



ODYSSEY HOUSE
VICTORIA

Kids in Focus

The pointy end of the stick

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Odyssey House Victoria

- ❖ Established in Victoria 1979
- ❖ Provides opportunities for change and growth by reducing alcohol and other drug use, improving mental health, and reconnecting people to family and community
- ❖ Services include:
 - Short and long-term residential rehabilitation including family program at the therapeutic community
 - Odyssey Institute - accredited training
 - Child and family programs
 - “Nobody’s Clients” 2002-2004
 - Counting the Kids 2004-2010
 - Kids in Focus 2010-present



The Royal Woman's Hospital Woman's Alcohol & Drug Service (WADS)

- ❖ The major provider of obstetric care to substance using women in the state of Victoria
- ❖ Most WADS referrals were to Child protection or Child First
- ❖ The hospital has never had an outreach position
- ❖ To the best of our knowledge, this is the only example of a partnership between an obstetric provider and an alcohol and other drug treatment service



Background

- ❖ Majority of women with problematic substance use are mothers
- ❖ 5% is a consistent estimate of illicit drug use in pregnancy in Australia, the U.S. and the U.K.
- ❖ Many women come to the attention of child protection services in the perinatal period
- ❖ Various Australian states and territories have introduced legislation permitting pre-birth notifications
- ❖ A major provider of obstetric services in WA recently reported a doubling of newborns entering the child protection system upon discharge from hospital



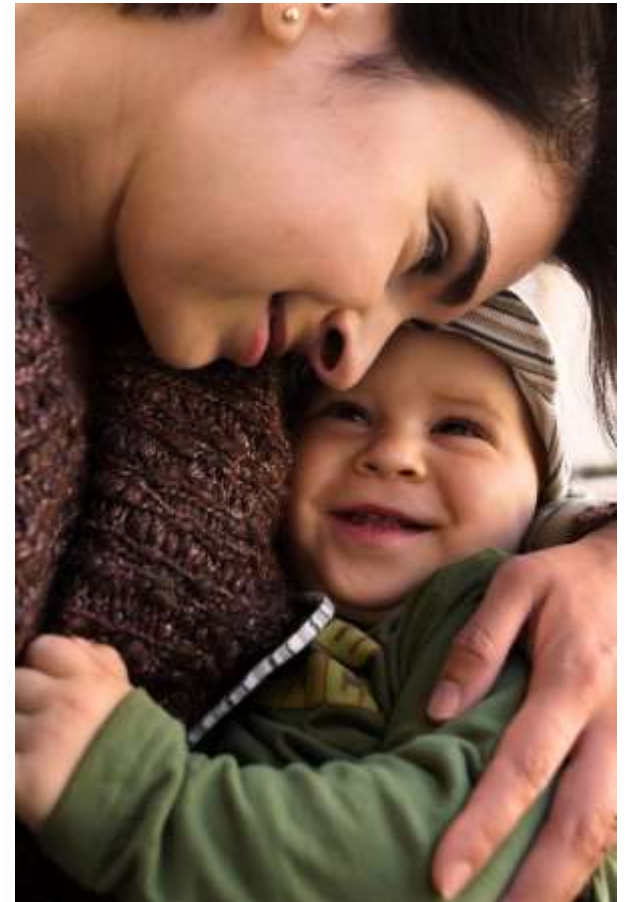
Background

- ❖ Infants of parents with problematic substance use are not only likely to be notified at an earlier age (often following domestic violence), they are more likely to be removed from parental care and to not be reunified
- ❖ Children and families are more likely to be renotified
- ❖ Comprise approximately 50% of children in child protection and 80% of children in out-of-home care
- ❖ Without a change in circumstances, future pregnancy is equally, if not more likely, to result in further removal of children from maternal care



KIF & WADS Partnership

- ❖ Kids in Focus has established a partnership with The Royal Women's Hospital, Women's Alcohol and Drug Service (WADS)
- ❖ KIF funds an outreach Social work position within the WADS program
- ❖ Started as a 12 month pilot program in 2015
- ❖ Being evaluated by Griffith University





Aims

- ❖ The aim is to:
- ❖ Improve Woman's engagement with the Specialist services at the WADS clinic
- ❖ Decrease AOD misuse
- ❖ Improve birth and pregnancy outcomes
- ❖ Decrease Child protection involvement
- ❖ Increase likelihood of infant discharge to mother's care
- ❖ Provide "warm referral" to specialist AOD family services





Snapshot

- ❖ Currently KIF works with 39 families (17 are WADS referrals)
- ❖ Another 11 referrals from WADS not yet allocated
- ❖ Of the 39 Families: 39 Mums, 25 fathers & 99 Children
- ❖ 17 families out of 39 identify as Aboriginal and
- ❖ 24 adults have their own childhood CP history
- ❖ 30 families identified having D/FV in their childhood
- ❖ 34 have diagnosed M/H issues
- ❖ 35 Families report current D/FV
- ❖ 33 families identify intimate partner as perpetrator (2 identify woman as perpetrator)
- ❖ 25 families are engaged in justice system
- ❖ 30 have financial hardship



Presenting Issues

- ❖ Changes in drug use patterns
- ❖ Increase in drug-induced psychosis, including paranoia
- ❖ Increased rates of violence with greater severity



Social Work Outreach

- ❖ Traditionally WADS provided hospital-based social worker until infant discharge
- ❖ The WADS outreach Social Worker continues working with family after until specialist AOD family services, KIF, can accept referral
- ❖ Social Work Outreach worker is employee of WADS, she attends KIF team meetings
- ❖ Client load is shared with KIF



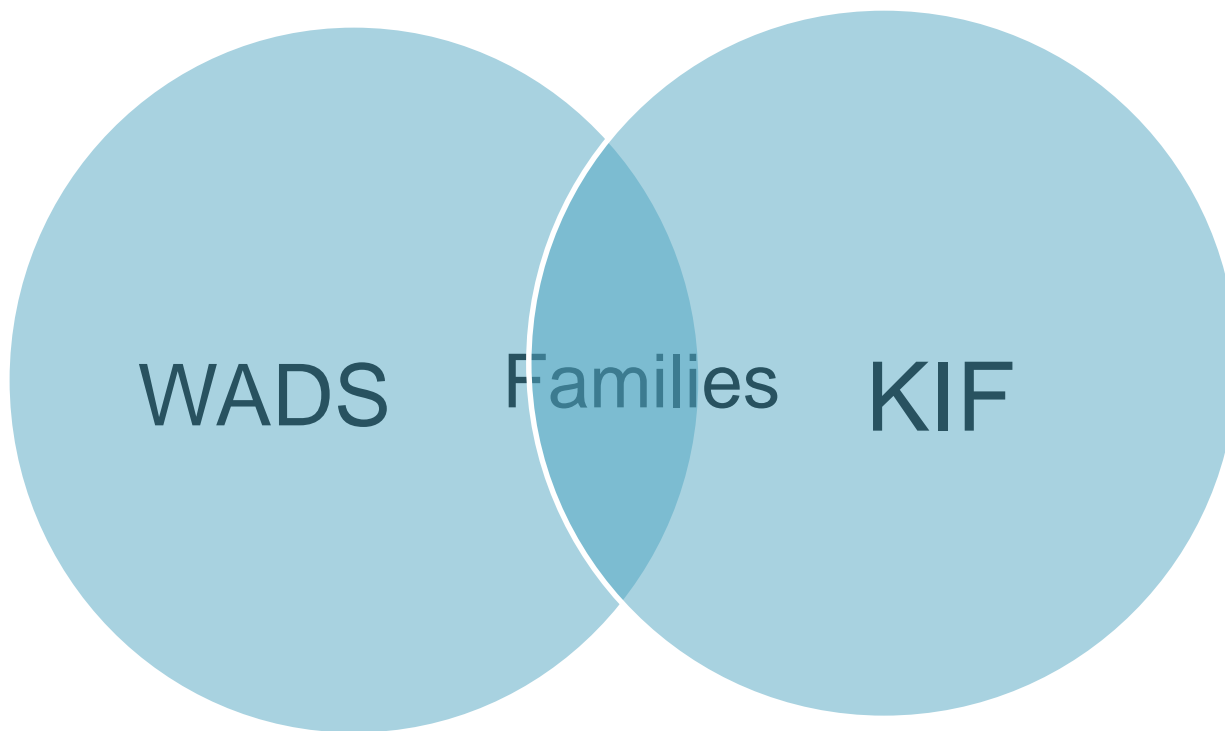
Social Work Outreach

Partnership means:

- ❖ Mother receives more intensive obstetric care and access to allied health with an outreach case management component
- ❖ Outreach commences during pregnancy and continues after infant discharge from hospital
- ❖ Harm minimization approach underpins practice of both WADS & KIF
- ❖ Care team established around mother and infant
- ❖ Intervention in the social network for monitoring and safety



Practice Interface





From mothers

- ❖ If it was not for the support you provided my lapses would have become full on relapses (Lily)
- ❖ The support you provided gave me the strength to keep going back to court, and get an order to keep me and my child safe (Cathy)
- ❖ You have been one of the only people I have been able to open up to about the crap that happened in my life (Nicky)





Concluding Comment

- ❖ Integrated programs bridging the gap between obstetric care and alcohol and other drug treatment have been shown to be effective in the UK, the US and Canada
- ❖ This requires formal partnerships between obstetric services, child welfare and alcohol and other drug treatment
- ❖ Early results show partnership between WADS and KIF is leading to women safely retaining care of their infants, with reduced Child Protection involvement



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Thank you! Any questions?

