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Drug Abuse and Parenting: The Impact on Young Children in the Social Care System in Northern Ireland

Wendy Cousins
University of Ulster, w.cousins1@ulster.ac.uk

Sharon Milner
Queens University, Belfast, s.milner@qub.uk

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Wendy Cousins, Lecturer, Institute of Nursing Research, University of Ulster.
w.cousins1@ulster.ac.uk
Sharon Milner, Research Fellow, Centre for Excellence in Interprofessional Education Queens University Belfast.
s.milner@qub.ac.uk

Abstract

In recent years drug abuse has been recognised as a growing problem in Northern Ireland. The following article examines the family backgrounds of a group of young children (n=388) who were looked-after by social services and looks specifically at a group (n=162) whose family lives have involved adults who misuse drugs. Children from drug-abusing families did not show greater levels of recorded abuse or neglect than the other children in this 'looked after' population, nor were they more likely to stay within the care system. However, the prevalence of heroin and cocaine use in this population was extremely small. Drug abuse in this population was found to be significantly associated with alcohol abuse, mental health problems and offending behaviour within the family. There was evidence of a reduction in drug abuse within families over a two year period of social work involvement.

Key Words: Drug Abuse, Parenting, Child and Family Social Work

Introduction

In recent years it has been recognised that Northern Ireland has a growing problem of illicit drug use. The main drugs of choice remain cannabis, solvents and drugs typically associated with the club scene, such as ecstasy, speed and LSD. Injecting drug use, especially of heroin, is not as significant a feature as in Dublin and parts of Britain. However, heroin use in Northern Ireland has increased markedly over the last five years, and, more recently there has been growing concern about the use of cocaine (Health Promotion Agency 2005; Northern Ireland Statistics and Research Agency 2005).

Statistics from a cross-border survey (National Advisory Committee on Drugs (NACD) & Drugs and Alcohol Research Unit (DAIRU) 2003) show that 1 in 5 (20 %) of Northern Irish respondents report having used an illegal drug in their lifetime; however overall lifetime prevalence rates for the use of any illegal drug were highest among younger age groups with nearly a third (31%) of young adults aged 15-34 reporting use. Cannabis was the most commonly used drug with 25% of the young adult group reporting use. Sedatives, tranquillisers and anti-depressants had been used by 16.2% of this age group but, in the survey as a whole, were found to be more likely to be used by women than men (28.5% compared to 15.5%).

Data on the number of drug users with dependant children is sparse; however, given the extent of drug use in the young adult age group, it is reasonable to assume that a proportion of children in Northern Ireland have a drug-using parent or parents.

In spite of the popularly held negative view of drug users, many parents who use drugs maintain a caring and organised household (Tunnard 2002); the use of

illegal drugs does not necessarily equate to problem drug use/ drug abuse. According to the Standing Conference on Drug Abuse (1997), problem drug use is defined in terms of the negative effects that usage has on families, i.e. social, financial, relationship, psychological, physical or legal problems. This study concentrates on drug use by parents which social work professionals consider to be having an adverse impact, not just on the health and behaviour of parents, but also on the lives of their children.

There is considerable research evidence to suggest that drug abuse is associated with poorer parenting skills. For example, apathy and listlessness as a result of drug misuse may mean parents have difficulty in organising their lives (Famularo *et al* 1992). Other studies have found high rates of psychiatric disorders among drug users (Tunnard 2002).

In a review of developmental issues in children of substance abusers, McMahon and Luthar (1998) report that the two main research findings regarding such children are firstly that they have poorer developmental outcomes (physical, intellectual, social and emotional) than other children, although generally in the low-normal range rather than severely impaired; and secondly, they are at risk of substance abuse themselves. Studies have also shown that parents with substance abuse problems are more likely than other parents to maltreat their children (Famularo *et al*, 1992; Jaudes *et al*, 1995; Kelleher *et al*, 1994).

McKeagney *et al* (2002) found that material deprivation in the home was an obvious consequence of some drug use. Furniture and household equipment was not acquired or soon sold. Clothing was not replaced when worn out or too small. Food was not provided, either through lack of cash or because parents neglected to make meals. In a review of literature on drug abuse and parenting (Tunnard, 2002) found that few parents in any study were in paid work, and as families were

mainly dependent on welfare benefits, income levels were very low. Poor living conditions were seen as both a cause and effect of parental drug use and the strain of finding money for drugs can add to family tensions and leave parents unavailable for their children (Tunnard 2002)

Other research has found that drugs and other equipment, such as needles, also pose physical hazards for children (Hogan & Higgins 2001). In addition, there have been cases, thankfully rare, reported of children dying from ingesting their parent's drugs (Centre for Social Research on Health and Substance Abuse, 1998, The Scotsman, 2006).

For decades, child welfare staff have recognized that substance abuse is common in the families they serve (Fanshel, 1975). One of the problems with addressing the difficulties presented by this is that families require a service in which children and adult services collaborate. Parental drug abuse is often viewed and treated in isolation and there may be an unhelpful split in the response to families in that the parent may have their own social worker who might not give a high priority to child protection concerns, whilst the children's social worker might be seen as unsympathetic to the parent's needs (Tunnard 2002). In a review of research Cleaver et al (1999) states that if the appropriate measures were taken to ensure effective collaboration between services then this would in turn "ensure that not only are parents recognised as having needs in their own right, but the impact of those needs on children becomes part of a multi-agency service response." (P. 6).

With the increasing availability of illegal drugs in Northern Irish society (Health Promotion Agency 2005, Northern Ireland Statistics and Research Agency 2005) it is to be expected that these issues have an impact on the work of child and family social workers.

Methodology

A cohort of 388 children looked after by social services in Northern Ireland, and all under the age of five, were tracked for a two year period from 2000-2002. In the first instance, this involved obtaining a download from SOSCARE (the Northern Ireland social services computerised administrative system) containing details of all the children of the relevant age who were looked after on the project census date at the end of March 2000. This data provided key information including date of birth, gender and living arrangements.

Researchers then collected additional information from the children's social work case files, from the point of the child's entry into care up until the 31st March 2000. This was done using a pro-forma designed to collect data on child and family characteristics and circumstances, family histories, and care planning. This exercise was then repeated two years later to collect information from April 2000 until the end of March 2002 or until the child left care. All of the children were under the age of five in 2000 when the study started and under the age of seven at the second data collection point in 2002. Cases were anonymised and identified by SOSCARE number only.

Throughout this process of data collection the guiding principle was that researchers would record information *as stated by the social workers* and keep any re-interpretation of this to a minimum. A total of 388 case files (95% of the relevant population) were included in 2000 and 348 (86%) in 2002. Given the high response-rate and the geographical distribution of cases across all the Health and Social Services Trust areas, it is reasonable to assume that the following results are indeed representative of the younger population of Northern Irish children in state care.

Results

Analysis of the data collected from the 388 case files showed that drug abuse in the family was given as the primary reason for the child's first referral to social services in just 23 (5.9%) of cases. The incidence of drug abuse within the families of these 'looked-after' children was considerably higher than this however, as case-file records showed that 162 (41.8%) of the children came from families which had a history of substance abuse, as documented by social workers. In 83 (51.2 %) of these cases it was the child's mother who was involved, in 40 (24.7 %) of cases it was the child's father and in 34 (21%) of cases it was both parents. The remaining 5 (3%) of cases listed instances of drug abuse with mothers' ex-partner, uncle or siblings.

Specific details of the drugs misused were scarce but the details that were given seemed to be in accordance with drug use patterns in Northern Ireland (NACD & DAIRU 2003) and mainly involved "softer drugs". Drugs listed in the case-files included cannabis, solvents, ecstasy, speed, LSD, anti-depressants, tranquillisers and sedatives. There were only two cases of heroin abuse and none of cocaine.

Religious and community background appeared to have no significant influence on family drug abuse, with Protestant and Catholic families showing similar incidence (41.7% and 41.9% respectively). However there were significantly higher rates of drug use in the Eastern Board area, particularly South and East Belfast, with more than half (51.9%) of the families in this geographical area having issues with drugs in comparison to the Western area (42.2%) the Northern (33%) and the Southern Board (29.8%) areas (x^2=12.5; df=3; p=<0.006; Phi=0.180).

A total of 70 (43.3%) of the children had records of either actual or potential physical abuse and 77 (47.5%) had a record of actual or potential neglect. In this respect however, perhaps surprisingly, the children from family backgrounds of drug abuse did not differ significantly from the other children in this social service-

involved population. It should be remembered however, that all of these families had been referred to child and family social work teams and that drug abuse was generally only one of a series of difficulties going on within the children's families.

Case-files revealed details of extremely adverse family circumstances with records demonstrating clusters of other problems as well as drug abuse within the 388 families (Cousins *et al* 2003). A total of 75.7% had a family history of alcohol abuse prior to April 2000, 73.9 % had a family history of domestic violence and 62.8 % had a family history of mental illness. A family history of offending behaviour was present in 49.7 % of the case files; sexual abuse was recorded for 46.9% (see Table 1).

Table1: Difficulties Documented Within the Children's Families

Family Problems in the Children's Life Histories N=388	Percentage %
Alcohol Abuse	75.7
Domestic Violence	73.9
Mental Illness	62.8
Offending	49.7
Sexual Abuse	46.9

When the family backgrounds of the 162 children from the drug-abusing families were examined for co-occurrence with other problems an interesting association between drug abuse and other family difficulties arises.

As illustrated in Table 2 a total of 87% of the families with drug misuse issues also had alcohol abuse problems; 79.5% also had mental health issues; 77% also had problems with domestic violence, 63.1% had a history of offending behaviour and 52.2% also had issues of sexual abuse within the family.

A family record of alcohol abuse, mental health problems and offending behaviour was found to be significantly associated with drug abuse, although in the case of offending behaviour there may be some confounding of these variables as the criminal offences may relate to illegal drug use. The co-existing abuse of alcohol and drugs may be seen as evidence of a pattern of addictive behaviours although it is not clear whether psychiatric symptoms develop from the effects and lifestyle associated with drug use or whether drugs have been used to treat psychiatric problems.

Table 2: Other Difficulties Documented Within Families with Drug Abuse Issues

Co-occurrence of other Family Problems with Drug Abuse N= 162 *(significant results reported)**	Frequency	Percentage %
Alcohol Abuse ($x^2$17.1; df=1; p=<0.000; Phi=0.211)*	141	87%
Mental Health Issues (x^2 30.8; df=1; p=<0.000; Phi=0.284)*	128	79.5%
Domestic Violence	124	77%
Offending Behaviour ($x^2$18.2; df=1; p=<0.000; Phi=0.218)*	101	63.1%
Sexual Abuse	84	52.2%

The case files provided little hard data about the economic status of the children's families although information on parental employment status was available. In the vast majority of cases (82%) of mothers were unemployed with only 14 (4%) in full-time work and 4 (1%) in part-time work. In 48% of cases no details were available about the father's employment status, however in 138 cases (35%) the father was described as unemployed, in 56 cases (14%) the father was in full-time employment, in 4 cases (1%) in part-time employment and in 7 cases (2%) self-employed. From this data it would seem reasonable to assume that the bulk of the families are dependent on state benefits and that low incomes are a factor in their family lives. Families in which drug abuse was an issue did not differ significantly from the others in this respect.

Support offered

A variety of support services were provided to parents although families with drug issues did not differ significantly in comparison to those without. The most common support offered to mothers was 'family support', with (38%) in receipt of this service, almost one third (30%) received psychological services, more than a quarter (27%) received addiction services and a little less than a quarter (24%) received counselling. Fathers were less likely to have details of support recorded in the case-files, however the most common kind of support listed was addiction services with (14%) in receipt of these, 12% were in contact with psychology services, 8% received family support and 5% received counselling.

Follow-up

When the case-files were followed up at the second data collection point two years later, it was found that 105 (64.8%) of the children from substance-abusing families were still in state care and 57 (35.2%) were no longer looked after. No statistically significant difference was found with children from families in which

drug abuse was not a factor, a similar number (38.7%) of these children had also left the care system.

Of the 105 children from substance abusing families who remained in the care system at the second census point in 2002, a majority of 64 (60.9%) were living in foster care, 26 (24.8%) were living in kinship care with relatives or friends, 12 (11.4%) were back in the family home but still subject to care orders and 3 (2.9%) were living with adoptive parents prior to an adoption process being finalised.

Of the 57 children with a background of family drug abuse who were no longer in state care, a total of 33 (57.9%) had been adopted, 22 (38.6%) had returned home to their families without being subject to care orders and 2 (3.5%) were the subject of residence orders. Once again, statistical analysis showed no significant difference in terms of type of living arrangements for children who came from drug abusing households and those who did not.

Of the 162 children who came from families with drug abuse problems recorded before April 1st 2000, information was available exactly two years on in 2002 on the drug abuse situation within the families of 146 (90.1%). Of these families, 55 (37.7%) still had drug misuse recorded as an ongoing issue. This may be looked on positively as, after a further two more years of social work intervention, almost two thirds of the families were no longer using drugs in a problematic manner. However, some caution should be taken, because it may be that these families simply became more adept at hiding their drug problems from their social workers. Of more concern are 19 (13%) families with whom previously unrecorded problems with drugs were listed.

Discussion

The family environment into which a child is born will exert the most powerful and long-lasting influence over his or her development and future life chances. The early family environment will not only influence the kinds of later environments children are likely to encounter, but also the skills, behaviour and attitudes with which they will interact with these environments (Rutter 1984). Drug abuse is clearly an issue for the families of young children in state care in Northern Ireland, with 41.8% of the population in this study being affected.

Drug abuse within a family should also be considered in the context of families experiencing multiple stressors. Parental drug abuse was just one of many problems recorded in the children's social work files and was found to be strongly associated with alcohol abuse, mental health difficulties and offending behaviour. Given the right opportunities, many children are capable of overcoming early adverse family circumstances (Rutter 1984). However, faced with a combination of several adverse circumstances in early life, which may interact and reinforce one another in complex ways, children's development is liable to be significantly impaired and the life chances seriously undermined (Garmezy 1994; Werner & Smith 1992).

Given the prevalence (41.8%) of drug issues within these families, it is interesting that parental drug abuse was the main reason for the child being taken in to care in just 23 (5.9%) of cases. These figures provide useful information about professional practice and the operation of thresholds within Northern Ireland, however there are still questions to be asked about whether the thresholds are right in terms of addressing the needs arising from the impact on children of parental drug misuse.

There were no significant differences between the records of actual and potential child abuse and neglect for the children with drug abuse in their families and those without. Nor was there any difference in the living arrangement outcomes for the

two groups of children two years on. There was evidence of a variety of support services being provided to parents and a reduction in drug abuse within families over a two year period of social work involvement. However, it should be remembered that the prevalence of "harder" drug use amongst parents in this study in 2000 and 2002 was extremely small, and with the increased use of heroin and cocaine in Northern Ireland, outcomes for the children of drug misusers may become more adverse in the future. Further research in this area is needed and social work response may have to adapt in the light of changing patterns of drug use in the region.

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