

27 March 2026

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Dear Honourable Paul Anastassiou KC

Thank you for the opportunity to provide a submission to the Child Safety Commission of Inquiry. The Queensland Network of Alcohol and other Drugs Agencies (QNADA) submission is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have more than 55 member services that work at the intersection of multiple systems and provide support to people who have had contact with, or are likely to have contact with, child safety services. This includes where concerns have been raised about parental capacity to care and protect, as well as young people who are, or were, the subject of protection orders or other interventions. This submission is made following consultation with QNADA members.

While most parents who use alcohol and other drugs do so safely with no impact on their capacity to care and protect their children, parental substance use is consistently highlighted as a key child protection concern. In some circumstances, problematic substance use may indicate that a family is experiencing other issues, including poor mental or physical health, domestic and family violence, a lack of social support, and poverty.<sup>1</sup> Our members have also raised concerns with current responses to young people, particularly where they are both a child in need of protection and concerns have been raised about their capacity to care and protect their child. At times this can result intensive and unnecessary statutory responses that would not be enacted if that young person was not already known to the system.

Regardless of their age, where a parent is experiencing problematic substance use, many of the identified impacts on children (eg reduced parental emotional availability, disrupted routines, risk of separation, social exclusion and isolation, children taking on a parenting role<sup>2</sup>) are a result of our current policy responses and can be mitigated through improved access to treatment and support. Our attached [policy position](#) summarises the evidence, outlines current responses, and details our position on child safety.

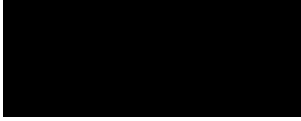
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<sup>1</sup> Department of Communities, Child Safety and Disability Services. n.d. Impact of parental substance misuse on children. Information for early childhood education and care professionals

<sup>2</sup> Moss, Dan., Croke, Ruth., Rollbusch, Nicole., and Lee, Jacquie. 2019. Working with mothers affected by substance use: Keeping children in mind. Emerging Minds. <https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2019/09/27154408/Working-with-mothers-affected-by-substance-use.pdf>

QNADA is pleased to provide further information or discuss any aspect of this submission. Please don't hesitate to contact me at [REDACTED] or by calling [REDACTED]

Yours sincerely



Rebecca Lang  
**CEO**



# Submission to the Child Safety Commission of Inquiry

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*March 2026*



# Systemic Responses: Child Safety



## Position Paper

### What do we mean by systemic responses?

The vast majority of people who use alcohol and other drugs do not experience problematic use and never come into contact with any services for reasons related to their use. This includes specialist health services like alcohol and other drug treatment and harm reduction services, as well as agencies like police, courts, child safety or youth justice. For people who do access specialist AOD treatment, contact with these agencies is associated with a range of adverse outcomes, including:

- increased likelihood of reoffending and recidivism<sup>1</sup>
- increased likelihood of dying prematurely from preventable causes<sup>2</sup>
- limitations upon future employment opportunities<sup>3</sup>
- decreased treatment effectiveness due to heightened stress, disruptions to current treatment and reduced willingness to disclose.

People may also move between these systems at different points in time which can lead to compounding harm, exclusion and disadvantage that has detrimental impacts over the longer term, including by increasing the likelihood of further system engagement, limiting future employment and/or restricting access to secure housing.

While we know that treatment works for people experiencing problems with substance use, and harm reduction strategies are essential to supporting safer use for many others, in practice our policy and legislative responses across systems tend to be targeted at addressing the greater harms experienced by a relatively small, but visible, part of the community. This often results in a focus on more punitive, crisis-oriented responses, which produce a range of negative unintended consequences,, fail to achieve the desired deterrent effect and are not aligned with broader community expectations. For the significant majority, the risk of harm to both themselves and others is increased primarily as a result of the social, policy and legislative responses to their use rather than the substance itself.

Refocusing responses across systems to increase understanding of patterns of alcohol and other drug use and the range of appropriate responses is essential. This must be supported by continued investment in a diverse range of alcohol and other drug treatment and harm

<sup>1</sup> Akpanekpo El, Kariminia A, Srasuebkul P, Trollor JN, Kasinathan J, Greenberg D, Schofield PW, Kenny DT, Gaskin C, Simpson M, Jones J. Criminal justice transitions among adolescents in Australia: A multi-state model. *Journal of Criminal Justice*. 2024 May 1;92:102189.

<sup>2</sup> Kinner, Stuart A., Lucas Calais-Ferreira, Jesse T. Young, Rohan Borschmann, Alan Clough, Ed Heffernan, Scott Harden, Matthew J. Spittal, and Susan M. Sawyer. "Rates, causes, and risk factors for death among justice-involved young people in Australia: a retrospective, population-based data linkage study." *The Lancet Public Health* 10, no. 4 (2025): e274-e284.

<sup>3</sup> Kari Lancaster, Kate Seear, and Alison Ritter, "Reducing Stigma and Discrimination for People Experiencing Problematic Alcohol and Other Drug Use," (Queensland Mental Health Commission, 2017).

reduction services for individuals and families to increase protective factors and maximise opportunities for early intervention. In the majority of circumstances, increased investment in programs and policies which aim to divert away from the justice system entirely are more effective at reducing crime and improving community safety.

## The evidence

QNADA's member services work at the intersection of multiple systems and provide support to people who have had contact with, or are likely to have contact with, child safety services. This includes where concerns have been raised about parental capacity to care and protect, as well as young people who are, or were, the subject of protection orders or other interventions.

The vast majority of people who use alcohol or other drugs do so without problems. For those who do experience problems related to their substance use, this is often situated within a wider context of exclusion and disadvantage, with multiple other issues such as poverty, social isolation, discrimination, over-policing, and housing instability. However, much of the data and research in this area does not differentiate between current, past, problematic and/or dependent use, and is confounded by the presence of these sociodemographic factors.

A report (2022) by the Queensland Family and Child Commission discussed stakeholder concerns about an 'explosion' of problematic substance use, the perceived risk of polysubstance use, apparent increased severity and complexity associated with alcohol and other drug use (among other factors), and a perception that current substance use impacts a parent's ability to consent to parenting agreements<sup>4</sup>, though this does not align with the current evidence base.

Research does indicate, however, that families where problematic substance use is present are more likely to come to the attention of child safety services, to be re-reported, to have children removed from their care, and to have them remain in out-of-home care for long periods of time, than families with the same characteristics but no substance use<sup>5</sup>. The extent to which a person's alcohol or other drug use impacts their capacity to care for their children is influenced by a range of protective factors<sup>6</sup>, including access to relevant resources and support, and nurturing, supportive attachments to family and extended kinship networks<sup>7</sup>. However, stigma and discrimination are key barriers to accessing these protective factors.

The Drug Policy Modelling Program report (2018) highlighted the impact of stigma and discrimination on people experiencing problematic alcohol and other drug use and found that experiences of stigma were common across health, justice, courts, welfare and child safety services, workplaces, family and friends and in the broader community<sup>8</sup>. Additionally, this report found that stigma and discrimination exacerbated inequity, with 'evidence of any kind of drug use often triggered processes with child services,' even in instances where people sought support during periods of personal difficulties<sup>9</sup>. This acts to deter people from seeking help for their substance use and impacts the way that services respond where assistance is sought.

First Nations families and children experience significant stigma and discrimination when they come into contact with the child safety system, including from individual child safety workers, departmental practices, and institutional racism. For example, the concerns raised about the inappropriate use of a discontinued structured decision-making take into account factors like the extended nature of First Nations families, and therefore did not provide an accurate prediction of future risk. Because there were static factors in this tool that related to past experiences and prior contact with the department, it overstated actual risk and meant that it was very difficult for families to subsequently be screened as low risk. This was further exacerbated when substance use is present, due to false assumptions about First Nations people's vulnerability to substance use problems, and failures in adequately considering the protective factors that may be present. Despite the discontinuation of the tool, if this trend is maintained, by 2030, First Nations young people will represent 52.3% of all children subject to an order.

Women, particularly pregnant women, are also harshly treated as a result of stereotypes and the inaccurate perception that they are 'choosing' to preference substance use over the health of their child<sup>10</sup>. The United Nations Office on Drugs and Crime has highlighted that women face multiple additional barriers when accessing alcohol and other drug treatment services including:

- cultural norms, which make it harder for women to acknowledge that their use may be problematic and/or prevents them from leaving their family and home to access treatment
- structural barriers such as a lack of access to childcare, transport and inflexible administrative and service requirements and schedules

4 Queensland Family and Child Commission. 2022. Keeping children in focus: A systematic review of supports delivered to Queensland children and families during Intervention with Parental Agreement.

5 Taplin, Stephanie., and Mattick, Richard. 2011. Child Protection and Mothers in Substance Abuse Treatment. [online] National Drug and Alcohol Research Centre. <https://ndarc.med.unsw.edu.au/resource/child-protection-and-mothers-substance-abuse-treatment>

6 Bromfield, L., Lamont, A., Parker, R. and Horsfall, B. 2010. The co-occurrence of domestic violence, parental substance misuse and mental health problems. NCPIC Issues Paper No. 33. <https://aifs.gov.au/cfca/publications/issues-safety-and-wellbeing-children-families/introduction>

7 Crane, Phil., Buckley, Jeff., and Francis, Cameron. 2012. Youth alcohol and drug good practice guide 1: A framework for youth alcohol and other drug practice. Dovetail, Brisbane, QLD.

8 Lancaster, Kari., Seear, Kate., and Ritter, Alison. 2018. Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use: A report for the Queensland Mental Health Commission, Monograph 26. [https://www.qmhc.qld.gov.au/sites/default/files/downloads/reducing\\_stigma\\_and\\_discrimination\\_for\\_people\\_experiencing\\_problematic\\_alcohol\\_and\\_other\\_drugs\\_ndarc\\_april\\_2017.pdf](https://www.qmhc.qld.gov.au/sites/default/files/downloads/reducing_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drugs_ndarc_april_2017.pdf)

9 Lancaster, Kari., Seear, Kate., and Ritter, Alison. 2018. Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use: A report for the Queensland Mental Health Commission, Monograph 26. [https://www.qmhc.qld.gov.au/sites/default/files/downloads/reducing\\_stigma\\_and\\_discrimination\\_for\\_people\\_experiencing\\_problematic\\_alcohol\\_and\\_other\\_drugs\\_ndarc\\_april\\_2017.pdf](https://www.qmhc.qld.gov.au/sites/default/files/downloads/reducing_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drugs_ndarc_april_2017.pdf)

10 Munro, Gill., Hofman, Lisa., Olaitan, Yinka., and Kendrick, Sarah. 2019. Working with parents affected by alcohol and other drug use: Considering the needs of children in practice. Webinar by Emerging Minds and the National Workforce Centre for child Mental Health. 16 October 2019. [https://aifs.gov.au/sites/default/files/working\\_with\\_parents\\_affected\\_by\\_alcohol\\_and\\_other\\_drug\\_use\\_0.pdf](https://aifs.gov.au/sites/default/files/working_with_parents_affected_by_alcohol_and_other_drug_use_0.pdf)

- experiences of domestic and family violence or mental health issues, as well as past histories of abuse and trauma, which may increase complexity and severity
- punitive attitudes towards mothers and pregnant women who use substances
- fear of losing custody or being required to relinquish care of children to access treatment<sup>11</sup>.

In relationships characterised by domestic and family violence, this is further exacerbated where substance use coercion is present, as a victim's substance use can be used to maintain and exert control by a perpetrator, undermine their mental health and parenting, restrict treatment access and negatively impact recovery. This compounds the risk of statutory intervention and child removal for the mother.

Research also shows that young people who are in, or transitioning from, state care face additional challenges including with respect to early parenting as they are subjected to 'surveillance bias' which means that they are under greater scrutiny than other young parents as they are already known to the child safety system<sup>12</sup>. They also have less access to services or supports to meet their basic needs and a fear of statutory intervention, which impacts help seeking and service engagement.

## Current responses

While most parents who use alcohol and other drugs do so safely with no impact on their capacity to care and protect their children, parental substance use is consistently highlighted as a key child safety concern. Although rates of alcohol and other drug use are declining overall in Australia, in some circumstances, problematic substance use may indicate that a family is experiencing other issues, including poor mental or physical health, domestic and family violence, a lack of social support, and poverty<sup>13</sup>.

Where a parent is experiencing problematic substance use, many of the identified impacts on children, such as reduced parental emotional availability, disrupted routines, risk of separation, social exclusion and isolation, and children taking on a parenting role<sup>14</sup> are a result of our current policy responses and can be mitigated through improved access to treatment and support.

An evaluation (2021) on the outcomes of the current child safety reforms in Queensland found that investment 'must address the issues of equity and access that contribute to the involvement of children, young people and families with the statutory child safety system, including employment, housing, family and domestic violence, mental health and drugs and alcohol.'<sup>15</sup>

Strategies to reduce stigma and discrimination are also critical to ensuring that parents that require support are able to access it. This is because stigma and discrimination can:

- prevent someone from seeking help and support
- increase the likelihood of a person being reported to child safety over suspected child abuse and neglect
- impact the way that any perceived risk is assessed and managed
- affect engagement between child safety services, the family where care concerns have been raised, and any support agencies
- reduce disclosures and the effectiveness of any treatment or support services the person is accessing.

The Queensland Audit Office (2020) called for improved education for mandatory reporters to better understand their obligations, as the high volume of notifications impacts the capacity of the department to perform its functions effectively<sup>16</sup>. Where care concerns have been substantiated, punitive approaches to alcohol and other drug use such as mandated drug testing, forced abstinence or intensive monitoring, only serves to add pressure to families which in turn increases the likelihood of further problems.

The *National Framework for Protecting Australia's Children 2021-2031* recognises the important role that alcohol and other drug services play in early intervention and targeted support for parents<sup>17</sup>. It also emphasises the need to improve trust in services and strengthen the interface between child and family services, and alcohol and other drug treatment and harm reduction service<sup>18</sup>. Working in a child focused way in

11 United Nations, Office on Drugs and Crime. 2018. World Drug Report: Women and Drugs - drug use, drug supply and their consequences. United Nations publication, Sales No. E. 18.XI.9. Vienna, Austria. [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_5\\_WOMEN.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf)

12 Purtell, J., Mendes, P. & Saunders, B.J. (2021) Where is the Village? Care Leaver Early parenting, Social Isolation and Surveillance Bias, *International Journal on Child Maltreatment*, 4: 349-371.

13 Department of Communities, Child Safety and Disability Services. n.d. Impact of parental substance misuse on children. Information for early childhood education and care professionals. <https://www.cyjma.qld.gov.au/resources/dcsyw/protecting-children/info-sheet-8-impact-parental-substance-misuse-children.pdf>

14 Moss, Dan., Crooke, Ruth., Rollbusch, Nicole., and Lee, Jacquie. 2019. Working with mothers affected by substance use: Keeping children in mind. *Emerging Minds*. <https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2019/09/27154408/Working-with-mothers-affected-by-substance-use.pdf>

15 Queensland Family and Child Commission. 2021. Measuring what matters: Evaluating outcomes achieved through the Queensland Child Protection Reform Environment (2014-2020). Brisbane, QLD. <https://www.qfcc.qld.gov.au/sites/default/files/2022-06/Measuring%20what%20matters%20report.pdf>

16 QAO (The Queensland Audit Office). 2020. Family support and child protection system: Report 1: 2020-21. Brisbane, QLD. <https://www.qao.qld.gov.au/sites/default/files/2020-08/Family%20support%20and%20child%20protection%20system%20%28Report%201%2E%80%942020%2E%80%9321%29.pdf>

17 Department of Social Services. 2021. Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031. [https://www.dss.gov.au/sites/default/files/documents/12\\_2021/dess5016-national-framework-protecting-childrenaccessible.pdf](https://www.dss.gov.au/sites/default/files/documents/12_2021/dess5016-national-framework-protecting-childrenaccessible.pdf)

18 Department of Social Services. 2021. Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031. [https://www.dss.gov.au/sites/default/files/documents/12\\_2021/dess5016-national-framework-protecting-childrenaccessible.pdf](https://www.dss.gov.au/sites/default/files/documents/12_2021/dess5016-national-framework-protecting-childrenaccessible.pdf)

alcohol and other drug services can help to:

- highlight and build upon parent and family strengths
- address the impact of parental substance use, and ensure that any problems the child and family are experiencing are addressed
- divert families away from the child safety system and keep families intact
- support a better understanding of the factors that may impact treatment outcomes (such as parental stress)<sup>19</sup>.

### What is meant by patterns of use?

*It refers to "the context, frequency, regularity, and dose of alcohol and other drugs a person uses over time. A person's pattern of use is often assessed to help determine if and what intensity treatment is appropriate. Understanding a person's pattern of use can help to build a picture of level of safety and any potential harms a person might be at risk of (or experiencing) related to their alcohol and other drug use."*

Queensland Alcohol and other Drugs Sector Network (2022) Queensland Alcohol and other Drug Treatment Service Delivery Framework

Evidence also shows that alcohol and other drug treatment services which are gender responsive and provide appropriate support can improve engagement, retention and treatment outcomes<sup>20</sup>. Holistic strategies that consider all the issues a parent is experiencing are key to improving children's social and emotional well-being, with this relationship acting as a strong motivational factor to seek professional help for parents<sup>21</sup>.

While there are some areas of promising practice across Queensland, there are many factors which impact the development of effective collaborative practice at the intersection of the child safety and alcohol and other drug treatment and harm reduction systems. Different conceptual frameworks, aims and practices can cause conflict across sectors in terms of who the client is, what should be prioritised, and the time needed for action<sup>22</sup>. Similarly, tension can occur because of different organisational procedures and ethical stances on the extent to which information can be shared, which reduces the effectiveness of collaboration and impacts trust between organisations and the achievement of client outcomes<sup>23</sup>.

This is particularly relevant when considering how information is shared across agencies within the context of child harm concerns.

While key principles for coordinating service delivery and sharing information under the Child Protection Act 1999 (the Act) emphasise the importance of consent in service provision and information disclosure, this falls short in practice. Our member services have identified multiple issues across the state including:

- the routine use of Section 159N of the Act with respect to information requirements issued by the Department of Child Safety (a discretionary provision). This includes requests for records in the absence of any collaborative discussions about the person's involvement in treatment, which provides limited insight into any assessment of child harm and has flow on effects for service engagement and disclosure for people accessing services. In some instances, it can result in people exiting services early before they have achieved their treatment goals and only serves to increase risk by reducing access to protective supports.
- responses to young people, particularly where they are both a child in need of safety and concerns have been raised about their capacity to care and protect their child (or where they are pregnant or thought to be pregnant). At times this can result intensive and unnecessary statutory responses that would not be enacted if that young person was not already known to the system. As discussed in our [Youth Justice Position Paper](#), contact with the child safety system can lead to further trauma and cause significant harm to children and young people, including increasing their likelihood of engagement with the youth justice system<sup>24</sup> and reduce their willingness to seek support if they need it.
- a lack of apparent action to support young people as children in need of safety where they have been identified as victims of domestic and family violence, or are subject to sexual exploitation, as a result of their care arrangements (including in the context of substance use coercion). A Victorian inquiry by their Children's Commissioner found that there was as an increased risk of sexual exploitation for young people in any type of out-of-home care arrangement and a deterioration in the functioning of all children following their placement in residential care in all the cases they had reviewed<sup>25</sup>.

19 Munro, Gill, Hofman, Lisa., Olaitan, Yinka., and Kendrick, Sarah. 2019. Working with parents affected by alcohol and other drug use: Considering the needs of children in practice. Webinar by Emerging Minds and the National Workforce Centre for child Mental Health. 16 October 2019. [https://aifs.gov.au/sites/default/files/working\\_with\\_parents\\_affected\\_by\\_alcohol\\_and\\_other\\_drug\\_use\\_0.pdf](https://aifs.gov.au/sites/default/files/working_with_parents_affected_by_alcohol_and_other_drug_use_0.pdf)

20 United Nations Office on Drugs and Crime. 2018. World Drug Report: Women and Drugs - drug use, drug supply and their consequences. United Nations publication, Sales No. E. 18.XI.9. Vienna, Austria. [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_5\\_WOMEN.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf)

21 Moss, Dan., Crooke, Ruth., Rollbusch, Nicole., and Lee, Jacquie. 2019. Working with mothers affected by substance use: Keeping children in mind. Emerging Minds. <https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2019/09/27154408/Working-with-mothers-affected-by-substance-use.pdf>

22 Price-Robertson, Rhys., Kirkwood, Deborah., Dean, Adam., Hall, Teresa, Paterson, N., and Broadley, Karen. 2020. Working together to keep children and families safe: strategies for developing collaborative competence. Child Family Community Australia, Paper No. 53. [https://aifs.gov.au/sites/default/files/publication-documents/2001\\_cfca\\_working\\_together\\_to\\_keep\\_children\\_and\\_families\\_safe\\_0.pdf](https://aifs.gov.au/sites/default/files/publication-documents/2001_cfca_working_together_to_keep_children_and_families_safe_0.pdf)

23 Price-Robertson, Rhys., Kirkwood, Deborah., Dean, Adam., Hall, Teresa, Paterson, N., and Broadley, Karen. 2020. Working together to keep children and families safe: strategies for developing collaborative competence. Child Family Community Australia, Paper No. 53. [https://aifs.gov.au/sites/default/files/publication-documents/2001\\_cfca\\_working\\_together\\_to\\_keep\\_children\\_and\\_families\\_safe\\_0.pdf](https://aifs.gov.au/sites/default/files/publication-documents/2001_cfca_working_together_to_keep_children_and_families_safe_0.pdf)

24 Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited. 2023. Youth Justice: Position Paper. [https://coe.qatsicpp.com.au/wp-content/uploads/2023/05/CoE-YJ-Position-Paper\\_2023.pdf](https://coe.qatsicpp.com.au/wp-content/uploads/2023/05/CoE-YJ-Position-Paper_2023.pdf)

25 Commission for Children and Young People. 2015. "...as a good parent would..." Inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation while residing in residential care. Melbourne, VIC. <https://ccyp.vic.gov.au/assets/Publications-inquiries/as-a-good-parent-would.pdf>

Because of these compounding harms, efforts to keep children safely at home must be prioritised<sup>26</sup>. For First Nations people this includes a genuine commitment to promoting and progressing the implementation of all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) which prioritises:

- protecting the rights of children to grow up in family, community and culture through addressing the causes of child safety intervention (Prevention)
- genuine participation of community representatives in service design and delivery, as well as case decisions (Partnership)
- placing children in out-of-home care in accordance with the established placement hierarchy (Placement)
- ensuring participation of children, parents and family members in decisions regarding the care and safety of their children (Participation)
- maintaining and supporting connections to family, community, culture and country for children in out-of-home care<sup>27</sup>.

While all governments have committed to reducing the over-representation of Aboriginal and Torres Strait Islander children in the child safety system through National Closing the Gap targets, a report by the Australian Productivity Commission (2023) has found that 'change is not occurring, accountability is limited' and that 'progress is falling short of envisaged expectations'<sup>28</sup>. This highlights the critical importance of strong cross-sectoral governance and leadership, that prioritises the involvement of peaks, community-controlled services, and other non-government organisations at all levels of planning and system design.

By reorientating our approach to addressing the social, cultural, and structural determinants of health, we can also work towards reducing the well-documented harms associated with contact with the child safety system, and collectively achieve better outcomes for children, young people, families and the broader community.

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<sup>26</sup> AIHW (Australian Institute of Health and Welfare). 2021. Young people in out-of-home care. Canberra, ACT. <https://www.aihw.gov.au/reports/children-youth/young-people>

<sup>27</sup> [Practice Wisdom - OATSICPP](#)

<sup>28</sup> Productivity Commission (2023) Review of the National Agreement on Closing the Gap Draft Report. Australian Government.

## QNADA's position

### It is our view that:

- Policy and legislative responses must focus on addressing the social, cultural and structural factors that elevate the risk of a family coming into contact with the child safety system, such as poverty, homelessness and family violence. This extends to acknowledging and addressing the impact of stigma and discrimination, and institutional racism on the design and implementation of the system.
- To enable effective multi-agency collaboration, statutory entities like child safety need to understand that their legislative role means they are not well placed to provide case management support. An effective cross system response would recognise non-government service providers are better positioned to provide intensive case management and support and have the specialist skills to do so.
- To be effective, services must be delivered in a way that prioritises choice, confidentiality, and consent. Continued investment is also needed to improve the availability, accessibility, and acceptability of voluntary alcohol and other drug treatment services including to ensure programs are child-focused and accessible to parents.
- Implementation of the principles in *Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families* will positively contribute to both system improvement and achieving the Closing the Gap targets. Aboriginal and Torres Strait Islander Community Controlled responses are critical in improving outcomes for children and families.
- Current approaches to data collation and reporting around alcohol and other drug use must be improved, including to ensure that it appropriately reflects a more nuanced understanding of patterns of use.