



Liberal National Party's proposals for overhauling Queensland's
child protection system

Survey Findings

*On the proposal that positive drug tests will require
parents to participate in a drug rehabilitation service*

12 October 2020



Thank you to all who took time from their busy schedules to respond to our survey about the Liberal National Party's proposals for overhauling the child protection system. We trust that you have made a valuable and constructive contribution to the further development and refinement of the policy platforms of Queensland's political parties. We look forward to the informed discussion and debate the survey findings will generate. Following on from our report providing an overview of the survey findings, this is the fifth in the series of detailed reports that addresses the proposal that positive drug tests will require parents to participate in a drug rehabilitation service.



Lindsay Wegener
Executive Director



Garth Morgan
A/ Chief Executive Officer



Contents

Introduction	6
About this report and the reports to follow	6
About the survey respondents	6
About the strength of the survey	6
Overall response	7
Responses by stakeholder groups.....	9
Employees of PeakCare Member organisations.....	9
Employees of QATSICPP Member organisations.....	10
Employees of non-Member non-government organisations	11
Employees of Government agencies	13
Employees of peak bodies, industry and representative groups	14
Academics.....	15
Private consultants and employees of consultancy or training organisations.....	16
Parents (and other family members) with a lived experience of the child protection system	17
Young people (under 25 years) with a lived experience of the child protection system	18
Older people (over 25 years) with a lived experience of the child protection system.....	18
Foster Carers.....	19
Kinship Carers	20
Others	21

Introduction

Following the announcement on 17 June 2020 of the Liberal National Party's (LNP's) [plans for overhauling Queensland's child protection system](#), PeakCare Queensland Inc. (PeakCare) and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) conducted a survey to gauge stakeholders' views about the plans. The survey was released on 19 June and closed on 10 July 2020.

PeakCare and QATSICPP will look for similar opportunities to seek feedback about the policy platforms of other political parties as they are released.

About this report and the reports to follow

An [overview of the survey findings](#) was released on 24 August 2020. More detailed reports about the survey findings released since include:

- [On the question of re-naming the Child Safety Department, the Child Protection Force](#)
- [On the proposal to extend payments to Foster Carers until children in their care turn 21](#)
- [On the proposal to increase use of adoption through a new triage model with permanency order targets](#)

This report addresses the question included in our survey – *Do you agree with the proposal that, “under the LNP’s plan, positive tests to certain illicit substances (not including marijuana) will require participation in a drug rehabilitation service so parents get the support they need to break the addiction”?*

This report is best read in conjunction with the following reports that address related topics:

- [On the proposal for random compulsory drug tests for people on Intervention with Parental Agreements](#)
- [On the proposal that a second positive drug test will lead to children being placed in foster care under a no-second chances model](#)

About the survey respondents

In total, 1,998 people responded to the survey from across 13 identified stakeholder groups including:

Survey respondent stakeholder groups	No (%)
Employees of non-government organisations including:	811 (40.82%)
• PeakCare Member organisation employees	289 (14.54%)
• QATSCIPP Member organisation employees	63 (3.17%)
• Non-Member NGO employees	459 (23.10%)

Employees of Government agencies	633 (31.86%)
Employees of peak bodies or other industry or representative groups	56 (2.82%)
Academics	38 (1.91%)
Private consultants or employees of private consultancy or training organisations	42 (2.11%)
Parents (or other family members) with a lived experience of the child protection system	65 (3.27%)
Young people (under 25) with a lived experience of the child protection system	15 (0.75%)
Older people (over 25) with a lived experience of the child protection system	42 (2.11%)
Foster Carers	121 (6.09%)
Kinship Carers	35 (1.76%)
Others	129 (6.49%)

Eleven survey respondents skipped the question requesting them to identify the group to which they belonged.

The 129 survey respondents who identified as belonging to the 'others' category described themselves as follows:

Interested community member (e.g. parent, concerned citizen, “just an ordinary person”)	39
Retired, semi-retired or former employee of either a government or non-government agency or both	33
Member of a particular professional or occupational group (eg. a barrister, allied health professional)	18
Member of two or more of the listed groups	14
Relative or friend of a Carer or employee of a government or non-government organisation	13
Non-specified connection with child protection system	6
Former Foster Carer	4
Friend of a person who was formerly in care	2

About the strength of the survey

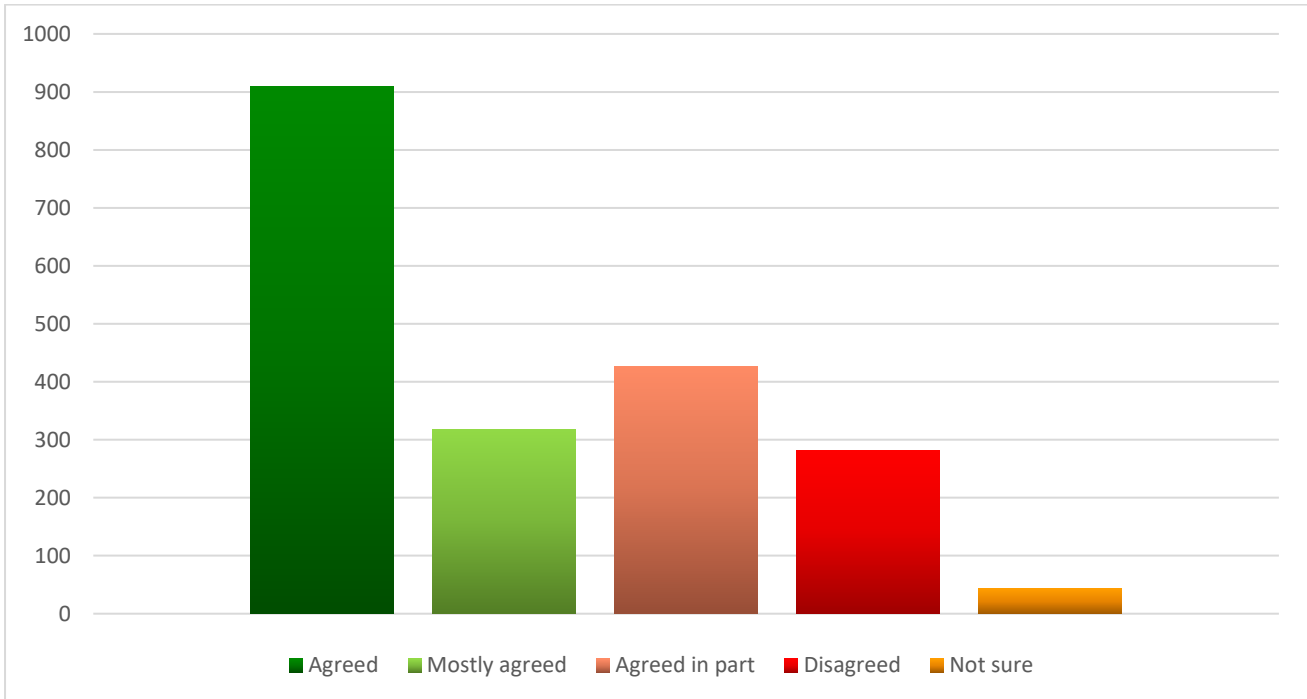
As noted in the overview report, the respondents to the survey are not a representative sample and therefore the results cannot be generalised to specific stakeholder groups or stakeholders as a whole. The strength of the survey and its findings lies in the diversity of views that have been collected from within and across stakeholder groups. This provides a rich source of data to generate debate about how to best protect children, promote their development and well-being, and support their families.

Overall response

Of the 1,998 survey respondents, 1,978 answered, and 20 'skipped', this question. Most who answered the question agreed (46.01%) or mostly agreed (16.03%) with this proposal.

Specifically, of the 1,978 respondents who answered this question:

- 910 (46.01%) agreed with the proposal
- 317 (16.03%) mostly agreed
- 426 (21.54%) agreed only in part
- 282 (14.26%) disagreed, and
- 43 (2.17%) indicated that they were not sure



A majority of respondents (i.e. 50% or more) within 12 of the 13 stakeholder groups agreed or mostly agreed with the proposal.

A majority of academics disagreed or agreed only in part with the proposal (55.26%).

Noting that not all respondents provided additional comments, a review of the comments that were entered into the survey identified the following key themes.

Mandatory rehabilitation

Most respondents who provided comments relating to mandatory rehabilitation cited evidenced based research which indicates that mandating someone to participate in drug rehabilitation is highly unlikely to create sustained change. Many comments over most stakeholder groups spoke of the 'Cycle of Change' model and that should a parent not be in a stage of wanting to receive treatment they are not likely to engage with therapy.

Lack of services and funding

Many comments were made regarding the current service system and the difficulty in obtaining a placement within a rehabilitation service. An overwhelming number of comments stated that for the policy to be able to be enacted a significant funding boost would be required to create a larger number of services and/or placements for parents to be able to obtain treatment without lengthy delays.

Support for parents

Many comments were made relating to the comorbid relationship between substance use and trauma and mental health. Respondents commented that holistic services to address individualised issues were required for parents and the likelihood of any behaviour change occurring without the trauma being addressed was highly unlikely.

Below are other main themes that have been identified as worries relating to the proposed policy amongst all stakeholder groups.

Other considerations

- ***Care of the children***

Concerns were stated that many more children will be placed away from their family's care whilst the parents are completing mandatory rehabilitation. Respondents noted that many families do not have a strong support network for the children to remain living with family members. Others also commented on the lack of rehabilitation services where parents can have their children reside with them. This also highlighted concerns about children experiencing the trauma of being removed and having a disrupted attachment to their parent.

- ***The inclusion of marijuana, alcohol and prescription medication***

Many respondents stated that they believed that marijuana should be included in testing and for mandatory rehabilitation to take place for users of this substance. Respondents stated that children can also be placed at risk of harm by a parent under the influence of marijuana due to the increased risk of mental health issues, possible psychosis and financial difficulties.

Respondents articulated they would also like parents to be mandated to attend

rehabilitation. for alcohol and prescription medication abuse. It was stated that the adverse effects of these substances on children were also significant. Lastly, several respondents stated that alcohol was the biggest contributor to family violence.

- ***The relationship between parental capacity and drug use***

Many comments were made stating that not all parents who would test positive require mandatory rehabilitation as they still have the capacity to safely parent their children. Respondents stated that this is the purpose of completing assessments and safety plans for families, to determine if the parent's substance use is negatively impacting the child and how this can be mediated.

- ***Changes to current legislation required to adapt this policy.***

Some respondents stated that the current legislation does not support this policy and amendments would be required prior to mandatory rehabilitation being able to occur.

A number of respondents also spoke about parents' human rights and how these would be violated as a result of this policy.

The remainder of this report sets out the responses of each of the stakeholder groups.

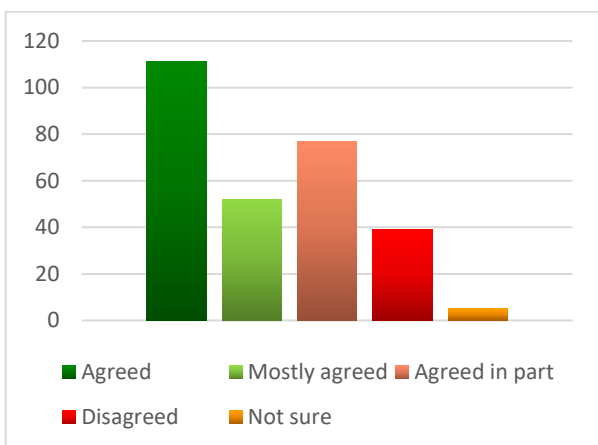
Responses by stakeholder groups

Employees of PeakCare Member organisations

Of the 284 employees of PeakCare Member organisations who answered this question:

- 111 (39.08%) agreed with this proposal
- 52 (18.31%) mostly agreed
- 77 (27.11%) agreed only in part
- 39 (13.73%) disagreed, and
- 5 (1.76%) indicated that they were not sure

Five respondents skipped this question.



116 of the respondents within this stakeholder group commented on their responses.

Mandatory rehabilitation

Many of the respondents made comments relating to the research based evidenced that shows the effectiveness of rehabilitation is significantly reduced if the participant has not identified a need to make changes:

- *I am incredibly passionate about understanding change from evidenced-based perspectives. The transtheoretical model (sometimes called stages of change) demonstrates that readiness for change is a cycle, and each stage of change requires a specific approach to intervention. When interventions are not formulated inline with a client's stage of change not only is it unlikely to be successful but is likely to negatively impact likelihood of change in the future*
- *Completely disagree, rehab services only work when someone is motivated to change, plus research tells us that people often need*

numerous attempts at breaking an addiction. The issues leading to drug use need to be addressed, not just the addiction

- *You can't force parents to change behaviour unless they are ready. In some instances, harm minimisation is a better approach if parents are pre contemplative. There is limited evidence supporting forced/mandatory drug rehabilitation*
- *Forcing people to undergo rehab will not create ongoing substantial change. There needs to be 'buy in' from the individual to see there is a problem AND they want to change it*

Inadequate services and funding

Some respondents highlighted the lack of rehabilitation services available and the significant funding injection that would be required to increase the capacity of the AOD sector to meet the requirements of mandatory rehabilitation:

- *Do it properly and fund it properly – provide services across Queensland, including remote areas, so families are not torn apart for long periods. Better still, build facilities that combine detox, rehab accommodation for children to stay with parent and an intensive family support program*
- *Funding needs to go towards longer term rehabilitation services – it is unrealistic to think that short term programs are going to be able to shift entrenched mindsets/behaviours, particularly when there is inter-generational trauma*
- *There are not enough drug and alcohol services available, particularly in rural and remote areas*
- *This could be a productive proposal. However, our drug and alcohol rehabilitation services are significantly underfunded and overburdened already. Without a significant funding boost there will be not the services available as required to meet this need*

Support for parents

Some respondents accentuated the need for parents to receive a holistic service to address their drug use. Addressing the reasons behind the drug use was a common theme and stated that drug rehabilitation would not create lasting change:

- *People can and do recover with support. We need to invest more money in recovery and support services for parents*
- *Parents must be linked-in to a variety of resources, such as therapy to help with the root cause*
- *This will not address the underlying issues of generational trauma and poverty*
- *Don't just treat the symptoms – we need to treat the underlying trauma that compels people to use drugs for escapism*

Other considerations

Some respondents raised other impacts of mandatory rehabilitation. The main themes included the care of children whilst the parent/s were completing rehabilitation; alcohol, marijuana and prescription medication abuse not being included in the proposed mandatory rehabilitation policy; parental capacity and the complexity of addictions:

- *This is an oversimplification of the nature of addiction, drug use and its relationship to parenting. The lack of information about how this process will work shows a lack of understanding about rehabilitation and implementing change, particularly in how this affects parenting and child safety. Drug rehabilitation services currently have high waiting lists for both voluntary and court-ordered participation, and without the commitment for more funding for places in programs this will draw out the timeframes for supported to be accessed. We could potentially be looking at children being removed from their families to be placed in foster care for months until a parent can get through a drug rehabilitation program. This is extremely traumatic for children, and with the lack of available appropriate foster carers children may be moved to a new area and school too*
- *Alcohol is not included, yet research indicates it's use is more prevalent. Substance use can also be a form of self-medicating mental health diagnoses including the impact of adverse childhood experiences on the adult. This is not assisting the person in increasing their parenting knowledge, parenting skills or coping abilities*
- *This depends on whether the children are at risk of harm due to the drug use. If the parents use*

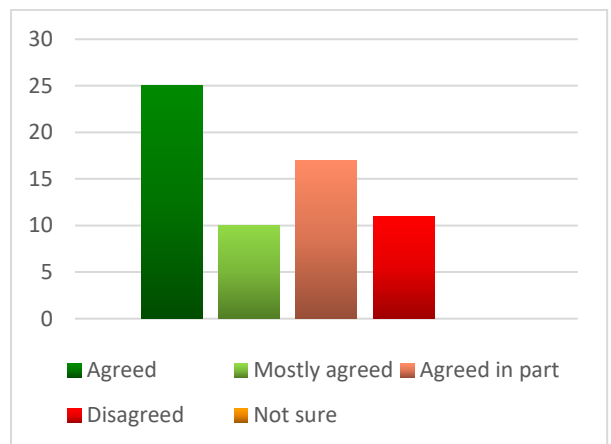
drugs, but the children are not around when this happens, then they are not at risk

- *I don't agree with not including marijuana, especially with chronic use which can have just as much of a detrimental impact on children in the family as other types of drugs. I also don't agree with only including illicit substances. In almost all cases of severe domestic violence I have seen, alcohol plays a large and significant role*

Employees of QATSICPP Member organisations

Of the 63 employees of QATSICPP Member organisations who answered this question:

- 25 (39.68%) agreed with the proposal
- 10 (15.87%) mostly agreed
- 17 (26.98%) agreed only in part, and
- 11 (17.46%) disagreed



27 of the respondents within this stakeholder group commented on their responses.

Other considerations

Many of the respondents made comments relating to parental capacity, placements of the children, human rights, and including marijuana in the list of drugs to be included for testing/rehabilitation:

- *A one-off drug test does not equally measure the capacity of a parent's protective skills. There are many cases of high functioning parents that frequently use substances and not present as addicts nor the need for rehabilitation*

- *Marijuana is also very harmful when taken if people have underlying mental health issues. Marijuana is not a safe drug and should not be excluded from other illicit substances. Marijuana or the abuse of marijuana has damaged a lot of families*
- *18 months mandatory rehab with children placed in hasty placements and losing ongoing relationships and attachments with their parents may not always be in the best interests of the family*
- *Where will the children be living while the parents are entering these rehabilitation services?*
- *Whatever happened to autonomy and self-determination? Does that human right go away when you use drugs?*

Support

Some respondents highlighted that parents and families need support to address their substance misuse issues:

- *There needs to be more support systems in place with Housing and Child Protection services to maintain the families housing when undertaking rehabilitation and also to reunite their children upon their discharge*
- *There needs to be services that are appropriate to working with those who use illicit substances. The range of services would need to cover at a minimum – outreach, residential detox, and harm minimisation. The government needs to work in conjunction with alcohol and the other drug sector to ensure that service provision is evidence based rather than a narrow focus of abstinence*
- *Consideration is required as to what the programmes will provide to ensure that the outcomes lean towards relapse planning and recovery, with time to assist the user to plan and reduce use, and how this can be done safely*

Lack of services and funding

Some respondents commented on the lack of suitable rehabilitation services and the additional funding that would be required to ensure their availability:

- *There is not enough drug rehabilitation services to accommodate the need. How about fix the system,*

implement more support and then look at the measures that need to be taken

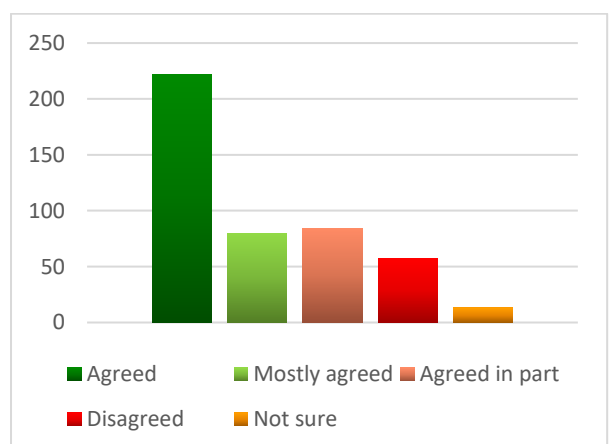
- *I do agree but you will need to make sure we have enough places for the participation in drug rehab. These places are quite full and there are waiting lists, if parents are placed on a waiting list then they may lose interest or won't follow through*
- *I work in the child protection sector and there are not enough treatment facilities or supports to cope with the number of parents who may test positive*
- *Sending families to rehab can often set them up for failure. We need more rehabs and more funding for this to work. Also, very important for Aboriginal and Torres Strait Islander families that they have access to culturally appropriate rehabs*

Employees of non-Member non-government organisations

Of the 456 employees of non-government organisations that are not Members of either PeakCare or QATSICPP who answered this question:

- 222 (48.68%) agreed with the proposal
- 80 (17.54%) mostly agreed
- 84 (18.42%) agreed only in part
- 57 (12.50%) disagreed, and
- 13 (2.85%) indicated that they were not sure

Three respondents skipped this question.



146 of the respondents within this stakeholder group commented on their responses.

Mandatory rehabilitation

Many respondents stated that sustained change would not be likely by forcing parents to enter rehabilitation and for change to occur the parents need to be motivated and engaged in the process:

- *Addressing substance abuse problems requires a willingness/insight on the part of the person with the addiction to address this. Forced drug rehabilitation is unlikely to lead to successful recovery*
- *Participation in a rehabilitation treatment programme requires commitment from the individual as well as a willingness and capacity to participate. Coercing persons, for example with the threat of a court ordered removal of their children, struggling with pervasive addiction problems into treatment is not likely to achieve long-term sustainable outcomes*
- *THIS DOES NOT WORK!! This is a waste of resources. Rehab only works if a person is ready to make changes. People will never change their substance misuse until the underlying causes addressed. Substance misuse is never stand-alone, it is always a coping mechanism for other larger systemic issues such as mental health, DFV childhood abuse and trauma, sexual assault etc.*
- *I don't think mandated support has ever been an effective strategy. It does not speak to evidence-based treatments regarding readiness for change. I do not think this would be an effective response*
- *Research does not support the claim that people forced into drug rehabilitation respond to that treatment, in fact it can often have the opposite effect*
- *Drug addiction is usually a maladaptive way of coping used by someone that is trying to deal with other, deeper issues. Current social work and psychological practises to try and identify the underlying cause of a person's drug addiction, not just the addiction itself. If you just treat the addiction there is a high chance that the person will fall back into drugs when they leave rehabilitation as that is what they know and what they have used to cope with their underlying issues in the past. Also seeking support for drug addiction is something that someone has to do on their own. If it is forced upon them it is unlikely to yield positive results, if the person is not motivated to change they're*

just being made to attend a drug rehab programme this is a waste of money and resources

Services and funding

Many respondents made comments relating to the lack of availability of rehabilitation facilities and the increase in funding that is required for this policy to be viable.

- *If this is going to be a requirement then there will need to be an increase in drug rehabilitation services. There is limited support available for a lot of families and the families that are in rural areas the support services are even more limited. This would be setting families up to fail, if requiring engagement in a service that is not available*
- *There are not enough drug rehabs now. Are you going to spend more funding on this? Why has this not been done before?*
- *Yes, but once again it needs to be funded properly, resource properly and enforced*

Support

Some respondents commented on the holistic services that are required to treat the cause of the drug use:

- *Parents need a holistic service of support that is wrapped around them and their children. Children are always going to be the ones that continue to be impacted while we are trying to find ways to support parents. Parents who have been impacted by childhood trauma will continue to use drugs to mask what has happened to them. In order to facilitate a shift, we need a continuum of options available that will include government and non-government support services otherwise we will continue to see an increase in children coming into an already exploding care system*
- *As long as this is backed up and supported by more long-term counselling and an integrated client centred social support. I do not think that rehab is the answer. Drug dependency is a symptom not an illness, you can't fix addiction without supporting the client to change their current situation that created that dependency in the first place. More social supports are needed*

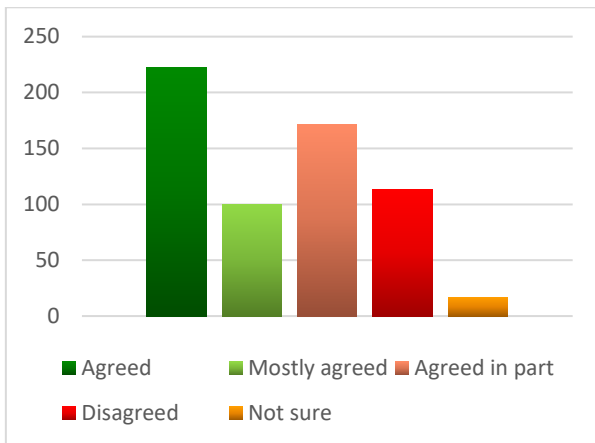
- *Understanding that most drug misuse is a result of the parents own experience of trauma. This would indicate a more holistic approach would be required. It is not always viable for a parent to attend rehab services, if they have care of their children, and in-home services are very limited*

Employees of Government agencies

Of the 623 employees of Government agencies who answered this question:

- 222 (35.63%) agreed with the proposal
- 100 (16.05%) mostly agreed
- 171 (27.45%) agreed only in part
- 113 (18.14%) disagreed, and
- 17 (2.73%) indicated that they were not sure

Ten respondents skipped this question.



302 of the respondents within this stakeholder group commented on their responses.

Mandatory rehabilitation

Many respondents acknowledged evidence-based research to accentuate the need for parents to acknowledge their drug use as an issue and voluntarily seek and/or request assistance to obtain rehabilitation:

- *Prochaska and Di Clemente's (Cycle of Change) model demonstrates the limited effectiveness of compulsory interventions when the client is not ready or receptive. Therefore, is better to meet the client where they are at to safety plan around substance misuse. Compulsory interventions rarely result in sustained change*

for people to be truly empowered, that they have agency in their own life

- *I agree they need professional assessment (motivational interviewing) to determine their stage of change and provide access to services. As clinically indicated motivation to change is a process - people can be pre contemplate, contemplate, in a stage to plan or to act but any type of mandatory therapy/counseling etc is unlikely to work unless the parent is at the stage of change that indicates he/she is currently motivated to affect a change (less likely if the interaction is shame based and or appears punitive/mandatory). Some therapy may be helpful to support progress from a pre contemplative to contemplative stage, but it needs to also provide support with underlying predisposing factors to the maladaptive coping (substance use). People often won't give up their coping strategy, no matter how dysfunctional their lives become as a result and is likely to have developed as a survival behavior over a long period of time. This is very difficult to abandon unless they can replace it with another form of coping*
- *There is significant evidence in the AOD field of practice which clearly indicates that any chance of successful rehabilitation is dependent on the addicted person acknowledging there is a problem and being willing and ready to make the change. Making an intervention mandatory rarely results in long-standing change behavior*
- *Whilst it may be helpful to compel a parent to rehab, behavioral change will not be sustained unless recovery is voluntary. Relapse is likely and a false sense of safety may also result. A parent going to rehab alone does not increase safety for the children. Assessment of increased safety is much more complex than this*

Services and funding

Many respondents commented on the lack of services and inadequate funding that is given to AOD services and rehabilitation centres. Another theme within the comments related to the extensive waitlists serving as a huge deterrent to parents who want to cease their drug use:

- *Significant investment needs to be placed in this area to ensure that parents have access to rehab/detox when they're ready/required. No point implementing this unless the*

infrastructure is there to support families. Current wait times are a deterrent to parents and result in more children entering and remaining in out of home care for longer than they need to

- *This could be of assistance, but it is also not available across the board right now. Availability and capacity would again require a real boost of funding which most governments have shied away from over the years*
- *Rehabilitation services would have to be created for this purpose - existing services are currently overwhelmed*
- *Excellent idea but please get some more live-in drug rehab centres up and running not only for parents but for young people under 18. There are very few of these facilities, and none that I know of, where parents can live with their children. One of the main reasons parents drop out of live-in rehab is because they missed their children*

Other considerations

Some respondents made comments relating to the proposed policy and potential impacts for mandating rehabilitation for any parent with positive drug tests.

The main themes related to the care of the children and support required for parents, the inclusion of marijuana, alcohol and abuse of prescription medication, changes that would be required to current legislation and the perceived targeting of lower socio-economic groups:

- *Do these politicians and policy-makers understand how traumatic it is for children to be taken away from their parents? How bad will it be for the parents' mental health to go to rehab and be away from their children? Where are all the child safety officers to monitor this, do the casework, prepare court material if required, and then support carers and families who have had children dumped on them. Where are the in-home supports and counselling for parents so they can be with their family and care for their children? This is overstepping and extremely invasive*
- *If there aren't services available in a prompt time frame then what is the contingency? Do we remove children until a place becomes available for their parent in a rehabilitation centre? What if the parent relapses (again a common and NORMAL) part of recovery, can*

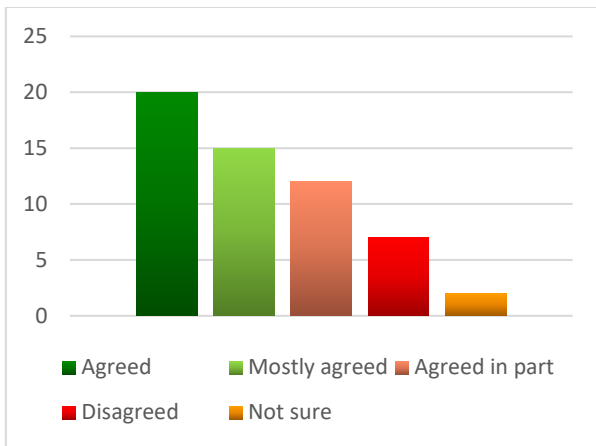
they promptly return to rehab? Will their child be required to come into care again each time? Also, will this same testing apply to families of wealthy parents who used cocaine regularly with their friends on a weekend or just poor people who come to the attention of child protection services?

- *It is very simplistic to believe this will be the solution to all child protection concerns. Particularly when there are significant concerns with the use of prescription medication that can impact on parenting, for example methadone Valium. This intersecting with poor support access to opportunities, domestic and family violence, mental health etc.*
- *There are legal implications. How many legislations would need to be amended to ensure these actions are legal?*
- *A positive drug test may not necessarily mean that the person is unable to care for their child. The focus needs to be on children's well-being and whether the parent is able and willing to care for the child, not on test results in isolation. Drug use is one relevant factor, but people's lives are complex and no one test can show whether a person is willing and able to care for their child. The proposal will not capture people who have alcohol addictions which are widespread and can also be highly damaging*
- *You can't mandate change, plus, this needs to come equipped with the therapeutic supports to help parents (who have their own traumatic childhoods for the most part) but also a system that provides some stability for children throughout this process. More rehabilitation centres for parents to attend with their children be very helpful though*

Employees of peak bodies, industry and representative groups

Of the 56 employees of peak bodies, industry and representative groups who answered this question:

- 20 (35.71%) agreed with this proposal
- 15 (26.79%) mostly agreed
- 12 (21.43%) agreed only in part
- 7 (12.50%) disagreed, and
- 2 (3.57%) indicated that they were not sure



27 of the respondents within this stakeholder commented on their responses.

Services and funding

Many respondents highlighted the lack of service availability and the increased funding that will be required for mandatory rehabilitation to occur:

- *Rehab services are currently woefully underfunded so this would need to be addressed first*
- *More funding and support need to be rolled out for counseling and drug arm services*
- *The access to drug rehabilitation programs in Queensland is limited - especially in rural areas. Communities don't want drug rehabs in their neighborhoods, which makes it hard to establish them*

Mandatory rehabilitation

Some respondents voiced concerns of the effectiveness of treatment should parents be forced to attend:

- *For effective results, the client has to want to participate otherwise it will not support breaking the addiction*
- *Simply attending does not indicate motivation to change or predicted likely success in the intervention*
- *Research seems to show that factors contributing to success in drug and alcohol treatments include having a positive support network and having personal goals. Force and fear do not seem to be factors for achieving success in drug and alcohol programs*
- *This will only work if the parent honestly wants this service*

Support

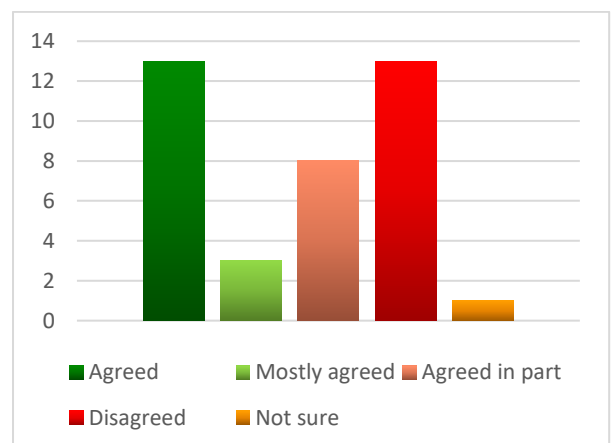
Some respondents made comment relating to the ongoing support requirements needed to create sustained change:

- *Drug use and refusal to participate in a rehabilitation program is not a clear-cut issue. This proposal does not take into any account evidence base, family violence lens, or legislative, practice or policy framework*
- *Follow up post rehab is vital to maintaining change. Practical support services are needed so parents can go to rehab, for example a place their children to stay or services that allow for whole families to be accommodated together during rehab. In-home rehab options*
- *Sessions focusing on pushing child focused thinking, the impacts and building on the person's own self esteem would be good prior to starting drug treatment*

Academics

Of the 38 academics who answered this question:

- 13 (34.21%) agreed with this proposal
- 3 (7.89%) mostly agreed
- 8 (21.05%) agreed only in part
- 13 (34.21%) disagreed, and
- 1 (2.63%) indicated they were not sure



14 of the respondents within this stakeholder group commented on their responses.

Mandatory rehabilitation

Many respondents commented on the lack of effectiveness of mandatory rehabilitation:

- *Forcing rehab is a lazy and ignorant attempt to put a band aid on a deeper problem. These techniques widen the gap and create more problems down the track*
- *If drug addiction were as easy to beat by being sent to a rehabilitation centre, we would have no drug addiction. Change cannot be forced and slipping up is unpredictable. A pattern of addiction could reflect future behavior, but nothing is black or white*
- *You can't coerce parents into stopping drug use. I am sure research would show this doesn't work. Which of the LNP suggestions are informed by research? It appears that they are informed by public opinion that doesn't reflect the complexity involved in working with vulnerable families and meeting their needs*

Support

Some respondents commented on the need for parents to obtain more holistic services:

- *Rehabs often only work to detox your body. Without addressing the root cause for using, they're more likely to reuse or substitute one addiction for another*
- *The experts in substance use, who clearly have been consulted, will contend rehabilitation is not a stand-alone solution*
- *The opposite of addiction is not sobriety it is CONNECTION*

Services and funding

Some respondents made comments regarding their concerns about the lack of services and availability of funding to address the shortfall:

- *Certainly, more access to drug rehab is needed. Currently there are not enough services and they won't take parents on referral from Child Safety, so we need to see a promise to increase funding to drug rehab services throughout the state. There is no use mandating parents to participate in drug rehab if they cannot get into a service*
- *There are shortages in rehabilitation facilities, how will this be resolved? It is expensive how will that be resolved?*

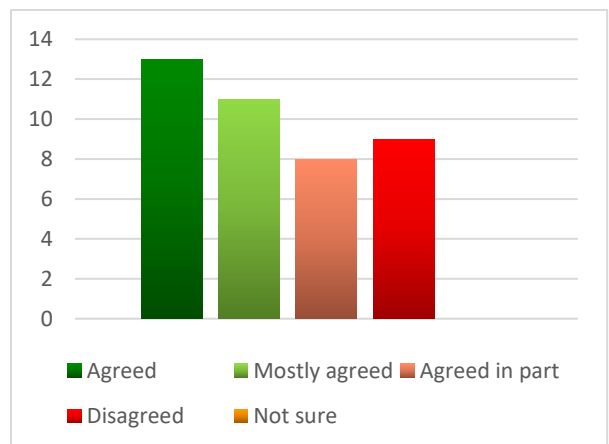
- *While I would support this idea, there are nowhere near enough rehab services at the moment so these would need to be funded FIRST, especially a pressing need for rehab programs that take a family approach (not individual) and live-in programs where children can also be accommodated*

Private consultants and employees of consultancy or training organisations

Of the 41 private consultants and employees of consultancy or training organisations, who answered this question:

- 13 (31.71%) agreed with the proposal
- 11 (26.83%) mostly agreed
- 8 (19.51%) agreed only in part, and
- 9 (21.95%) disagreed

One respondent skipped this question.



18 of the respondents within this stakeholder group commented on their responses.

Mandatory rehabilitation

Many of the respondents highlighted research that evidences that drug rehabilitation is not effective if a decision to stop has not been made voluntarily:

- *The issue is if you mandate treatment there is likely to be a high dropout rate or surface compliance only. True change only occurs when the client is ready, and it is their idea. Offering drug rehabilitation absolutely, but mandating it I don't think so*

- *It has been proven time and time again, and the evidence is there to support this, that making someone go to rehab services does not result in actual rehabilitation if they're not committed to this process*
- *It needs to be a parallel process of supporting parents to make decisions to access the programs. If it is forced, then they will not comply*
- *The reality is that people will only change when they're ready, so all this required participation is wasted effort and sets people up for failure. People need to be empowered to support personal change*

Service provision

Some respondents voiced their concerns regarding the lack of drug rehabilitation services:

- *These programs are full. Wait lists are horrendous and parents need to want to engage or they are useless*
- *Reality is that there are not sufficient funded drug programs to service the need across the entire community*
- *Great idea in theory but where are these drugs rehab services going to come from? They are already working at capacity so even more positive tests will result in more service requirements*
- *Provided they also fund both current rehabilitation centres and be prepared to fund lots of new ones both in urban and rural areas*

Support

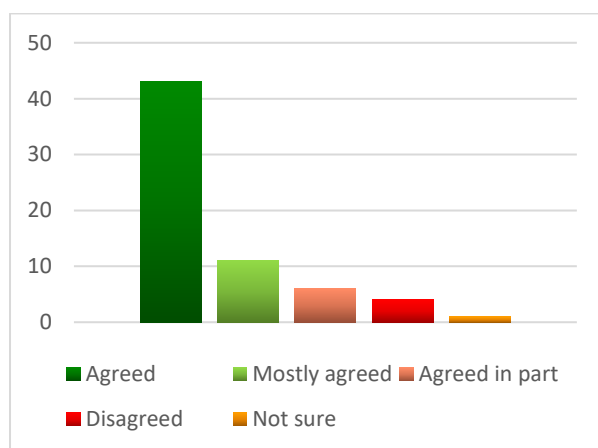
A number of respondents believe that treating the trauma behind the drug use is more effective:

- *Greater access to drug and alcohol rehabilitation services is required. Further attention is also required assisting parents who have mental health and drug and alcohol issues as they often fall through the cracks between systems*
- *This does not recognize the underlying reasons for why our parents are using drugs and alcohol*
- *Depends if there are kinship support or other supports available and if the sector is going to be able to meet the demands*

Parents (and other family members) with a lived experience of the child protection system

Of the 65 parents (or family members) with a lived experience of the child protection system who answered this question:

- 43 (66.15%) agreed with the proposal
- 11 (16.92%) mostly agreed
- 6 (9.23%) agreed only in part
- 4 (6.15%) disagreed, and
- 1 (1.54%) indicated that they were not sure



18 of the respondents within this stakeholder group commented on their responses.

Support

Most respondents commented that parents need support to address their drug issues.

- *As long as parents have support in their recovery and are not expected to do it alone and their efforts are recognised by the workers*
- *How about the people they know that are on substances are provided with appropriate levels of appropriate wrap around services that will facilitate the person not needing drugs to start with. Get some social workers in there PLEASE! People use for complex reasons find out what they are!*
- *Finally, the word support is being used! The parents need support. They have probably come from a background of drugs and alcohol and need help to be rehabbed*

Marijuana

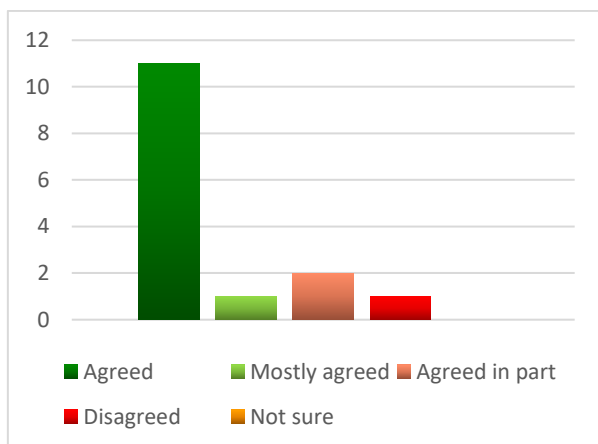
Many respondents stated specific considerations relating to marijuana not being included in the mandatory rehabilitation policy:

- *Marijuana NEEDS to be included!*
- *Marijuana should be included in this as excess use often triggers mental health deterioration e.g. psychosis symptoms*
- *Why not marijuana? The authorities are there to look after the welfare of the children, not the adults. If the children are not being cared for because of any drug use (legal and illegal), there should be consequences*
- *People need to stop worrying about marijuana. A huge majority of parents use it with no issues and in some cases, it might actually help as evidenced by it now being legalised in a lot of places*

Young people (under 25 years) with a lived experience of the child protection system

Of the 15 young people (under 25 years) with a lived experience of the child protection system who answered this question:

- 11 (73.33%) agreed with this proposal
- 1 (6.67%) mostly agreed
- 2 (13.33%) agreed only in part, and
- 1 (6.67%) disagreed



3 of the respondents within this stakeholder group commented on their responses.

Support

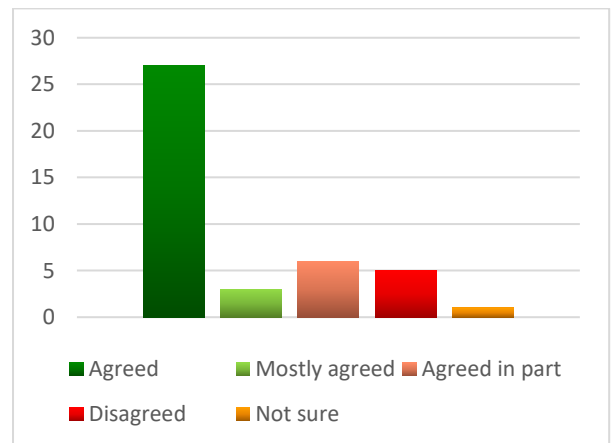
Most respondents stated that the issues behind the drug use need to be addressed:

- *Drugs are self-medicating trauma*
- *We need to treat whole family systems*

Older people (over 25 years) with a lived experience of the child protection system

Of the 42 older people (over 25 years) with a lived experience of the child protection system who answered this question:

- 27 (64.29%) agreed with this proposal
- 3 (7.14%) mostly agreed
- 6 (14.29%) agreed only in part
- 5 (11.90%) disagreed, and
- 1 (2.38%) indicated that they were not sure



10 of the respondents within this stakeholder group commented on their responses.

Mandatory rehabilitation

Most respondents noted their concerns about forcing parents to complete rehabilitation if they were not ready to make changes:

- *One worry I have is that people need to be ready to receive treatment and I'm not sure if making this mandatory would have the desired effect or increase worker safety for rehab services*
- *Unless a person chooses to go to drug rehabilitation centres it will be a waste of money and time. You cannot force it*

- *People need to want rehabilitation for themselves for this intervention to be effective*
- *It will do no good unless the parents truly want it*

Support

Some respondents shared their views of the benefits of supporting parents to cease their drug use:

- *Build relationships with the drug user. Friendship. Let the CSO come along side as a support not a notifier*
- *All efforts should be made in the early stages to support parents to stop using drugs*
- *If a parent receives support - this will help parents become role models for their children thus helping them to break the cycle*

Adequate services

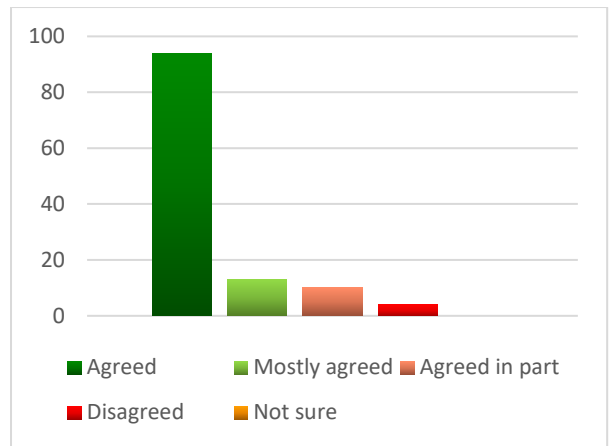
A number of respondents noted that for this policy to be able to occur that adequate services need to be available and resourced:

- *Good idea but drug rehabilitation services are already working at capacity. You need to have rehabilitation services that are satisfactorily resourced not just an afterthought*
- *Assuming those rehabilitation resources are actually going to be available. Rather scarce on the ground and have been for years*

Foster Carers

Of the 121 Foster Carers who answered this question:

- 94 (77.69%) agreed with this proposal
- 13 (10.74%) mostly agreed
- 10 (8.26%) agreed only in part, and
- 4 (3.31%) disagreed



30 of the respondents within this stakeholder group commented on their responses.

Funding and services

Many respondents made comments regarding the funding of mandatory rehabilitation:

- *At whose expense? Then a law needs to be made that they are clean for six to 12 months at the very least with regular checks, but not given advice even that the check is coming*
- *Where all these extra rehab places coming from? Mandatory rehab is an effective or sustainable. We don't have enough rehab for the parents who voluntarily want it, let alone those who don't*
- *This should only happen if benefits or other government payments the individual receives are used as part of the cost. This will simply create a revolving door and an easy option for repeat offenders. It also deprives those requiring genuine rehabilitation places within rehab facilities*

Other considerations

Some respondents included their views on the addition of marijuana and alcohol, support to be provided to the parents and further assessments once a parent has completed rehab prior to having children returned to their care:

- *Marijuana should be included as well as the synthetic marijuana - which is currently legal but a lot more harmful than the natural stuff*
- *Marijuana needs to be included as well as alcohol within the testing systems*

- *Parents also require support to attend other groups, such as narcotics anonymous, to gain the longer-term support needed to stay clean*
- *I would not give the participants in the drug rehabilitation a guarantee that they will have their kids returned to them. There are many other factors that children need in order to be safe and there's always the fear that the parents could relapse*

Mandatory rehabilitation

A number of participants made comments questioning whether mandating parents to enter rehabilitation would necessarily change their lifestyles:

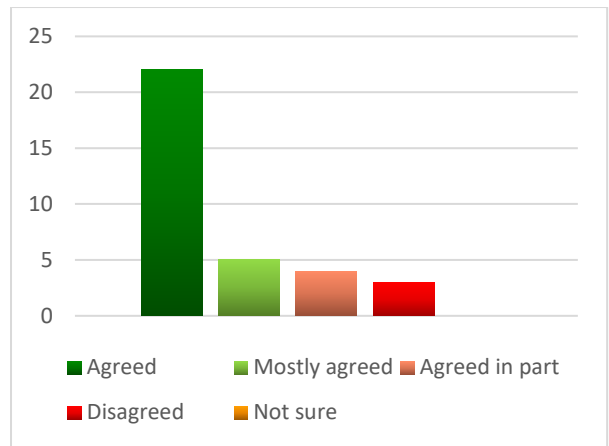
- *Drug and alcohol services clearly state that unless someone is motivated to change their drug use than a drug rehabilitation service cannot help*
- *Parents with substance abuse problems should have access to support programs but I don't believe that forcing them to participate will give the results*
- *Rehabilitation is not just a course to attend to appease Child Safety. The individual is required to acknowledge their addiction and want to resolve it, otherwise it's just a revolving door which increases the time with which they can hang on to the children*

Kinship Carers

Of the 34 Kinship Carers who answered this question:

- 22 (64.71%) agreed with the proposal
- 5 (14.71%) mostly agreed
- 4 (11.76%) agreed only in part
- 3 (8.82%) disagreed

One respondent skipped this question.



12 of the respondents within this stakeholder group commented on their responses.

Parental addiction

Most respondents within this stakeholder group held very strong views regarding drug use by parents and the care of children whose parents have substance misuse issues:

- *We're not here to fix the parents. We are here to protect the child*
- *Yes. How can a child go home to a drug addicted mother?*
- *Last time I checked marijuana was an illicit substance. If addicts are to have a child they shouldn't be using*

Funding and support

A number of respondents held worries relating to the length of time it takes for parents to be placed in a drug rehabilitation centre and the support that will be provided:

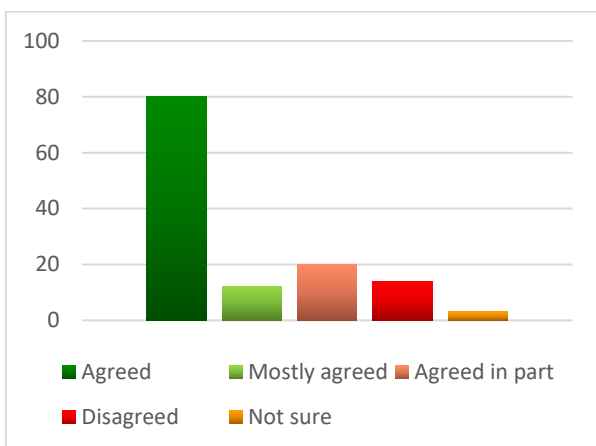
- *I also believe that more rehab facilities need to be funded, to be able to meet the needs of parents wanting to attend rehab as well as relapse prevention programs. Waitlists are too long to access services*
- *Love to see how this will be funded and what the waiting lists will be for all the parents affected. What happens if they do not stay the distance or fall back into bad habits after they finish the rehab?*
- *Will there be additional funding for this rehab? Also what about addressing the reasons behind addiction – poverty, mental health and physical health issues etc.*

- *It needs to be an individual intervention - rehab won't work for everyone and parents have to be supported in all areas it's not just a blanket fix*

Others

Of the 129 survey respondents who indicated that they did not belong to one of the aforementioned groups or who identified with multiple groups:

- 80 (62.02%) agreed with the proposal
- 12 (9.30%) mostly agreed
- 20 (15.50%) agreed only in part
- 14 (10.85%) disagreed, and
- 3 (2.33%) indicated that they were not sure



54 of respondent within this stakeholder group provided comments.

Mandatory rehabilitation

Many respondents noted that unless rehabilitation is voluntary, the outcomes are not successful:

- *Admission to rehabilitation services is voluntary if the person is not a willing participant nothing will work*
- *Parents who did not want rehabilitation will not participate. Rehabilitation for an individual requires a want and motivation this could just lead to resource wasting*
- *Evidence seems to indicate that recovering from addiction is most effective when the person wants to make changes. Will forcing people to undergo rehab have any meaningful positive impact?*

Funding and service provision

Some respondents highlighted the lack of available rehabilitation services and the significant funding injection that would be required to boost the AOD sector to meet the demand for mandatory drug rehabilitation:

- *This will need significant funding to be provided. What will be the policy for those who complete rehabilitation and continue to use?*
- *Sure - if the services were there!! COVID restrictions/ wait lists/ family friendly rehabs are not highly featured in the current system and a trauma informed workforce is also not featured in the current system*
- *Where are the rehabilitation services? Where is this money coming from?*

Other considerations

Some respondents put forward their views regarding the placement of children whose parents are required to participate in mandatory rehabilitation. Other themes that featured in the comments concerned marijuana being included in the mandatory rehabilitation policy, the current legislative requirements regarding substance misuse, and the impact on children:

- *Yes, support them but children must be removed immediately from a positive test. The protection should be on the child side, not the parent side. The child cannot look after them themselves*
- *Why stuff around with druggos. Strike two and the children are fostered. Strike three and they are made available for adoption - sick of this pussy-footing around*
- *It should include marijuana as the money spent on this drug also affects the food and well being supplied to the children. You can't drive under the influence of marijuana so you should not be caring for a child under the influence either*
- *Drug use in and of itself isn't necessarily a significant child protection concern. The Child Protection Act 1999 states that the parental action or inaction must have caused significant harm or risk of significant harm to a child*

Support

A number of respondents disagreed with mandatory rehabilitation and believed that an approach to address the reason for the drug use

would provide better outcomes and reduce the risk for children:

- *Rather than focusing on substance misuse and criminalising families who come into contact with the Department of Child Safety, Youth and Women determine what has been going on for that family that led them to chronic substance misuse. What supports do they need or if their substance misuse is not chronic, can a safety plan be developed with the family around this substance misuse to ensure that the children are always cared for by a safe, sober and responsive adult*
- *It is more than just drug use cessation. There are many factors that lead to drug use that need support*
- *I think more support would be great! Regional areas have very limited drug use support, that's why people on ICE end up at our local hospitals and in mental health units and get discharged because they don't actually have a mental health problem, they have a drug problem*

