# Formal and Informal Help-Seeking by Australian Parents who Misuse Alcohol

**Silke Meyer\*** (iD)
School of Nursing, Midwifery & Social Sciences, Centre for Domestic and Family Violence Research, Central Queensland University, Brisbane, Queensland, Australia

**Elizabeth Eggins** (iD)
School of Social Science, The University of Queensland; ARC Centre of Excellence for Children and Families over the Life Course, The University of Queensland, St Lucia, Queensland, Australia

Parental substance misuse has a pervasive impact on family functioning, parenting, and, ultimately, child wellbeing and development. Subsequently, linkages with informal and formal support networks are crucial for ameliorating risk. To facilitate engagement with these families prior to identification in child protection systems, it is vital to understand the factors inhibiting and promoting engagement with informal and formal support. This paper examines how different factors influence informal and formal help-seeking by alcohol-misusing parents with regard to parenting and family concerns. Parents reporting alcohol problems in a clinical range (*n* = 322) were drawn from a representative parent sample (*n* = 1991). Alcohol-misusing parents reported low help-seeking for parenting-focused support services. The findings particularly highlight the role of age, education, socioeconomic status, ethnicity, parenting stress, empowerment and trust in support services for predicting parents' help-seeking.

KEY PRACTITIONER MESSAGES:

- The role of practitioners working in family welfare and child protection services in identifying and facilitating support for alcohol-misusing families is described.
- Parenting-focused support services need to be promoted, especially for vulnerable parent populations.
- Education of service providers along with the wider community is required to foster and increase trust and support uptake before alcohol-misusing families become involved with statutory systems.

KEY WORDS: help-seeking; stigma; cumulative risk; parent empowerment

> 'Examines how different factors influence informal and formal help-seeking by alcohol-misusing parents with regard to parenting and family concerns'

**P**arental substance misuse and its concomitant risks for families are a significant issue for child protection systems. Globally, approximately five to ten per cent of children are raised in a family where parent(s) misuse substances, including alcohol (Dawe *et al*., 2006; Substance Abuse and Mental Health Services Administration, 2014). For the purposes of this research, we align with Dawe *et al*.'s (2006) conceptualisation, which defines misuse as the use of substances that leads to social, physical or psychological harm.

> 'Parental substance misuse and its concomitant risks for families are a significant issue for child protection systems'

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A vast body of literature demonstrates that children with substance-misusing parents are at a higher risk of abuse and neglect (Taplin and Mattick, 2013), and a range of other detrimental child outcomes (Park and Schepp, 2015). However, there is a general consensus that these detrimental outcomes result from an accumulation and interaction of parental substance misuse and other co-occurring risk factors, including: comorbid psychopathology, poverty, criminality, prior trauma and domestic violence (Dawe *et al*., 2008; Nair *et al*., 2003). Subsequently, this accumulation and interaction of risk factors impact substance-misusing parents' capacity to provide a developmentally appropriate and nurturing environment for their children, thereby elevating the likelihood of involvement in child protection systems (for a review, see Neger and Prinz, 2015).

The adverse impact of parental substance misuse and associated risk factors on children's development and wellbeing highlights the importance of linkages with prosocial informal networks and more formal support services to improve child and family wellbeing. In particular, the families' capacity to engage with formal and informal help – prior to scrutiny from child protection systems – is crucial. Voluntary help-seeking is more conducive for cooperative working relationships with parents and less resistance (Broadhurst *et al*., 2012). In addition, formal and informal help-seeking by substance-misusing parents may reduce the likelihood of losing custody of their children (Canfield *et al*., 2017). Yet, longitudinal studies suggest that substance misusers may delay help-seeking until 'problem severity has reached a critical threshold' (Grella and Stein, 2013, p. 153). By the time that families become known to the child protection system, children are likely to have been exposed to a number of adverse experiences due to accumulating and co-occurring risks, thereby increasing the odds for more intensive services or intrusive pathways such as out-of-home care (Broadhurst *et al*., 2012; Canfield *et al*., 2017).

In order to both (a) facilitate engagement with families prior to their identification in the child protection system, and (b) increase the uptake of services that will reduce the risk of contact with the child protection system, it is vital that we understand the factors that inhibit or promote substance-misusing parents' help-seeking. However, in comparison to other vulnerable populations (e.g. Meyer, 2010), there is a shortage of research that examines the factors influencing substance-misusing parents' help-seeking beyond a general viewpoint that substance-misusing parents are reluctant to seek help (Broadhurst, 2003; Taylor *et al*., 2008). Therefore, this paper uses a subsample of parents who misuse alcohol drawn from a large-scale survey conducted in Queensland (Australia) to examine how a range of factors impact formal and informal help-seeking in this vulnerable population.

**Defining Help-Seeking**

There are different ways of conceptualising help-seeking decisions and behaviour. Research frequently defines help-seeking as measures taken to receive information and support to address a particular issue, and often distinguishes between informal and formal help-seeking (Broadhurst, 2003; Thompson, 2015). Models of help-seeking decisions and behaviour regarding a range of social and medical issues conceptualise help-seeking as a process of

psychosocial readiness, evolving from the problem definition via a decision-making and action stage (Broadhurst, 2003). From the perspective of the Behavioural Model of Health Services Use model (Anderson, 1995), this process is influenced by predisposing factors (e.g. gender, age, ethnicity, socioeconomic status), economic and social enabling factors (e.g. access to insurance, treatment accessibility), and perceived severity of the current issue. In addition, research exploring the process of help-seeking has frequently revealed that help-seekers tend to rely on informal sources of support before exploring formal avenues (Broadhurst, 2003).

For the purposes of this paper, informal help-seeking is defined as parents' disclosing and seeking assistance for their alcohol misuse and parenting challenges from within their informal networks, including immediate and extended family, friends, neighbours, colleagues or fellow substance misusers attending informal treatment (Broadhurst, 2003; Stringer and Baker, 2015; Thompson, 2015). Informal support networks vary in their level of knowledge and capacity to support substance-misusing parents adequately and address the range of associated risk factors often present for these families (Thompson, 2015). Formal help-seeking, on the other hand, provides valuable avenues for effectively reducing the level of vulnerability in families with substance-misusing parents (Neger and Prinz, 2015). For the purposes of this paper, formal help-seeking is defined as parents disclosing their alcohol misuse and parenting challenges and seeking assistance from a range of sources outside their informal network. These sources can include specialist substance misuse services, health services (including mental health), and family welfare and parenting services (Harris *et al.*, 2016; Thompson, 2015).

> '**Help-seekers tend to rely on informal sources of support before exploring formal avenues**'

## Factors Impacting Help-Seeking

### Stigma

A key barrier to help-seeking in the context of substance misuse is perceived or experienced stigma associated with substance misuse (Jackson and Shannon, 2012; Lloyd, 2013). For parents, perceiving services as non-judgemental and non-stigmatising seems to be a key factor in encouraging help-seeking, especially from formal resources such as specialised substance misuse and family welfare services (Broadhurst, 2003; Gueta, 2017; Stringer and Baker, 2015). On account of persistent gender stereotypes, this stigma may be more pronounced in mothers than fathers owing to substance misuse being perceived as more deviant for women who are generally the primary carer of young children (Gueta, 2017; Stringer and Baker, 2015; Verissimo and Grella, 2017). For women caring for dependent children, seeking support for substance misuse and related issues frequently comes with the fear of losing parental rights (Gueta, 2017; Stringer and Baker, 2015; Thompson, 2015; Verissimo and Grella, 2017). In addition, many substance misuse services do not cater for parents due to their frequent lack of childcare facilities or parent–child-focused treatment models (Jackson and Shannon, 2012; Seay *et al.*, 2017; Stringer and Baker, 2015). Research further identifies stigma as a general barrier to help-seeking, especially in populations with higher levels of education, employment and prosocial support networks (Stringer and Baker, 2015).

> '**A key barrier to help-seeking … is perceived or experienced stigma associated with substance misuse**'

## Sociodemographic Risk

As noted, the accumulation of psychosocial risk factors among families with substance-misusing parents has been well substantiated in the literature. The cumulative risk literature generally cites a range of common variables that exert a multiplicative rather than additive effect on psychosocial outcomes, including: family status (single parent, large family), poverty, psychopathology, domestic violence, criminal history, trauma, homelessness and a number of stressful life events (Nair *et al.*, 2003; Zhang and Slesnick, 2017). There is limited research regarding the singular or combined predictive nature of these variables in relation to help-seeking specifically by substance-misusing parent populations. Individuals with lower socioeconomic status are argued to be less deterred by the stigma associated with accessing parenting and substance misuse support services (Stringer and Baker, 2015; Verissimo and Grella, 2017). Others find that while accumulation of risk may push affected parents towards accessing required support services on the one hand, it can also create structural barriers to accessing formal support (Verissimo and Grella, 2017). These risk factors include the lack of: transport, access to childcare while accessing services, resources to identify available support services, and informal support networks that encourage formal help-seeking decisions (Broadhurst, 2003; Neger and Prinz, 2015; Verissimo and Grella, 2017). Recent research finds that: a trauma history exerts an inconsistent influence on help-seeking among substance misusers (Peltan and Cellucci, 2011), comorbidity with mental disorders can facilitate help-seeking (Harris *et al.*, 2016), and risk accumulation reduces task-oriented coping in substance-misusing mothers (Zhang and Slesnick, 2017).

## Parenting Stress, Empowerment and Efficacy

A common finding in the literature is that one of the key motivators for seeking help for substance misuse is the desire to be a better parent (Gueta, 2017; Jackson and Shannon, 2012). Yet when there are high levels of stress, some research suggests that there is a decrease in the likelihood of help-seeking (Grella and Stein, 2013), but it is unclear if this extends to substance-misusing parents. What research does demonstrate, however, is that parenting stress can reduce parents' sense of efficacy and empowerment (Meyer and Wickes, 2016; Vuorenmaa *et al.*, 2015). Parent empowerment and efficacy is conceptualised as a process by which parents gain mastery of their lives and problems through the development of knowledge, skills and capabilities (Freiberg *et al.*, 2014). Expressions of empowerment and efficacy include: involvement in services pertaining to parenting, ability to recognise the need for and mobilise services, and the capacity to engage collaboratively with service providers in setting goals and decision-making (Freiberg *et al.*, 2014). Importantly, collaboratively involving parents in decision-making can positively impact the degree to which vulnerable families engage with treatment and, as a consequence, the long-term outcomes for families (Broadhurst *et al.*, 2012).

## Social Support and Trust

The degree of social support available to substance-misusing parents has been shown to be of particular importance. For example, social support mediates the

**'One of the key motivators for seeking help for substance misuse is the desire to be a better parent'**

impact of parental substance misuse on child internalising and externalising behaviour (Miller *et al*., 2014), and can promote positive treatment outcomes (McWey *et al*., 2015). Social support is also likely to impact parents' help-seeking behaviour. Parents with high levels of social support may be less likely to engage in formal help-seeking if their informal social support networks provide them with required support. On the other hand, social support may facilitate engagement with formal services (Gueta, 2017) by reducing barriers to help-seeking (e.g. childcare, transport). Parents who perceive high levels of support from family or friends may be more likely to feel empowered and efficacious in their parental role, more likely to draw on their support networks, but may be less likely to engage in formal help-seeking (Meyer and Wickes, 2016). One possible explanation for substance-misusing parents being more likely to draw on their social support networks than formal services could be the degree of trust that services will non-judgementally support and meet their needs. Indeed, lack of trust is often cited as a barrier to help-seeking (Hines, 2013). Critically, trust in organisational entities is vital for cultivating willing compliance, engagement and cooperation with practitioners within organisations (Braithwaite and Levi, 2003).

> '**Lack of trust is often cited as a barrier to help-seeking**'

## Study Aims

The degree to which substance-misusing parents seek formal and informal assistance is clearly of key importance, particularly in light of the research that alerts to an underutilisation of relevant support services in this vulnerable population (Broadhurst, 2003; Neger and Prinz, 2015; Stringer and Baker, 2015). Understanding the factors that can facilitate and impede parents' help-seeking is therefore crucial for informing future service delivery that is perceived as both relevant and accessible. Accordingly, this paper will examine how six factors impact formal and informal help-seeking by Australian alcohol-misusing parents: (1) perceptions of and experience with stigma; (2) sociodemographic risk; (3) parenting empowerment and efficacy; (4) parenting stress; (5) level of social support; and (6) level of trust in sources of support. As parents' initial help-seeking experiences may impact future help-seeking behaviours, this paper further explores whether parents believed that the help that they sought was beneficial and whether they experienced stigma.

> '**Examine[s] how six factors impact formal and informal help-seeking by Australian alcohol-misusing parents**'

## Methodology

The Queensland Family and Child Commission (QFCC) *Talking Families* survey was conducted by an independent research institute between November 2015 and January 2016 (see QFCC, 2016, for the full technical report). Participants were recruited from metropolitan, regional and remote areas of Queensland (Australia) using a non-probability disproportionate stratified sampling strategy. Specifically, there was an oversampling of Aboriginal and Torres Strait Islander Australians in order to generate a sufficiently large enough sample to enable statistical analyses of this vulnerable population and reflect their disproportionate representation in the child welfare system (Tilbury, 2009). Online survey panels, random digit telephone samples and

face-to-face networking were used to recruit non-Indigenous Australians, whereas Winangali's Ngara Network was used to recruit Indigenous Australians. Data were collected using an online self-report survey, with participants also given the option of completing the survey with a trained interviewer. This study received ethical clearance from the first author's tertiary education institution for the analysis of the secondary, de-identified data provided by the QFCC (clearance number H16/05–118).

### Participants

The full *Talking Families* sample ($n = 4261$) is comprised of 1991 parents and 2270 non-parents (see QFCC, 2016, for the full sample description). This paper utilises a smaller sample of parents who misuse alcohol ($n = 322$). This subsample was identified by a score equal to or exceeding the clinical cut-off for the CAGE Substance Abuse Screening Tool (Dhalla and Kopec, 2007). Table 1 provides a summary description of the utilised subsample.

> **'This paper utilises a smaller sample of parents who misuse alcohol ($n = 322$)'**

### Measures

#### Control Variables
Common demographic factors found to impact help-seeking were included in the statistical analysis in order to distinguish between the predictive values of focal independent variables on help-seeking behaviour (see below). These variables were: gender (Female = 0; Male = 1), age, level of education, income and ethnicity (see Table 3 for coding in the Results section).

#### Independent Variables
*Sociodemographic Risk.* Drawing on the QFCC conceptualisation of risk and what is known in the cumulative risk literature (Nair *et al.*, 2003), a composite scale of sociodemographic risk was constructed by summing the scores of six variables: financial stress, family violence, criminal history, mental health history, childhood trauma, and stressful life events. Scores on this composite variable can range from zero to 36, with higher scores presenting a greater degree of sociodemographic risk. The financial stress item was drawn from the Australian Household, Income and Labour Dynamics panel study and requires respondents to indicate whether they have experienced financial hardship across six areas in the last 12 months (0 = No; 1 = Yes), such as going without meals or being unable to pay bills. Responses were summed to obtain an overall financial stress score (range: 0–6). The family violence item asked respondents to rate the frequency of arguments with their partner or family members that result in pushing, hitting, kicking or shoving on a five-point Likert scale ranging from zero (Never) to four (Always). The criminal history item asked respondents to indicate whether they had ever been convicted of a crime. The mental health history item asked respondents to indicate whether they had ever been diagnosed with or treated for a mental health issue. The childhood trauma item asked respondents to indicate whether or not they had experienced one or more specific traumatic events before age 17: (1) death of a very close friend or family member; (2) family separation; (3) physical, sexual or emotional abuse; (4) extreme illness or injury; or (5) personal or family member involvement with the child protection system. For the criminal,

**Table 1.** Sample demographics (*n* = 322)

| Characteristic | *n* (%) |
|---|---|
| Gender | |
|   Male | 170 (52.8) |
|   Female | 152 (47.2) |
| Age | |
|   18–24 | 23 (7.1) |
|   25–34 | 74 (23.0) |
|   35–44 | 124 (38.5) |
|   45–54 | 87 (27.0) |
|   55–64 | 12 (3.7) |
|   65+ | 2 (0.6) |
| Ethnicity | |
|   Indigenous | 117 (36.3) |
|   Australian | 176 (54.7) |
|   New Zealander | 5 (1.6) |
|   European | 10 (3.1) |
|   Asian | 4 (1.2) |
|   Other[a] | 5 (1.6) |
|   Undisclosed | 5 (1.6) |
| Education | |
|   Grade 10 or less | 42 (13.0) |
|   Grade 11 | 17 (5.3) |
|   Grade 12 | 51 (15.8) |
|   Certificate (TAFE) | 60 (18.6) |
|   Diploma | 40 (12.4) |
|   Undergraduate bachelor degree | 57 (17.7) |
|   Graduate diploma or certificate | 17 (5.3) |
|   Postgraduate | 19 (5.9) |
|   Prefer not to say | 19 (5.9) |
| Employment | |
|   Full-time | 156 (48.4) |
|   Part-time | 58 (18.0) |
|   Home duties | 43 (413.4) |
|   Student | 6 (1.9) |
|   Self-employed/business owner | 4 (1.2) |
|   Unemployed | 28 (8.7) |
|   Retired | 14 (4.3) |
|   Prefer not to say | 13 (4.0) |
| Household income (Australian dollars) | |
|   < \$15 000 | 15 (4.7) |
|   \$15 000–\$25 000 | 15 (4.7) |
|   \$25 001–\$40 000 | 30 (9.3) |
|   \$40 001–\$60 000 | 37 (11.5) |
|   \$60 001–\$80 000 | 47 (14.6) |
|   \$80 001–\$100 000 | 43 (13.4) |
|   \$100 001–\$150 000 | 62 (19.3) |
|   \$150 001+ | 33 (10.2) |
|   Prefer not to say | 40 (12.4) |
| Number of children (*n* = 511) | |
|   1 | 139 (43.2) |
|   2–3 | 148 (46.0) |
|   4 + | 35 (10.8) |
| Respondent's parenting role | |
|   Biological parent | 281 (87.3) |
|   Step-parent | 13 (4.0) |
|   Grandparent | 7 (2.2) |
|   Foster/kinship carer or other relative | 6 (1.9) |
|   More than one role | 15 (4.7) |
| Household composition[b] | |
|   Single occupant (children not residing) | 10 (3.1) |
|   Partnered/single and no children living in home | 6 (1.8) |
|   Partnered/single with children in home | 297 (92.2) |
|   Undisclosed | 9 (2.8) |

*(Continues)*

**Table 1.** *(Continued)*

| Characteristic | *n* (%) |
|---|---|
| Substance misuse (alcohol) | |
| CAGE score 2 | 154 (47.8) |
| CAGE score 3 | 117 (36.3) |
| CAGE score 4 | 51 (15.8) |

CAGE = Cut-down, Annoyed, Guilty, Eye-opener; TAFE = Technical and Further Education institution.
[a]Other includes: Polynesian, North America, North African and Middle Eastern.
[b]Marital status was not captured in the survey.

mental health and trauma history items, respondents could answer Yes (1) or No (0), or refuse to answer (coded as missing). The stressful life events item was adapted from the Longitudinal Study of Australian Children (see http:// data.growingupinaustralia.gov.au/studyqns/wave5qns/index.html) and required respondents to indicate whether they or their family had experienced one or more of 23 stressful life events in the last 12 months (Yes = 1; No = 0 for each event). Example events include: discrimination, difficulty with employment, drug and alcohol problems, witnessing violence and death of a close friend or family (see QFCC, 2016, for the full list).

*Parental Empowerment and Efficacy Measure (PEEM).* The PEEM is a 20-item self-report measure of parent empowerment and efficacy, whereby respondents indicate the degree to which each statement is true for them on a ten-point Likert scale from one (Poor Match) to ten (Perfect Match) (e.g. '*I can find services for my children when I need to*'). All responses are summed to create an overall score (range: 20–200), with higher scores presenting greater amounts of parenting empowerment and efficacy. The scale has established construct validity, internal consistency ($\alpha = 0.92$ for Freiberg *et al*., 2014; $\alpha = 0.93$ for the current study), concurrent validity and test–retest reliability (Freiberg *et al*., 2014).

*Parenting Stress.* This predictor is a composite measure constructed by summing the scores of three-related items. The first item asked respondents whether they had ever been in a situation where they felt that it was hard to cope with the stress of being a parent or caregiver (No or Unsure = 0; Yes or Maybe = 1). The second item asked how often respondents felt that it was hard to cope with the stress of being a parent or caretaker in the last month on a six-point Likert scale ranging from Never (0) to Every day (5). The third item asked respondents to indicate whether they had ever found it difficult or been worried that they may not be able to do their best to keep their child(ren) healthy and safe (No or Unsure = 0; Yes or Maybe = 1). Scores can range from zero to seven, with higher scores representing greater amounts of parenting stress.

*Perception of Stigmatisation From Others Experienced by Help-seeking Parents.* Adapted from Vogel *et al*. (2006), this 19-item scale required respondents to imagine that they were having difficulties as a parent and sought informal (family, friends) or formal social support (community support services), and then to rate the degree to which they believed that others would devalue them (e.g. '*See you as weak*', '*Think you posed a risk to others*', '*Think bad things of you*'). Items were measured on a five-point Likert scale ranging from one (Not at All) to five (A Great Deal), summed and then averaged to create a scale score where higher scores represent greater perceptions of stigma ($\alpha = 0.97$).

*Stigma Experience.* Adapted from Wahl (1999), this five-item scale measures respondents' direct experience with stigma connected to help-seeking

when experiencing parenting difficulties (e.g. '*I have heard others say unfavourable or offensive things about people when they struggle with parenting*'). Respondents indicate the frequency of stigma experience on a three-point Likert scale from one (Never) to three (Often), and item scores are then summed and averaged to generate an overall score on the measure, with higher scores representing more stigma experience ($\alpha = 0.67$).

*Perceived Social Support.* The respondents' level of social support was captured by two interrelated subscales. The first was comprised of three items from the Significant Other subscale of the Multidimensional Scale of Perceived Social Support (Zimet *et al.*, 1988). For this subscale, respondents were asked the degree to which they agreed with each of the following three items on a four-point Likert scale ranging from one (Strongly Disagree) to four (Strongly Agree): '*I have a friend or special person with whom I can share my joys and sorrows*'; '*I have a friend or special person who is a real source of comfort to me*'; and '*There is a friend or special person in my life who cares about my feelings*'.

The second measure of social support was a ten-item subscale adapted from Windle and Miller-Tutzauer's (1992) Perceived Social Support-Family measure. Respondents were asked to rate the degree to which each statement reflected the support that they received within their family on a five-point Likert response scale ranging from one (Not at All) to five (A Great Deal). Example items include: '*When I confide in members of my family, it makes me uncomfortable*' and '*Members of my family are good at helping me solve problems*'. Items from each social support measure were summed and averaged to create subscale scores, with higher scores representing greater perceived social support ($\alpha = 0.86$).

*Trust in Support Services.* Respondents were asked to rate the degree to which they trust 29 social support agencies on a scale of zero (Not at All) to ten (Completely Trust). For the purposes of this study, participant responses were summed and then averaged to construct an overall measure of trust in support agencies (range: 0–10), with higher scores representing greater trust.

### Dependent Variables

*Formal Help-Seeking.* Respondents were asked if they had ever utilised parenting support services or attended parenting support programmes (No = 0; Yes = 1). This dichotomous variable was used as a measure of parenting-related formal help-seeking. Respondents were also asked if they had sought help from a range of 32 professionals or community services in the last 12 months (No = 0; Yes = 1). Affirmative responses were then summed to create a metric of generalised formal help-seeking, with higher scores representing more help-seeking.

*Informal Help-Seeking.* Three scale items asked respondents to indicate whether they had asked for help, received help, and whether they felt comfortable seeking help from friends, family and neighbours. These items were on a Likert scale ranging from one (Strongly Disagree) to five (Strongly Agree) and were summed and averaged to generate an informal help-seeking subscale.

*Impact of Help-Seeking.* Participants who indicated that they had sought formal parenting support ($n = 67$) were asked additional items to gauge the perceived impact of their help-seeking. The first item required respondents to rate the degree to which their help-seeking made a positive difference on a five-point Likert response scale ranging from one (Not at All) to five (A Great

'**Respondents were asked if they had ever utilised parenting support services or attended parenting support programmes**'

Deal). Respondents were also asked to rate the degree of internalised help-seeking stigma on four Likert scale items ranging from one (Not at All) to five (A Great Deal), which were adapted from Wahl (1999) (e.g. '*I feel embarrassed if people know I use parenting support services*'). In addition, respondents who indicated that they had told others about their help-seeking were asked to rate the degree of stigmatisation that they experienced from others. These four items were also adapted from Wahl (1999) with responses ranging from one (Not at All) to five (A Great Deal) (e.g. '*I have been shunned or avoided when it was revealed that I used parental support services*'). For the subscales adapted from Wahl (1999), items were summed and averaged to create overall scores of internalised and experienced stigma (internalised stigma: $\alpha = 0.454$; experienced stigma: $\alpha = 0.883$).

## Statistical Analysis

All analyses were conducted using SPSS Version 24.0. Sequential binary logistic regression was used to examine the impact of predictor variables on the dichotomous dependent variable of parenting-related formal help-seeking, after controlling for the influence of demographic variables. Two hierarchal multiple regressions were used to examine the influence of predictor variables on continuous generalised formal help-seeking and informal help-seeking dependent variables, after controlling for the influence of demographic variables (gender, age, education, income, ethnicity). Preliminary analyses were conducted to obtain descriptive statistics for all variables (Table 2) and to ensure that there were no violations of the assumptions of normality, linearity, multicollinearity and homoscedasticity (none identified). Descriptive analyses were used to explore the perceived impact of parents' formal help-seeking behaviours.

## Results

### *Factors Influencing Formal Help-Seeking*

#### *Parenting-Related Help-Seeking*
A total of 67 (20.81%) participants indicated that they engaged in formal parenting-related help-seeking. A two-stage hierarchical logistic regression was conducted with parenting-related formal help-seeking as the dependent variable. The demographic variables (gender, age, level of education, income and ethnicity) were entered at stage one of the regression. The predictor variables (sociodemographic risk, PEEM, parenting stress, experience and perception of stigmatisation, perceived social support and trust in support services) were entered at stage two. The results of the regression are summarised in Table 3.

The hierarchical logistic regression revealed at stage one that the model with demographic variables was a statistically significant predictor of parenting-related formal help-seeking ($\chi^2(28) = 47.804$, $p = 0.011$), with a good model fit (Hosmer-Lemeshow goodness of fit $p = 0.435$) and accounted for 22.5 per cent of the variance. At this stage, age (18–24 years and 25–34 years), gender (male) and education (postgraduate) were statistically significant predictors of

'67 (20.81%) participants indicated that they engaged in formal parenting-related help-seeking'

**Table 2.** Descriptive statistics

| Variable | *M (SD)* /Count |
|---|---|
| Sociodemographic risk[a] | |
|    Financial stress | 2.01 (1.90) |
|    Family violence | 0.76 (0.95) |
|    Mental health history | 104 (count)[b] |
|    Childhood trauma | 148 (count)[b] |
|    Criminal history | 63 (count)[b] |
|    Stressful life events | 2.73 (2.71) |
|    Total sociodemographic risk | 6.4 (4.70) |
| PEEM | 145 (26.64) |
| Parenting stress | 3.33 (2.21) |
| Perceived help-seeking stigma | 2.21 (0.85) |
| Stigma experience | 2.10 (0.42) |
| Perceived social support | |
|    Significant Other | 3.28 (0.77) |
|    Family | 3.31 (0.74) |
| Trust in support services | 5.77 (2.22) |
| Formal help-seeking[c] | |
|    Parenting support service or education programme | 67 (count) |
|    Generalised help-seeking | 5.02 (5.97) |
| Informal help-seeking behaviour | 3.64 (0.87)[d] |

[a]Fifteen participants chose not to answer the criminal history item, 16 chose not to answer the mental health history item and 20 chose not to answer the childhood trauma item. Scores for each risk variable were summed to create a sociodemographic risk score that could range from zero to 36, see the descriptive data reported for 'Total sociodemographic risk'.
[b]Number of participants who responded 'Yes' to the survey item.
[c]Represents the mean number of professionals and/or services contacted by participants. A total of 266 participants indicated that they contacted at least one professional and/or support service.
[d]Mean score for the informal help-seeking scale (1 = Strongly Disagree; 5 = Strongly Agree). Mean scores ranged from one to five, with 178 participants answering at least one item with Agree, suggesting that 55.28 per cent of participants engaged in some level of informal help-seeking. PEEM = Parental Empowerment and Efficacy Measure.

parenting-related formal help-seeking. When the predictor variables were entered at stage two, the model remained a statistically significant predictor of parenting-related formal help-seeking ($\chi^2(36) = 78.336$, $p < 0.0001$), with the model explaining 35.1 per cent of the variance in help-seeking (Nagelkerke $R^2$). The Hosmer and Lemeshow test suggests that the second model is a good fit to the data ($p = 0.347$). At the second stage, age (18–24 and 25–34 years), gender (male), education (postgraduate) and parenting stress were statistically significant predictors of parenting-related formal help-seeking.

*Generalised Help-Seeking*
A total of 266 participants reported that they had contacted at least one of the 32 professionals or services listed in the last 12 months, and the mean number of professionals or services contacted was 5.02 ($SD = 5.97$). The hierarchical multiple regression found that the demographic variables (gender, age, level of income and ethnicity) accounted for 7.2 per cent of the variance in generalised help-seeking ($F(6, 307) = 4.985$, $p < 0.001$), whereby age, education, income and ethnicity were statistically significant predictors of generalised help-seeking (see Table 4). Specifically, help-seeking significantly declined with increasing age and income, yet increased with higher levels of education and ethnicity (Indigenous and Other). After entry of the predictor variables, the total variance explained by the model increased to 22.8 per cent ($F$ change (14, 293) = 8.58, $p < 0.001$), with age, income, education and ethnicity remaining statistically significant predictors of generalised

'266 participants reported that they had contacted at least one of the 32 professionals or services listed in the last 12 months'

**Table 3.** Summary of hierarchal logistic regression for parenting related formal help-seeking (n = 308)[a]

| | Model 1 | | | | | Model 2 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | B (SE) | Wald | df | OR | 95% CI | B (SE) | Wald | df | OR | 95% CI |
| **Age** | | | | | | | | | | |
| 18–24 years (Reference, 0) | | 11.575* | 4 | | | | 12.075* | 4 | | |
| 25–34 years (1) | −1.921 (0.692) | 7.704** | 1 | 0.146 | 0.038–0.569 | −2.038 (0.774) | 6.940** | 1 | 0.130 | 0.029–0.593 |
| 35–44 years (2) | −0.645 (0.602) | 1.146 | 1 | 0.525 | 0.161–1.709 | −0.556 (0.676) | 0.676 | 1 | 0.573 | 0.152–2.158 |
| 45–54 years (3) | −1.185 (0.657) | 3.256 | 1 | 0.306 | 0.084–1.108 | −1.397 (0.753) | 3.443 | 1 | 0.247 | 0.056–1.082 |
| 55–65+ years (4) | −1.787 (1.241) | 2.076 | 1 | 0.167 | 0.015–1.904 | −1.890 (1.379) | 1.879 | 1 | 0.151 | 0.010–2.253 |
| **Gender** | | | | | | | | | | |
| Female (Reference, 0) | | | | | | | | | | |
| Male (1) | −1.097 (0.369) | 8.830** | 1 | 0.334 | 0.162–0.688 | −1.017 (0.410)* | 6.146 | 1 | 0.362 | 0.162–0.808 |
| **Ethnicity** | | | | | | | | | | |
| Australian (Reference, 0) | | 3.884 | 2 | | | | 3.667 | 2 | | |
| Indigenous (1) | 0.037 (0.446) | 0.007 | 1 | 1.038 | 0.433–2.846 | −0.097 (0.518) | 0.035 | 1 | 0.908 | 0.329–2.505 |
| Other (2) | −2.398 (1.235) | 3.769 | 1 | 0.052 | 0.008–1.023 | −2.376 (1.241) | 3.667 | 1 | 0.093 | 0.008–1.058 |
| **Education** | | | | | | | | | | |
| Grade 10 or less (Reference, 1) | | 12.330 | 8 | | | | 11.586 | 8 | | |
| Grade 11 (2) | 0.082 (0.798) | 0.907 | 1 | 1.085 | 0.227–5.183 | 0.158 (0.915) | 0.030 | 1 | 1.171 | 0.195–7.036 |
| Grade 12 (3) | −0.855 (0.708) | 1.457 | 1 | 0.425 | 0.106–1.705 | −1.001 (0.773) | 1.676 | 1 | 0.367 | 0.081–1.673 |
| Certificate (TAFE, 4) | 0.000 (0.619) | 0.000 | 1 | 1.000 | 0.297–3.363 | 0.177 (0.672) | 0.069 | 1 | 1.193 | 0.320–4.453 |
| Diploma (5) | −0.002 (0.692) | 0.000 | 1 | 0.998 | 0.257–3.874 | −0.425 (0.767) | 0.307 | 1 | 0.654 | 0.145–2.941 |
| Undergraduate bachelor (6) | −0.649 (0.637) | 1.040 | 1 | 1.914 | 0.550–6.666 | 0.442 (0.705) | 0.392 | 1 | 1.555 | 0.390–6.196 |
| Graduate diploma or certificate (7) | −0.107 (0.896) | 0.014 | 1 | 0.898 | 0.155–5.205 | −0.107 (0.949) | 0.013 | 1 | 0.898 | 0.140–5.773 |
| Postgraduate (8) | 1.876 (0.828) | 5.138* | 1 | 6.526 | 1.289–33.038 | 1.815 (0.903) | 4.045* | 1 | 6.143 | 1.047–36.030 |
| Prefer not to say (0) | 0.256 (0.823) | 0.097 | 1 | 1.291 | 0.257–6.480 | 0.926 (0.953) | 0.944 | 1 | 2.523 | 0.390–16.323 |
| **Employment** | | | | | | | | | | |
| Unemployed (Reference, 1) | | 1.671 | 5 | | | | 1.321 | 5 | | |
| Retired or home duties (2) | 0.251 (0.758) | 0.109 | 1 | 1.285 | 0.291–5.673 | 0.068 (0.826) | 0.007 | 1 | 1.070 | 0.212–5.402 |
| Student (3) | 1.130 (1.339) | 0.712 | 1 | 3.094 | 0.224–42.657 | 0.943 (1.521) | 0.384 | 1 | 2.568 | 0.130–50.644 |
| Part-time (4) | 0.528 (0.790) | 0.447 | 1 | 1.696 | 0.361–7.971 | 0.532 (0.841) | 0.401 | 1 | 1.703 | 0.328–8.854 |
| Full-time (5) | 0.110 (0.754) | 0.021 | 1 | 1.116 | 0.255–4.891 | 0.130 (0.814) | 0.026 | 1 | 1.139 | 0.231–5.615 |
| Prefer not to say (0) | 0.337 (1.054) | 0.102 | 1 | 1.401 | 0.178–11.057 | 0.143 (1.215) | 0.014 | 1 | 1.154 | 0.107–12.485 |

*(Continues)*

**Table 3.** *(Continued)*

| | Model 1 | | | | | Model 2 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *B* (SE) | Wald | *df* | OR | 95% CI | *B* (SE) | Wald | *df* | OR | 95% CI |
| Income (Australian dollars) | | | | | | | | | | |
| < $15 000 (Reference, 1) | | 1.789 | 8 | | | | 1.907 | 8 | | |
| $15 001–$25 000 (2) | −0.315 (0.984) | 0.102 | 1 | 0.730 | 0.106–5.022 | −0.692 (1.042) | 0.441 | 1 | 0.501 | 0.065–3.855 |
| $25 001–$40 000 (3) | −0.419 (0.886) | 0.235 | 1 | 0.651 | 0.115–3.696 | 0.032 (0.985) | 0.001 | 1 | 1.033 | 0.150–7.120 |
| $40 001–$60 000 (4) | −0.119 (0.850) | 0.020 | 1 | 0.888 | 0.168–4.695 | 0.275 (0.925) | 0.088 | 1 | 1.316 | 0.215–8.072 |
| $60 001–$80 000 (5) | −0.167 (0.837) | 0.040 | 1 | 0.846 | 0.164–4.361 | 0.045 (0.904) | 0.002 | 1 | 1.046 | 0.178–6.151 |
| $80 001–$100 000 (6) | −0.390 (0.910) | 0.184 | 1 | 0.677 | 0.114–4.028 | −0.098 (0.980) | 0.010 | 1 | 0.907 | 0.133–6.189 |
| $100 001–$150 000 (7) | −0.397 (0.835) | 0.226 | 1 | 0.672 | 0.131–3.453 | −0.171 (0.913) | 0.035 | 1 | 0.843 | 0.141–5.046 |
| >$150 001 (8) | −0.957 (0.960) | 0.993 | 1 | 0.384 | 0.059–2.521 | −0.519 (1.052) | 0.244 | 1 | 0.595 | 0.076–5.046 |
| Prefer not to say (0) | −0.233 (0.800) | 0.084 | 1 | 0.792 | 0.165–3.798 | −0.248 (0.895) | 0.077 | 1 | 0.780 | 0.135–4.504 |
| Sociodemographic risk | | | | | | 0.026 (0.047) | 0.300 | 1 | 1.026 | 0.936–1.125 |
| PEEM | | | | | | 0.015 (0.008) | 3.431 | 1 | 1.015 | 0.999–1.032 |
| Parenting stress | | | | | | 0.395 (0.101) | 15.318**** | 1 | 1.484 | 1.218–1.809 |
| Perception of stigma | | | | | | −0.270 (0.251) | 1.154 | 1 | 0.763 | 0.466–1.249 |
| Experience of stigma | | | | | | 0.804 (0.486) | 2.734 | 1 | 2.235 | 0.862–5.795 |
| MSPSS (Significant Other) | | | | | | −0.082 (0.275) | 0.088 | 1 | 0.922 | 0.538–1.579 |
| Perceptions of social support (Family) | | | | | | 0.076 (0.297) | 0.065 | 1 | 1.078 | 0.603–1.930 |
| Trust | | | | | | 0.093 (0.097) | 0.918 | 1 | 1.098 | 0.907–1.328 |
| *R²* (Nagelkerke) | | | 0.225 | | | | | 0.351 | | |

[a]Data were missing for 14 respondents. PEEM = Parental Empowerment and Efficacy Measure; MSPSS = Multidimensional Scale of Perceived Social Support; *df* = degrees of freedom; OR = odds ratio; CI = confidence interval; SE = Standard Error; TAFE = Technical And Further Education.
*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$.

**Table 4.** Summary of hierarchal multiple regression for generalised formal help-seeking ($n = 308$)

| | Model 1 | | | Model 2 | | |
|---|---|---|---|---|---|---|
| | B | SE B | $\beta$ | B | *SE B* | β |
| Age | −0.824 | 0.351 | −0.133* | −0.658 | 0.331 | −0.106* |
| Gender | −0.074 | 0.351 | −0.006 | 0.333 | 0.660 | 0.028 |
| Employment | 0.192 | 0.266 | 0.051 | 0.306 | 0.247 | 0.082 |
| Education | 0.426 | 0.182 | 0.155* | 0.363 | 0.173 | 0.132* |
| Income | −0.502 | 0.176 | −0.212** | −0.431 | 0.165 | −0.182** |
| Ethnicity | 1.563 | 0.569 | 0.164** | 1.129 | 0.542 | 0.119* |
| Sociodemographic risk | | | | 0.404 | 0.081 | 0.317*** |
| PEEM | | | | 0.047 | 0.014 | 0.209*** |
| Parenting stress | | | | 0.262 | 0.162 | 0.096 |
| Perception of stigma | | | | 0.327 | 0.437 | 0.046 |
| Experience of stigma | | | | 0.577 | 0.820 | 0.041 |
| MSPSS (Significant Other) | | | | 0.133 | 0.452 | 0.017 |
| Perceptions of social support (Family) | | | | −0.027 | 0.552 | −0.003 |
| Trust | | | | 0.575 | 0.161 | 0.213*** |
| Constant | 6.583 | 1.421 | | −10.358 | 3.432 | |
| R² | | 0.072 | | | 0.228 | |
| *F* for change in $R^2$ | | 4.99*** | | | 8.58*** | |

PEEM = Parental Empowerment and Efficacy Measure; MSPSS = Multidimensional Scale of Perceived Social Support; SE = Standard Error; β = beta.
*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$.

help-seeking, albeit with smaller coefficients. The second model also demonstrated that sociodemographic risk, PEEM and trust were statistically significant predictors of generalised help-seeking, whereby higher sociodemographic risk, PEEM and trust scores predicted higher levels of generalised help-seeking.

### Factors Influencing Informal Help-Seeking

The hierarchical multiple regression found that the demographic variables (gender, age, level of income and ethnicity) explained one per cent of the variance in informal help-seeking ($F$ (6, 299) = 0.57, $p > 0.05$). After entry of the predictor variables, the total variance explained by the model increased to 31.2 per cent ($F$ change (14, 291) = 18.41, $p < 0.001$), with higher scores on PEEM and perceptions of social support significantly predicting informal help-seeking (see Table 5).

### Impact of Help-Seeking

Of the 67 participants who indicated that they had sought help from parenting support services or engaged in parenting education programmes, the mean rating of the impact of this help was 3.39 ($SD = 1.193$), with more than 75 per cent of parents providing a rating of three ('Some') or above when asked whether the assistance had a positive effect. Parents' mean rating of experiencing stigma from others was 2.09 ($SD = 0.747$), with more than 75 per cent of respondents' scores falling below three ('Some'). Parents' mean rating of their internalised help-seeking stigma was 1.97 ($SD = 1.003$), with more than 80 per cent of respondents' scores falling below three ('Some').

**Table 5.** Summary of hierarchal multiple regression for informal help-seeking ($n = 306$)

|  | Model 1 | | | Model 2 | | |
|---|---|---|---|---|---|---|
|  | B | SE B | *B* | B | SE B | β |
| Age | −0.035 | 0.052 | −0.044 | −0.054 | 0.088 | −0.031 |
| Gender | −0.075 | 0.101 | −0.040 | −0.031 | 0.044 | −0.035 |
| Employment | 0.023 | 0.039 | 0.044 | −0.016 | 0.033 | −0.030 |
| Education | −0.036 | 0.027 | −0.093 | −0.019 | 0.023 | −0.050 |
| Income | 0.017 | 0.026 | 0.050 | 0.005 | 0.022 | 0.016 |
| Ethnicity | 0.063 | 0.084 | 0.047 | 0.060 | 0.072 | 0.045 |
| Sociodemographic risk |  |  |  | −0.003 | 0.011 | −0.019 |
| PEEM |  |  |  | 0.008 | 0.002 | 0.249*** |
| Parenting stress |  |  |  | 0.027 | 0.022 | 0.070 |
| Perception of stigma |  |  |  | −0.002 | 0.059 | −0.022 |
| Experience of stigma |  |  |  | −0.020 | 0.109 | −0.020 |
| MSPSS (Significant Other) |  |  |  | 0.180 | 0.061 | 0.162** |
| Perceptions of social support (Family) |  |  |  | 0.364 | 0.074 | 0.306*** |
| Trust |  |  |  | 0.031 | 0.021 | 0.082 |
| Constant | 3.730 | 0.210 |  | 0.590 | 0.461 |  |
| $R^2$ |  | 0.01 |  |  | 0.312 |  |
| *F* for change in $R^2$ |  | 0.57 |  |  | 18.41*** |  |

PEEM = Parental Empowerment and Efficacy Measure; MSPSS = Multidimensional Scale of Perceived Social Support.
*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$.

## Discussion

It is noteworthy that when alcohol-misusing parents sought help, their experiences were rated as generally positive. However, the findings alert to an underutilisation of formal types of support also observed in other studies on help-seeking with vulnerable populations (e.g. Meyer, 2010). In order to promote help-seeking prior to the accumulation of risks and entrenched involvement in the child protection system, it is vital to understand barriers and facilitators of help-seeking. The findings of this paper provide a preliminary understanding of alcohol-misusing parents' help-seeking, which has been a neglected area of research to date. We examined how a range of factors (empowerment, parenting stress, sociodemographic risk and trust in service providers) predicted informal and formal help-seeking behaviours of alcohol-misusing parents.

When both demographic control variables and predictive factors were included in statistical models, having the highest level of education (postgraduate) and higher levels of parenting stress significantly predicted parenting-related help-seeking, whereas, being male and aged 25–34 years lowered the likelihood of help-seeking. This suggests that parenting stress potentially reaches a 'tipping point' that leads to help-seeking, which may be more readily recognised by alcohol-misusing parents with greater life experience and education. Importantly, the descriptive analyses of the parents who sought formal parenting support suggest that parents mostly believed that the support was at least somewhat helpful. Indeed, future research could expand on this finding by examining further whether the perceived impact of help-seeking fosters or inhibits parents' future help-seeking behaviour.

In comparison, higher sociodemographic risk, ethnicity (i.e., Indigenous or Other), parental empowerment and efficacy, and trust in service providers were significant predictors of generalised formal help-seeking. We surmise that alcohol-misusing parents who have accumulated risk and non-Caucasian status

'When alcohol-misusing parents sought help, their experiences were rated as generally positive'

'Parenting stress potentially reaches a 'tipping point' that leads to help-seeking'

are more likely to have been in contact with social service agencies for a range of psychosocial issues, which may have impacted their degree of trust in these agencies and sense of their capacity to seek and activate formal help. In this model, higher income and age emerged as potential barriers to generalised formal help-seeking. Possible reasons for these findings could be the perceived stigma attached to the need to seek help for older, higher income or Australian parents. The finding that Indigenous and Other ethnicities were more likely to engage in formal help-seeking was surprising given the prolonged disenfranchisement of Indigenous Australians which could engender reluctance to seek help from formal services. It is possible that higher psychosocial risk status of Indigenous Australians and other ethnicities may generate higher rates of referral to, or attention by, services.

Parental empowerment and efficacy also predicted informal help-seeking, along with positive perceptions of social support available (both family and significant others). It is important to note, however, that the relationship between empowerment and help-seeking may be bi-directional. Specifically, parents who feel more empowered may be more likely to seek help and help-seeking may, in turn, foster higher levels of empowerment. While the facilitative effect of empowerment and perceptions of social support are intuitive, we expected that lower levels of trust in service providers would predict higher levels of informal help-seeking. Based on prior research, we also expected to find that stigma would play a larger role in explaining help-seeking, or lack thereof. It may be that stigma is more strongly linked with substances other than alcohol or that this particular sample has not experienced or perceived stigma attached to help-seeking. Indeed, the descriptive analysis showing that parents who sought formal parenting support reported low levels of stigma lends some support to this argument.

Some limitations inherent to the study are also important to note. First, the findings may not be widely generalisable given that the *Talking Families* survey (QFCC, 2016) was conducted only in one Australian state without a randomised sampling strategy. Second, the subsample is limited to parents who misuse alcohol, meaning that the findings may not extend to parents who misuse other substances. Third, without understanding the nature and extent of service availability within the communities captured by the survey, it is difficult to disentangle whether help-seeking was driven by characteristics of the parents or the availability and/or accessibility of services within their communities. Future research could explore this area, in addition to examining the applicability of existing theoretical models of help-seeking in this unique population and across different cultural contexts.

Nevertheless, the findings prompt some key policy and practice implications for enhancing engagement with, and help-seeking behaviours of, substance-misusing parents. Parental empowerment and trust in social services emerged as key facilitators of help-seeking, both of which can be actively modified by the approach taken by service agencies. For example, empowerment can be fostered by emphasising parents' existing strengths and, wherever possible, including parents in decision-making and treatment planning to promote their sense of efficacy (Broadhurst *et al*., 2012). Combined with a non-judgemental approach by service providers, this tactic may be more likely to generate trust in service providers and possibly promote ongoing engagement and/or future help-seeking. To encourage activation of informal help-seeking, the findings

'Parents who feel more empowered may be more likely to seek help'

'Difficult to disentangle whether help-seeking was driven by characteristics of the parents or the availability and/or accessibility of services'

suggest that parents' need to perceive their support networks as accessible and supportive, which could be fostered by offering facilitated support groups of similar parents or outreach programmes (Grella and Stein, 2013). Finally, the presence of accumulated risk in this sample and its association with formal help-seeking highlight the need for the coordination of services so that tailored interventions can be developed which address early on the multilayered and accumulated risks that are characteristic of substance-misusing parents (McWey *et al.*, 2015). Critically, this approach may further enhance engagement and help-seeking by facilitating a sense of trust in service providers because they are holistically addressing families' unique needs (Gueta, 2017), but also by reducing the burdens associated with accessing fragmented services.

## Acknowledgements

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