



Submission to the

Inquiry into the Child Protection System in the Northern Territory 2010

The Forster Foundation for Drug Rehabilitation Inc

March 2010

Organisation making submission	The Forster Foundation for Drug Rehabilitation Inc
Contact Details	Chairperson: Associate Professor Robert Parker Banyan House Director: Mr Kelvin Dargan Telephone: 08 8942 7400 Email: director@banyanhouse.org.au Mail: Po Box 312, Berrimah
Confidentiality status	Submission is open for publication
Author anonymity	Author anonymity not required

Forster Foundation Submission to the: Inquiry into the Child Protection System in the Northern Territory 2010

Introduction

The Forster Foundation for Drug Rehabilitation Inc welcomes the opportunity to make a submission to the Inquiry into the Child Protection System in the NT.

The Forster Foundation is an NGO which operates Banyan House, a long-term residential alcohol and other drug rehabilitation community at Berrimah. Banyan's clients are adults with substance misuse issues, including women with young (i.e. under 13 years of age) children.

Banyan House provides the following services:

- Residential rehabilitation program
- Residential supported withdrawal program
- Women and Children's Program (provided an extension of the Rehabilitation program)
- Courts and Police diversion program services
- Outreach services including post-program support, and drug use information and education services

Banyan's Women and Children program enables substance dependent parents who have young children to access residential rehabilitation treatment.

It is a valuable option in the range of therapeutic interventions for NT families which the Forster Foundation would like to see better utilised by families in crises.

Submission

Overview

Substance misuse by a child's parent or guardian is responsible for a substantial proportion of child maltreatment¹.

The Foundation's submission will present the case that Banyan House's Rehabilitation and Women and Children's programs are valuable child protection options for families and children where substance misuse is present that are not utilised by the NT Families and Children and Child Protection systems, as evidenced by the absence of referrals to Banyan House programs from the existing NT child protection system.

The Forster Foundation's submission relates the Inquiry's key areas of focus as follows:

- Overarching issue 4 – *Child protection roles and responsibilities of all government and non-government organisations and individuals*

and

- Practices and Systems item 3 – *Family support and child wellbeing services.*

Submission structure

To address the key areas of focus, it is first necessary to understand the nature of Banyan House therapeutic programs and their relevance to child protection. Therefore, the Foundation's submission is in two parts:

- **Part 1** - provides a description of Banyan's service and its relevance as a therapeutic intervention for child protection.
- **Part 2** - presents the case for Banyan House's role in child protection and for use of Banyan services as a therapeutic intervention in the range of family support and child wellbeing services available to families.

Part 1 Banyan House's Treatment Service

Therapeutic Community approach to alcohol and other drug rehabilitation

Banyan House follows the Therapeutic Community approach to alcohol and other drug rehabilitation treatment. In Therapeutic Communities, client progress and eventually their stable recovery, involves multidimensional changes in terms of lifestyle and personal identity (De Leon, 1995; 2000).

It is a complex perspective of the individual and the recovery process in which treatment must address deficiencies in a range of dimensions to foster global change in the whole person.

The following table describes the domains and gives examples lifestyle and identity positions.

Domain	Aspect	Example
Developmental	Maturity Responsibility Values	"I regularly meet my obligations and responsibilities"
Socialisation	Lifestyle Maintains image Work attitude Social Skills	"I still have attitudes and behaviours associated with the drug/criminal lifestyle"
Psychological	Cognitive skills Emotional skills Self Esteem	"I am able to identify my feelings and express them in an appropriate way"
Community	Program rules Community engagement Role model	"I understand and accept the program rules, philosophy and structure"

Banyan House's rehabilitation program is designed and structured to facilitate personal development in each of these key areas. The Therapeutic Community approach re-socialises people who are substance dependent. Clients first learn and practice behaviours that are deemed acceptable within communal expectations of the Banyan House community, then proceed through an integration process to develop positive support, employment and social networks and to establish themselves in the broader community.

Banyan's Therapeutic Community approach to alcohol and other drug rehabilitation differentiates its programs from other NT rehabilitation services.

Re-socialising substance dependant parents

The important issue of effective parenting is part of the re-socialisation process that occurs in Therapeutic Communities. Evidence suggests that helping parents to be more effective with their children can address mental health needs and improve the chances of substance misuse recovery (Bath, 2009).

In the context of this Inquiry, as substance misuse by a child's parent or guardian is responsible for a substantial proportion of child maltreatment, improved parenting in addition to substance misuse recovery, provides a valuable child protection intervention that may be used in the range of interventions available to the NT child protection system.

Banyan House Women and Children's Program

Banyan House has established a Women and Children's program with two primary objectives:

- to develop parental "re-socialisation" with affected mothers and children within the therapeutic community so that the parent can learn other healthy mechanisms for dealing with the usual stresses of raising children rather than resorting to using substances
- to enable access to rehabilitation treatment for substance dependent women with young children by enabling their children to reside with them while they engage in Banyan's residential rehabilitation program.

Women can bring their young children (less than 13 years) to reside with them at Banyan House. The program enables substance dependent women to participate in Banyan's rehabilitation and women and children's program to improve and practice useful parenting skills.

The program offers women and their children:

- Accommodation in modern, furnished family duplexes
- A safe, secure, and alcohol and drug free environment
- Recovery from substance dependency through participation in Banyan's rehabilitation and parenting programs
- Delivery and pick-up of children to day care or school
- Special visitations by children or supervised visits with children not living with their parents
- Coordination with family or child protection services with other agencies providing services to families

Content of Banyan's Women and Children's education group is dynamic in nature so it may meet specific client needs, however, its foundation draws on the following activities:

- Triple P Positive Parenting Program
- Nutrition
- Time management plans
- Positive Play activities;
- Budgeting
- Life Skills
- Anger Management

Part 2 The role of Banyan House alcohol and other drug treatment services in child protection and as a therapeutic intervention

Overarching issue 4 - Child protection roles and responsibilities of all government and non-government organisations and individuals

The role of government and NGO alcohol and other drug (AOD) dependence treatment agencies

In the past three decades, researchers have identified four common co-occurring parental risk factors – substance misuse, mental illness, domestic violence and child conduct problems – that lead to child maltreatment. Substance abuse by a child's parent or guardian is commonly considered to be responsible for a substantial proportion of child maltreatment reported to the child welfare services. (Bath, 2009).

This evidence demonstrates that agencies providing recognised substance dependence treatment programs can play a key role in child protection. Treatment programs can reduce the risk factor of substance misuse and in Banyan House's case, provide improving parenting skills through its Women and Children program for substance dependent women.

When considering the Theory of Attachment developed by Psychologist John Bowlby and the evidence gathered over more than half a century around the formation of attachment it is known that "lasting psychological connectedness between human beings" is vital for life² (Bowlby, 1969, p. 194). This theory further demonstrates that a parent-child bond is not only vital for well-being, but an essential part of what it means to be human (Bowlby).

Banyan's Women and Children's program enables young children (under 13 years of age) of substance dependent women to accompany and reside with them while they participate in Banyan's rehabilitation and parenting programs therefore not impacting on the attachment and sense of safety and well-being. It enables women to access treatment rather than avoiding treatment due to fear that entering treatment would require losing custody or access to their children. Avoiding treatment has been demonstrated to perpetuate the child maltreatment risk factor of parental substance misuse.

As described in Part 1, Banyan House's therapeutic community approach and parenting program re-socialises substance dependent parents, makes them more effective as parents and strengthens the bond between parent and child, thus reducing the further risk of child abuse.

The outcome of children staying in a safe, alcohol and drug free environment with parents who are recovering from substance dependence, re-socialising and are improving parenting skills in the therapeutic community, provides a better long-term outcome for children than removing them into foster care.

Potential for referrals from the NT child protection system to AOD agencies.

Banyan House has experienced very few referrals from the NT child protection system. This may be unique to Banyan and not indicative of other AOD treatment agencies experience, and may be due to lack of awareness within the child protection system of AOD agencies' role in child protection or more specifically in Banyan's case, of the value as a intervention in child protection of the therapeutic community approach to re-socialising parents, improving parenting skills and strengthening bonds between parents and children.

Banyan House is a modern, first class residential rehabilitation facility which has two family duplexes for women with accompanying children and 18 residential units, six of which can be configured as single or family units. Banyan House has significant capacity to enable ongoing referrals of substance dependent parents either accompanied by their young children or as single participants in Banyan's rehabilitation and parenting programs.

Practices and System **Item 3** – **Range of Family support and child wellbeing services**
and
Item 4 – **Ongoing case management of and service provision for children, young people and families identified as being at risk.**

Substance dependence treatment programs that accommodate families do not appear to have been widely recognised nor often used as an option in the range of family interventions for child protection, if the low number of referrals to Banyan House from the NT child protection system is any indication.

The Therapeutic Community approach of Banyan House rehabilitation and parenting programs provides parents with re-socialisation and improved parenting skills and enables children to accompany and reside with parents while in Banyan programs. This provides better long-term outcomes for children than ongoing residence in households where alcohol and drugs are misused or removal of children to foster care due to parent's continued substance misuse or while parents enter recovery programs that do not accommodate families.

Banyan House's experience of low referrals from the NT child protection system may be due to a general lack of awareness of the role or effectiveness of AOD treatment programs as an intervention in child protection. However, attempts to address Banyan's experience by raising awareness has illustrated the absence of a framework for systematic identification and assessment of the range child protection interventions available to the NT child protection system and of protocols for assessment and care of clients.

Establishment of a framework to map recognised interventions/services and to develop and provide protocols for a multifaceted approach to child protection involving an interagency approach to incident reporting, client screening, assessment, ongoing care and post care/treatment support would support more effective and efficient coordination of child protection services and provide better outcomes for parents and children in child maltreatment situations.

Endnotes

1. *Richard P. Barth. "Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities," VOL. 19 / NO. 2 / FALL 2009.* This article is provided as an attachment to this submission.
2. *Bowlby, J. (1969/1982). Attachment and loss: Vol. 1. Attachment (2nd ed.). New York: Basic Books.*