Who cares?

Young people with parents who use alcohol or other drugs talk about their experiences with services

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What we know about the effects of parental alcohol or other drug use

Alcohol and other drug use is widespread across Australia and internationally, for both adults who do and don't have children. A 2006 Australian study (Dawe et al., 2007) estimated that around 13% of Australian children were at risk of exposure to binge drinking by at least one adult with whom they reside, with a further 2% living with an adult who uses cannabis on a daily basis. Similarly, the Odyssey Institute of Studies (2004) estimated that around 60,000 Australian children lived with a parent attending treatment for an alcohol or other drug issue, with tens of thousands more children living with parents who had not sought help for their problem.

Although a number of studies have shown that parents using alcohol or other drugs are able to provide their children with effective parenting (Harbin & Murphy, 2000), others have shown that the impacts of parental alcohol or other drug use can affect children from the point of conception, both physically and developmentally (Patton, 2003a). Some studies have emphasised how alcohol or other drug use can lead to social isolation and place children in "highly chaotic and stressful environment" (Dawe et al., 2007; Dawe, Harnett, & Frye, 2008). When raised in these households, children can also be affected socially, educationally and psychologically in relation to their own health, safety, drug use and transitions to adulthood (Bancroft, Wilson, Cunningham-Burley, Backett-Milburn, & Masters, 2004; Dawe et al., 2007; Hegarty, 2004; Patton, 2003a, 2003b; Tunnard, 2002). In addition, children of parents with an alcohol or other drug issue are often at increased risk of experiencing poverty and financial stress, trauma, abuse, violence (from both within and outside of the family), family breakdown and separation, exposure to criminal activities, and poor housing and homelessness (see Bancroft et al., 2004; Dawe et al., 2007; Hegarty, 2005; Kroll, 2004; Odyssey Institute of Studies, 2004; Patton, 2003a, 2003b; Tunnard, 2002). It is important to note that not all alcohol and drug problems are inherited or passed down from parent to child. As Gilman points out, there is a complex web of socio-economic, cultural and structural factors that may also interact with substance misuse, "making it hard to separate the specific impact that drug or alcohol may have on individual functioning and family relationships" (as cited in Kroll, 2007).

A further effect of parental alcohol or other drug use (including intoxication and withdrawal) is its impact on parents' capacity to care for and protect their children, often putting the children at the high end of risk of maltreatment, especially neglect (Dawe et al., 2008). Such young people are more likely to enter into the statutory care and protection system (Jeffreys, Hirte, Rogers, & Wilson, 2009; McArthur & Winkworth, in press) and appear more likely to be engaged in the juvenile justice system (Moore, 2005; Moore, Saunders, & McArthur, in press). In fact, the challenges facing these young people and their families

are so significant that some have argued that parental alcohol or other drug use is one of the most serious issues confronting the child welfare system in the past 20 years (Ainsworth, 2004).

This interest in children of parents with an alcohol or other drug issue has occurred alongside a growing focus on young people with similar family backgrounds. In particular, there has been a growing interest in young carers and children of parents with a mental illness (Becker, 2005; Carers Australia, 2002; Cowling, 2004), each of which has highlighted the vulnerabilities of children and has called for increased service support for them and, to a lesser degree, their families. Although there are obvious overlaps and similarities between these groups, the literature on these topics has not provided an in-depth consideration of the needs of young people with parents with an alcohol or other drug issue.

There has been considerable investigation into the lives of these young people; however, the number of studies that have directly engaged children and young people remain limited. Most studies have relied on parents' or workers' accounts of children's lives. This paper reports on a research project where we asked children and young people about their experiences of living in families where substance use caused issues. This work comes from a larger research project that sought to specifically examine the caring responsibilities of these children and young people (see Noble-Carr, Moore, & McArthur, 2009). In this paper, we present findings in relation to how young people describe their lives and the impact of their parents' substance use. It also specifically explores young people's engagement with the service system and the key barriers

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that they experience in seeking and receiving support. Our aim is to contribute to an understanding of how best to support children and young people and intervene effectively to redress any negative effects that may occur as a result of their parents' substance use.

Nature of the study

This research project was funded by the ACT Government through its Carers Recognition Grants project and was conducted by the Institute of Child Protection Studies with support from Anglicare Canberra and Goulburn. The project had two parts: the first engaged children and young people directly in the research process; the second, conducted by Anglicare Canberra and Goulburn, focused on the system's responses to families affected by alcohol or other drug use. This paper draws only on data from the young people in the first part of the study.

Adopting an ethical and child-centred approach, the research team provided young people with an opportunity to talk about their experiences in one-on-one interviews and a workshop, both of which were developed in consultation with a young people's reference group (for more information, see Noble-Carr et al., 2009). The reference group also helped the research team understand emerging themes and to draw out policy and practice implications. Before conducting the project, the researchers sought and were granted ethical clearance by the Human Research Ethics Committee at the Australian Catholic University.

Research approach

Recruitment of participants was through pursuing agencies and services that had links with these young people and/or their parents. We also advised local community organisations of the project through newsletter articles and electronic bulletins (e.g., the ACT Council of Social Service [ACTCOSS] newsletter and the Youth Coalition e-bulletin).

As the broader study attempted to understand more about how taking on carer responsibilities for a family member with an alcohol or other drug issue affected young people's lives, participants were asked by workers in the referring service, and then by researchers, whether or not they assumed caring tasks for their relative. If they could identify tasks that were linked with their relative's alcohol and other drug use (such as "looking out for", "ensuring safety", "managing households", "looking after siblings", or "providing financial assistance"), they were recruited into the sample.

Fifteen young people participated in the study. Participants were aged between 11 and 17 years of age. However, twelve of the fifteen participants were aged 14–17 years. Eight participants were female and seven were male.

Method

The literature on children's engagement in research emphasises the importance of providing children and young people with a range of ways through which they might engage with researchers and research projects (see: Moore, McArthur, & Noble-Carr, 2008; Noble-Carr, 2007). Realising this and recognising the diversity of the ages, circumstances, capabilities, interests and experiences of

the young people being interviewed, a range of tools was developed through which young people might engage with the process. Some examples of the tools used include:

- drawing family trees—young people were asked to draw their own family tree, including whatever family members they chose, which served as an easy way for young people to communicate about their family relationships and also provided a springboard to discuss some of the strengths and challenges underpinning these relationships;

- completing a "support star"—young people were asked to write down, on each point of a star, five key people or organisations that provided them with support, along with the needs that these people/ organisations met, while other unmet needs were listed in the middle of the star; and

- discussing young carer program pamphlets and "case studies" of young carers.

Interviews conducted with young people usually lasted for an hour and were held at a location and time most suitable to the young person. In some cases, interviews were conducted in the young person's home (some with their parents or other family members present), while others were conducted at youth centres (in one case, a young woman was accompanied by her friend) or in other mutually agreed locations.

The interview schedule contained open-ended questions and prompts that focused around a number of key themes based on a review of the literature. This approach was used to enable young people to tell their own narrative or story in their own words. The young people chose what they wanted to talk about and the issues that were of particular interest or relevance to them were discussed in more detail.

Data analysis

The interviews were tape-recorded, transcribed and analysed for common themes. Drawing on a theoretical base of grounded theory, key concepts, themes and categories were able to emerge from the data rather than either being imposed or overlooked in the analysis (Minichello, Aroni, Timewell, & Alexander, 2000; Strauss & Corbin, 1990).

A general approach of constant "comparison" was also a key factor in the analysis of the young people's transcripts. This involved taking one piece of data, such as one interview, one statement or one theme, and comparing it with others that may be similar or different. In doing so, the research team could propose and explore possible relations between various pieces of data. For example, by comparing the accounts of two different young people who had similar caring or family experiences, the team used analytical questions such as: Why is this different from that? How are these two related? What other variables might explain the differences?

Finally, at a workshop, young people were consulted on the key findings from this data analysis, ensuring that their views remained central to the conclusions of the research.

Before exploring young people's experiences of the service system, we provide a brief overview of the life circumstances of the young people in our sample. We do so to provide a context within which young people are offered and access supports.

Parental alcohol or other drug use

Parents often used alcohol and a range of other drugs, including marijuana, heroin, ice and other illicit and prescription drugs. Six of the participants had a parent who had an alcohol issue. Of these, two of the family members who had an alcohol issue had also previously been addicted to illicit drugs, including heroin and marijuana. Four participants had parents who were using marijuana, with one of these also using "ice" (methamphetamine). Finally, three participants had a parent who had an addiction to prescription drugs. A number lived in families where a number of family members used a range of drugs: one young person, for example, had seven family members who were currently poly-drug users. Two of the young people in the study did not identify parental alcohol and other drug misuse but had siblings who used illicit drugs. One of these young people had a parent with a mental illness and both identified as "young carers". We chose to include their perspectives on how alcohol and other drug use affected their families and how the service system might best respond to them. However, we have excluded their input from the following discussion as it relates to parental alcohol and other drug use.

Young people's needs

Young people in this study lived in families marked by complexity and chaos. They experienced a number of intersecting and compounding factors (such as poverty, social isolation, violence and family conflict) that affected their health and wellbeing, participation in education, social activities and community life, and the relationships they had with parents, siblings and other family members.

They reported a range of needs for themselves, their families and their alcohol/drug using parent. These included their need to be safe; obtain support for their family; have someone trusted to talk to; have access to emotional support; reconnect with family, friends and community; be supported in school; have time out; and obtain practical assistance to reduce their care responsibilities and the negative effects of living in a family affected by alcohol or other drug use.

Being safe

Many of the young people shared experiences where their safety was compromised. Often this was because their parents were under the influence of alcohol or another drug and were unable to watch out for them. Some talked about being left at home unsupervised while their parents were either out looking for drugs or using them offsite:

[When I was 11 years old] I started worrying because [dad] started not being around when I got home, and he wouldn't tell me where he was going, and 7 o'clock come around and I freak out, and 8 o'clock

Participants described themselves as being responsible for providing financial support, taking on household tasks, ensuring the safety of their alcohol/drug-using parent, supervising and supporting their siblings, and providing emotional support and personal care.

comes around … I got scared … I didn't like being at home by myself. (Girl, aged 13)

In some instances, young people talked about the fact that their homes were often frequented by "unsafe" adults who treated them badly or who exposed them to drugs and drug paraphernalia:

I had the absolute worse thing happen to me in Year 5. My parents were out with this really wrong crowd and they met these people only for a week because they got introduced by somebody else and [a user] came over to my house one day and they put a needle in my bag and … I got to school and I was going to put my yugio cards in and I saw it, and I threw it down and I ran straight back into class and, yeah. (Boy, aged 11)

Obtaining support for the family

Young people clearly stated that they wanted help that was aimed at supporting and strengthening their families as well as them. In fact, when asked to prioritise support that focused either on them as an individual or that had a broader family focus, young people overwhelmingly called for the latter.

Most of the issues young people wanted help with were interlinked with issues that other members of their family were experiencing and were entwined within the complex roles and relationships within their family. Therefore, for any service to support them adequately, their family's issues need to be included and addressed. Young people thought that this was the only way that they could truly achieve any positive changes in their lives. A number

felt that family counselling or mediation was necessary to resolve the significant challenges they and their family were facing.

Other young people felt that their parents would benefit from some support to address their alcohol and other drug issues. In addition, a number of young people advocated for additional support for their siblings, as they felt stressed and responsible for their siblings' welfare when assistance wasn't provided to them directly.

Having someone trusted to talk to

The young people argued that the most common and most immediate need that they had was having a significant adult to talk to whom they could trust. This was someone who would listen and who could understand and respond to their feelings and broader needs. Trust was often identified by the young people as the key factor in determining whether they would seek support. They believed that they would only be able to explain their circumstances to someone whom they knew would act in their best interests and would not judge their situation, but would actively support them in finding assistance. Unfortunately, the number of trusted adults in the lives of these young people was limited:

'Cos just talking to people takes a big load off your chest, like a huge weight is lifted off you. So there does need to be more people. Because it's hard to talk to people—you've got to trust them a lot … There are not many people that I can trust, that I can tell. (Young man, aged 16)

For a number of the young people, the potential benefit of sharing their home situation did not appear to justify the potential consequences, particularly when they had had negative experiences in the past:

If you get let down once you're not likely to ask again. You spend all your time trying to weigh things up: is it worth my while to say something, to ask for something. Most of the time you're stressed to the max, but asking is just out of the question or seems too hard. (Young man, aged 16)

Having access to emotional support

Many of the young people reported poor mental health outcomes, ranging from depression to suicidal ideation. It would appear that this was driven by overwhelming feelings, a lack of hope for the future and a sense of despair. Young people talked about how they felt socially isolated and unsupported:

I got really, really sick trying to look after them all and then I got mentally ill really badly and tried to do the whole suicide thing. And it was really hard to look after two young children and your parent, and then at the same time trying to look after yourself, having a social life and doing all the things you should be doing. (Young man, aged 17)

It's been tough. I often think about suicide, and think, "Would I be better off if I wasn't here?". And then I think, "my friends", and they always tell me, "What are we going to do without you?", and you think, "There's people out there who love you and need you", and you think, "OK. Maybe I should stay around". (Young woman, aged 16)

They argued that it would be helpful to have someone to talk to about these feelings and to help them find ways of resolving the challenges they encountered.

Reconnecting with family, friends and community

The majority of young people in this study reported feeling socially isolated: many had estranged relationships with their extended family, and small numbers of friends who could provide them with support:

In Year 4 to Year 6 … I would always have other people sitting there boasting about how good their families were and what they would do at night … and I was just like, "Yeah, my mum was sitting at the table last night getting pissed" … I thought that it was more my mum—she would rather get pissed than spend time with me … I would not say anything [at school] I would just sit there. (Young woman, aged 16)

As such, young people identified a need to reconnect to family, peers and the broader community. They highly valued supports that enabled them to meet others in similar situations to themselves, but also opportunities to participate in "normal" teenage activities, such as sports, clubs or just "hanging out":

Like this [young carers] program is everything for me. It's changed my life. If it wasn't for the young carer camps, I don't know what would have happened to me. I say there's so many other kids out there who have it the same as me who don't know about it who need it. (Young man, aged 16).

Being supported in school

Almost all of the young people talked about difficulties they were having with their schooling. Four had left school early and were no longer engaged with the education system (however, two of these have recently found work, one through an apprenticeship). A further three young people had left mainstream schools and were currently completing Year 10 through supported education programs or TAFE institutions.

For many of the young people, their education had become the most tangible part of their life that they could say was affected by living with a parent with an alcohol or other drug issue. Some felt that this was because of the chaotic nature of their family life, which made it hard to keep up with school work and homework, and resulted in them frequently missing school altogether.

Others talked about conflicts they had with teachers and/or other students, with many of the young people stating that they found it hard to fit in and always felt like the outsider or "different" in their school community. For many, this seemed to translate into frequent experiences of violence and/or bullying within their school environment (either as the victim or perpetrator, or perhaps both):

They don't give you time to do [all your work] at school, so coming home to a family like that—you might not have much money, so you might not have a computer, or a computer with Internet access. And it's not like you could go down to the local library to use it because you've got no time, so on top of not doing that well at school because of stuff going on at home, you're not going to keep up with assignments and all that stuff. So you're failing even more. (Young man, aged 16)

I couldn't really do my school work. I had a lot of trouble in my school work. I was in a special class because I just couldn't concentrate … When I got home I couldn't get help with homework. But if I didn't [understand it], then there was no one to help me. And I tried to explain it to my teacher, but sometimes it was like, "Well, you could've

come to us for help," but they didn't really understand. (Young woman, aged 16)

Young people's disengagement from education appeared to affect them not only academically but, just as importantly, socially, as they disconnected from positive peer groups, from potentially affirming activities and "normalising" opportunities. This disengagement appeared to compound their sense of isolation and kept them from finding or receiving support.

Young people said that to be able to continue with their education, tutoring and assistance to access flexible schooling alternatives would be helpful. Those who had been assisted into flexible education programs to complete their secondary education were extremely grateful for this support and stated that they would not be completing their education if it wasn't for these more flexible alternatives. To enable this, young people said that it was essential to have an empathetic teacher or someone else connected with the school who was available to provide and coordinate support.

Having time out

Each young person assumed significant care responsibilities for their family members, often over a long period of time (ranging from a few to over 10 years). These participants described themselves as being responsible for providing financial support, taking on household tasks, ensuring the safety of their alcohol/drug-using parent, supervising and supporting their siblings, and providing emotional support and personal care:

[My mother] pretty much is reliant on everyone else, other than herself. When I was still living with her, I was pretty much looking after both the kids and doing all the stuff that she was supposed to be doing … For a while I was doing all that, for a couple of years … most of my life. (Young man, aged 17)

Checking in with mum on how she is feeling, kind of being a counsellor … trying not to blow her off … That would be the primary role I had … Several of the issues that mum had and still does have definitely affected the kind of relationship that we have—especially in the household—it's not so much more of a parent and kid kind of relationship. I more see it as a "roomie" kind of relationship. I see it as more of I definitely have a lot more freedom than any other kids I know of my age. (Young man, aged 17)

Young people felt that they needed to have time away from their families to rest and recover. The emotional and sometimes physical strain of living in their families was often significant, as was the level of family stress and conflict. Having periods of time when the young people could physically leave the family home was important to many participants:

Sometimes it gets a bit hectic, so you need to get out of the house. So someone to take you out, to get out of the house. Have some time for yourself. (Young woman, aged 16)

Some reported that they had sometimes left home and stayed in unsuitable accommodation because more appropriate options were unavailable:

There needs to be a place where you can go if you need time out … A place where parents know you're safe and that they're not gonna freak out about or nothing. Like when it gets real bad. Not like a refuge or nothing, because those places are full on, but somewhere you can go to chill out. Not for a long time, but maybe a few days or a week if you need it. Or, like, if your parent is in hospital or not doing good. Some place you can go, you know, where you can trust the workers and where you can just do the stuff you need to. (Young man, aged 16)

Obtaining practical assistance

Many of the young people said that they and their families needed a lot of practical assistance with things such as food and other financial aid. Due to their families' poverty, and their parents' alcohol and drug issues, some of the young people talked about missing out not only on food, but other material possessions and essential items that their peers had access to, such as clothes and computers. Other young people also talked about needing practical assistance to look after their parent, because they were often the only ones at home available to care and perform all of the care tasks that were required. Practical assistance with housework and cooking and looking after their parent were mentioned by some of the young people:

Help for your emotional, like, you could be having a hard time as well. Probably, like, support, like, they know they are not the only ones are in the situation. (Young woman, aged 16)

> The young people had low levels of engagement with services, and even when they were engaged, most said they were not receiving the level of support that they and their families required.

Young people's experiences of the service system

As identified, young people in this study assumed significant responsibilities for their family members, had broad needs and faced substantial challenges that affected their health and wellbeing and their ability to participate in the life of the community. However, when asked to identify existing supports (both formal and informal), they often noted that they had no connection with the service system and often could not identify ongoing assistance from family or friends. When pressed, they believed that it was for a number of reasons. We will discuss these briefly.

Barriers to support

Stigma and fear of repercussions

Due to the stigma attached to alcohol or other drug misuse, many families were reluctant to have children speak about these issues in the family or to ask for assistance. For some, this was because they were afraid of statutory intervention, for others because they were concerned that the family might be judged or disrespected, and for still others because they felt ashamed. These concerns were significant, with most of the young people sharing that they had been socialised from a young age to keep their family situation secret. In some cases, young people talked about parents threatening dire consequences:

We were pretty much too scared to say anything to anyone because we knew there were aggressive consequences if we said pretty much

anything to anyone … We would be told that if we talked to people we wouldn't be allowed out, we wouldn't be allowed to see our friends, see nanna … [Mum] was very, very intimidating. (Young man, aged 17)

Young people shared that reporting their concerns to any adult outside of the family, particularly statutory organisations, was a confronting and potentially hazardous act and one that took great courage and determination.

It was particularly problematic for young people who were "caught" telling people outside of the family about their home life. They said how difficult it was for them to come forward and how detrimental it was to their family relationships when their parent realised what they had done:

That was the end of it for me. I had to leave home because Mum was going ballistic. It was OK for me, 'cos I needed to get out of there, but it was bad because I had to leave my brother and sister there. It was all because no one would help. I took the risk of telling and it blew up in my face. I lost out big time 'cos no one would do anything. (Young man, aged 17)

Young people often talked about having low self-esteem and self-confidence. They described how asking for help required them to step outside of their comfort zone, to risk their anonymity and the relationship they had with their parent:

A lack of self-confidence, [young people] could be really shy, worried of what [others] would think of you. Like you could have low self-esteem. That would just, like, muck everything up. Having the confidence to actually get out there, call them up and ask someone for help. Like with [the boy in the case study]: he hasn't got any help. He might be worried of how everyone would take it. (Young man, aged 16)

Not fitting into target groups

Those young people who overcame the fear of asking for help reported finding it difficult to access formal support from services because they did not meet eligibility criteria or because their needs were outside of the agency's stated client group. Youth services did not engage young people in discussions about their family, or referred the young people to alcohol or other drug services rather than provide the emotional and personal support the young people requested. Alcohol and other drug services appeared reluctant to work with the young people because they believed that they did not have the skills to work with clients under the age of 18:

I just never fitted. No one was there for me. [It] was either for my mum or my brother, but never for me. And I needed the help too. (Young man, aged 16)

Screw them. I'm sick of them saying, "We can't help—our support's not for you". Who is here for us? Am I not worthy of help? We're the ones doing the right thing, so why doesn't anyone give a shit? (Young man, aged 14)

Young people also believed that there were times when health professionals did not support them because the workers had a relationship with their parent and saw them as their main client. They young people felt as though these workers either ignored their situation or rallied behind their parent, to their detriment:

It would've been helpful if our family doctor had taken any notice of anyone in the family had to say. We told him on lots of occasions that what he was giving her she shouldn't be taking because she was abusing it … He became very defensive on the topic of my mother. If you approached him about it he'd be like, "She's doing really well". That's what you would get back from him: "She's fine". He pretty much took her side on everything … I got sick a few months ago … and my aunt took me [to the doctor] and he was a complete asshole to us both. And I was like, "Just because she's your patient too doesn't mean you should treat us differently". There shouldn't be repercussions. (Young man, aged 17)

Having concerns minimised or disbelieved

Young people talked about times when they had sought support but had not been believed because workers had not directly seen issues of concern. Young people said that it was often difficult for them to talk to people about their problems and that they felt betrayed when services failed to provide them with support. They believed this was because workers saw them as children and did not respect their views. This was the focus of much frustration for young people, who often took this lack of support personally:

I dunno, Care and Protection did nothing. Nothing that we can say … I spoke to them once and they told me they went over there for half an hour and that she seemed perfectly fine, and I went "Hmm mm, whatever" … They were called heaps and heaps. In one week, my mother was called on 5 or 6 times, but nothing happened. (Young man, aged 16)

Pretty much if [they] were actually listening to what people were telling them, that would do a whole deal of good … I keep telling them what was happening. I kept telling them that they needed to remove us, or at least the other kids. And they just wouldn't do it. Because when they came around, they'd look and say, "This just looks perfectly fine", and we were like, "That's because you're here. She knew you were coming. You called her to tell her". (Young woman, aged 16)

What needs to be done

The young people spent time, both in their interviews and at a subsequent workshop, developing some recommendations for those working (or, more likely, not currently working) with young people in families affected by parental alcohol or other drug issues.

Young people want to know that services are prepared to listen to what is going on for them at home and to know that they will take a broader and more holistic view of their lives.

Talk to young people

Young people argued that most of the problems they encountered could be resolved if parents, workers and policy-makers spent time talking to young people about their needs. This was both at a broad systems level and also at the individual level:

They talk to the parent, but it's not the parent … They'd be more helpful if they listened to what the kids had to say, because this kind of stuff really affects them badly, because they're young and because they don't understand. They pretty much go, "Holy crap, my whole life is falling apart. What do I do?" (Young man, aged 17)

They called for a dialogue where young people could talk about their concerns and where adults could explain what was going on and how the young person was going to be supported. This was seen as being vital, with many young people feeling let down by adults who seemed to either ignore their wishes or fail to act on their behalf:

They might have done stuff in the background, but if they don't tell you what they've done, it's as if they've, like, done nothing at all. That's how we see it. If we don't notice it, if we don't see it, if we don't get told about it, it's never happened. And you get let down. Just another person who doesn't give a shit about you. (Young woman, aged 16)

Provide family-focused support

Young people called for a more family-focused response to parental alcohol or other drug use. They believed that the current system was too divisive and led to a situation where resources were allocated to individuals rather than

families. They felt that the supports divided the family rather than recognising that the issues were closely related. In saying this, they did believe that there were times when they needed workers to work with members separately, but that these efforts should aim to have positive outcomes for the family as a whole:

Maybe there should be something to support the child and the parent. Give the child opportunities to go out and do the things, to be a child. But do something for the parent to deal with their addiction. That way they're helping both people. It's still giving support to both. (Young woman, aged 17)

Provide seamless and effective service delivery

To be effective, young people felt that services needed to work together. They called for stronger relationships to be developed between organisations and sectors so that these partners could develop a collective responsibility for supporting the young person and their family. One young person gave the example of attending a case conference where each worker focused on what their individual program was unable to provide because of a lack of funding, rather than looking at how they might work with others to pool resources to meet the identified needs. He felt that workers, particularly his statutory worker, were unable to offer support in a timely fashion and that this was frustrating:

People were asking, "What about this? What about this?", and she kept going, "I'll have to see my superior, I'll have to see my superior". She had no answers for anyone who asked her. And Nan ended up

> This project highlights the value of enabling young people to express their views, identify their needs and provide important information about what they think would assist them.

going, "Well, why the hell are you here then?" They are no good for anyone. That's what you're initially supposed to do—contact them or whatever, so why would you bother? (Young man, aged 17)

He said that he came away from the meeting feeling overwhelmed and hopeless: he wished that people had a "can do" rather "can't do" attitude.

As already discussed, young people felt that they needed to develop trustworthy and supportive relationships with workers. Opportunities to develop and sustain these relationships were hampered by the rapid turnover of staff. Young people advocated for a system that enabled some continuity of care:

He was really great. He had a great relationship with [my brother] … But he had to leave, so he was going to hand [my brother] over. But he left and nothing was organised. So everything for [my brother] went to a standstill. There was nothing, and everything that was going well was wasted. (Young man, aged 16)

Discussion and conclusion

The young people in this small exploratory study faced a myriad of inter-related and complex issues that were not limited to their parent's alcohol or other drug issue. Compounding issues included, parental mental health issues, family conflict and separations, neglect, isolation and poverty. These issues made their lives extremely complex and challenging, and secrecy, fear and stigma created innumerable barriers to getting their and their families' needs addressed adequately. The young people had low levels of engagement with services, and even when they were engaged, most said they were not receiving the level of support that they and their families required.

The young people were strong and resilient but also vulnerable. They had survived and were still trying to survive through tough times. They require support and help to ensure their safety and wellbeing and to reduce some of the negative impacts they suffer as a result of being in a family where alcohol or other drugs caused difficulties. However, for this to eventuate, some urgent and comprehensive changes need to be made to the social policy and service system landscape.

Adopting a family-focused approach

The most obvious change is related to how services respond to these young people. Services from all sectors need to be more holistic and family-focused rather than maintaining the current practice directed to individuals. This need for change was voiced strongly by the majority of the participants in this study and mirrors the position of a number of recent commentators (Dawe et al., 2007; Grant, Repper, & Nolan, 2008; Halpenny & Gilligan, 2004; Scott, 2009; Warren & O'Brien, 2007).

Young people wanted services to acknowledge both the strengths and challenges of their families. They needed the issues that they faced to be placed within their environmental and family context, so that they could be better understood and responded to. The importance and influence of family on these young people's lives is obvious and needs to be taken into account by services as a central premise when working with them. This does not always mean involving all family members in the support that is provided by a service, but rather the acknowledgment that young people's lives are not led in isolation to their family and the issues that their families face. The place of extended family members and the support that they often provide to these young people also needs to be recognised and actively supported.

Young people need services to provide them with the permission and opportunity to talk about their families. They want to know that services are prepared to listen to what is going on for them at home and to know that they will take a broader and more holistic view of their lives. Therefore, as a matter of course, family issues need to be covered in routine assessment procedures that should be carried out with any young person, regardless of where and how they enter the service system.

Core service system issues

Young people need services from all sectors to demonstrate, by way of practice, that statutory child protection is not solely responsible for responding to their family's issues and ensuring their safety and wellbeing. Supporting families and protecting children from harm should be a priority of all services.

Although it seems a simple request, all of the young people stated that they wanted their families as well as themselves to be treated with respect by services. They also said they needed workers whom they could trust. However, before this could occur, it was necessary for key people in their lives to provide supportive referrals to these workers. They wanted workers to be reliable and to follow through on the support that they said they would provide and to help connect them in with other support networks and their wider community.

For many of the young people in this study, it seemed as if it was up to them to identify their problems and needs and to navigate a complex service system in order to seek assistance. However, this burden needs to be shared by those people that come into frequent contact with these children and young people, such as schools, community groups and services across the spectrum of health and welfare services. Young people need advocates from all of these readily available sectors who are willing to provide support and assistance until consistent, reliable and appropriate supports can be put in place for them and their families.

These changes, if implemented, will make it possible to address the needs of this marginalised and "invisible" group of young people that have had their needs ignored for too long.

The benefits of listening to young people

Research that directly elicits young people's experiences is becoming a more regular practice. This project highlights the value of enabling young people to express their views, identify their needs and provide important information about what they think would assist them. However, many of the young people observed that this was the first time that they had been asked to think about their circumstances or consider their needs. One suggested that she thought that this was because adults were often afraid about what they might uncover if they asked. She believed, however, that positive changes could only be achieved if adults were able and willing to talk with young people and find solutions together.

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