

The Secretary of the Committee
Inquiry into the impact of illicit drug use on families
House of Representatives
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Parliament House
Canberra ACT 2600

Inquiry into the impact of illicit drug use on families

Dear Committee Members,

Thank you for accepting my submission into this inquiry examining the impact of illicit drug use on families.

My submission aims to primarily address the first of the three Terms of Reference (ToR) for the inquiry, but will also touch on the second and third ToR:

1. The financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders;
2. the impact of harm minimization programs on families; and
3. ways to strengthen families who are coping with a member(s) using illicit drugs.

The rationale for my submitting my story is to help inform others about some of the difficulties and the incredible complexity surrounding families when a family member has a drug addiction. I also hope that this inquiry leads to increased support and assistance for families affected by illicit drug use. I raise these issues in the context of my own experiences both as the mother of a daughter who has had an illicit drug addiction for the past few years, and in my current role as the sole primary kinship carer for my young Indigenous grandson.

Due to privacy and child protection concerns I wish to remain anonymous.

Although I am unable to speak for other kinship carers I believe we are a group who must have a voice and our experiences must be factored into any recommendations arising out of this inquiry.

First, I would to provide some brief background details about kinship related issues to give some context to my submission on the impact on illicit drug use on families.

Child protection statistics and directions

In January 2006 the Australian Institute of Health and Welfare released its report,

Child protection in Australia 2004-05. It did a survey of children placed in out-of-home care; in other words, children not living at home, whether they be in foster care, family or kinship care, or residential care. The report found that 40 per cent, or almost half, of children placed in out-of-home care are placed in family or kinship care. That is 9,435 kids.

The report also found that the number of children being placed in out-of-home care is going up yearly. On 30 June 1996 there were 13,979 children in out-of-home care. On 30 June 2005 there were 23,695.

That is an increase from three per thousand to 4.9 per thousand. Further, the figures show that this is a yearly increase. So we can expect that there will be more and more children placed in out-of-home care, whether it be foster care or family care. That is a 70 per cent increase over that nine-year period.

The figures also point out that, proportionally, more Aboriginal children are going into out-of-home care. There were 5,678 Aboriginal and Torres Strait Islander kids in out-of-home care in June 2005. This is an increase of 619 since June 2004. About 26 Aboriginal and Torres Strait Islander children per 1,000 are in out-of-home care versus about four non-Aboriginal children per 1,000.

Explanations for the rise in family and kinship carers

Many possible explanations have been put forward for the increased use of kinship and family care. One is that child protection agencies are becoming more aware of the importance of child development factors including family continuity and identity, and cultural and racial considerations. Another possible reason for the increased use of family and kinship carers could be related to the shortage of foster carers. It is widely reported that limited resources given to child protection jurisdictions makes the use of family and kinship carers a more attractive option since it is a cheaper option as kinship carers tend to receive lower levels of support than foster carers.

The use of kinship care is thought to have significant potential advantages to children in out of home care. Some of these include a better sense of identity and a greater stability. But for family and kinship carers the stress of taking on primary care often leads carers to feel overwhelmed by the sudden responsibilities placed on them and they tend to experience high levels of isolation. These feelings are exacerbated by a lack of support.

Demographics on kinship carers

The Australian Bureau of Statistics (ABS) shows that in 2003, 47 per cent of families where a child was living with just grandparents were 'lone grandparent' families and that 93 per cent of these were lone grandmothers caring for children (ABS, 2005).

Family and kinship carers' rights

One issue is that family carers are much less likely to know their rights and have access to formal channels of support than foster carers. There are foster carers associations and registers of foster carers. Various government agencies have foster carers registers. You have to go through a process to become a foster carer.

Foster carers know their rights, but it is more likely the case that very often family carers do not know theirs. They do not know where they can get information from. They do not know what support they can get from Centrelink, for example, or from other government agencies in their states.

Issues faced by kinship and family carers

A greater understanding is needed about the situation of family carers. Often, carers take over the care of children in extremely difficult and traumatic circumstances. I don't think there are any circumstances under which children move out of parental care into either foster care or family care where there are not difficult and traumatic circumstances.

The arrival of a young child going into care can either happen very quickly or be a drawn out process. Sometimes it is very sudden; other times it is a gradual thing where, over a period of time, as circumstances become more difficult, family and kinship carers find that they have been handed over the care of children. The process can be messy. Sometimes it is only temporary and sometimes it is a long time before the process is finalised.

People have to go to court, and it can take up to 18 months or longer to have the formal responsibility and care of the children in your family. Sometimes there is a source of conflict within families over what is in the best interests of the child, whether the child should stay with the parents or whether aunts, uncles or grandparents should step in and provide care for children. Sometimes there is a death or disability, and this can be drawn out. So formal custody is not taken over straightaway. Sometimes they go into family care over a protracted period of time as a person, for example, gradually becomes sicker or goes in and out of hospital.

It is often under tragic circumstances, where the trauma of loss can be overwhelming. In many circumstances, the children who go into family care have suffered and, unfortunately, have been subject to abuse or neglect. These children require extra support programs.

The fundamental issue here is the welfare of children in extremely difficult circumstances. The point is to give them a chance to lead worthwhile, meaningful and productive lives in spite of the many and deep crises and extra challenges

they face. This is through no fault of their own. Through no fault of their own they are starting a step back from everybody else in the first place.

These are the children that are most disadvantaged in our society. These are our future generations. What matters is their welfare and that legislators need to be prepared to provide support to the people who love and care for them. Family and kinship carers are people who sacrifice a great deal to look after these children in often tragic circumstances and in circumstances where they are often dealing with their own sense of loss and grief. They are prepared to take on the extra responsibilities. Government at all levels should be prepared to support and help them and not add to their burden.

Child protection state and territory jurisdictions

The lack of any consistent approach to child protection laws across the state and territory jurisdictions is also a major problem. Each state and territory has different reporting conditions for child abuse and neglect. This fragmented approach to child protection undermines the ability of state and territory child protection jurisdictions to adequately respond to allegations of child abuse and neglect and also raises serious concerns about the effectiveness of information gathering on child protection policies, issues and data collection.

My situation

Illicit drug use and alcohol misuse by birth parents are primary reasons why the vast majority of children are in out of home care. Each state and territory has its own child protection legislation and policies. This was a major problem in trying to keep my grandson safe for more than 18 months as he was residing in NSW while I was in the ACT. In spite of repeated reports of concerns of illicit drug use by my daughter made by both myself and mandatory reporters to the NSW child protection jurisdiction, very little was done to ensure my grandsons' safety. In fact 42 per cent of mandatory reports made about my grandson were assessed as being 'high risk' and yet these were not adequately responded to. Whenever I spoke with officers from this particular NSW child protection office I was always treated like a neurotic grandmother who didn't know what I was talking about. It wasn't until I convinced my daughter to let me take my grandson for a week and then deciding to keep the little one with me that things became clearer. When my daughter arrived on my doorstep early one morning with the boyfriend I had two choices. I could either to open the door and hand my grandson over to the couple at my door who were clearly drug affected, or I could call for police assistance. I took the latter option and after many stressful hours of waiting for a response, the ACT child protection authorities granted me the legal authority to keep my grandson with me. One of the deciding factors in this decision was a number of risk factors that were identified to the ACT department from the same NSW child protection office I had been in contact with and which had failed to respond appropriately to previous reports of a child at risk. The court cases and

the uncertainty of what would happen next has been very difficult to cope with at times. What I noticed most was that there were so many 'battles' to fight from so many different corners and it was incredibly stressful and exhausting. I kept thinking that a case worker would have been such a great support for me during those first six months of readjustment. It's not all negative though. Since my grandson has been with me he has really developed and thrived by living in a secure and stable environment and with access to appropriate therapies and treatments. However, his progress has been at a huge cost to me.

I will try to share some of my experiences to help describe what it is like when a family member has an illicit drug addiction, and the subsequent financial, social and personal costs to the family.

The financial impact to me as a result of my daughters' illicit drug use has been great. In particular, the loss of income when my grandson suddenly came to live with me was very difficult. I believe that there is a need for organizations to be more compassionate and understanding in supporting kinship carers. I was forced to take a large chunk of leave without pay from my work and rely on my credit card to pay for living expenses because of the minimal support I got from my employer. Even now it is still hard to understand why carers of traumatized children who are living in out of home care are not entitled to the same level of support that female employees who give birth or adopt a child are entitled to, that is 12 weeks paid leave. The leave provisions for foster and kinship carers are just xxxx days paid leave. There is the facility to provide more paid leave to carers but it is up to the managers' discretion. In the end and after using up my own leave I was granted just two weeks full pay and a further two weeks at half pay but only after satisfying endless criteria.

The irony of my situation is that I am employed by a Commonwealth Government department that is responsible for social policies and support affecting Australian society and the living standards of Australian families. I knew my employer funded publications about the importance of foster and kinship carers. However I was unprepared for the appalling treatment I received when I sought access to an entitlement that was written in our Certified Agreement after my grandson suddenly came into my care. I was liaising with a number of senior middle-aged male managers from the department who clearly did not understand, or did not want to understand my predicament. I also felt I was being bullied on several occasions and was forced to seek legal advice in response to some of the following comments/demands which are in written correspondence, from these managers as outlined below:

- In response to sending the child protection legal document to my employer in seeking their support for paid leave I was told that "I really need more than that - some indication as to the reason for his needing additional time for this - the circumstances under which you were granted parental responsibility, and an indication of how long you anticipate this

process taking. Something that indicates how this is out of the realms of normal child care would also be valuable, and I will also need to confirm your manager's position on the amount of leave you are seeking.

- "I would appreciate it if you could provide some details as to your efforts to obtain a suitable child care placement." and
- "xxxx and xxxx Certified Agreements place limits on the extent to which paid leave can be granted for caring purposes, with capacity to provide additional leave in exceptional circumstances"
- "I am satisfied that your circumstances warrant consideration, but it is also apparent that there will be ongoing demands on your time in providing care for the child. As such, I believe it would be appropriate to put suitable ongoing part-time work arrangements in place as of this week prior to any approval for additional family leave.
- I provided the department with a great deal of evidence about the special needs of my grandson, including a letter from the pediatrician confirming the requirement for me to take him to various appointments and treatments. My employer responded by stating that "As a two year old child, it is clear that xxx requires full-time care, however, in my opinion xxx's special needs as described in the above documents do not require your personal and constant attention on a full time basis in a way that could be considered markedly different to the care required by any other 2 year old child. In my opinion these documents do not support a case that your current circumstances could be regarded exceptionally different in a way that would justify the additional grant of leave you have sought in your application.
- The concluding argument by my employer for not approving additional paid family leave was that "The employment provision contained in the xxx CA, taking into account the intention of relevant provisions;
 - The level of support reasonably expected to be provided by an employer in a case where an employee fosters a child or becomes responsible for the care of a child or in other cases involving sudden and unexpected changes in circumstances where employees have caring responsibilities;
 - General community standards and expectations in relation to the granting of leave;
 - Value for money to the Australian taxpayers who fund public service salaries and employment conditions; and
 - The effect that any precedent set in your case may have on expectations of other employees in similar circumstances".

To this day I still find it very difficult to understand the treatment I received from my employer following my application for assistance that I was entitled to receive

but unlike maternity and adoption paid leave, is not specifically stated in our certified agreement and is left up to the discretion of managers.

My only other option was to apply for welfare payments through Centrelink. I made an appointment to speak with the social worker at my local Centrelink office and went along for my appointment but left feeling very frustrated and in tears. I had an interview with a male middle-aged social worker (not that I have anything against middle-aged males) who appeared to have very little understanding of the position I had been placed in. He incorrectly informed me I needed to fill in several bulky forms and that the process was very long-winded. With a toddler in tow and with very little prospect of receiving the help I needed I declined the assistance as it seemed more like a hindrance and lived off my credit card until the time when I had no choice but to go back to Centrelink and ask for help again.

After several requests from the relevant child protection office for some assistance to purchase winter clothing for my grandchild they eventually agreed. They provided me with a departmental voucher which was subsequently rejected at the counter after several hours spent purchasing the clothes. Apparently the child protection office had overspent on their budget. In the end and after the child protection office failed to resolve the matter I was forced to purchase the clothes myself using my credit card.

In relation to the social impact of illicit drug use on families, I would like to make a few comments. From my experiences it is a very lonely and isolating journey that the family walks. Then there are the feelings of shame and self-blame that are often experienced. This has often stopped me from opening up to others about my daughters' drug problem. When I have opened up and revealed my daughters' drug problem I found a few very good and understanding friends, but many more who just don't know what to say and try to give me all sorts of advice about how to respond to my daughter's erratic behaviour. I think this is because most people of my era weren't really exposed to illicit drugs. Marijuana was occasionally used but I was never exposed to other drugs and I was very ignorant about them and their impact. I can honestly say that I have learned more about drugs in the past few years than I ever wanted to know. In saying that though, my experience has taught me the importance of every parent being fully informed and educated about drugs before their children reach their teens.

The personal impact of illicit drug use on families is overwhelming and very stressful. I was experiencing so many traumatic events relating to my daughter's drug taking in such rapid succession that I think I just developed a sense of hyper vigilance and the feeling of always being overwhelmed seemed normal after a while. I found the 'Stepping Stones' course useful in enabling me to support my daughter without compromising myself too much, but there was no back-up support after the course finished. There is also the Family Drug Support phone support but anyone in my situation will probably agree that you do get exhausted

in telling your story to a different counselor with a slightly different approach each time you phone up when all you want sometimes is immediate support. I think the worst thing about my daughter's drug use is in thinking things couldn't get much worse and realizing that they usually and always did get worse. While I am fortunate that I can care for my grandson and see him develop in a secure and stable environment and still be able to hold down a part time job I am very worried.

The fact that I have got through everything thus far still surprises me and I often wonder how other grandmothers who are also primary carers of their grandchild/children cope with such limited support available. My situation may change again shortly as my daughter is now pregnant again. I am very concerned about my ability to manage another child with potentially significant needs and with very little support available to me.

In relation to rehabilitation options, my daughter has made several attempts at rehabilitation but has relapsed many times. She tells me that rehabilitation centres are extremely difficult to access and are largely ineffective. My daughter also tried methadone a year ago and was forced to detox from it before being admitted to rehabilitation. She believes withdrawing from methadone was an incredibly difficult thing to experience and was far worse than withdrawing from other illicit drugs used in the past.

The 'Stepping Stones' course I did promoted the important role that families can play in supporting the family member with an illicit drug problem. Yet most rehabilitation programs treat drug dependence as an individual problem and the family is excluded from the treatment process.

On the basis of my experiences and insights in the impact of illicit drug use on families I have made the following recommendations:

Recommendations

1. Australia should adopt a uniformed and consistent approach to child protection
2. Legislation should be enacted to ensure carers are not discriminated against by employers and carers should be entitled to the same leave provisions as other employees who either give birth or adopt a child
3. Child protection departments should provide more support services to kinship carers
4. Centrelink staff need to understand that carers are already under enormous pressure and they go into Centrelink for support
5. Families should have better access to effectively coordinated support services to help them cope so they are able to stay strong enough to support the family member with an illicit drug problem

6. More funding for rehabilitation treatment centres should be made available to help people with an illicit drug problem
7. Rehabilitation centres should be more inclusive of the family and actively include and support them as part of the treatment process
8. Treat kinship carers with a bit of respect and without discrimination. Most of us are good people doing it tough by picking up the pieces as a result of a family member with an illicit drug problem
9. Provide information and education about illicit drugs to all parents and carers of primary school children.

Once again, many thanks for allowing me the opportunity to contribute to the inquiry into the impact of illicit drug use on families.

Kind regards