendency to repeat and overcompensate for flawed child welfare practices of the past is emphasised and concerns are raised that this continues today. The paper suggests that there is a lack of government commitment to kinship care and that it is time to provide adequate resources to support this growing form of out-of-home care. It is hoped that the examination of the past that is provided in this paper will be used as a tool to improving the future.

Parental Drug Use
Changing the Face of Child Welfare

Failing to Cope

"Parental drug use is one of the most serious issues confronting the child welfare sector in the past 20 years" (The Child and Family Welfare Association of Australia 2002: 9). The Drug Policy Expert Committee (2000a) found that the children of drug users form a significant percentage of the Community Care client group in Victoria, whilst the Department of Human Services (2002a) acknowledges that a large percentage of families involved with child protection consist of parents with problematic drug use. In 1998, Saunders and Goddard found that widespread use and dependency on illicit drugs had resulted in increasing numbers of complex referrals to child protection. An already troubled child welfare system is now faced with the increasingly common and always difficult scenario of children at risk due to their parents' drug use.

"Substance abuse is one of the main reasons for the increasing number of children in the child protection system. This issue and, in particular, the fact that increasing numbers of women are now engaged in substance abuse, has changed the face and dynamics of child abuse and neglect in Australia" (Families Australia 2003: 11). Many of the adults involved in drug treatment services are parents (Department of Human Services 2002a) and there are now more children requiring out-of-home care due to parental drug use (The Child and Family Welfare Association of Australia 2002). The child welfare system, drug services arena, judicial system and the community at large are failing to cope with the increasing culture of illicit drug use in Australia and failing to address its impact on the children of parents who abuse drugs.

Victoria's child protection system has been under pressure for many years (The Allen Consulting Group 2003). In more recent years, the child protection system has experienced increasing pressure as a result of parental death from drug overdose, neglect as a result of parental drug use and parents serving prison sentences for drug related crime (Drug Policy Expert Committee 2000a). Scott (2003) describes Victoria's century-long struggle to address child abuse and neglect and suggests that the current child welfare system faces new challenges as a result of the increase in parental drug dependence. These challenges span the entire child welfare sector. A 2003 review of home-based care found that, "Children are increasingly placed in care because of their parent's inability to look after them, including an increasing number as a result of chronic substance abuse..." (Department of Human Services 2003a: viii).

The Department of Human Services (2002a) asserts that "Child protection workers are becoming increasingly knowledgeable and skilled in understanding how problematic alcohol and other drug issues impact on parents' capacity to meet their children's needs". Of great concern, however, is the apparent inability of child protection workers to take action to protect children from the negative effects of parental drug use. A recent report into child deaths in Victoria noted that there had regularly been, "...ongoing attempts to monitor parental substance use and its impact on parenting capacity. However, in some cases, drug and alcohol assessments did not eventuate despite case plans" (Victorian Child Death Review Committee 2003: 39). Stanley and Goddard (2002) agree that parental substance abuse is often overlooked in both practice and research into child protection issues. A report by the US Advisory Board on Child Abuse and Neglect (1995) stated that many parents involved in the fatal abuse of their children were also substance abusers (cited in Stanley & Goddard 2002). Closer to home, a report by the Victorian Child Death Review Committee (2003) indicates that a theme emerges about the vulnerability of children living with parents who abuse drugs. Despite emerging evidence and research regarding the effects of parental drug use on children, Australia's children continue to suffer from a child protection system that appears unable to stand to account and put children's needs before the needs of their parents.

There is a lack of research literature on women and drug use (Hamilton et al 2004), consequently contributing to the lack of recognition of children in the debate on drugs. Reference to the children of drug users is almost universally absent from the many reports produced by the government and non-government sector pertaining to patterns of drug use in Australia, drug treatment and drug policy. Data is rarely collected about these children by drug treatment services. Children continue to be the forgotten casualties of the drug debate despite alarming evidence of the effects of parental drug use on children. The only report pertaining to drug use found to mention children estimates that over 1000 children in the protective care system have been orphaned as a result of their parents' heroin overdose (Drug Policy Expert Committee 2000a) but does not elaborate or address this concerning issue in any other way. The report fails to acknowledge that this number does not include children who are not part of the protective care system, children orphaned as a result of drug induced suicide or drug induced accidents and children who have been abandoned due to their parents' drug use. One can assume, therefore, that the report's estimation is not close to identifying the number of children affected by this growing community issue.

Changing Times

Goddard et al (1990) state that the history of child protection in Victoria has been a troubled one. The child welfare sector faces challenges that did not exist 30 years ago (Degenhardt & Gostt 2000), largely as a result of Australia's changing drug culture.

The ways in which the Australian community and government interventions have attempted to deal with illicit drug use have changed over time. An examination of drug use throughout history suggests that whilst the type of drug, the way in which it is used and the context of its use will change, drug abuse will inevitably continue (Hamilton et al 2004).

In the early 1900s, government-run homes treated small numbers of people addicted to drugs. Addiction to drugs was regarded as an illness rather than a criminal offence (Legal Information Access Centre 2000); eliciting different responses to those witnessed in recent times. Prior to 1920, researchers experimented with trying to develop scientific models of addiction, but it was not until the 1940s that addiction was labelled as a chronic condition linked to psychoneurotic conditions (Drugs Policy and Services Branch 2003).

The 'hippy' era of the 1960s, was a time when the use of illicit 'soft' drugs was not seen as a social problem and the use of heroin and cannabis increased. Parental drug use may well have occurred but was not considered a significant problem. The organisation of illicit drug trafficking also began in the late 1960s as the drug market increased to meet the needs of international servicemen who were on leave from the Vietnam War (Campbell 2001).

Criminal offences relating to both the possession and supply of illicit drugs has increased steadily since 1970 (Premier's Drug Advisory Council 1996). Organised drug trafficking accelerated during this time and policies were beginning to develop in an effort to solve Australia's drug problem (Campbell 2001). At this time, a disease model of addiction was adopted which consequently reduced some of the stigma associated with drug addiction (Drugs Policy and Services Branch 2003). The 1970s is also known as a time when illicit drug use became a national issue due to more Australians having the financial capacity to support an expensive addiction coupled with an increase in the numbers of unemployed young people (Campbell 2001).

The government-led recognition of illicit drug use as a national issue was followed closely by a national campaign against drug abuse during the 1980s, marking a major change in drug and alcohol policy in Australia. The campaign introduced a broader social perspective of drug use including the concept of harm minimisation. The introduction of harm minimisation policies was in part a response to the rapid spread of HIV/AIDS and aimed to reduce harm to the drug user and society. Methadone programs also became popular during this time and drug-related crime began to increase (Campbell 2001). Drug users were generally viewed as street-dwellers with no home and no income.

It was not until the 1990s that the number of children referred to child protection escalated to more than 37,000 (Department of Human Services 2001) and parental illicit drug use became a factor that could no longer be ignored. Ignore, however, is what the vast majority of child welfare services, politicians, journalists and the general community did. The stereotypical image of the drug user as a poorly-educated, homeless, unemployed person persisted; few people entertained the possibility that drug users could also be well-educated, professional and/or parents. The 1990s was marked by controversy over supervised 'safe' injecting rooms and heroin trials. Media

coverage surrounding the concept of supervised injecting rooms was frequent but the discussions and media coverage failed to tackle the important issue of who would care for children while their parents' used the facility. The Commonwealth 'Tough on Drugs' strategy began (Campbell 2001), while unpaid social activists tried in earnest to bring attention to the forgotten casualties of the drug epidemic – the children of drug addicts.

Hamilton et al (2004) advise that heroin deaths steadily increased in Australia from the 1970s until the year 2000 when a decrease in supply of heroin occurred (the heroin drought). In 2000, the Drug Policy Expert Committee (2000b) advised that the number of heroin users in Australia has almost doubled since 1995 and at this time it was estimated that deaths from heroin overdose tallied the same as the Australian road toll (Campbell 2001). The heroin drought of the new millennium resulted in an increase in poly drug use (Drug Policy Expert Committee 2000b), further complicating an already complex culture of illicit drug use. This complex culture continues to affect many aspects of society, most importantly, the children of the future.

A Search for Simple Answers

Society's understanding and perception of drug addiction has evolved over time (Drugs Policy and Services Branch 2003). The Drug Policy Expert Committee (2000b: 16) acknowledges that the "...impact of drugs is now broad and is affecting the fabric of our society". All drug use is extremely complex and is influenced by the culture of the time in which the drug use takes place (Dartnell 2003). Similarly, "...child abuse and neglect relates to time and culture, and is influenced by the priorities set by society" (Goddard 1988b: 76). Since the beginning of white settlement in Australia, history has demonstrated that moral and value judgements about mothers and labelling of children have been common. Stanley and Goddard (2002: 16) suggest that "...judgements about the welfare of the child are always intertwined with politics, economics, values, cultural attitudes and available knowledge...". The ways in which Australian society can deal with the increasingly complicated combination of illicit drug use and parenting is far from simple and demands insight, knowledge, empathy and expertise regarding parental drug use, child welfare and the effect these two issues have on one another.

This paper highlights a range of contentious issues that impact on and intertwine with one another. Issues relating to parental drug use, drug prevention and drug treatment are complex and solutions to these problems are certainly not obvious. In addition, advocating for the rights of children does not always recognise that the division between children's rights and parents' rights is often indistinct, as both fall under the umbrella of basic human rights. Searching for simple answers to complex problems is likely a futile attempt to hastily address issues that have taken years to deteriorate.

Drug abuse has traditionally been seen as an individual's responsibility rather than a community issue (Hamilton et al 2004), however, growing community concern regarding substance abuse has more recently been well documented (Degenhardt & Gostt 2000). In contrast, society has often been blamed for incidents of child abuse. Community attitudes towards drug use have long been considered the primary determinant of behaviour (McAllister & Moore 1988) and what is considered to be reasonable behaviour in one era can be considered a criminal act in another (Hamilton et al 2004). Hamilton et al (2004: 52) suggest that the public's reaction to

drug issues "...will not always be rational and reasoned, but will continue to be influenced by complex social, moral, and historical forces". In order to avoid conflicting messages regarding parental drug use, Australia must give a clear message that children are sacred and will be protected from all forms of abuse and neglect regardless of the times in which they exist; that is, the care of children must be given precedence and dissociated from issues such as the interests of the drug user, the interests of minorities within the Australian community, and the social stigma surrounding substance misuse.

A child's family directly and indirectly influences drug use behaviours (Mitchell et al 2001). Mendes (2001: BB7) points out that many young people are specifically exposed to illicit drugs and the associated sub-culture by their own families. The wellbeing of children involves more than just safety issues (Freiberg et al 2004); family play a key role in shaping the individual. Mitchell et al (2001) list a number of family factors associated with drug use: a family history of drug use; criminality; failure to model and teach social and academic skills; poor supervision of the child; ineffective discipline; difficult parent-child relationships; family conflict; family chaos; poor parental mental health; family isolation and role reversal. Each of these factors is commonly seen in families where parents abuse drugs.

Research shows that children subjected to parental drug use are at a high risk of child abuse. Further, child abuse contributes to a range of social problems including substance abuse, mental illness and homelessness (Tucci et al 2001). The Drugs Policy and Services Branch (2003) recognises the impact of life experiences on addictive behaviour; the longer a person travels along a problematic pathway, the more risk there is of them abusing substances. This suggests that early and sustained intervention is important in reducing the likelihood that a person will misuse drugs (Michell et al 2001). It also highlights the significance of long-term strategies aimed at reducing child abuse as a means to of helping to prevent problematic drug use and other costly social problems.

"Research has shown that drug use results in a significant burden of suffering on individuals, families, and communities" (Hamilton et al 2004: 51). Collins and Lapsley (2002) have estimated the cost of drug misuse in Australia to be more than $34.4 billion. In addition, it has been estimated that the costs associated with child abuse are as much as 19 times greater than the costs of prevention (Saunders & Goddard 1998). Needless to say, these two growing issues come at a great financial cost to governments and perhaps an even greater cost to the future of Australian society. It would be wise, then, to invest in addressing the issues surrounding drug use and child abuse in the near term as a means to saving money on a governmental level and improving Australia's future on a societal level.

Goddard (1988b) suggests that there needs to be extensive research into issues of child abuse and neglect. Research into child abuse is necessarily founded upon the perspective and philosophical views of the time in which it took place. Modern research into child abuse must consider the relationship between parental drug use and child abuse. Research into the cause of parental drug use is a completely different matter with unique and differing issues to be explored separately. Statistics indicating a link between parental drug use and child abuse suggest that research into parental drug use may lead to evidence of some of the key causal factors of child abuse. Hamilton et al (2004) suggest that drug dependent mothers may avoid seeking treatment for their drug dependence because they fear their children will be removed. Diversionary arguments relating to parental disadvantage detract from the crucial issue of protecting children. Children must not be sacrificed or used as a means to compensate for injustices of the past. Parents using drugs may be victims of

Australia's past child welfare system inadequacies (or the current child welfare system), however, protecting their children must take priority over righting the past inadequacies.

"Vulnerable and in need, some children in our adult-centric society face impossible odds" (Saunders & Goddard 1998: 36). Parental drug abuse is usually a chronic, recurring condition from which recovery is a long-term process. The development of children is a rapid process, where the provision of on-going safety and stability is a basic necessity (Department of Human Services 2002a). The Department of Human Services (2002a) suggests that balancing these two factors is a key issue for workers in the child welfare and drug services fields. Pursuing the best interests of a child should never be about balancing the needs of a child with the needs of their parents. The right of children to the provision of a stable and nurturing environment should not be put on hold in anticipation of a parent's recovery from drug addiction. The drug debate must shift its focus to concentrate on minimising the possible harms that result from drug misuse in the Australian community (Hamilton et al 2004), placing particular emphasis on the harm to the most vulnerable members of society – its children.

Victoria's child protection system is fundamentally flawed when drug issues are identified as a central problem. Goddard (1988b) suggests that the Victorian child protection system seems to have an obsession with parental rights. Unfortunately, a focus on parental rights might, in some circumstances, conflict with the rights of the child. A recent review by the Victorian Child Death Review Committee (2003) found that parental drug use had an impact on Victoria's service delivery to children who had died while in their parent's care. Policies promoting minimum intervention, family preservation and deinstitutionalisation can result in children remaining in abusive and unsafe situations. The role of a child welfare system is to prevent the abuse of children and to intervene when children are at risk of abuse. This can only be achieved when the rights of the child are paramount and children are protected from incessant reunification plans with parents whose drug use takes priority over their parenting role.

From the earliest beginnings of child welfare practice it seems that the welfare of children has not been the Victorian government's priority. In 1988 it was suggested by Goddard that "Victoria's protective services have failed to gain the commitment and resources they deserve" (1988b: 75). The current system is ill prepared to cope with the reality of parental drug use and the state continues to shirk its welfare obligations by describing child protection as a 'community responsibility' (Department of Human Services 2002b). Such a stance conveniently limits government expenditure and insinuates that blame lies outside of statutory services. The Department of Human Services (2003a) acknowledges that modern western society is faced with greater rates of drug abuse and children presenting with increasingly complex needs. Despite numerous reports and feeble attempts to make changes there has been a demonstrated inability to provide an effective response to these issues. Szego (2003) brings to light a suppressed government report, which describes a crisis-ridden child protection system whose focus is parents' rights at the expense of children's rights. The welfare of children has become secondary to the implementation of bureaucratic systems (Saunders & Goddard 1998) and disagreements, "...over the causes of child abuse and neglect detract from the major task of providing an adequately resourced protective service..." (Goddard 1988b: 73).

There is widespread community support for significant reform of the child protection system (Freiberg et al 2004). Goddard (1988a) suggests that cooperation between child protection and the criminal justice system is necessary to provide protection to

children. While illicit drug use is viewed as a criminal act, criminal law is rarely used to deal with crimes against children. Decisions made in respect of children's safety need to reflect individual circumstances and what is in the best interests of the child rather than opinions, political interests, community bias and vocal minorities who advocate on behalf of adults in the community. Examination and regulation of child abuse by the criminal justice system is necessary to acknowledge the seriousness of the issue and bring the abuse of children into line with the abuse of adults.

Even the most recent reviews of Victoria's child protection system revisit the same issues and directions for reform that have been raised in similar reviews over the past two decades (Freiberg et al 2004). Neither children nor their parents are being adequately supported or served by the system (Goddard 1988b) and "...the Australian passion for drugs continues unabated" (Campbell 2001: 452).

Formulating an Effective Response

It is likely that the current trend of increasing parental drug use will result in increased numbers of children requiring specialised and long-term support (The Child and Family Welfare Association of Australia 2002). The present lack of attention to these issues suggests grim consequences for the children who are currently affected and those who will inevitably be affected by parental drug misuse in the future. A decrease in the traditional forms of support provided by extended family members and friends has meant that families now turn to governments and other professionals to support them in coping with the changing nature of society and issues relating to child abuse and parental drug use (Tomison 2003). Similarly, kinship carers who assume the care of children affected by parental drug use are often isolated from their family and friends as a consequence of their situation; government and non-government services also have little to offer in the way of support. Creating a service and support system that provides an adequate and appropriate response to the issues involving parental drug use is complex, but it is also necessary to protect children, families and Australian society from the damage and detriment that can result.

As discussed, child protection policy throughout history has reflected the biases and value judgements of the time. Identifying and recognising past and persisting biases, assists in adequately planning for the future and prevents further repeats of Australia's tumultuous past. Tomison (2003) suggests that, despite the past and current effort of both government and non-government agencies to support families, significant positive changes in the rates of social problems have not materialised. Short-term responses and intervention have proven both inadequate and unsuccessful at addressing Australia's growing social problems.

Tomison (2003) suggests that there has been a growing recognition of the need to work strategically to ensure the best possible response for families and improved societal wellbeing. The Victorian Child Death Review Committee (2003: v) found that, "To work in a realistic way to create sustained change with such families requires long-term intensive intervention, as change in these families takes a long time. ...the picture [portrayed] is of a system, which has not as yet fully developed the range of responses necessary to match the degree of difficulties faced by these adults when caring for their children". In the case of parental drug use, emerging research suggests that hard times can continue indefinitely for families (Barnard 2003). Engaging families over the long-term is essential to improve circumstances for families and will

also contribute to research into learning and identifying the times in which intensive intervention can be most useful. Mitchell et al (2001: 12) assert that, "...approaches to treatment and prevention need to be holistic, early, intensive, sustained over time, and need to particularly target at-risk families."

The Victorian Child Death Review Committee (2003: xiii) state "...the Child Death Inquiry reports reflect a child protection system challenged by a high volume of notifications regarding children whose families have increasingly complex needs. This Annual Report advocates for a reconfiguring of the service system to enable families with complex recurring difficulties to be matched with long-term integrated services. These services need to be tailored to meet the often multiple needs of these children and their families due to family violence, addiction, mental illness, disability, intergenerational history of abuse or neglect". Tucci et al (2001) assert that a whole-of-government response is needed to prevent child abuse and similarly, Scott (2003) advises that addressing child abuse requires a whole-of-government and whole-of-community approach. Accordingly, services attending to parental drug use need to respond more readily to the needs of children (Scott 2003). Exploring what works best for children and learning directly from families avoids placing unnecessary blame on parents and provides drug and alcohol services with the opportunity to facilitate early intervention for children that may ultimately lead to the cessation of intergenerational drug abuse (Patton 2003a). Preventing future drug misuse requires highly targeted programs as well as universally focused programs (Drug Policy Expert Committee 2000a). Programs designed to prevent drug use typically overlook factors relating to children affected by parental drug use. Both highly targeted and universally focused programs need to increase their knowledge and awareness of the escalating issues relating to parental drug use. In addition, governments need to commit resources to assisting existing services and designing new programs to respond appropriately. The Drug Policy Expert Committee (2000a) suggests that child abuse resulting from parental drug use requires additional resources and that the kind of expertise required may lie outside that of the Community Care division of the Department of Human Services. Recognising this would allow the Department of Human Services to seek out the necessary expertise, or concentrate on cases requiring statutory intervention and permit resources to be allocated to support non-government organisations to develop their expertise in delivering sustained support to families that have been neglected to date.

Parental Drug Use
Changing the Face of Out-of-Home Care

Learning from the Past

Although much can be learnt from overseas research, there are aspects of child welfare history and current child welfare issues in Australia that are unique. Consideration of the past can prevent Australia's often-shameful child welfare history from being repeated. It can highlight the societal and political trends of the past, demonstrate that practices from many years ago are much the same as those witnessed today and remind us that we have not really progressed as much as we would like to think we have.

Victoria's history of child welfare has seen out-of-home care facilitated by both private and public bodies (Degenhardt & Gostt 2000). Australia's first experience of out-of-home care occurred shortly after white settlement where children were sent to live with 'approved families' (now known as foster care) in exchange for extra rations. A short time later, Australia's first orphanage was opened on Norfolk Island (Liddell 1993). During the 1800s, the voluntary and non-government sector in Australia assumed responsibility for the welfare of children in the absence of governments' commitment to do so. Such practice continues in the non-government sector today.

Through the early to mid 1800s child welfare patterns moved between placing children in institutions and foster care (Liddell 1993). This trend has continued throughout child welfare history where out-of-home care has alternated between institutional care and some form of family-based care such as foster care (Tomison

2001). Australia's current practice involves a preference for placing at-risk children in family-foster care (now known as kinship care).

In the late 1800s, Victoria's state government withdrew from their role in the institutional care of children, which inevitably led to legislation providing individuals with the power to remove children they believed to be in inappropriate care. This change in culture, known as the 'child rescue' movement, paved the way for the child welfare sector of the 1900s (Tomison 2001). Such changes to legislation paved the way for a strengthening of the voluntary sector in Victoria and marked the beginning of family support services for white families (Liddell 1993). Tragically, the 'child rescue' movement also facilitated the unjustified interference in aboriginal child-rearing practices and the consequent extraction of aboriginal children from their families, leading to what is now referred to as the 'Stolen Generations' (Tomison 2001).

During the late 1800s, the effectiveness of foster care came into question and the early 1900s saw the pendulum swing in favour of institutional care (Liddell 1993). Institutional care was seen as the most cost effective and the most able to be controlled. During times of placing children in institutions, children from a wide range of circumstance were placed together including children who had been orphaned, children who were poor and children who had broken the law. This proved problematic and community concern about the conditions in the institutions and the absence of a family life for children initiated a number of public inquiries into the system. These inquiries encouraged government to increase their involvement in child welfare and promote the practice of placing children in foster care (Liddell 1993).

An acceptance of Bowlby's theory of attachment (1969) formed from his research into maternal deprivation, coupled with findings from the public inquiries into the state of out-of-home care, sparked mass de-institutionalisation in the 1950's (Liddell 1993). The removal of large institutions made way for a new form of out-of-home care labelled small group care (now known as residential care) (Tomison 2001).

The formation of a professional child welfare system began largely as a result of the work of Dr Henry Kempe and his associates who re-initiated interest in child abuse throughout the world with their paper on the battered-child syndrome (Kempe et al 1962). It is this work that has been used as a foundation over the last three decades to develop the definition of child abuse that is now widely accepted throughout Australia and the western world today (Tomison 2001).

The late 1960s saw the formal cessation of the routine removal of aboriginal children from their families (though incidents of children being forcibly removed continued much later than this) and the emergence of aboriginal childcare agencies began during the 1970s. This development reflected the view that aboriginal children should be placed with their families or with members of their own community whenever possible (Liddell 1993). This view has gained formal recognition more recently with the introduction of the Aboriginal Child Placement Principle (2002) which provides guidelines for child protection workers when placing aboriginal children in out-of-home care. These changes in practice marked the first formal recognition of the importance of kinship links and the preference of placing at-risk children with members of their own family.

Although kinship care was recognised to be advantageous for aboriginal children, it was not a popular form of out-of-home care in the broader community due to the lack of professional control it allowed and professional scepticism regarding intergenerational issues of abuse. During the 1970s there was a broadening of the types of families using child welfare services and foster care came back into fashion

(Liddell 1993). The ideal of prevention also became popular and family support programs consequently began to increase.

During the 1980s, Victoria experienced strong lobbying for parents' rights that remain at the forefront of much community and professional attitudes today. In 1984 the Child Welfare Practice and Legislation Review (more commonly known as the Carney Report) advised that the responsibility for protecting children should lie with the State Government under direction from the relevant Minister. This report, together with general dissatisfaction with the voluntary sector, paved the way for the responsibility for protecting children to be moved from voluntary agencies (namely the Children's Protection Society) to the State Government of Victoria (Liddell 1993). In 1989, the Children and Young Person's Act was adopted to provide standards and protection for both parental and children's rights. Such moves marked the beginning of a child protection system that would become largely bureaucratic and overwhelmed by legal procedures (Stanley & Goddard 2002).

The 1990s are remembered mostly for the move towards economic rationalism where so called 'soft services' were seen as ineffective and futile. Tomison (2001: 51) describes the economic rationalist approach as, "...undue focus by governments on economic considerations over social welfare concerns". Economic factors were seen to be the driving force behind the increase in foster care, where a focus on low-cost alternatives for out-of-home care were sought regardless of the perceived needs of the children. A focus on economy over the well-being of children continues today.

During the 1990s, the Department of Human Services outsourced the provision and supervision of foster care to the non-government sector in an effort to reduce their service provision role. The recent preference for placing children in kinship care has meant that the Department's attempt to decrease their provision of on-going services was short lived; the rapid increase in kinship care has ultimately resulted in a subsequent increase in their service provision role (Department of Human Services 2003a). The Department of Human Services' review of home-based care (2003a) questions whether the government is the most appropriate provider of kinship care services. It suggests that the responsibility for supporting kinship care would fit better with the non-government sector who have expertise in the area. Today, Australian governments continue to debate the role that institutional care should play in the out-of-home care system and arguments continue about the capacity of such care to meet the needs of children (Tomison 2001).

Changing community attitudes and developing theories have influenced the way that child welfare services have responded over time. A recent community survey published by Australians Against Child Abuse (now known as the Australian Childhood Foundation) found that 33 percent of the respondents expressed concern that pursuing children's rights would mean a reduction in the rights of parents (Tucci et al 2001). These findings further endorse the notion that children are still seen as inferior and less important than adults. The demonstrated reluctance of the Australian community to take responsibility for the welfare of children, the ever-evident need of adults to pass judgement on others and the eternal need of adults to control children, has contributed to Australia's inability to provide the supportive and protective environment that children require. The old African saying that it takes a village to raise a child is reflected in many cultures and communities throughout the world. Such a notion would go a long way in improving conditions for both Australian children and the community as a whole.

Increasingly, child welfare has become a political issue where the well-being of children is secondary to the advancement of political and media personalities and a

means of inflating votes for political parties. Many statements and promises are made but very little has actually been done to put the needs of children and their families at the centre of policy development (Goddard & Carew 1993). One ponders what sort of society and system is more interested in political gain, media campaigns and personalities than the well-being of vulnerable children? Theories about risk assessment, the derivation of child abuse and economics direct the manner in which Australia deals with children and families instead of common sense and the prevailing interests of the child. Protecting children is not a science and trying to make it so only prolongs the continuation of abuse and breaches to children's rights. History continues to be repeated as the same theories for reform are regurgitated again and again. One must question whether improved conditions for children have even been considered when measuring the success of child protection interventions, or if the focus remains on the reunification of families regardless of whether it equates to improved conditions for children and, more importantly, the elimination of child abuse.

Parental Drug Use and Kinship Care

Parents with substance abuse problems contribute significantly to the number of children in out-of-home care (Degenhardt & Gostt 2000) both throughout Australia and the western world. A study of casework practice in Illinois found that 80 per cent of mothers of children in kinship care were struggling with drug abuse (Ainsworth & Maluccio 1998). Closer to home, Council of the Ageing National Seniors (2003) recognises that grandparents have taken on the responsibility of raising their grandchildren throughout the ages, but asserts that the effects of parental drug use have resulted in recent and rapid increases in the numbers of children requiring the full-time care of their grandparents. Burgess (2004) concurs, citing that the most common reason for the increase in grandparents raising their grandchildren is parental substance abuse. Such an increase highlights the need for increased knowledge of substance abuse issues for those dealing with kinship care (Ainsworth & Maluccio 1998).

Childhood is a relatively short and critically important phase in human development. Children do not have the luxury of putting time on hold while they wait for their parents to overcome a drug addiction. Children need permanent and stable environments in which to grow into positive and contributing members of the community. Extended family can shield children from the negative effects of parental drug use (Barnard 2003), provide them with a safe and nurturing environment and maintain the child's link to family.

For decades, kinship carers have been informally taking on the care of extended family members in an effort to protect the children from the negative effects of parental drug use: In more recent times, formal kinship care has become society's answer to the ever-increasing incidence of parental drug use. Through their contribution to the lives of these children, kinship carers make an invaluable contribution to society (The Mirabel Foundation 2004).

The Growth of Kinship Care

Formal research regarding kinship care in Australia is lacking (Ainsworth & Maluccio 1998). However, both national and international data suggests that kinship care is becoming the preferred option for children requiring out-of-home care (McHugh 2003a). Current child protection policy aims to maintain children within their family wherever possible (Degenhardt & Gostt 2000) and consider kin as the first placement option for children requiring out-of-home care. The Child and Family Welfare Association of Australia (2002) found that kinship care is the fastest growing form of out-of-home care for children in Australia while Ainsworth and Maluccio (1998) agree that kinship care is increasingly viewed as the first option for formalised out-of-home care.

Between 1996 and 2003, there was a 45 per cent increase in the number of children in out-of-home care in Australia (Reddy 2004). In a 2003 review, the Department of Human Services found that 62 per cent of new child clients to their child protection department were being placed in kinship care (Department of Human Services 2003a). In addition, recent figures suggest that there are almost 30,000 children in Australia being cared for by grandparents – more than twice the number of children in foster care (Council of the Ageing National Seniors 2003). Similarly, the Australian Minister for Children and Youth Affairs, Larry Anthony, estimates that there are more than 27,700 children under the age of 15 living with their grandparents (Anthony 2003). These figures, whilst large, do not include children being cared for by kin other than grandparents; the total number of children in kinship care is likely to be many times higher. Clearly, this growing issue and the thousands of children and families affected by kinship care deserve more consideration, thought and resources than has been committed in the past.

The rapid growth in kinship care has attracted both criticism and applause from the child welfare sector and the community at large. There is some uneasiness in the child welfare sector about the suitability and quality of kinship care and a belief that the growth of kinship care is a direct result of a lack of non-related carers (McHugh 2003). Scott (2003), however, describes an out-of-home care system where more than sixty per cent of children have experienced four or more placements while kinship care boasts longer, more stable placements for children. Patton (2003b) suggests that the positive aspects of kinship care usually outweigh any negative characteristics and Ainsworth and Maluccio (1998) note that without the growing incidence of kinship care, child welfare agencies would have experienced a major crisis attempting to find placements for children requiring out-of-home care. The Community Services Commission (2000: 29) resolved that, "... previous and ongoing failures of the care system and acknowledgment of the need for children and young people to feel connected are strong arguments for supporting relative care as a preferable care option".

Ainsworth and Maluccio (1998) suggest that the increased use of kinship care may be an indication that child welfare services are becoming more aware and sensitive to the importance of family continuity in a child's development. They also suggest a more cynical motivating factor, "... reemphasis on kinship care is of course in line with the emergence of the political rhetoric associated with conservative family values. This rhetoric is also associated with bids to reduce the influence and cost of government services" (Ainsworth & Maluccio 1998: 4).

History Repeating Itself

Australia has a shameful history of injustice and abuse in respect of children's rights. Until late last century, Aboriginal children throughout the country were forcibly removed from their homes in a systematic program of assimilation. Such removal of Aboriginal children has, at some point in time, been government policy in every state in Australia (Goddard & Carew 1993). Similar injustice can still be seen today in Australia's mandatory detention laws that result in the indefinite imprisonment of innocent children as they attempt to seek asylum (www.chilout.org 2004).

A brief look at Australia's child welfare history demonstrates that the system continues in a cycle that repeats the same patterns, practices and mistakes of the past. In 1993, Goddard and Carew declared that Australia needed to avoid making the same mistakes again. Over a decade later, many reports have been written, inquiries have been held and grandiose statements made, but the state of the child welfare system remains inadequate. Case examples of children from the past read much the same as those seen today. Guidelines can continue to be written, an independent commissioner can be sought, risk assessments can be refined, national standards can be pursued and legislation can be changed, but until Australia is prepared to place the needs of children at least on a par with those of adults, nothing will change.

At present, Victoria's child welfare system is a crisis-driven service that is unable to respond to child abuse unless there is a demonstrated immediate risk to the child. The gaps in service for vulnerable children and families are enormous. The results of the present reactionary system are catastrophic. Birnbauer (2004) describes the short life of Jed Britton who was killed by his step-father shortly before his third birthday. The coroner described child protection's management of Jed's case as "incomprehensible" and "inadequate" yet this does little for Jed and the many children who are only too familiar with the circumstances leading to his death. Jed's life was one of neglect and abuse. At the time of his death, Jed's mother was incarcerated for drug related crime and died from a drug overdose shortly after her release from prison. During her time in prison, Jed's mother requested that he be placed in the care of her defacto partner; a request honoured by child protection services. It was during this placement that Jed was tortured and abused and consequently died. Jed's maternal grandmother had pleaded with child protection services to care for Jed as she had done so many times in the past. She was told that grandparents do not have any say in child protection matters. Grandparents may have no say in where children should be placed, but it seems Jed's grandmother was the only person concerned with what would be best for Jed. Others involved in Jed's life seem to have based their decisions on adult-orientated practices and the preference of Jed's incarcerated mother who had a proven inability to place Jed's needs before her own need for drugs. The recent increase in formal kinship care may not have been well thought through or well resourced, but in Jed's case, a formal placement with his grandmother while his mother was in prison would have in all likelihood extended his life.

Goddard and Tucci (2004: 13) assert, in the case of child protection's management of Jed's case, that "...it was the culmination of repeated failures to place a child's right to protection before the 'rights' of a damaged, drug-addicted parent" that ultimately led to his death. One wonders how many more children like Jed must suffer the consequences of a child welfare system that continues to repeat the flawed practices of the past?

A Question of Priorities

An examination of past practices in out-of-home care finds that kinship care has historically been unsupported, unremunerated and unrecognised (Barnard 2003) and the recent increase in formal kinship care seems to have made little difference. The Child and Family Welfare Association of Australia (2002) raise the concern that kinship placements are not routinely financially supported and McHugh (2003) found that reimbursement and financial support policies for kinship carers differ to policies for non-related carers. A recent review of out-of-home care in Victoria found that, although some kinship carers are eligible for the same caregiver payments as non-related carers, the cost to government of providing kinship care is substantially below foster care (McHugh 2003). Over a five-year period, it is estimated that $67,000 of public funding is spent on each child in out-of-home care (Department of Human Services 2003a). The increased practice of placing children in kinship care throughout Australia may reduce this figure as McHugh (2003) suggests that kinship care is the cheapest possible care option for governments.

In contrast to research that suggests that kinship care is the cheapest form of out-of-home care, the Department of Human Services' recent review of home-based care (2003a) claims that kinship care is more expensive to government than foster care. The report asserts that kinship care is more expensive because children spend longer in kinship care and are less likely to be reunified with their parents. Remarkably, the review claims that such outcomes are not consistent with the key objectives of the out-of-home care system: presumably, a stable home environment is not a key objective of the out-of-home care system. The review goes on to suggest that the increased cost to government must be due to the lack of support and monitoring of kinship care. Such lack of insight raises questions about the credibility of the entire review and suggests that the report has been written with a clear lack of practice knowledge and from a premise other than what is in the best interest of the child.

In light of the body of research that indicates that 62 per cent of new clients are placed in kinship care (Department of Human Services 2003a) and the advantage of practice knowledge, the Department of Human Services review raises more questions than it answers: Are the outcomes better for children who remain in a stable placement in kinship care, given that the report found that 38 per cent of attempted reunifications with parents break down? Are kinship care placements longer because they are not really seen as a placement by the child's family? Is having a child cared for by family more acceptable to parents who are therefore more comfortable with their children remaining where they are? Should long placements be viewed as a negative when knowledge about children suggests that children do best when they are raised in stable and nurturing environments? Do children in kinship care have more regular, natural and meaningful relationships with their parents than those who remain in the care of parents who are not coping or those who are placed with strangers in foster care? Are children in kinship care happier and content with the lack of stigma associated with living with family as opposed to those in other forms of out-of-home care? Do kinship placements last longer because kinship carers are more committed to caring for family members and view it as a lifestyle change rather than a job? Are kinship placements longer because kinship carers have a history, an existing relationship and a vested interest in caring for members of their extended family? Are many of the children in kinship care because their parents struggle with an addiction to drugs, the road to recovery from which is regularly long and paved with relapse after relapse? Is kinship care really expensive or do the improved outcomes for

children save the government millions in long-term intervention, educational and mental health service use?

The exploration of such questions would provide a more balanced appraisal of kinship care and offer more meaningful information about what is in the best interests of the child. One suggestion from the 2003 review of home-based care does however remain undisputed: children in kinship care and their kinship carers require more support than is currently provided by the government.

Time for Change

Children being placed in out-of-home care are likely to be in a state of crisis (Department of Human Services 2003b). Most often, they have been placed in out-of-home care because they have experienced child abuse and their support needs are usually immense. Every effort must be made to ensure that these children are not subjected to further harm at the hands of a child welfare system that is unable to meet their needs. Children placed in kinship care are at particular risk because the support provided to kinship families is currently so inadequate.

Tomison (2003) suggests that the child welfare and family support sector is not presently able to meet the long-term support needs of children and their families. Practice experience tells us that there is a lack of services that can support families for as long as is needed. Most government-funded services are bound by 'episodes of care' and other practices that concentrate on short-term intervention and large throughput rather than demonstrated outcomes. Few are able to provide the necessary individualised support to families for as long as is required.

In a recent report on home-based care in Victoria, Minister Sherryl Garbutt asserted that her government is focussed on providing early intervention and support services for at-risk families prior to them reaching crisis (Department of Human Services 2003a). The reality is that children in kinship care as a result of parental drug use have already been part of a family that has reached crisis and are at risk of returning to crisis if their kinship carers are not suitably supported for as long as is necessary. The nature of these children, their parents and their kinship families means that they are likely to require high level support over a long period of time (RPR Consulting 2004); short term intervention does little to improve conditions for these children.

The Child and Family Welfare Association of Australia (2002) assert that social policy needs to be more active in addressing the needs of kinship carers. Similarly, Barnard (2003) suggests that work must be done to improve the factors that may jeopardise the ability of kinship carers to care for children of their extended family.

Groups within the Australian community require access to specialist services rather than generic services to ensure engagement and access to the services they require (Tomison 2003). Many kinship carers are grandparents who have never needed to access support services in the past (COTA National Seniors 2003) and are reluctant to access support for reasons including pride and the perceived stigma associated with their own children being unable to provide a safe environment for their grandchildren. Once engaged in the provision of support, kinship families are much more likely to be able to accept support from generalist services and those within their local communities. Hence, specialised supports are first required in order for generalist services to be beneficial.

Placement within the extended family on both a formal and informal basis provides children with a greater sense of permanency (The Allen Consulting Group 2003). The Department of Human Services (2003a) identifies that improving support and supervision for kinship carers is a key direction for their future. Planning by protective services needs to include planning for the long-term interests of the child (Goddard 1988b) and be able to accommodate scenarios where parents are unable to remain drug free and children need to remain in kinship care.

The Department of Human Services (2003a) suggests that the non-government sector is suitably qualified to provide expert services for kinship families. If the Department of Human Services wants to continue to decrease their service provision role and acknowledge the expertise of the non-government sector, there needs to be a commensurate commitment of funds to allow the non-government sector to adequately support the rising number of children in kinship care. If placements in kinship care are becoming more common than foster care, and placements in out-of-home care continue to increase, one would reason that this commitment would need to be greater than that allowed for foster care and other out-of-home care services. At the very least, children need access to the same level of support provided to their parents who are struggling with their addiction. Adequate support for kinship families is reliant on adequate government funding to service providers that have the expertise to meet the unique needs of these children and their kinship families.

Conclusion

The body of research presented in this paper provides a historical context regarding parental drug use and its effects on the child welfare and out-of-home care system. Until now, these complex social issues have been largely overlooked by both Australian governments and the community at large. In 2001, Mitchell et al suggested that there was no Australian data available regarding the prevalence of illicit drug use among parents caring for children. This observation remains relevant today. Despite the obvious changing nature of Australian society, the majority of drug related publications, research and policy papers fail to include information relating to children affected by parental drug use.

The literature considered in this paper provides a historical summary of drug use in Australia, which suggests that parental illicit drug use is a recent phenomenon that did not emerge as a significant social issue until the early 1990s. It highlights the necessity to recognise the complex moral and ethical issues pertaining to parental drug use and the imperative of placing the needs of children above the adult-centric policies, politics and agendas that currently exist.

The vital contribution made by kinship carers to children who are unable to live with their parents due to parental drug use, and the noticeable growth that has taken place in kinship care during recent times is highlighted in the second part of this paper. Historical practices and trends in out-of-home care, recognising some of the shameful practices of the past, are examined and discussed in the literature. That the Australian child welfare system continues to repeat the same patterns, practices and mistakes of the past is supported by this research.

The inequitable practices and inadequacies of the current kinship care system is evident in the literature included in this paper. It raises a number of questions that need to be answered in order to provide a meaningful appraisal of kinship care and

information about what is in the best interests of the child. The research cited endorses the notion that children in kinship care and their kinship carers require more support than is currently provided by Australian governments.

The relatively short history of parental drug use and the recent, rapid increases in kinship care provide a rare opportunity for Australia to address arising issues while they are in their infancy. The early identification and acknowledgment of these complex social issues requires a genuine commitment of time and resources. Australia must stop the cycle of crisis-driven responses resulting from uninformed decision making. Evidence-based practice can only occur when adequate research has taken place. Now is the time to conduct thorough research and develop effective, innovative models of support that recognise the importance of long-term support in contrast to the short-term, high turnover, episodes of care that have become Victoria's trademark. The development and delivery of such support would avoid the destined repetition of Australia's tumultuous past and improve the circumstances for some of Australia's most vulnerable children and families.

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