Children, Parents with Substance Abuse Problems and the Child Welfare System

In 2003, experts estimated that nine percent of children in the United States (approximately six million children) were being raised by at least one parent with a substance abuse problem. These children were more often the victims of child maltreatment, including physical, sexual and emotional abuse and/or neglect. In one study of child abuse and neglect cases reported by a California hospital, 69 percent of the parents had a history of alcoholism or alcohol abuse; 41 percent of the parents had themselves been maltreated as children; and 92 percent of the parents who had been maltreated as children had been maltreated by an alcoholic parent.

Across the country, substance abuse disorders are a factor in 40 to 80 percent of the families in the child welfare system. In addition to causing harm to these children, the failure to treat parental substance abuse contributes to many more children being in the child welfare system, creating a staggering financial cost. States spend $24 billion annually to address different aspects of substance abuse. One study estimated that $5.3 billion (slightly more than 20 percent) of this goes to child welfare costs created by substance abuse.

The substantial social and financial cost to children and the child welfare system is in large measure preventable. There is significant data to suggest that substance abuse treatment works. Nearly one-third of substance abusers achieve sustained abstinence in their first attempt at recovery and an additional one-third achieve long-term abstinence. There seems to be special motivation when the substance abuser is a parent. Of females in drug treatment, 44 percent
report being in treatment in order to retain or regain custody of their children, and 48 percent of the clients in residential treatment with their children said they would not have been interested in treatment if they had not been able to bring their children with them. The strong intersection between child maltreatment and substance abuse, and the high cost of serving these families, has prompted child welfare agencies to collaborate with others and establish new policies and practices to better serve these children and their families.

Strategies Used by Public Agencies

Several states and local communities have designed programs and policies with the intent to:

- Improve the training, screening skills, and assessment abilities of caseworkers to better identify parental substance abuse
- Promote better collaboration among stakeholders
- Motivate parents to seek treatment

Training, Screening and Assessment

Several states and localities provide intensive training for caseworkers and supervisors in the identification of substance abuse. This type of training enables caseworkers to identify parental substance abusers earlier and better assist these parents in seeking appropriate treatment. In Sacramento County, California, caseworkers employing new substance abuse assessment skills found that 63 percent of parents they screened were substance abusers. Since substance abuse treatment can be a lengthy process it is important that substance abusing parents seek treatment as soon as possible. This is particularly important as the 1997 Adoption and Safe Families Act requires that state agencies seek the termination of parental rights for children who have been in foster care for 15 of the most recent 22 months. The more quickly parents enter and complete treatment, the more likely and quickly they are able to be reunited with their children, and the less time these children will have to spend in foster care.

In addition to substance abuse assessment training, Connecticut has developed a screening questionnaire for caseworkers to use to determine if the parents or other caretakers need assessment by an addiction specialist. Directing parents to the appropriate expert can save overburdened child welfare workers time and can lead to more resolved cases. The Connecticut Department of Children and Family Services (DCF) also contracts with a managed care behavioral health organization (MCO) that provides important support to caseworkers. The MCO provides substance abuse assessment, drug testing and treatment for DCF parents who have substance abuse problems. Substance abuse counselors are assigned to each DCF regional office to partner with child welfare caseworkers. Early and accurate identification of substance abuse by the caseworker means that parents can be directed to the MCO to receive appropriate and timely treatment by specialists in the field.

The early use of specialized treatment providers can increase the likelihood of successful treatment. Caseworkers in New Jersey are also trained to use information gathered through observations and interviews with families, as well as information from professional certified alcohol and other drug counselors (CADCs) and home visitors, to make informed determinations about custody of children. The partnership between the caseworker and the CADC leads to improved screening and assessment for substance abuse, and emphasizes the need for parents to address their addiction. Initially a pilot program in four cities, this promising initiative has been expanded statewide.

In Chicago, Illinois, custodial substance abusing parents with drug-exposed infants are assigned a Recovery Coach, who assists families during treatment with reunification and in preventing relapses. The coaches are part of a team that includes caseworkers and addiction specialists who screen and assess for substance abuse problems and assist parents in following through with case plans. This wraparound system of service can improve parents’ chances of recovery, and of reunification or retaining custody of their child.

Collaboration

Once a caseworker has identified a parent as requiring substance abuse treatment, an intrinsic factor in getting him/her the needed treatment is effective collaboration with other professionals in the field. Collaboration with substance abuse experts enhances the ability of caseworkers and other professionals to identify sub-
stance abuse problems earlier and refer parents to an appropriate treatment program. It can also reduce the amount of work caseworkers need to devote to families with substance abuse issues, and allow them to more easily identify cases in which it is appropriate to terminate parental rights, when parents are not following through with their treatment plans.

Several states are implementing strategies that increase collaboration among professionals dealing with substance abuse. In Missouri, substance abuse specialists work with child welfare officers to assist caseworkers in identifying appropriate treatment for parents, as well as other medical issues that may be affecting family reunification. In Cuyahoga County (which includes Cleveland), Ohio, Sobriety Treatment and Recovery Teams rely heavily on a partnership between family advocates who were substance abusers themselves and social workers. These teams are able to help families cope with daily crises and provide caseworkers with more first hand knowledge about the addiction and recovery process. Supporters of the program believe that the family advocates are often able to detect signs of ongoing use and abuse that may be missed by case workers. The collaboration can also free up caseworker time and allow them to focus on other children and families under their care. In Jacksonville, Florida, alcohol and other drug counselors are stationed with child protective services investigation units, to assist with assessment, treatment referral and in encouraging parents to participate in intervention programs. Caseworkers who initially believed that alcohol and other drug treatment did not work with parents in the system, and who were frustrated by families “recycling” through the treatment system, began to change their views as they worked with alcohol and other drug workers, and now work closely with them to achieve faster engagement in the treatment process.

Motivating Parents

Once the training, screening and assessments have been completed, the next step in the process is to motivate parents to seek the recommended form of treatment. The more quickly parents complete treatment, the more quickly they can be reunified with their children and the less time these children will have to spend in foster care. Several states have instituted programs to encourage parents to follow through with their recommended treatment plans.

A common motivator to both start and complete treatment is the offering of support groups where parents can discuss their struggles with others facing similar situations. Sacramento, California and Connecticut are among the sites that provide these services to parents. In fact, in Sacramento, 89 percent of children whose parents attended a support group were living with their parents compared to 74 percent of children whose parents did not attend a support group.

In addition, to support groups, Connecticut offers a supportive housing program for recovering families that assists parents with intensive case management and provides them with housing assistance. The creation of a stable environment is one of the most important factors in the well-being and healthy development of a child. Child welfare workers use a holistic model of care, assisting parents with aftercare to help avoid relapse into using drugs when a parent stops treatment.

The San Diego Dependency Court Recovery Project has incentives and sanctions built into each stage of its substance abuse recovery process. The process can be completed in nine months, enabling parents to graduate before the 12 month deadline for reunification is up. Uncooperative parents are reassigned to a 12 month recovery program which may lead to termination of parental rights. Non-compliant parents can face incarceration. In 1999, of the 808 dependency parents in the program, 79 percent were in compliance with their recovery plan.

One of the most important motivators for parents to seek treatment is allaying the fear that they will lose their children. Several states have implemented programs that lessen this fear. Pennsylvania’s A New Life program allows mothers who are in the process of overcoming their dependency on drugs and regaining custody of their children to live with their children in mentor homes. This program combines drug treatment with family preservation services and job training to help them and their families become self-sufficient. Missouri allows those cases involving drug-exposed infants to remain open for a longer period of time than other cases. The hope is that this will encourage parents to seek treatment without the fear of losing their child if treatment takes longer than expected.
There is anecdotal evidence and preliminary data which suggest that the reforms to the child welfare system that address the identification and treatment of parents with substance abuse problems are improving outcomes for children and their families. The reforms that are in place across the nation are the result of strong leadership from people who had the resources to effect change. These leaders—child welfare workers, addiction experts, and family court judges—were compelled to introduce reforms because of increasing caseloads and evidence of the devastating role substance abuse plays in child maltreatment cases.

Although reforms have worked to improve the system, problems still exist. States have long waiting lists for those who require addiction treatment, especially women. The availability of gender-specific, family-centered residential facilities is inadequate. Less than one third of mothers in the child welfare system who need treatment are able to access it even though studies show that mothers in residential treatment with their children are less likely to have a drug use relapse (or to lose custody of their children).  

With recent fiscal crises at the state level, some states have had to scale back reform efforts or limit the number of substance-abusing parents who can take advantage of the services associated with the reforms, even while the number of child welfare caseloads grow. While outcome data are necessary to ensure that resources are targeted to strategies that work, the scarcity of resources means that funds for evaluation are often non-existent. The “catch-22” is that without sufficient resources to evaluate, adequate information won’t be available to support the continuation and growth of programs that work. This is not to suggest that innovation should not be developed because evaluation resources are not available. However, the recently passed federal Child Protection/Alcohol and Drug Partnership Act requires states that are awarded funding to do an evaluation that includes outcome data. The results of these evaluations will help determine what strategies are most effective, which need adapting and which are not effective.

In order to provide adequate treatment and prevention efforts that ensure the well-being of children and families, there must be an increased commitment of both human and financial resources for the child welfare system. As many policy leaders and judges understand, collaboration between government organizations is imperative if the system is to provide the necessary support to at-risk children and families in a cost effective manner. By increasing the human and financial resources of these organizations, and allowing for further partnerships, the safety and well-being of our children and families can be assured.

Endnotes


2. Ibid.


Endnotes continued from inside


12 Johnson, Fran. Personal interview. Social Worker, Department of Social Services, Children's Services, Missouri.


19 Johnson, Fran. Personal interview. Social Worker, Department of Social Services, Children's Services, Missouri.

