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on AOD Workforce Development*



Development of a Family Inclusive Framework

**Australasian Therapeutic Communities
Conference 2013**

16 October 2013

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Our Roles

**Research
Generation**

**Research
synthesis**

**Research
translation**

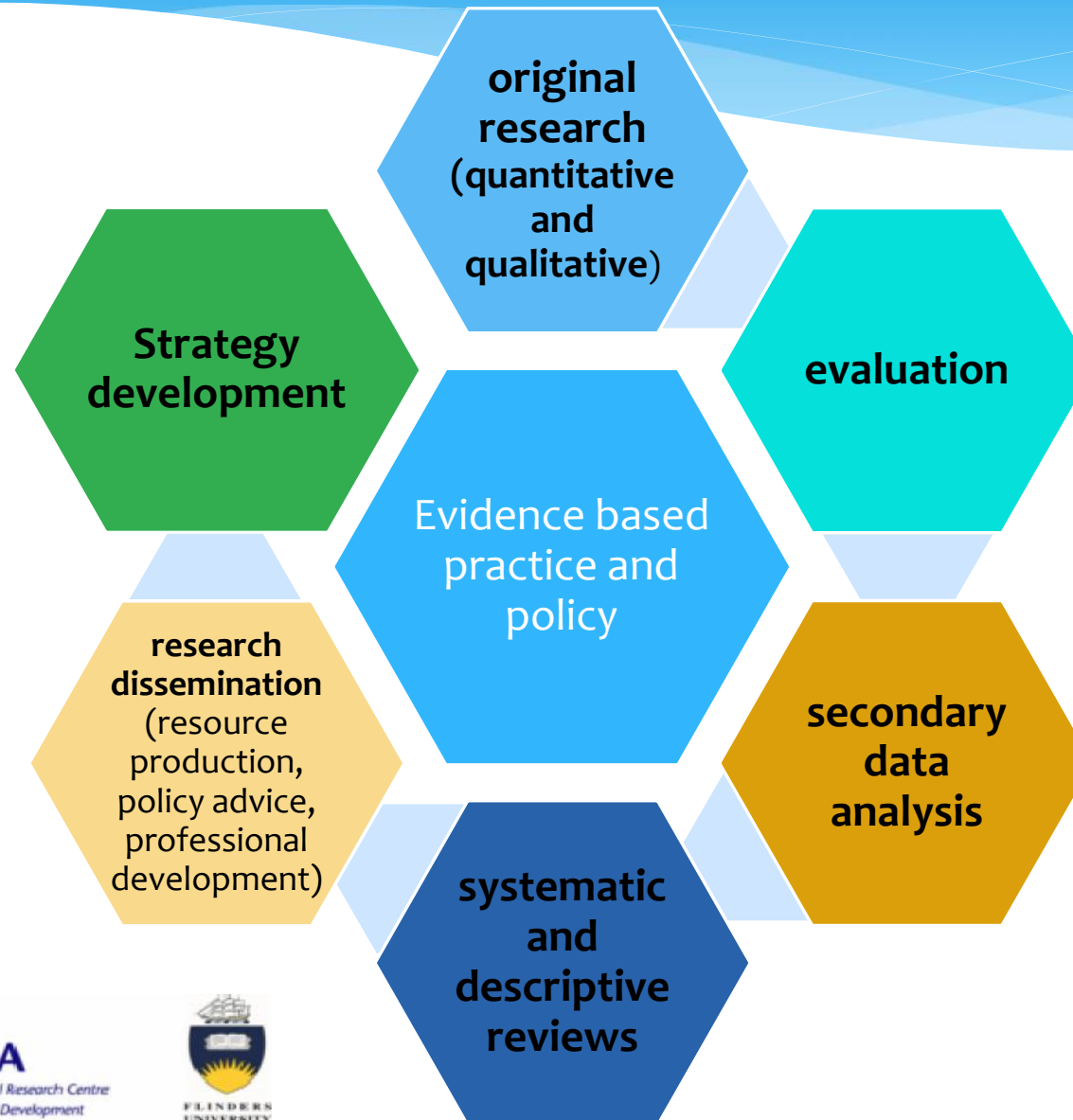
**Facilitating
research-
policy/
practice
transition**



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Our Activities



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Background

- * International estimates - 10% of children are exposed to alcohol and other drug misuse (Dawe et al., 2007).
- * International research - substance abuse implicated 50% + of families identified by child and protective services (Dawe et al., 2007).
- * Australian estimates - 10% to 13% of children are affected by parental alcohol or other drug misuse (Jeffreys et al., 2008; Nicholas, 2009).
- * One Australian report - up to 80% of child protection notifications involved concerns about parents affected by AOD misuse (Ainsworth, 2004).

Rationale

Relatively few AOD programs consider the needs and development of children and adolescents, or provide for the care of children, whilst parent/s are in counselling or treatment programs.

There is:

- * Increased focus on the interrelationship between sectors such as:
 - * Alcohol and other drugs (AOD)
 - * Child and family welfare, child protection
 - * Family/domestic violence.

Reflected in national AOD policies and policies related to protection and wellbeing of children and family support.

Definition

“... raising awareness of the impact of substance abuse upon families, addressing the needs of families, and seeing the family – rather than an individual adult or child – as the unit of intervention. It necessitates identifying and addressing the needs of adult clients as parents, as well as the needs of their children, as part of treatment and intervention processes, in order to ensure that as parents they are supported and child wellbeing and safety is maintained” (Battams, Roche, Duvnjak, Trifonoff, & Bywood, 2010).

Child & Family Sensitive Policy & Practice

Goes beyond treatment to consider:

- * Workforce practices
- * Organisational processes and procedures
- * The wider AOD service system
- * Public health, preventative approaches.

Doesn't rely on one particular practice model:

- * Can be built into existing practices
- * Is not and does not replace family therapy.

Key Issues

AOD services are moving to a child and family sensitive policy and practice framework because parental AOD use:

- * Is an important contributory factor in child abuse and neglect notifications
- * Is a factor in 50-80% of substantiated cases
- * Often coexists with other risk factors (e.g., domestic violence, mental illness).

Key Elements

- * Broaden adult-focused services that are ‘child sensitive’
- * Expand child-focused services that are ‘parent sensitive’
- * Stronger collaboration between ‘child’ and ‘adult’ services working with families with multiple and complex needs

(O'Donnell et al, 2008).

Comprises

- * Strategies in adult-focused services to ensure clients' children receive appropriate support
- * Extending the capacity of all services to integrate work with child and family services
- * Both individual and family treatment approaches
- * Changes in:
 - * Workforce practices
 - * Workplace policies
 - * Across the organisation
 - * Systems and services.



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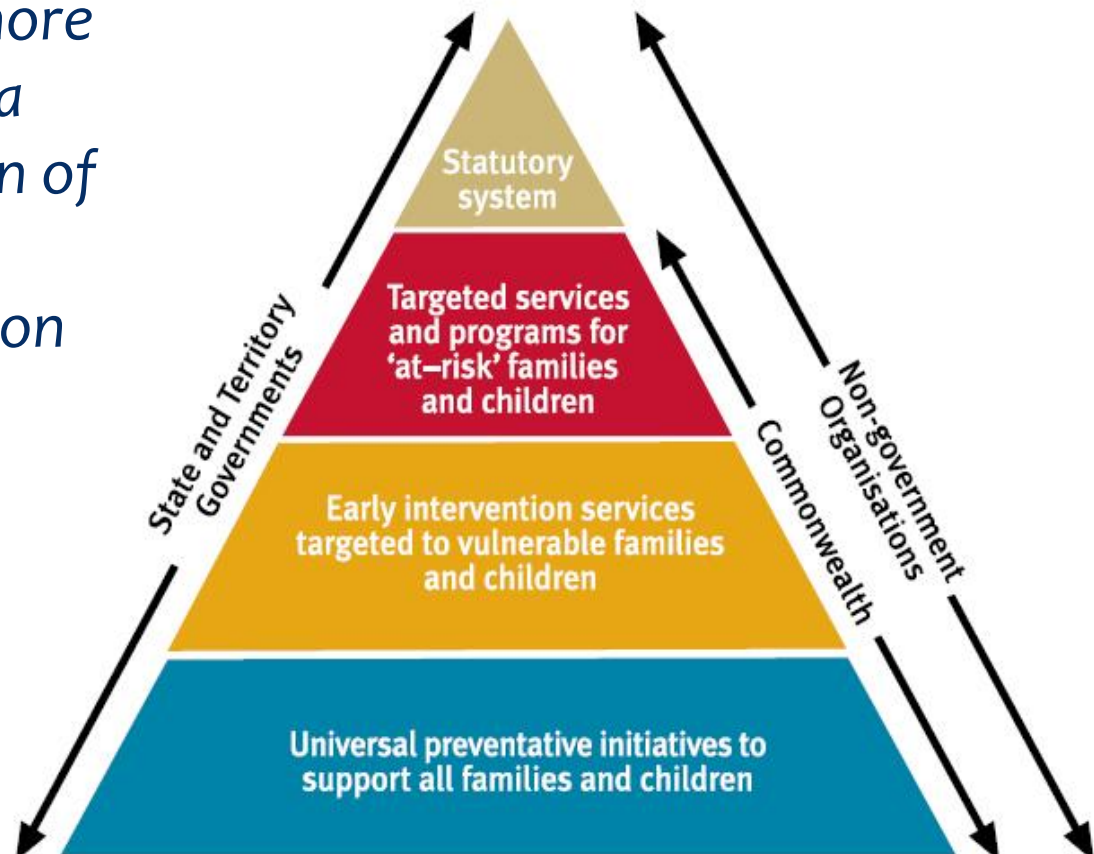
Requires

- * Policy frameworks
- * Whole of and inter-governmental collaboration
- * Population-based responses
- * Integrated primary, secondary and tertiary prevention strategies
- * Evidence-informed, family centred and relationship-based service delivery models.
- * A redefinition of practitioners' roles to enable child and family sensitive practice to become part of their core role.

The Policy Framework

...as a health system is more than hospitals so too a system for the protection of children is more than statutory child protection services.

COAG (2009)



A system for protecting children (COAG, 2009)

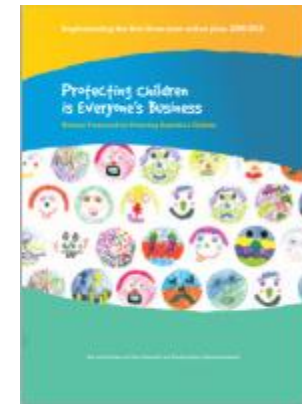
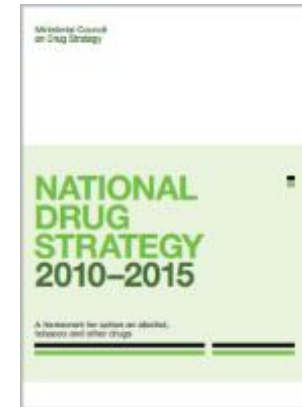
National Policy Frameworks

National Drug Strategy 2010-2015 – MCDS endorsed:

- * Addresses child and family sensitive practice
- * Calls for closer working relationships with child and family services.

National Policy Framework for Protecting Children 2009-2020 – COAG endorsed:

- * Substantially enhances collaboration between:
 - * The Commonwealth government
 - * State and Territory governments
 - * Non-government organisations (NGOs).



Challenges

MARLETTE



**"My parents say if they ever catch me doing drugs, they'll kill me.
But I don't know if that's them or the alcohol talking!"**



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Client Complexity

The most common co-occurring presenting problems of parents involved with AOD services are:

- * Mental health issues
- * Family violence
- * Homelessness
- * Child abuse and neglect.

Many present with more than one problem and so have more than one worker/service.

Ethical Dilemma of Deservingness

What are the social justice implications of providing care to individuals with stigmatised conditions?

Provision of health care (for example) represents a dilemma of social justice (equitable access to high quality care) and distributive justice (high quality care is a scarce resource).

Judgements of deservingness relate to the justice or fairness of an outcome:

- * A just and deserved outcome likely to be viewed with satisfaction and approval
- * An unjust and underserved outcome will be met with disapproval and displeasure.

(Skinner, Freeman, Feather and Roche, 2007)

Challenges - Systems Issues

Relationships between adult specialist services (e.g., AOD) and health, education and social services have been described as inadequate in many child protection and child death reviews.

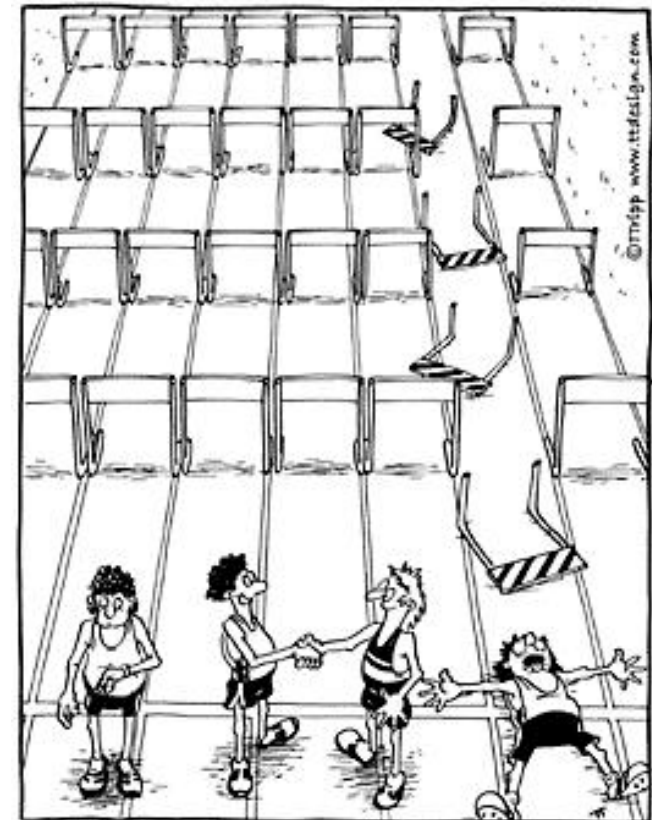
Adult services that could address parental problems have traditionally not:

- * Been aware of whether adult clients are parents
- * Considered their clients' parental role and the needs of children
- * Legitimised workers engagement with family and children.

Potential Barriers to Change

- * *Service system* – resources, policies
- * *Political environment* – ideology
- * *Social environment* – disadvantaged groups
- * *Educational environment* - curricula
- * *Practice environment* – time, resources, organisational structure
- * *Practitioner* – knowledge, beliefs, attitudes
- * *Patient/client* – demands, perceptions

The Novice



Challenges - Silos

Program and practice silos create barriers:

- * Ethical (information sharing, disclosure, notification)
- * Conceptual (client, patient, victim, risk)
- * Professional (values)
- * Organisational e.g.
 - Client? = child, adult, family, community
 - Single input services based on categorical funding.

Role Legitimacy & Role Adequacy

- * Role adequacy addresses a professional's sense of self-efficacy.
- * Role legitimacy concerns their perceived boundaries of professional responsibility.
- * Best predictors of role legitimacy and role adequacy are:

Support and AOD education.

(Skinner, Roche et al., 2005)

Role definition

Role definition	Practice implication
Core role only	<p>“It’s not my concern”</p> <p>No engagement with child and family sensitive practice</p>
Core role plus assessment of ‘other needs’	<p>“It’s a concern but someone else’s job”</p> <p>Minimal engagement leading to referral</p>
‘Other needs’ incidental but unavoidable	<p>“Not my core role but I have to do it”</p> <p>Willing to address issues where they impact on client needs</p>
‘Other needs’ intrinsic part of core role	<p>“It’s part and parcel of my job”</p> <p>Engaged with child and family sensitive practice</p>

Adapted from: Scott, D. 'Think Child, Think Family': How Adult Specialist Services Can Support Children at Risk of Abuse and Neglect. Family Matters. 2009: 37-42.

Organisational Barriers

Organisational barriers include:

- * Inadequate access to relevant resources, strategies, education and training
- * Lack of appropriate intake and assessment questions
- * Insufficient intra-agency linkages
- * Limited information exchange
- * Undefined treatment plans/goals
- * Competing priorities.

Opportunities/Future Priorities



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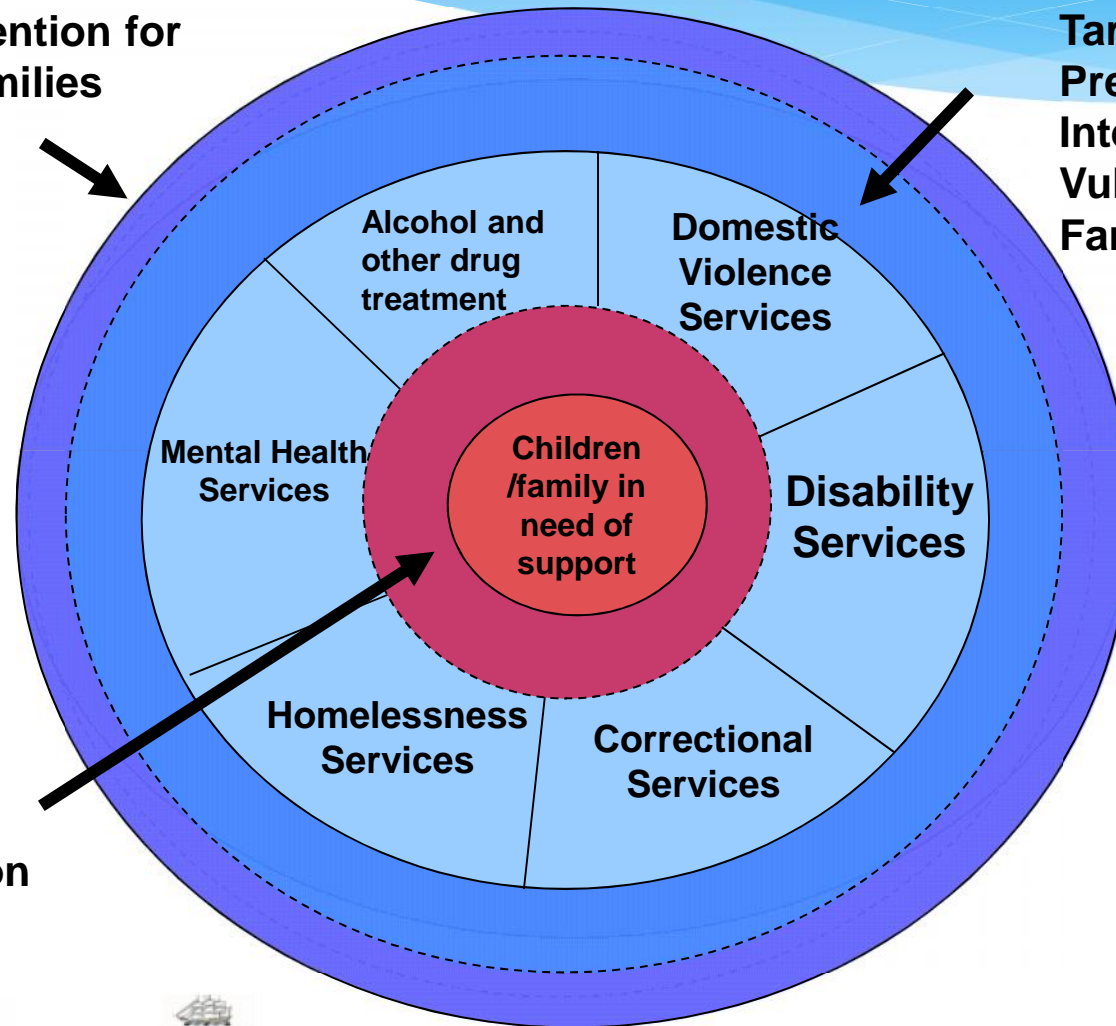


System Redesign

**Universal Prevention for
all Children/Families**

**Targeted
Prevention and
Intervention for
Vulnerable
Families**

**Child Protection
Intervention**



UK 'Think Family' Core Elements

- * **No 'wrong door'** (contact with any service offers an open door to joined up support)
 - * **Look at the whole family** (services take into account family circumstances and adult services consider clients as *parents*)
 - * **Build on family strengths** (relationship and strength based engagement)
 - * **Provide support tailored to need** (not one size fits all)
- (http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx)

Multi-pronged Workforce Development Approach



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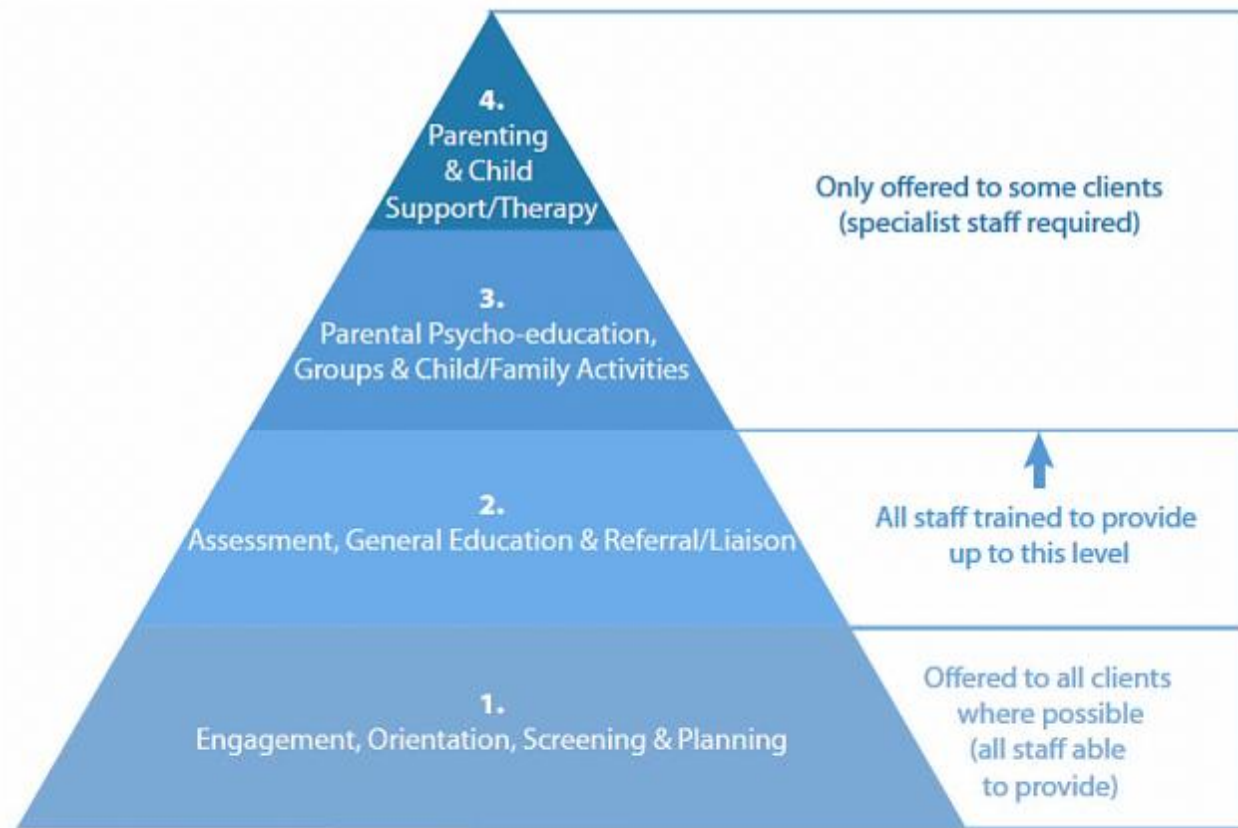


Workforce Development Approach

Includes:

- * Ongoing policy changes at all levels.
- * Improved collaboration between organisations.
- * A skilled workforce of service professionals who practice in a range of disciplines, both child and adult focussed who have the:
 - * skills to identify where support is needed and
 - * ability to work with other professionals to support the provision of effective and responsive services to their clients in the context of their family situation.

Pyramid of Family Care/Needs



Source: Gruenert, S & Tsantefski, M. Responding to the needs of children and parents in families experiencing alcohol and other drug problems. Prevention Research Quarterly. 2012; 17.

Family Domestic Violence

The term “family and domestic violence” (FDV) captures a wide range of abusive behaviours that occur in the context of intimate and family relationships. It may involve:

- * Spouses/de-facto partners
- * Ex-partners
- * Children
- * Siblings
- * Parents/caregivers
- * Same sex relationships.

FDV: Research Findings

- * It is estimated that alcohol contributes to 50.3% of all partner violence, and 73.0% of physical partner assaults (Laslett et al., 2010)
- * Previous research has indicated that abusive males who have a substance problem, including alcohol, inflict more frequent violence, more serious injury and have a higher likelihood of inflicting sexual violence against their intimate partner than those without a substance use problem (Browne, 1997 cited in Mouzos & Makkai, 2004).

Who Experiences FDV?

Women

- * Between 41-80% in AOD treatment experienced violence
- * 4-40% in FDV programs report AOD problems (USA figures)
- * FDV likely to feature in background of majority in AOD programs.

Men

- * % of male AOD clients who use or suffer from FDV is unknown
- * Based on current indicators likely to be substantial
- * Approximately 2/3 seeking AOD help are male
- * Important opportunity exists to engage with men and help them break the cycle

Who Experiences FDV?

Aboriginal and Torres Strait Islander people

- * Substantially over-represented in AOD treatment, FDV and child abuse and neglect data.

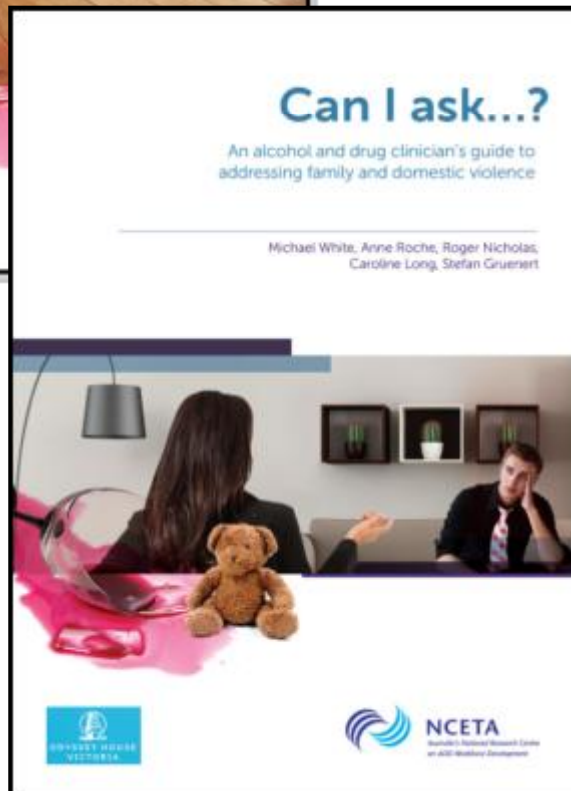
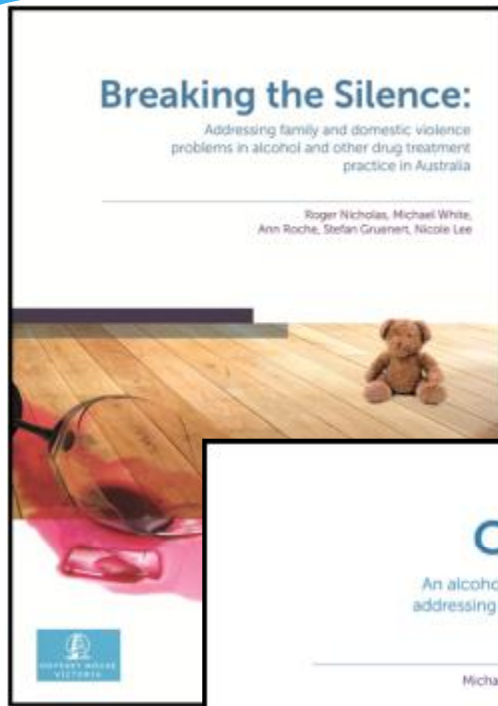
Children

- * Affected by witnessing and exposure to violence.

AOD Sector Response:

- * Expanded education and training aimed at building AOD workforce capacity re FDV
- * Develop organisational checklist(s) to ensure child and family sensitive policies and procedures are in place (including explicit questions on FDV)
- * Regularly review organisational procedures
- * Include parenting roles/responsibilities in assessment tools
- * Ensure clinical supervision captures the needs of clients as parents and the needs of their children.

NCETA FDV Resources



NCETA and Odyssey House (Vic) developed two publications:

- that address the need for a comprehensive approach to addressing family and domestic violence (FDV) across the broader welfare system
- support the implementation of National and AOD sector policies

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Conclusion

Strategies to support the development of a child and family sensitive policy and practice framework may include:

1. Evidence-based policy and practice responses
2. Organisational awareness of family issues
3. Prioritising safety
4. Coordination of services
5. Policies and systems
6. Standardised response frameworks
7. Broad-based rather than single issue focused interventions
8. Access to highly skilled practitioners as required
9. Targeted workforce development
10. Monitoring, accountability and evaluation.



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Where to From Here?

Progress to date has been:

- * Between AOD and child/family services
- * Between AOD and FDV services (incorporating some child/family services).

Future work in relation to developing a comprehensive child and family sensitive framework will need to consider multi-sectoral approaches.



Thank you

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