

# Enhancing inter-sectoral practice between alcohol and other drug services and the child and family welfare sector

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## CHILD AWARE APPROACHES CONFERENCE

Sharing, Building and Recognising Child Aware Innovation

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Presenter  
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# Presentation Overview

Growing recognition that no one service can meet all clients' needs, especially those with multiple and complex needs.

Inter-sectoral practice or collaboration is seen as one of a number of essential mechanisms to address clients' needs (COAG 2009; Winkworth & White 2010).

Recently, intersectoral resources to support child and family sensitive practice in AOD have been developed.

Inter-sectoral resources can support the development of collaborative practice through:

- Developing common language
- Clarifying expectations across practice silos
- Identifying key players and resources
- Disseminating information in relation to policy and practice.

This presentation will discuss child and family sensitive practice and explore some of the processes involved in co-developing resources for sectors with different philosophical orientations, values and perspectives.



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# Defining Child & Family Sensitive Practice

*“...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).



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# 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.



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# Children and family members needs

- \* Historically, relatively few AOD programs considered the needs and development of children or provided for the care of children whilst parent/s in counselling or treatment programs.
- \* Whilst AOD sector well aware of the impact of co-occurring issues on clients - traditionally perceived through the lens of and with interventions focussed on the individual.



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# Impact

- \* Abuse and neglect may cause long term, devastating impacts on children including:
  - \* developmental delay
  - \* relationship, physical health, behavioural and educational difficulties
  - \* serious lifelong mental health issues including problematic AOD use.



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# Child abuse and neglect – costs



Nationally, approximately **\$3 billion** was spent on child protection and out-of-home care services in 2011-12,



Since 2007-08, the national expenditure on child protection and out-of-home care services has shown an average annual **increase of 7.5%**



Approximately **\$1.16 billion** spent on child abuse prevention across all government departments in 2007–08 (AIFS, 2013).



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# Why develop inter-sectoral resources?

- \* Growing awareness of impact of clients' AOD use on their family.
- \* A developing body of research and practice highlights the:
  - importance of relationships between client and family members to treatment outcomes, and the health and wellbeing of their family, particularly children
  - need to address complex issues by better collaboration across a range of service sectors.
- \* Now increased focus on the interrelationship between AOD, child and family welfare and child protection and family/domestic violence. Reflected in:
  - national policies related to AOD, the protection and wellbeing of children and family support
  - development of AOD child and family sensitive practice.



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# Client complexity

most common presenting problems



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# Prevalence of Abuse and Neglect

- \* In 2010-2011 Australian child protection services:
  - \* received more than 160,000 notifications.
  - \* almost 40,000 were substantiated
  - \* nearly 38,000 children in out-of-home care (a decline of 7% since 2006-2007).
- \* Indigenous children are significantly over-represented in:
  - \* notifications (X 8)
  - \* substantiations (X 9)
  - \* placements in out-of-home care (X 10) (AIHW 2011).



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# Systems issues

Relationships between adult specialist services and health, education and social services described as inadequate in many child protection and child death reviews.



Adult services that address parental problems have traditionally not:

- been aware of whether the adults using their services have children
- taken into consideration their clients' parental role and the needs of children.



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# Silos

Program and practice silos create barriers



## Ethical

information sharing, disclosure, notification



## Conceptual

client, patient, victim, risk



## Professional (values)



## Organisational

- Client = child, adult, family, community
- Single input services based on categorical funding



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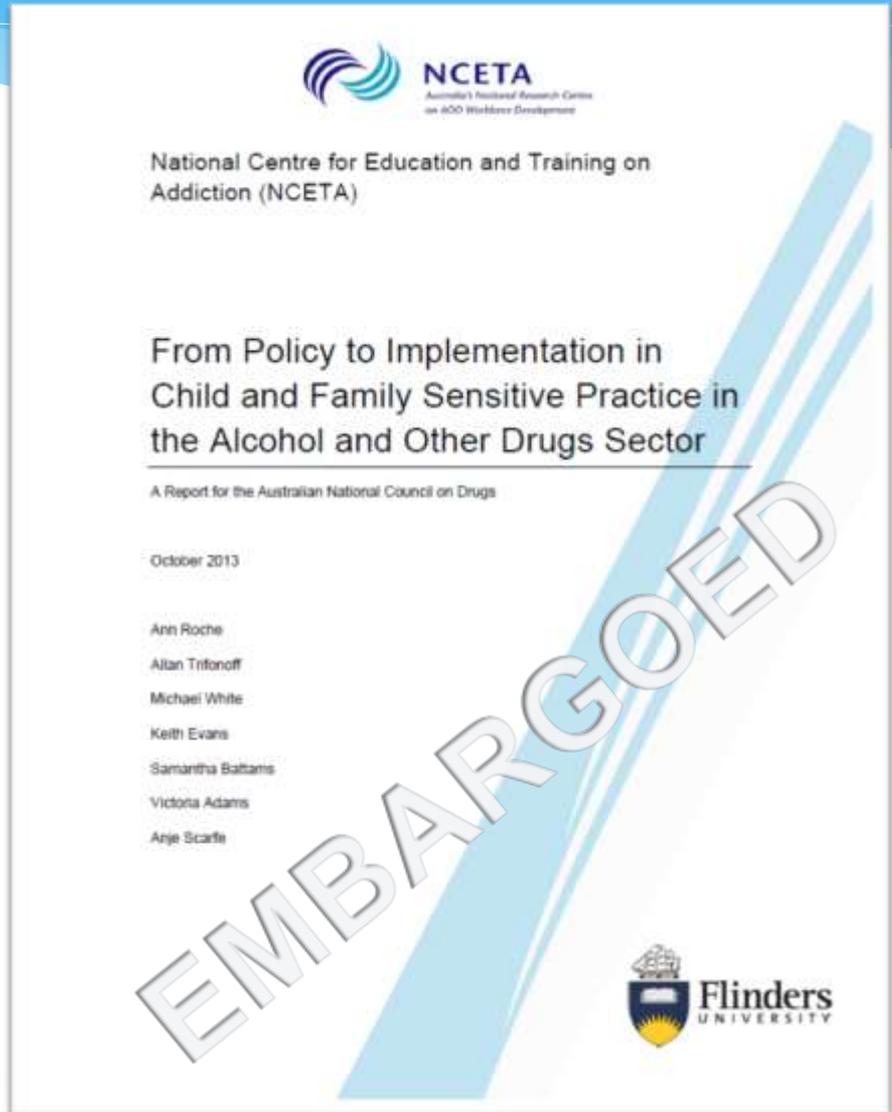
# Children as Clients Project

Most recent research

Funded by:

Australian National  
Council on Drugs

- \* Ann Roche
- \* Allan Trifonoff
- \* Michael White
- \* Keith Evans
- \* Samantha Battams
- \* Victoria Adams
- \* Anje Scarfe



# Children as Clients Project

## Methodology

Semi-structured qualitative interviews with service provider managers, policy makers and key stakeholders in AOD and child welfare policy arenas (purposive sampling)

- AOD (n=14)
- child welfare/protection (n=4)

In relation to:

- \* understanding of and involvement in child and family sensitive policy and practice
- \* barriers and facilitators to the implementation of policy and practice
- \* exemplars of best practice.



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# Key issues (1)

<b>Understanding child &amp; family sensitive practice</b>	<b>Child &amp; family sensitive practice generally well understood &amp; supported - alternative terms (e.g. “family inclusive practice”)*.</b>
<b>Historical context</b>	While the term ‘child and family sensitive practice’ was relatively new, its underlying principles had been a part of some practices for many years. <b>However, some services continue to adhere to the historical philosophy of solely treating individual clients*.</b>
<b>Policy issues</b>	Policies play a vital role in guiding the implementation of child & family sensitive practice. <b>Few national policy initiatives that specifically recognise the needs of children and families*.</b> <b>Limited understanding of how these policies could be implemented in practice*.</b>



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# Key issues (2)

## Government vs. non-government organisations

Government services seen as less flexible and more constrained in terms of their ability to change their service delivery models in response to emerging needs and issues\*.

## Aboriginal and Torres Strait Islander service provision

Aboriginal and Torres Strait Islander services often work in child & family sensitive ways, but have difficulty in recruiting appropriately trained staff\*.

Limited funding to support child & family sensitive practice.

Costs often borne by the services.



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# Child and family sensitive policies International, national and state/territory

## United Nations Convention on the Rights of the Child (UN CROC)

## Family Law Act 1975 (Cth)

### National Drug Strategy 2011-2015

### National Framework for Protecting Australia's Children 2009-2020

#### NSW

- Protecting Children and Young People Policy Directive
- Family Inclusive Practice Policy
- Keep Them Safe Whole-Family Teams
- Supporting Families Early Packages
- SAFE START Strategic Policy
- MCH Primary Health Care Policy Child Wellbeing & Child Protection –
- NSW Interagency Guidelines
- Child Protection Issues for Mental Health Services

#### NT

- Stronger Communities for Children
- AOD Program Strategic Directions Priority Action 3: Targeting Smoking, Alcohol and Substance Abuse

#### SA

- South Australian Drug Strategy, Priority Action 3
- Information Sharing Guidelines

#### VIC

New Directions for Alcohol and Drug Treatment – A Roadmap

#### ACT

ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014

#### QLD

Qld Drug Action Plan Priority Area 3 (Reducing harm to families)

#### TAS

- Future Directions plan
- Tas Opioid Pharmacotherapy Program, Policy and Clinical Practice Standards S. 5

#### WA

- Working with Families Drug and Alcohol Interagency Strategic Framework
- Policy Framework for Reducing the Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants

# Some Barriers

<b>Role delineation*</b>	Clinicians often unclear about their responsibility to other family members & whether using a client's family as a motivating factor in treatment is good practice.
<b>Worker confidence*</b>	Many practitioners may lack the necessary skills & confidence to implement child & family sensitive practice.
<b>Training*</b>	Appropriate, funded, accessible & quality training not widely available.
<b>Inter-sectoral barriers</b>	Different values & siloed funding arrangements affect communication & cooperation between sectors.
<b>Gender issues</b>	Women with children may be reluctant to approach services for fear of losing their children.
<b>Perceptions of risk*</b>	Managers of AOD services often reluctant to implement novel practices due to perceived future risks.
<b>Mandatory reporting*</b>	Workers often hesitant to address issues which could result in a mandatory reporting obligation – fear undermining their relationship with the client.
<b>Clinical supervision*</b>	Relevant clinical supervision often not available.

# Some Facilitators

## Skilled staff

Wide variation in AOD workers' qualification levels. Specialist qualifications or training in child & family sensitive practice may be necessary for workers to implement child & family sensitive practice.

## Staff dedication

Staff that are engaged with, & committed to, child & family sensitive practice are essential to embed it within the organisation.

## Clinical supervision

Supervision is important:

- To develop & sustain child and family sensitive practice
- For strengthening inter-agency partnerships.

## Champions\*

Champions at sectoral & organisational levels are important in promoting child & family sensitive practice.



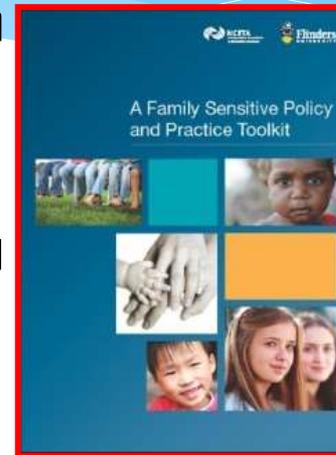
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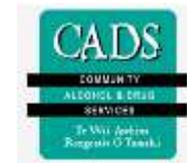


# Recent examples of intersectoral resources

Child and Family sensitive practice resources

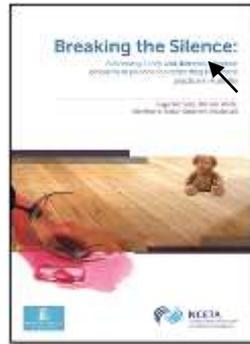


Child & Adolescent Mental Health Service (CAMHS)



# Domestic Violence Resources Development

## Key stakeholder relationships



# Learnings from Developing intersectoral resources

- \* Developing intersectoral resources is not simple, it takes time and commitment from many individuals and organisations
- \* Negotiating the ‘border country’ between sectors and disciplines can be complex
- \* However, these resources can provide an important point of engagement for developing inter-sectoral practice
- \* At present there is limited research and/or evaluation of such resources
- \* More research and evaluation of their development and implementation is required.



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# Learnings from Developing intersectoral resources

## Critical success factors:

- \* Key stakeholder engagement
- \* Funding
- \* Time
- \* Patience
- \* Negotiation
- \* Evidence – from all the engaged sectors
- \* Validation of different world views - balance of voices

# Conclusion

1. General support for child & family sensitive practice.
2. To support the further implementation of child & family sensitive practice there is a need for:
  - \* Improved communication & cooperation within & between sectors
  - \* Consistent national & jurisdictional policy frameworks that support child & family sensitive practice
  - \* Appropriate management and organisational support
  - \* Contractual obligations
  - \* Training & professional development
  - \* Clinical supervision
  - \* Culturally sensitive and appropriate practice.
3. The development of intersectoral resources is one strategy to support change.



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# Thank you



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