

Submission to

**‘Protecting Children – the Next
Steps...’
and
Children’s Bill**

September 2005

VAADA is a peak organisation which aims to reduce the harms associated with alcohol and other drug use within the Victorian community

Who is VAADA?

The Victorian Alcohol and Drug Association Inc. (VAADA) is a peak organisation, which aims to reduce the harms associated with alcohol and other drug (AOD) use within the Victorian community.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms caused by alcohol and other drugs.

What does VAADA do?

As a peak organisation, VAADA's purpose is to ensure that the issues for people experiencing the harms associated with alcohol and other drug use and the organisations that support them are well represented in policy and program development and public discussion

VAADA seeks to achieve this through:

- Engaging in policy development
- Advocating for systemic change
- Representing issues our member's identify
- Providing leadership on priority issues to pursue
- Creating a space for collaboration within the AOD sector
- Keeping our members and stakeholders informed about issues relevant to the sector
- Supporting evidence-based practice that maintains the dignity of those who use alcohol and other drug services (and related services)

Our history

VAADA became an incorporated association in 1981 and was created as a forum for agencies working in the field of alcohol and other drug issues, as well as those individuals interested in alleviating the harms caused by alcohol and other drugs. VAADA's role was to provide mutual support for its members as well as facilitating planning and development in the AOD field. It was also envisaged that VAADA would have an educative and information role for both its member agencies and the broader community.

VAADA's membership has always been broadly based and its organisational membership includes 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, religious, general youth, local government and others (eg. schools, counselling services, correctional/diversion services, legal services).

Acknowledgements

The following people and member agencies contributed to this submission:

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Overview

The Victorian Alcohol & Drug Association (VAADA) supports the principles underlying the new directions outlined in the White Paper and Children's Bill to protect the wellbeing and healthy development of children in Victoria. The reforms provide the potential for more effectively addressing the unique issues faced by families and young people where substance use and dependency are impacting on the well-being and future development of children and young people.

At the same time, however, without the commitment of strategic funding, VAADA foresees challenges in the effective implementation of the proposed reforms. Furthermore, VAADA also has concerns about the inadequacy of the reforms to effectively articulate how alcohol & other drug (AOD) services might fit within the proposed new structures.

The following response to the White Paper 'Protecting Children – the Next Steps...' and the accompanying legislative reform contained in the Children's Bill discusses:

- The involvement of alcohol & other drug agencies in supporting families and young people
- The perceived advantages in the proposed reforms
- The perceived challenges in implementing the proposed reforms
- Effective consultation with AOD sector to address issues of protecting children and young people where parents / families are affected by substance misuse

In this submission, it is not VAADA's aim to provide detailed comment on the legislative implications of the Children's Bill. Rather, it seeks to draw attention to the broader implications for AOD services working within the context of the new model for responding to vulnerable families where there are concerns for the future wellbeing and healthy development of children and young people.

Involvement of alcohol & other drug agencies in supporting families

During the course of their work with individuals experiencing problems associated with substance use, some AOD services have sought to expand their role to enable them to work more effectively with families. This is partly in recognition of the need to approach individuals in a more holistic way that considers the significant relationships in their lives – and the implications of their substance use on those relationships. Their relationship with their children is often a key factor in the dynamics of family for people experiencing issues with their substance use.

Many alcohol and other drug services are also specifically focused on the needs of young people experiencing issues with substance use and the implications for their futures – including the Youth Substance Abuse Service (YSAS), youth supported accommodation and other specific youth programs.

Some of the services in the AOD sector that work more broadly with the family include:

- Taskforce / Ozchild – outreach parenting support for mothers on pharmacotherapies
- Women's Alcohol & Drug Service at the Royal Women's Hospital – which provides support to pregnant women with substance dependencies
- Windana – Safe at Home program – which provides home visiting family support programs for substance users
- Bridgehaven – which offers short-term residential care for young mothers and their children
- Moreland Hall – therapeutic playgroups for children of substance using parents
- Odyssey House – residential family program (including parenting and family work), counting the kids (home based family support) and therapeutic care
- Mary of the Cross – provide in-home care to Vietnamese mothers
- Youth Substance Abuse Service – who work with young people who have frequently had contact with the child protection and juvenile justice systems
- Supported accommodation pilots – programs for family support in supported accommodation programs where parents have children
- Youth supported accommodation programs – support for young people with substance abuse issues (who have frequently had contact with both child protection and juvenile justice)
- AOD youth programs in community health centres

It is important to note that this isn't an exhaustive list of the range of services that are provided by AOD services – both within the drug treatment sector and as specialist workers in other related sectors.

For families where parental substance use has implications for the well-being and future development of the children – the understanding that AOD workers bring regarding the substance misuse is valuable specialist knowledge.

The fact that these services are not adequately resourced or designed to work with children and families often means that AOD services need to link these clients with family services for their parenting issues or children's needs to be effectively addressed. Often, however, these families won't accept referral to other agencies, yet AOD agencies do not have the capacity to respond holistically to them. The outcome of this situation is often not conducive to furthering the best interests of the child.

VAADA acknowledges the importance of establishing links with agencies in related sectors and is aware that that not all AOD agencies could support families and children. Yet, creating the links will not be enough. It is imperative that there is some capacity for AOD agencies to respond holistically to clients with children

Many of these issues are not assisted by the structure of the service system and the gaps contained within it. This will be addressed further in the section relating to challenges for implementing the reforms.

Perceived advantages in the proposed reforms

VAADA supports the intention of the reforms to entrench children's best interests at the heart of all decision making and service delivery. VAADA also supports the extension of this principle to recognise

the need to strengthen, preserve and promote positive relations between the child and the child's family and people significant to the child.¹

For those families experiencing issues with substance misuse, there is a strong argument for early intervention to address any related parenting issues. VAADA supports the intention within the reforms to avoid approaches that set the rights of parents and children against each other.

A recommendation in a 2004 report titled 'The Nobody's Client Project' outlined the key responses that agencies need to provide to vulnerable families where substance dependency is an issue. These include:

Targeted prevention, early intervention and recreational opportunities for children. Parents need family strengthening, mediation and support services, parenting and life skills education program, responsive and flexible respite, accessible and affordable child care, and well supported out-of-home kinship care.²

In view of the types of parenting issues specific to families faced with substance abuse issues, it is preferable that early intervention opportunities are provided to address welfare based risk before they become protective concerns – and the involvement of child protection.

The proposed reforms to introduce a two-tiered, or 'stepped care' approach, therefore, have potential benefits for vulnerable families experiencing issues with substance misuse and parenting. Many of these families have high levels of mistrust towards the child protection system which, in turn, has implications for their willingness to engage with the system. An obvious consequence of this is that possible opportunities for parents seeking to develop parenting strategies are not pursued.

The proposal to adopt a 'strength-based' perspective within the preventative and early intervention model is supported by VAADA. Often, parents experiencing difficulties associated with substance use have poor self-esteem and have encountered failure in many domains. Using a strength-based approach to work towards positive outcomes for vulnerable families is critical. For some families caught in the child protection system, there can be a weakening effect – caused by punitive and investigative approaches (both perceived and real).

Although aware of the significant resource implications, VAADA supports the objective to more effectively integrate services to enable a more coordinated response to vulnerable children, young people and families.

Services and individuals that provide responses to substance use issues represent a potential component of what the White Paper refers to as 'secondary services'. These alcohol & other drug services potentially have a critical role to play in joined-up responses that seek to ensure the well-being and healthy development of children and young people.

This leads to the next section of this response, which addresses some of the challenges VAADA foresees in implementing the proposed reforms.

Perceived challenges in implementing the proposed reforms

Despite its general support for the proposed reforms, and their underlying principles, to protect the healthy development of children and their wellbeing, VAADA perceives some significant challenges for the implementation of those reforms.

These concerns include:

- Effectively resourcing the reforms
- Clarification of terminology
- Clarification of concepts and tools
- Adequate flexibility to promote adherence to the underlying principles

Effectively resourcing the proposed reforms

While VAADA acknowledges that the adequate resourcing of the reforms is subject to the government's budgetary processes – it is critical to highlight the potential harms of inadequate resourcing.

In particular, it is critical that both early intervention and prevention strategies and the effective integration of services are adequately resourced. Without adequate funding, the proposed reforms could conceivably contribute to further harms to children and young people through systemic failures. Apart from those failings in the current system caused by systemic and structural design, it is evident that a key factor contributing to the crisis in child protection is under-resourcing. It is vital that this adequately and strategically addressed.

The community-based intake and referral component of the stepped care model needs to be adequately funded to enable effective early intervention and prevention strategies. This includes appropriate resourcing for the following components of the system:

- Service provision – funding for the services 'registered' as community-based services
- Standards – funding to ensure there are adequate and consistent standards for registered agencies and resources to ensure compliance with standards through effective monitoring

- Training – funding to ensure that specialist services (such as AOD agencies) are informed of their role in the integrated system of responding to concerns for the wellbeing of children and young people

Clarification of terminology

While there may be a case for using terminology that provides flexibility in interpretation – it is equally important to ensure that ambiguity of the terminology used in the White Paper and the Children's Bill doesn't inadvertently undermine the principles underlying the reforms.

As potential secondary services, for example, alcohol & other drug services will be more likely to engage effectively with the system if they understand the implications of their involvement – particularly with regard to their role in reporting and providing information.

Some of the terminology used in both the White Paper and the Children's Bill that would benefit from clarification includes:

- 'significant concern for the wellbeing of a child' (s27) – neither the policy framework nor the legislation effectively defines or explains what 'significant concern' means
- 'criminal activities' (s27, ss32-34) – provision is made in the Bill for the exchange of information between the Secretary and community-based services. Furthermore, the White Paper (p41) indicates that new protocols will be developed that will require secondary services to report 'criminal activities' to the police – however, 'criminal activities' is neither defined nor explained in the legislation or policy framework
- 'mandatory reporters' (s110) – unclear whether the section pertaining to mandatory reporters is intended to include all employees in the field of health, education and community services (given that not all employees have a post-secondary qualification – and the definition of those services specifies those with such qualifications)
- 'information holder' (s120) – not all alcohol & other drug services are covered by the *Health Services Act 1988* – so do not appear to be nominated as 'information holders'. This will have implications for the exchange of information across agencies in regard to children and young people at risk – and, in turn, for the effective integration and coordination of responses
- 'disclosers' and 'givers of information' (s123, s136) – those services not protected under the *Health Services Act* or *Health Act* in the Children's Bill in regard to the disclosure or giving of information (such as alcohol and other drug services) will be in breach of the *Health Services Act 1988* if they disclose information about drug use or health information of clients in child protection systems. This may have implications for the extent to which these agencies can engage in the responses to protecting children.
- 'reporting about unborn child' (s28) – there is a need to clarify what a 'significant concern for the wellbeing of a the child after his or her birth' will mean. What does 'significant concern' mean? What does 'report' mean? And what will

classify a 'report'? Where will the reports be held? Will they be held on the CASIS – DHS system even if the case doesn't become a notification? If the secondary service option doesn't work as anticipated, what intervention can be used if child protection has no legislative powers to be involved?

It is important to acknowledge that alcohol and other drug services will often play a vital role in cases where the protection of children and young people from risk. In its current form – the White Paper and the Children's Bill do not provide adequate scope for AOD services to participate and engage in responses which seek to protect children and young people from harm.

Clarification of concepts and tools

Equally important to the clarification of terminology is the need for clear concepts and tools to ensure the reforms can be effectively used by relevant agencies (such as alcohol and other drug services).

Furthermore, the clarification of widely used concepts – such as 'prevention', 'early intervention' and 'risk' – in the specific context of protecting the wellbeing of children and young people and their right to healthy development would appear critical (particularly as a means to more effectively understanding resource implications and broader challenges around successfully achieving a rights-based approach).

- 'rights of the child' – not adequately explained in the legislation. Furthermore, the lack of provision for independent representation of children under the age of 7 years indicates that the rights of the child and the principle of the 'best interests of the child' may not be effectively protected in the new legislation
- 'early intervention' and 'prevention' – important to acknowledge that these terms can have different meanings depending on their context and target audience. Early intervention and prevention in the context of protecting children is often targeting vulnerable families, children and young people – whereas early intervention and prevention of broader health concerns, for example, are targeting the broader population and not specifically vulnerable populations. This indicates the implications for resources and strategies are significant when the target population is accounted for
- 'at risk' – is there a need to benchmark what's defined as 'at risk' in the current context where responsibility for safeguarding the rights of children and young people is increasingly placed with the community over the government?

Adequate flexibility to promote adherence to the underlying principles

This section relates, in particular, to the proposed stability plans and the stages and years that have been allocated to accord with a child's long term development.

As a general guiding principle, these timelines make sense. Without a certain degree of flexibility, however, they could potentially have the unintended effect of further destabilising a family. For example, if a parent is seeking treatment for their substance

use as a means to positively address their parenting issues – if the timelines go outside those prescribed in the stability plans, what scope is there for flexibility? Or if a parent clearly indicates their intention not to support their child, what flexibility might exist for fast-tracking the process into alternative permanent care?

Would an exceptional circumstances clause be a worthwhile inclusion to provide this flexibility?

Effective consultation with AOD sector to address issues of protecting children where parents / families are affected by substance misuse

Cultural change is also required to build greater shared responsibility among adult services such as mental health, drug and alcohol and family violence services for vulnerable children's well-being and safety.

'Protecting Children – the Next Steps...' (p51)

VAADA is aware that the proposed reforms contained in the White Paper and accompanying legislation will be dependent on cultural change. The limitations of the alcohol and other drug sector (as it is currently designed) need to be accounted for when considering the potential and the limits for achieving such cultural change.

The alcohol and other drug sector is a complex and diverse sector which provides a range of different supports and services to individuals and families affected by substance misuse.

The need for the Office of Children and relevant agencies to understand the AOD sector is critical if it is to be effectively integrated with the broader response to protecting children's wellbeing and healthy development. As mentioned above, some agencies within the AOD sector already provide holistic approaches to support families and parents.

Furthermore, the gaps in the AOD service system for working with children and families need to be acknowledged. There cannot be unrealistic expectations of a service system to integrate, achieve cultural change and provide specific responses when that service system is not adequately designed to achieve those changes. Despite the willingness of some agencies to work with families, the system (and therefore the funds it receives) is not designed in ways that support this work, or its future development.

Recent years have seen the AOD service system more adequately equipped to work with young people experiencing problems with substance use – which has led to some significant improvements in how the system responds to those young people that enter the system.

Similar challenges for AOD services in working effectively with families with substance use issues (potentially impacting on children's wellbeing and healthy development) have not received the same degree of attention. Furthermore, the need for specific services –

including gender specific services – in relation to support for addressing substance misuse is not widely recognised. These include:

- services for men seeking to change their behaviour (violence, controlling, etc) continue to be under-resourced and difficult for those in AOD services to access – despite the recent (albeit small) injection of funds to men's behaviour change programs in the family violence sector
- limited services for women to address their substance use in safe environments where their need to sustain defence mechanisms & barriers can be minimised and where they can feel safe to have their children accompany them (and where parenting strategies can be integrated into the service response)
- services for families – there continues to be a shortage of services that are able to work with the family unit as a whole
- limited services that address the specific needs of CALD communities

This lack of diversity and flexibility in the responses AOD services are funded to provide has significant implications for the nature of support they can offer. This poses a major challenge for effectively addressing the parenting challenges confronted by vulnerable families with substance misuse issues.

Those agencies that do seek to work more holistically with families – are often not funded adequately to do this. In under-resourced services, therefore, it is not surprising that some workers in services will only work with individuals (often parents) and will not consider the children of these individuals to be their clients.

VAADA suggests that any cultural change within the AOD sector towards more holistic responses to working with families requires a specialist stream within the sector that is adequately funded to work with children and their parents where substance use is an issue that affects the future wellbeing and healthy development of children.

In order to effectively participate in an integrated response to protecting children, the AOD sector needs to be effectively engaged and consulted with. Critical to this will be extensive consultation and training in regard to:

- the purpose and intent underlying the new model for protecting the wellbeing of children and how AOD services are integral to the system

Endnotes:

¹ Sub-section 10(d)(ii), Children's Bill, 2005.

² Odyssey Institute of Studies, 'The Nobody's Client Project – Identifying and addressing the needs of children with substance dependent parents', Full Report, December 2004.