15 March 2013

The Honourable Tim Carmody SC
Commissioner
Queensland Child Protection Commission of Inquiry
PO Box 12196
GEORGE ST QLD 4003
submissions@childprotectioninquiry.qld.gov.au

Dear Mr Carmody

Please find enclosed a submission by the Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA) in response to the Queensland Child Protection Commission of Inquiry Discussion Paper.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have 36 member organisations, representing the majority of NGO AOD providers.

QNADA would be pleased to expand further on this submission or can provide further advice to your research team by being contacted at (07) 3023 5050 or at Rebecca.MacBean@qnada.org.au.

Kind regards

Rebecca MacBean
Executive Officer

SUBMISSION TO THE QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

DISCUSSION PAPER

IN THE BEST INTERESTS OF OUR CHILDREN

Queensland Network of Alcohol and Other Drug Agencies Ltd

15 March 2013

Alcohol, tobacco and other drug use can contribute to and reinforce social disadvantage experienced by individuals, families and communities. Children living in households where parents misuse drugs are more likely to develop behavioural and emotional problems, tend to perform more poorly in school and are more likely to be the victims of child maltreatment.

Children with parents who drink heavily, smoke or take drugs are more likely to do so themselves – leading to intergenerational patterns of misuse and harm[1].

This submission was developed in consultation with QNADA members. Our members provide services across the continuum of care for individuals and their families affected by substance misuse and dependence, including drug education and information, early intervention, outreach, detoxification, residential rehabilitation, outpatient psychosocial and medical treatment, relapse prevention, justice diversion, and social inclusion services.

QNADA's members welcome the Discussion Paper's focus on the reorientation of the child safety system to ensure a greater investment at primary and secondary intervention points. We also acknowledge that our members agree the key principle in any intervention is that which is in the best interests of the child.

However, the often risk-averse nature of front-line child safety services, hampers the system's ability to deliver healthy families and achieve reunification.

Reunification is not just defined by the child's actual return to their family. Reunification is the process of reconnecting children and young people in out-of-home care with their families by providing services and supports to the child, their family and their carers[2].

It is a dynamic process that begins as soon as they are placed in out-of-home care, and ends when they return home and the family is no longer in need of ongoing intervention.

The NGO AOD sector could provide further service support for the achievement of reunification as defined by the Department of Child Safety, if additional resources were to be made available to improve access to a wider range of family based AOD services.

During consultation with our members the following key themes emerged:

The current focus of the child safety system on tertiary responses is hampering the reunification of families, creating serious attachment disorders and leading to a potential 'stolen generation'.

The NGO AOD sector currently provides a comprehensive suite of services which support the achievement of the principles of the *Child Protection Act 1999* being:

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[1] *National Drug Strategy 2010-2015* page 2

[2] Department of Child Safety www.communities.qld.gov.au/childsafety/foster-care/case-planning-for-a-child-in-care/family-contact-and-reunification

- A child's family is the preferred permanency option wherever possible;
- Most families can care for their children if assisted; and
- Reunification requires collaborative case planning by the department working with the child, family members and other persons, such as Recognised Entities, approved carers, and other government and non-government agencies.

Frequently encountered families who are seeking support, treatment and rehabilitation, anecdotally seek services through a self-referral process, though it is accepted that a key motivation in seeking this is the threat of, or actual removal of, children.

Children who experience attachment disorders and trauma associated with removal and no reunification with their parents are particularly vulnerable to substance misuse and dependence, perpetuating a cycle of intergenerational harm.

In the first instance, the focus of reform should be the re-distribution of current expenditure in the tertiary sector to primary and secondary interventions.

An increased financial investment in the overall child safety system is required, but importantly any new investment should be focused on primary and secondary system approaches.

The NGO AOD sector, when dealing with clients who have regular interaction with the child safety system, report that their clients experience significant levels of distress when they are unable to commence or complete services and rehabilitation within court or child safety stipulated timeframes due to current waiting lists. An increased investment to alleviate current system pressures and flexibility in requirements for reunification in varying forms are necessary and will aid successful long-term outcomes.

In addition, individuals who require residential rehabilitation to address their substance dependence are disadvantaged by a lack of access to appropriate services. There is only one service in Queensland which accepts mothers with under school age children (which can accommodate four families at any one time) and no residential services for fathers with under school age children.

Secondary level interventions should focus on the parent-child relationship, and build parental capacity on a strengths based approach.

A number of programs provided by our members, as part of a holistic approach to treatment and rehabilitation, are successful because they encapsulate the following principles:

- Flexibility in length of support based on the needs of the family;
- Attachment between the child and parents is not compromised as the child remains with the parents;
- Collaboration across a range of social and community support structures; and
- Strong communication pathways develop between all parties where parents are not focussed on the fear of losing children, allowing for positive treatment outcomes.

A number of successful support programs, with minimal adaption, could be applied within a Queensland context.

Increased child care support

Parents and families who receive a full parenting payment are currently eligible for financial assistance for child care up to 24 hours a week. However, a gap payment ranging between $25 and $30 per day still exists, limiting the accessibility of a critical support service.

The Western Australia Network of Alcohol and Other Drug Agencies (WANADA), the peak body for the NGO AOD sector in Western Australia, is funded by the WA Drug and Alcohol Office to deliver the Child Care Access Program[3]. The program, initiated in 2000, makes it easier for people to attend counselling and treatment by covering the cost of childcare while a caregiver is attending counselling. WANADA coordinates the program by recruiting registered childcare centres across the state to participate in the project and managing a voucher based system for access.

Head Start Program

The Head Start Program was developed by the United States Department of Health and Human Services and has been in operation since 1965 and has evolved through a number of iterations. It provides a comprehensive program which focus' on:

- Education;
- Health;
- Nutrition; and
- Parent involvement services such as parenting hubs.

The NGO AOD sector is uniquely placed to deliver primary and secondary interventions.

The Queensland NGO AOD sector is able to provide effective support and services to at-risk families and could expand its capacity and breadth of service delivery within a relatively short period of time, should the appropriate resources be made available. Successful family interventions need not be restricted to the specialist child safety NGO sector, as specialist AOD services regularly work within a coordinated case management framework, to play a critical role in supporting the best interests of Queensland children and their families.

[3] Further information about this program is available at www.wanada.org.au