Toora Women Inc
PO Box 6260
Phillip DC ACT 2606

Standing Committee on Health and Disability
Legislative Assembly for the Australian Capital Territory
GPO Box 1020
Canberra ACT 2601

13th May 2008

To Whom It May Concern:

Re: Inquiry into the early intervention and care of vulnerable children in the ACT

This submission has been drafted by the workers of Lesley's Place and WIREDD (Women's Information, Referral and Education on Drugs and Dependency), two drug and alcohol gender specific services auspiced by Toora Women Inc.

Toora Women Inc has worked with women impacted by chemical dependency for over 22 years. Working from a feminist perspective has given us an insight into the nature of chemical dependencies for women and allowed us to recognise and validate how women's experiences of dependency differ dramatically from those of men.

We know from the accumulated experience gained in the field that a high percentage of women who are chemically dependent have experienced significant trauma involving sexual assault, incest, domestic violence, cultural displacement, war trauma, migration issues and parental dependencies (chemical and non-chemical). Further, chemically dependent women have typically had backgrounds where generational trauma has occurred that has greatly affected their significant others', creating an environment of secrecy, isolation, dysfunction and shame.

Recognising that chemically dependent women are frequently subjected to such instances of trauma allows one to see how chemical dependency is often a response to trauma; with women relying on substances to self-medicate symptoms associated with Post-traumatic Stress Disorder (PTSD) and associated depression and anxiety.

Understandably then, women often present with intense shame and/or denial around these experiences, symptoms and their substance use, meaning that supporting chemically dependent women from a *non-judgemental* and *non-shaming* place becomes crucial to establishing engagement. From our experience, this particular form of engagement is essential to increasing women's choices, allowing them the opportunity to take-on new information and strategies, and look at their behaviours. When women are labelled, categorised and instructed they may simply 'shut-down' because it becomes too painful to engage.

Understanding the varying backgrounds of chemically dependent women and considering how to engage with these women to affect positive change is therefore fundamental to addressing the needs of the unborn child and young infant.

The following information has been gathered anecdotally from the women we work with and also in consultation with workers. There are a number of key issues which impact on the women we work with who are pregnant and have young children, and these are outlined below:

- Women who are involved with the Care and Protection (C&P) system are frequently very reluctant to engage with C&P workers due to a fear of being judged and/or 'reprimanded'. In this way C&P workers are often seen as 'unreasonable enforcers' as opposed to supporting and eager to work in cooperation with women for the benefit of their children.

- From regular conversations with various C&P workers, it appears that most have very little understanding as to the nature of addiction, and therefore that if women fail to meet their expectations and/or conditions that it is not because these women are 'non-compliant' and 'unwilling'. And also, that it is not because either they, or Alcohol and Other Drugs (AOD) workers have failed to 'save' the woman.

- As a consequence of having a minimal understanding around women and dependency, the restoration plans which C&P workers hold chemically dependent women to are often very unrealistic and therefore set the woman up to fail. These plans of action do not allow for women to lapse (if women lapse they fall out of the restoration plan sequence) and often assume that the solution for all chemically dependent women is to attend a rehabilitation service where they will be 'fixed'.

- The frequent use of urine analysis by C&P is not useful. Toora Women Inc does not support the use of urinalysis as a method of testing women's drug and alcohol use. Urinalysis is particularly invasive and can be exceptionally triggering and degrading for women who have experienced sexual assault and domestic violence. Anecdotally we know that mothers, who are usually (but not always) the primary caregivers, are frequently targeted to produce urines where as significant others' in a child's life, such as the father, are less often required to.

- As AOD workers in contact with significant numbers of women involved in the C&P system, we have little knowledge and access to information around critical development stages in children and practical strategies to pass on to women to minimise harm to infants – what C&P refer to as 'protective factors'. This knowledge and information could be highly useful for AOD workers to have in order to support and explain why C&P workers have concern for a woman's child(ren), and what steps she can take to minimise their concern.

- Frequently, women seem very unclear and uninformed as to what the expectations and/or level of involvement C&P requires. This makes it difficult for women to comply with conditions of C&P, particularly when the 'goal posts' appear to keep moving. Further, women report not being aware of the consequences if they fail to meet a requirement. Also, that their worker may seem flexible and understanding at times, however at others and without warning, be highly rigid and 'punishing'.

- In instances where a woman has had her child(ren) removed from her care, there is often little regard for the trauma caused. The focus of C&P is generally steered toward how the woman failed and that this is why the situation is as it is.

- From our experience, women from Culturally and Linguistically Diverse (CALD) backgrounds are not adequately catered for in the C&P system. One woman from a CALD background that Lesley's Place supported had to meet the same requirements as expected of women not systemically disadvantaged eg. attend rehab – despite not meeting the criteria of rehabs and being unable to participate due to the language barrier.

- Women on pharmacotherapies can be targeted and labelled as 'unmanageable' by mainstream services simply because they participate in a pharmacotherapy program. It is important to acknowledge that mothers on pharmacotherapies can be well managing and have a number of supports in place.

- We would like to acknowledge an implication of a recent amendment to the Children and Young People Act 1999 around voluntary pre-natal reporting. We believe it is a positive step that C&P wish to get involved with women prior to the birth, however the consequences for if a woman refuses to engage with C&P need to be clearly communicated and a process/procedure needs to be established so that AOD workers (if involved) can adequately support the woman.

There are a few suggestions we would like to offer to address some of the issues we have raised:

- It would be beneficial for workers within the Care and Protection system to receive training around dependency and engagement, particularly focusing on how to work with women around the shame and trauma they may experience.

- Similarly, it would be valuable for AOD workers to receive the knowledge and expertise of C&P workers regarding a child's critical stages of development and how to support women with strategies to minimise harm to their child(ren) and institute 'protective factors'.

- For the restoration plans developed by C&P to acknowledge, account and address that chemically dependent women are highly likely to lapse and/or relapse.

- We believe it is crucial for C&P workers to act as referral and support point for the women they are in contact with. The positive feedback we have had from women regarding their involvement with C&P has centred on their worker being a point of support and provider of resources. Rather than women being instructed about 'needing to do something' and left to achieve this in isolation, women who are supported throughout this process are much more likely to actually meet the expectations and engage with C&P.

- A significant need for the women with children we have contact with is a reference group for women who have children in the Care and Protection system. We believe a gender specific approach that addresses the feelings, such as shame, which women present with would be highly valuable. It could be a source of information, validation and mentoring.

From our perspective, through engaging with a woman around her behaviours in a non-shaming way (so that she is in a space to be able to address them), offering her support, and keeping her informed about the realities and consequences of Care and Protection expectations gives her the best opportunity to care for her children - it helps to break the cycle of generational trauma and dysfunction.

A significant amount of the information we have provided above has been shared and developed through discussion with Denise Lamb, who was employed in order to address the implementation of the recommendations from the Murray Mackie Study. Further, we would like to acknowledge the positive working relationship we have with Care and Protection, and in particular commend the case workers we have regular contact with who are approachable and receptive in communication, and eager to support women to meet the needs of their children.

If you would like any further information please do not hesitate to contact us during business hours on the numbers listed below.

Regards,

Anna Stewart
Coordinator
Lesley's Place

Natalie Liosatos
Counsellor
WIREDD