Submission to Standing Committee on Health and Disability Inquiry into the

Early Intervention and Care of Vulnerable Infants in the ACT

Introduction

It is estimated there are 60,000 children in Australia with a parent in alcohol and other drug (AOD) treatment (Gruenert, Ratnam & Tsantefski, 2004). For children whose parents are not yet undertaking a treatment program, it is estimated that 13.2% or 231,705 children of 12 years and under are at risk of exposure to binge drinking in the household by at least one parent. Another 2.3% or 40,372 live in a household with at least one daily cannabis user, and 0.8% or 14,042 live with an adult who uses methamphetamine on at least a monthly basis, and reports doing so in the home (Dawe, Atkinson, Frye, Evans, et. al. 2007).

Alcohol and other Drug Foundation ACT (ADFACT)

The Alcohol and other Drug Foundation ACT (ADFACT) established the Karralika Family Program in 1989 to provide a treatment program for parents who have an alcohol or other drugs issue. The program caters for single parents with children and couples with and without children. Children from birth to 12 years of age can accompany their parent/s and each child then becomes a client in the Family Program, with specialised supports in place to best meet the needs of each individual child.

What are the issues facing infants age 0-2 years?

Parental drug use can harm children from conception through to adulthood, with these children at a greater risk of:

- Miscarriage, birth defects, withdrawal, developmental delays and SIDS;
- Neglect and abuse (AOD in 50% child protection cases);
- Developing their own AOD problems and
- Developing other psychological and behavioural problems. (Gruenert, et.al,2004)

Issues of harm specific to infant's age 0-2 years of age include:

- Health related , malnutrition, tooth decay, absence of or inconsistent immunisations;
- Foetal Alcohol Syndrome;
- Poorer developmental outcomes physical, intellectual , social and emotional; and
- Poor attachment to primary career (mother).

Foetal Alcohol Syndrome

Foetal Alcohol Syndrome is a developmental problem that is caused before birth when a baby is exposed to alcohol. Children with Foetal Alcohol Syndrome have high incidence of neuro maturational disorders, ADHD, sensory integration problems, specific learning disorders, memory deficits, lower IQ, behavioural problems including impulsivity poor moral judgement, hearing impairment and antisocial behaviours (Children of Substance Using Parents, Judith Bragg, CARAU, 2005).

The developing infant

Current research evidence supports the importance of the early years being the first 5 years in a child's life. The experiences to which children are exposed during these years will help to determine the way in which each child matures and develops as an adult, and will underpin both psychological and emotional development. Traumatic experiences often shape our lives but most damaging experiences are those that occur in infancy.

Infants born to, or living with a drug using parent, live in an environment that is unpredictable and chaotic and the infant soon learns to become vigilant about their surroundings. The infant can become highly stressed and anxious, which then impacts on their normal development. Infants who have been exposed to a dysfunctional environment as a result parental drug use, with attachments and social interactions fragmented, may develop unmanageable behaviours and future outcomes for their well being may be affected. Often these children will present with a variety of "behavioural" problems, when in fact they are highly anxious and hypervigilant. Without targeted and supported interventions, these children may develop a range of behavioural and mental health problems as adolescents and adults.

The most rapid and critical period for brain development is in the first three years of the child's development. Infant's brains in the first few months are laying down or "hard wiring" the nerve pathways for the remainder of their lives. A baby who receives strong consistent and predictable messages from their carers is more likely to develop strong connections with carers and the world around them.

A baby whose world is unpredictable and chaotic as a result of parental drug use may have poor brain development, resulting in a chaotic world. While babies raised in these environments are often irritable and fractious, becoming anxious and distressed as their needs are not consistently meet, others will become withdrawn as they learn to calm or soothe themselves without nurturing care.

Attachment and early brain development

Early brain development takes place within and effective and nurturing relationships. The quality and sensitivity of the care-giving relationship drives development of attachment and development of the capacity for self regulation by the infant.

Attachment is the term given to the affective bond which develops between the primary caregiver and the infant and lasts through life, and becomes the template for other relationships throughout life. By 12 months of age the infant has developed in internal working model of self and others. There is a balance between the young infant's drive for exploration and the need for the security of the primary attachment figure.

The young child's capacity to deal with trauma depends on the capacity of their care givers to respond to his/her need to feel secure again. In most cases, drug using parents are themselves traumatised and unable to calm and regulate the child's emotions.

The young infant brain is especially sensitive to trauma during the periods of most rapid development. Trauma can shape the brain neural architecture and hence shape later behaviour. (Children of Substance Using Parents, Judith Bragg, CARAU, 2005).

Karralika Stronger Families Project

The Stronger Families Project provides targeted support to children and families before, during and after treatment. It is a real first in innovative and collaborative practice and has formed strong links with Government, NGO and community-based agencies. It provides the opportunity to make a real difference in the lives of vulnerable children and families.

Because substance abuse is so often intertwined with a family's treatment of their children, the availability of effective treatment options is a priority for ADFACT as we seek to address family needs. When treatment for alcohol and other drug issues includes a well-coordinated service delivery system designed to address the variety of family needs, it assists many families to regain control and to provide a better future for vulnerable children within the family system (http://aspe.hhs.gov/HSP/subabuse99/apdxB.htm).

While substance abuse treatment is often effective, appropriate, high quality treatment designed for parents, especially women with young children, including infants, is not easily available. Many providers are not prepared or equipped to address the complex physical, mental, social, and economic issues facing these families and their children. Moreover, they often lack the resources to provide the level of comprehensive, care that is required.

The Stronger Families Project builds on the achievements of the Karralika Family Program to help children who have been exposed to parental drug use during their early lives. Many of these children have suffered a range of social and health problems as a result of poor

parenting and disorganised attachment during their early lives.

The Stronger Families Project at Karralika is supported by a Child and Family Team, comprising a Manager, who is also the Director of Childcare, Child and Family Psychology Team, Family Support Worker and Creative Therapy Program. Children participate in an early childhood development program either through full-time daycare or in after-school care programs. Infants are cared for in an environment that focus's on forming strong attachments and this is achieved through higher staff to child ratios. This has been established within the Canberra community in partnership with Communities@Work, another community-based service, and is a real first in integrated and collaborative practice. Targeted interventions, including play therapies, are included in the program. Parents also take part in a range of programs designed to address the underlying causes of substance use and the barriers which often prevent successful re-establishment in the community. These programs include:

- parenting programs;
- playgroups with an emphasis on enhancing relationships and attachments
- Child and Health Maternal Nurse, provides screening for the children focusing on the infants development and supports parent providing education on child health related matters;
- cognitive behavioural therapies (CBT) and solution-focused therapies;
- relationship counselling;
- creative therapies, including sandplay therapy for both adults and children;
- workskills training, which includes accredited training programs;
- individual therapies; and
- group counselling.

Cooperative partnerships have been developed with other non-government and Government agencies and specific interventions developed. ADFACT plays an integral part in the Family Support sector in the ACT and is a partner in the Integrated Family Support Project, managed by the Office of Child Youth and Family Support to work with vulnerable families and those at risk, through "wrapping" early intervention services around the families to support them and to reduce the risk of coming into child protection services.

Components of the Project

The Stronger Families Project includes education; life and job skills training as part of a comprehensive therapeutic program; and individual and group counselling, including specialist services from other agencies (such as Relationships Australia), which are provided as part of the treatment program. All these interventions are integrated and vitally important to the therapeutic program.

The key factors of this project are the strong collaborative processes which have been put in place between ADFACT and other NGOs and between ADFACT and Government departments – and particularly within the AOD and Family Services sectors. It is increasingly important to embrace "whole of government" and "whole of community" policies in

response to complex social problems and to work together across sectoral, organisational and professional boundaries.

Children in the program are supported by the Child and Family Team through the following positions:

1. Family Support Worker, who acts as the interface between parents and Childcare Centre, and is directly concerned with monitoring the needs of the families and children and supporting them in their interaction with the Childcare Centre.

2. Child and Family Psychology Team, working directly with families and children to provide specialist support to staff within The Stronger Families Project (including the community-based childcare staff) and Karralika staff. The Child and Family Psychologists have recently undertaken specialist training in Sandplay Therapy through the support of AERF (Alcohol Education & Rehabilitation Foundation Ltd), which is being used to tremendous benefit with adults and children in the program. This is part of a creative therapies program which includes Interactive Drawing Therapy and a range of arts programs in partnership with the Tuggeranong Arts Centre, a community-based arts organisation in the local area.

The Stronger Families Project has also recently been enhanced through the provision of an Early Birds Worker and Outreach Worker. This aspect of The Stronger Families Project utilises family-focused interventions and strategies to enhance social functioning, focusing on pre- and post- treatment strategies and the development of effective interventions for children and parents in the community, and builds on networks in the community to provide an integrated service.

Early Birds has been established to better support families before they enter treatment to provide support at community level in partnership with other community organisations and projects (eg. *headspace ACT*, of which ADFACT is a partner agency). Prior to Early Birds, Karralika was turning away more than 100 children and their families in any six month period, due to lack of bed availability. It is likely that some of these families, if they were given more support within the community, would become more resilient and self-reliant, either as a pre-treatment option or as an alternative to residential treatment. Likewise, providing better outreach support as clients exit the residential program will increase capacity to successfully resist relapse situations through increased self esteem and the ability to take advantage of opportunities in the community.

Conclusion

ADFACT believes the best outcomes for treatment for parents with alcohol and other drug issues and young infants will be achieved through programs that target early intervention,

are family centred, and support the parent-child relationship. Families need to engage in programs that are holistic and integrated that promote competence, self esteem, self control and empowerment. Programs need to be coordinated with other health and care and protection services within the community.

Working with families is indeed complex. It switches the focus and challenges us. It also provides an important opportunity to work at the level of earlier intervention with these vulnerable families and it allows us to influence change for the future and to possibly break down the family's generational cycle of addiction.