Working together to support families where a parent uses alcohol and/or other drugs - case studies

These case studies have been created to highlight some of the shared experiences of child and family welfare workers and alcohol and/or other drug (AOD) practitioners. They aim to prompt readers to consider:

- how child and family and AOD workers can respond to clients’ needs outside of their specialisation
- the knowledge gaps and training needs across the workforce
- what good quality practice might look like when working with clients who use AOD, and/or their children.

Ren and Leia

On Ren's second visit he brings his 1-year-old daughter Leia, as his child care arrangements fell through. Leia is in a soiled nappy and pyjamas, her hair is matted and face dirty. You notice bruises on her arms and legs. When you mention this, Ren explains that she is a very active kid who loves climbing. Though Leia cries throughout the appointment, Ren doesn’t pick her up. Ren has a new roommate, Tahlea, who he sometimes drinks and smokes weed with. He says that he often feels overwhelmed by having to care for Leia all on his own, and that he sometimes leaves her at home with Tahlea to go to the pub. He typically drinks 6-8 cans of Jack Daniels and Coke a night, which he says make him feel calmer.

Kali, David, Asha and Kai

Kali has been coming to you for help with her relationship with her partner, David, and support with caring for her children, Asha (12) and Kai (6), who live with them. You know that Kali has used ICE on-and-off in the past. She tells you that she has been mostly abstinent for over nine months but that David has continued using almost daily. Recently, Kali has been turning up to appointments late, looking dishevelled and restless. One day, she arrives clearly distressed and paces around your office, refusing to sit and appearing quite agitated. When you ask her how she’s been, she becomes defensive and yells at you, which you feel is very unlike her.