

The Hon Jenny Macklin MP  
Minister for Families, Housing,  
Community Services and Indigenous Affairs  
Parliament House  
CANBERRA ACT 2600

PO Box 269 Woden ACT 2606  
17 Napier Close Deakin ACT 2600  
Tel (02) 6215 9800 Fax (02) 6281 0995  
email [adca@adca.org.au](mailto:adca@adca.org.au) [www.adca.org.au](http://www.adca.org.au)  
ABN: 39 008 455 525

Re: **National Framework for Protecting Australia's Children 2009-2020**  
MN11 - 000168

Dear Minister

Thank you for your letter of 30 March 2011 about the above Framework. ADCA welcomes the early achievements of the National Framework and the opportunity to engage in the discussion of policies and programs that affect the wellbeing of our children through the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children and now the Children's Roundtable.

ADCA has consulted with its Board, Families and Communities Working Group and with the State and Territory non government peak bodies on the National Framework. Their insights will be raised at the Roundtable but I would like to bring their comments to your attention directly.

The feedback received through our consultation supports many of the strategies developed as part of the Framework. ADCA members raised issues such as:

- the development of an integrated service model, for example with Child Protection services
- the development of protocols between the alcohol and other drug (AOD) sector and Child Protection, to address the challenges around collaboration and integration and to identify strategies and processes that would enable them to work together successfully, and
- cross sectoral training and workforce development to build system capacity.

Feedback also recommended the involvement of AOD consumers in the development of policies and protocols, to provide an important perspective that is missing in many arenas.

Of concern however was the lack of resources available to AOD agencies to enable them to undertake family inclusive practice. Family inclusive practice is considered an important strategy to working with individuals in the AOD sector. Essentially it refers to the recognition that an individual is part of a family and therefore any consideration of the client should be in the context of the family structure. It involves working to address the needs of the client and their families.

Family inclusive practice provides opportunities for collaborative practice with other sectors, facilitating the development and strengthening of communication and referral pathways, to enable the best result for the client and family. Building the capacity of

the AOD treatment sector in this area will increase the likelihood of identifying and subsequently responding to AOD related harm within the family, thereby introducing a preventative dimension to the approach.

Clinicians will be able to identify problems and take preventative action, in collaboration with other professionals as appropriate, to protect the family and mitigate harms which may have been engendered by AOD use within the family. The relationship between AOD dependence and family violence is well known and early action has the potential to prevent the associated adverse family practices consistent with child abuse or neglect.

This will have implications for organisations as they reorganise to cater for a greater mix of individuals, including children. Practically speaking, this will mean significant infrastructural modifications.

It will also mean new training programs on models of service delivery and screening tools, as the current emphasis on the individual does not generally bring about the need, nor provide capacity to ask sensitive questions such as those about buying heroin and looking after children.

Development of such an approach will require a concomitant requirement for screening tools and data recording and reporting mechanisms that have the capacity to appropriately record instances of family inclusive practice.

Also of concern is the need for a greater emphasis to be placed on improving the capacity of parents who use drugs problematically, rather than on them being drug free. A number of programs exist to improve the capacity of all parents, for example those on effective parenting, and these should be promoted.

Finally, it is felt that the current system is not working well. Many people are not reporting because of the stigmatisation associated with drug use, and therefore families are not seeking help. On top of this the process needs improvement, being described, at best, as tedious.

Thank you again for the opportunity to contribute to this important discussion. I look forward to contributing further at the Children's Roundtable.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'D. Templeman', with a stylized flourish at the end.

David Templeman  
**Chief Executive Officer**

24 May 2011