



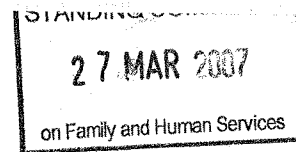
Department for Community Development
Government of Western Australia

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The Hon Bronwyn Bishop MP
Chairman
Standing Committee on Family and Human Services
Po Box 6021 Parliament House
CANBERRA ACT 2600

Dear Chairman

On 8 February 2007 you wrote to the Hon Alan Carpenter MLA Premier of Western Australia inviting the Government of Western Australia to provide a submission to the House of Representatives Standing Committee on Family and Human Services' Inquiry into the impact of illicit drug use on families. The Premier passed the letter to the Minister for Child Protection who determined direct Departmental reply to be the most appropriate course of action. This submission has therefore been compiled in collaboration with the Western Australian Drug and Alcohol Office.

The Department for Community Development, soon to be the Department for Child Protection, identifies drug use as being a significant problem for many families who access the Department's services. Two key areas of concern for the Department are drug use by parents of children for whom there are protection concerns and drug use by children and young people in the care of the Chief Executive Officer. Research and practice has indicated that alcohol, prescription medication and poly-drug use are key challenges for families and workers, alongside the use of illicit drugs.

1. *The financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychosis or other mental disorders*

In research conducted by the Department for Community Development in 2001¹ drug and alcohol use was indicated as a factor in 71% of child protection applications made to the Western Australian Children's Court in 2000.

¹ Farate, E. (2001). *Prevalence of Substance Abuse in Care and Protection Applications: A Western Australian Study*. Unpublished research, Department for Community Development. Perth: Government of Western Australia.

In 2004 this research was expanded to include an examination of a wider case sample and the family characteristics and history of individual cases. The study showed that parental drug and alcohol use was a contributing factor to the protection application in 57% of cases.

The findings of the study were consistent with national and international research in terms of the damaging effect of drug and alcohol use on individuals and families. Importantly, the study showed that rarely does drug and alcohol use occur in isolation. Moreover, it is strongly linked to neglect and domestic violence, as well as several other factors including physical abuse and homelessness or transient lifestyle. The final report, *'Parental Drug and Alcohol Use as a Contributing Factor in Care and Protection Applications 2003'*, is available on the Department's website: <http://www.community.wa.gov.au>

The following issues have been identified as impacting on families where there are drug use and child protection concerns:

- problems with reunifying children in care with their parents due to the on-going nature of drug addiction
- anecdotal feedback from workers indicates there is a lack of child-centred practice by workers in drug and alcohol services who tend to work from an individual/adult centred framework. The Department is currently working with the Western Australian Drug and Alcohol Office to address these issues.
- the complexity of working with people with a dual diagnosis of drug addiction and mental illness is heightened by a lack of willingness by services to engage clients, using either the mental illness or the drug use as an exclusionary criterion for service entry
- a lack of drug and alcohol training or educational materials for child protection workers. The Department is consulting the Western Australian Drug and Alcohol Office and the University of Western Australia about this issue.
- an identified lack of services and support for families living with drug use issues in regional and remote areas with increased difficulty for Aboriginal or Culturally and Linguistically Diverse communities in finding culturally appropriate services
- there is an increasing number of grandparents caring for their grandchildren on a part time or full time basis as a result of parental drug use.

2. *The impact of harm minimisation programs on families*

The Department is aware there is a lack of research into the impact of various drug treatment modalities. The Department does not directly provide drug treatment programs and therefore can not comment on the impact of harm minimisation programs.

3. *Ways to strengthen families who are coping with a member(s) using illicit drugs.*

The Department provides support for a number of key programs and initiatives for parents of children where there are care and protection concerns.

These programs include the Best Beginnings program which uses an early years model to support young mothers at home with a program of nursing and allied health support over a two to three year period. This program is targeted at expectant families or those with children aged up to two years who are exposed to a number of risk factors that may lead to poor life outcomes for the children. Best Beginnings has been identified as providing an early intervention response for mothers who use substances which is an essential area for service provision given the often serious risk to infants living with parents with significant substance abuse issues.

In relation to support for young people living with drug issues anecdotal feedback from field staff has indicated the need for improved resourcing of drug and alcohol support and intervention programs for young people who access services through the Commonwealth/State Supported Accommodation Assistance Program.

Thank you for the opportunity to contribute to the Inquiry. I look forward to receiving feedback on the outcomes.

Yours sincerely



Dr Ruth Shean
A/DIRECTOR GENERAL

23 March 2007