

**FINAL**

**POLICY FRAMEWORK  
FOR REDUCING THE  
IMPACT OF  
PARENTAL DRUG AND ALCOHOL USE  
ON PREGNANCY, NEWBORNS AND INFANTS**

**Drug and Alcohol Office  
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## Foreword

The wellbeing of all children is of the highest priority. Services coming in contact with pregnant women, children and families have a responsibility to ensure that the rights of children are upheld.

Overwhelming evidence shows that parental drug and alcohol misuse can have serious adverse effects on the health and wellbeing of unborn children, newborns and infants. While it is acknowledged that pregnancy and children can motivate users to change their behaviour, drug and alcohol use is also a contributing factor in many families identified by child protection services as requiring intervention. Therefore, it is imperative that services in contact with these clients develop robust linkages to ensure appropriate information, support and referral.

This framework provides a policy statement, aims, underlying principles and strategic priorities for the development and implementation of services and projects targeting parental drug and alcohol use. The priorities outlined are workforce development; integration and coordination; service development and capacity; and information and research. The framework fits within the broader context of the *Western Australia Drug and Alcohol Strategy 2005-2009* that provides a general overview of the comprehensive range of strategies in addressing problematic drug and alcohol use in Western Australia.

The policy framework is concerned with improving service delivery and engagement with persons who are already using drugs or alcohol in ways that may be harmful to their children. The importance of preventative actions to prevent or reduce the uptake of harmful drugs or alcohol use is acknowledged and is the subject of strategies documented elsewhere. Examples include: the development of supportive environments; building resilience; developing knowledge, attitudes and skills; and involving local communities in developing strategies.

The Department for Child Protection, the Drug and Alcohol Office, the Department of Health and the non government service sector are committed to working together to improve responses for pregnant women, newborns and infants who are identified as being affected by parental drug and alcohol use. Better outcomes for clients as well as best care for their children can be achieved through the implementation of coordinated activities in line with this agreed policy framework.



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## **Overview**

### ***Policy statement***

To improve responses for pregnant women, newborns and infants who may be adversely affected by parental drug and alcohol use by ensuring the provision of coordinated treatment and support pathways.

### ***Aims***

- Provide a common understanding and language across the drug and alcohol, health and child protection sectors
- Access to evidenced based workforce development
- Integrate and coordinate services for clients
- Review internal agency systems to better facilitate access
- Ensure appropriate data is available to inform practice and future directions

### ***Principles***

- Children as a priority
- Family inclusive practice
- Access and equity
- Leadership, commitment and partnerships
- A balanced approach
- Regular review

### ***Strategic priorities***

- Workforce development
- Integration and coordination
- Service development and capacity
- Information and research

#### **Notes:**

- Where the term 'children' is used this refers to unborn, newborns and infants
- Where the term 'parent' is used this also refers to primary caregivers of children

# 1. Background

International research suggests that approximately ten percent of children live in households where there is parental drug and alcohol misuse and that this is a key feature of families identified by child and protection services<sup>1</sup>. In Western Australia (WA), the Department for Child Protection have found that of the cases studied in 2003, drug and alcohol use was a contributing factor in 57% of protection orders<sup>2</sup>. There is also overwhelming evidence that drug and alcohol misuse can have serious adverse effects on the health and wellbeing of babies and infants and that drug and alcohol use during pregnancy may result in long term developmental problems<sup>3</sup>.

Addressing parenting issues recognises the vital role that this plays in a drug and alcohol user's life and assists in helping to prevent cycles of intergenerational problems. Assessing and responding to drug problems through discussion of parental responsibilities and stresses can provide better outcomes for the client as well as best care for their children<sup>4</sup>. Pregnancy and children can be a strong motivator to change drug using behaviour, and therefore services in contact with these clients are in a good position to provide appropriate information, support and referral.

The health and wellbeing of an unborn child, newborn or infant is of paramount importance. All health, drug and alcohol and child protection services have a duty of care in the assessment and appropriate intervention for at-risk children less than 18 years of age who are either in the care of adult clients, or who present as clients themselves.

There are a number of different state and national policy documents that support the development of parental drug misuse framework. Of particular note is the state's *WA Drug and Alcohol Strategy 2005-2009*, that highlights the need to assist parents with drug and alcohol problems to strengthen parenting skills and prevent their children entering care. The State strategy provides the broader context for the development of the framework and outlines the comprehensive range of strategies that more generally target drug and alcohol related issues in WA.

In WA, a number of government and non government agencies work with drug and alcohol using parents, their families and children. To improve coordination and provide a focus for the enhancement and development of services, a working party was established that included the Drug and Alcohol Office (DAO), WA Health, King Edward Memorial Hospital, the Department for Child Protection and key non government agencies.

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<sup>1</sup> Dawe, S. 2007. Drug use in the family: impacts and implications for children

<sup>2</sup> Leek, L., Seneque, D and Ward, K. (2004) *Parental Drug and Alcohol Use as a Contributing Factor in Care and Protection Applications 2003*. Department for Community Development. Perth. Government of Western Australia.

<sup>3</sup> Dawe, Sharon. *Drug use in the family – impacts and implications for children*. Australian National Council on Drugs research paper 2007

<sup>4</sup> *Parenting Support Toolkit for Alcohol and Other Drug Workers*, State Government of Victoria, Australia, Department of Human Services, <http://www.health.vic.gov.au/drugservices/pubs/parenting-support.htm>

The *Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants Working Party* sought to develop an agreed policy framework and identify best practice for service provision. This will be achieved through the implementation of key strategic areas, including: workforce development; integration and coordination; service development and capacity; and information and research.

To assist the working group in developing strategies, a background paper was written by DAO that provided an overview of some of the relevant services and programs operating in WA. It included programs of state-wide impact and those located in the metropolitan area. A number of common research themes were identified.

The policy framework provides a brief summary of key issues and includes an overview of the state and national policy context. It presents a policy statement, aims and supporting principles that specifically targets drug and alcohol users who are either pregnant or have children, and outlines key priority areas for action. The framework also provides information on the how the priorities will be implemented, monitored and reviewed over time.

## **2. Key issues**

### ***Service providers***

There are a number of government and non government agencies that provide a range of services relating to parental drug and alcohol misuse, spanning from state-wide policy development to direct service provision. Key issues for services that have been identified by the *Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants Working Party*, include but are not limited to:

- The need for an agreed policy framework that is adopted by key stakeholders to ensure consistent and holistic approaches to service provision.
- Ensuring appropriate awareness and skills development is available for staff working with families in the drug and alcohol, health and child protection sectors.
- Developing effective linkages between drug and alcohol, health and child protection sectors to enable a continuum of care for families, address gaps in service delivery and ensure a 'common language'.
- Developing and implementing joint protocols and procedures (e.g. common assessment framework) between services, and the enhancement of internal agency systems, as appropriate.
- Ensuring service capacity is appropriate to meet the needs of at-risk families, including minimising waiting lists and ensuring client follow-up.
- The type of services provided is appropriate to meet the needs of the client group to maximise engagement (e.g. culturally appropriate services, services suitable for culturally and linguistically diverse groups and home visits).
- Ensuring that the parent/carers and child are viewed as a family unit, thus reducing service division and polarisation.
- Collection of data relating to parental drug and alcohol use is used to inform directions and future policy development.

## **Common research themes**

There is significant research in the area of parental drug use and pregnancy, newborns and infants. Research examines the effects on children, type and effectiveness of programs, and barriers to engaging clients. In addition, the Australian National Council on Drugs produced a paper in 2007<sup>3</sup> that includes a detailed analysis on drug use and the impacts and implications on children. The paper has a number of recommendations including good practice principles for clinicians, treatment program content and funding bodies.

Some of the research themes have been covered in the key issues mentioned above, others include:

- Holistic interventions that address issues such as mental health and socio-economic disadvantage are most effective.
- Fear of losing children to protective services is a barrier to women accessing treatment.
- Treatment matching of families is appropriate as no single treatment intervention is suitable for all families.
- Cooperation between services and a shared focus is required to protect and improve the health and wellbeing of affected children and their parent.
- In line with best practice, a thorough assessment should be undertaken, treatment plans regularly reviewed and treatment programs evaluated.

## **3. Policy context**

### **National**

The *National Drug Strategy 2004-2009* (NDS)<sup>5</sup> provides the broad policy framework for coordinating and integrating approaches to drug issues in Australia. The strategy has a number of objectives, including one that aims to “reduce drug-related harm for individuals, families and communities” (NDS p 5). While there is no specific reference to children in drug using families, it has been proposed that the Australian Government develop a *National Strategy for the Prevention of Child Abuse and Neglect*<sup>6</sup> in the near future.

There are a number of projects funded through the Australian Government that relate to child protection and the prevention of child abuse. While this is the case, primary responsibility for this area resides with the jurisdictions.

### **State**

At a state level, there are a number of different policy documents that provide a context for the development of a parental drug use, pregnancy, newborns and infants framework. These include the state drug strategy and associated action plans, as well as child protection strategy and policies.

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<sup>5</sup> Ministerial Council on Drug Strategy. 2004. *The National Drug Strategy: Australia's Integrated Framework 2004-2009*.

<sup>6</sup> Dawe, S. 2006. Drug use in the family: impacts and implications for children

The *WA Drug and Alcohol Strategy 2005-2009* (WADAS)<sup>7</sup> provides the broader context for the development of a framework specifically targeting drug and alcohol users who are pregnant or who have children, and outlines the comprehensive range of strategies that more generally target drug and alcohol related issues in WA. The WADAS outlines key areas of strategic priority including prevention and early intervention, treatment and support and law, justice and enforcement. The drug strategy identifies children and young people as a priority group for intervention and highlights the need to develop “family focused strategies to assist parents with alcohol and other drug problems to address their use and strengthen parenting skills, in order to prevent their children entering care” (WADAS p 6).

In addition, the WADAS Senior Officers’ Group (SOG), made up of key government agencies, outline their contributions through action plans. Specific actions relating to drug use and child protection include, but are not limited to: prevention and early intervention strategies and initiatives; developing interagency policies and procedures; workforce development; continuing existing programs; and the introduction of various new programs as appropriate. A copy of the government action plans can be accessed through the DAO website on [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au)(.)

The Department for Child Protection is responsible for the protection of and care for children and young people in WA and supports at-risk individuals and families to resolve crisis. There are a number of strategy documents that make mention of parental drug and alcohol use. In addition, a recent review of the Department for Community Development, referred to as the *Ford Report*, acknowledges the impact of drug and alcohol misuse on services provided and the needs of young people<sup>8</sup>. The report makes a number of recommendations which will result in the implementation of supportive actions. This includes the formation of a Child Safety Directors’ Group that involves key agencies with responsibilities for child safety and wellbeing. The group will aim to provide coordinated responses, identify and address systemic blockages in service delivery, and identify emerging issues and gaps in service delivery.

## **4. Policy statement**

To improve responses for pregnant women, newborns and infants who may be adversely affected by parental drug and alcohol use by ensuring the provision of coordinated treatment and support pathways.

## **5. Aims**

The *Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants Policy Framework* aims to:

- Provide a common understanding and language for the drug and alcohol, health and child protection sectors to enable a unified and consistent approach to families that promotes the health and wellbeing of all family members.

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<sup>7</sup> The Western Australian Drug and Alcohol Strategy 2005-2009.

<sup>8</sup> Ford, P. 2007. A Review of the Department For Community Development: Review Report



- Ensure that drug and alcohol, health and child protection sectors have access to evidence-based workforce development programs that aim to increase the skill base of workers.
- Provide integrated and coordinated services for clients across the drug and alcohol, health and child protection sectors to ensure comprehensive services and a continuum of care.
- Encourage the review of internal agency systems to provide more appropriate services and better facilitate client access across the drug and alcohol, health and child protection sectors.
- Ensure that appropriate data is available to inform practice and future directions.

## **6. Principles**

The *Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants Policy Framework* is underpinned by the following principles:

### ***Children as a priority***

The health and wellbeing of an unborn child, newborn or infant is of paramount importance. Child protection, health and drug and alcohol services have an explicit duty of care to at-risk children in the care of adult clients, or those presenting as clients in their own right. Consideration must be afforded to the family unit, however the safety and welfare of the child is of the highest priority.

### ***Family inclusive practice***

The health and wellbeing of the family unit is of great importance in creating a secure and safe environment toward protecting children from harm. Pregnancy and children is often a key motivator for drug and alcohol using parents to seek help and support. Family based interventions need to be offered to presenting clients which address many aspects of client's lives including enhancing parental social supports and improved parental functioning. Drug and alcohol, health and child protection services need to be responsive to the needs of families to ensure their ongoing engagement.

### ***Access and equity***

In the development of programs and support services, access and equity issues should be considered as a priority. This includes the application of programs and activities in regional locations, as well as targeting specific groups such as Aboriginal persons and communities, and those of culturally and linguistically diverse backgrounds.

### ***Leadership, commitment and partnerships***

Implementation of strategies will require leadership and commitment from key government and non government agencies that are required to work in collaboration.

The drug and alcohol, health and child protection sectors may have differing philosophical positions with regard to the area of parental drug and alcohol use. To meet the needs of the drug and alcohol user, unborn child, newborn or infant, all sectors need to work together in a collaborative and cooperative manner.

## ***A balanced approach***

Approaches to address parental drug and alcohol use should include a balance of various programs and support services, spanning from education, prevention and early intervention through to treatment and support services.

As the framework targets drug and alcohol users who are pregnant or have children, it focuses on the areas of identification, access, referral and engagement in treatment and support services. However, this is not to the exclusion of prevention and early intervention strategies and activities that are addressed through the broader context of the State's drug strategy.

## ***Regular review***

The regular review of activities and programs needs to be undertaken to ensure their ongoing appropriateness. Application to regional locations also needs to be considered as part of this process.

## **7. Strategic priorities**

There are four strategic priorities that the *Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants Working Party* has identified. These are outlined below.

### ***Workforce development***

Workforce development for the drug and alcohol, health and child protection sectors will assist workers to respond more effectively through evidence-based practice. Key strategies involve the translation of evidence into practical responses and assisting organisations to adopt new and supportive practices. Building the confidence of workers will result in the provision of more appropriate treatment responses and better facilitate access to services.

### ***Integration and coordination***

By working together, services can make practical steps to protect and improve the health and wellbeing of affected children<sup>9</sup> and ensure more appropriate services to parents. This will be achieved through the formalisation of robust and practical linkages between the drug and alcohol, health and child protection sectors across the State. A common assessment framework and interagency protocols may be appropriate to facilitate case coordination, streamline service delivery and ensure that a 'common language' is used across the key sectors. This includes viewing the family unit as the client, as opposed to individuals.

### ***Service development and capacity***

There are a number of programs currently operating in WA that will continue, such as the *Best Beginnings* and King Edward Memorial Hospital Women's and Newborns Drug and Alcohol Service (previously the Chemical Dependency Clinic). Opportunities for the expansion of programs, with specific regard to regional application, should be identified as appropriate. Consideration should be given to the needs of Aboriginal and culturally and linguistically diverse clients in accessing services.

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<sup>9</sup> Advisory Council on the Misuse of Drugs .2003. Hidden Harm

Internal agency systems should also be reviewed and consideration be given to promoting and supporting the development of child protection policies for drug and alcohol agencies. Consideration should be given to holistic service provision and the means by which can be facilitated.

### ***Information and research***

Information and research is required to inform practice and future directions, with particular effort directed towards high priority areas such as Foetal Alcohol Syndrome. The collection of appropriate data by agencies is required to assist in the identifying opportunities and further developing services. Research in the area will continue and results disseminated to key stakeholders.

## **8. Implementation, monitoring and review**

The *Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants Working Party* will develop a plan for the implementation of the four strategic priorities. It will outline each priority area, action to be taken, outcomes, timelines and responsibility.

The plan will include key actions currently implemented or planned by individual departments or agencies, as well as activities that the working group can collectively contribute to. The plan will develop over time and as such is a working document. Some activities may be planned for specific locations in WA, such as the metropolitan area, and expanded to other areas in the future. Some activities will have state-wide impact.

The implementation of the plan will be monitored and reviewed by the working party on an ongoing basis. In addition, regular reports on progress will be provided to the WADAS SOG, Director Generals of the Department of Child Protection and WA Health as well as the respective departmental Ministers.