

The Role of the Alcohol and Other Drugs sector in Child Wellbeing and Protection

*'there is no keener revelation of a society's soul
than the way it treats it's children'*
(Nelson Mandela)

Professor Ann Roche & Dr Sam Battams

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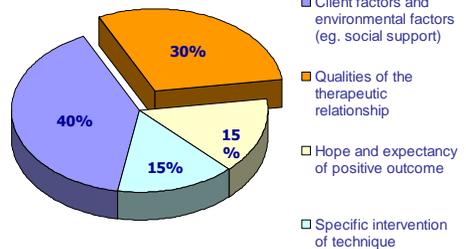


Workforce Development Focus

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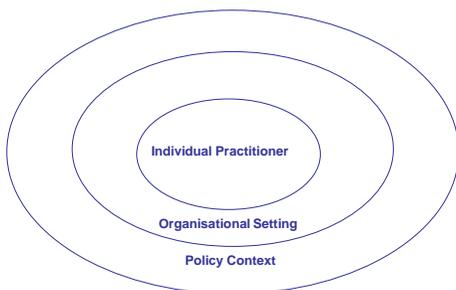
Systems Change Emphasis

What we know about 'the therapeutic relationship'



From The Handbook of Psychology Integration by M.J. Lambert, 1992, P97.

Multi-pronged approach needed



Goals

1. Broaden child-focussed services so that they are 'parent sensitive'.
2. Broaden specialist adult-focussed services so they are 'child sensitive'.
3. **Building stronger collaboration between 'child' and 'adult' services working with families with multiple and complex needs.**

From an AOD perspective, forms a logical extension to recent focus on Co-morbidity

And also ...

- Policies which are increasingly 'joined up'
- Enhanced clinical skills with families
- Greater research, data mining and linkage
- Inspiring practice and program exemplars on which to spread innovations
- Encouraging shifts in community attitudes to problem drinking and drug use

Risks of parental substance misuse

There is now a strong body of research on the markedly increased risks to children:

- brain damage from pre-natal exposure
- child physical, sexual and emotional abuse
- child neglect
- early conduct and behavioural problems
- school failure
- developing substance use problems themselves

Profile of families in statutory child protection services

We also now have strong data showing that families involved with statutory child protection services have multiple and complex needs, [that very often involves AOD problems]

and that the prevalence of this profile increases across the spectrum from child protection notification, substantiation and out of home care.

Dorothy Scott

Looking back to see ahead...

In a co-authored paper in Drug and Alcohol Review in 1994 with the aspirational title 'Family centred practice in the interface between child welfare and the alcohol and drug field', we identified far more obstacles than opportunities.

Now, 15 years later, it is wonderful to take stock of how far we have come toward this vision, with some truly inspiring and innovative programs in Australia which are 'child and parent sensitive'. We have come a long way but still have a long way to go....

Parental Alcohol Misuse

It is estimated that 13.2% of Australian children live in households where an adult is regularly binge drinking (Dawe, Harnett & Frye, 2008), thus exposing them to much higher risks of physical, sexual and emotional abuse as well as neglect.

A problem on this scale must be tackled at a population level, not just at a case level.

New South Wales

Of approx 250,000 notifications (includes multiple notifications for same children) to DoCS in 2005-06, some of the known parental issues included:

- 20.4% Alcohol and other drugs
- 11.6% Drugs other than alcohol
- 10.3% Alcohol issues

(DoCS, 2007)

Victoria

Department of Human Services data 2000-01 on substantiated child abuse cases:

- Domestic violence 52%
- Drugs other than alcohol 33%
- Alcohol abuse 31%
- Psychiatric Disability 19%

(sums to more than 100% due to many parents having more than one characteristic)

Queensland

In a 2007 sample of substantiated cases of child maltreatment:

- 47% drug and/or alcohol problem
- 35% domestic violence in past year
- 25% primary parent was abused as a child
- 21% primary parent has criminal record
- 19% primary parent has a diagnosed mental health problem

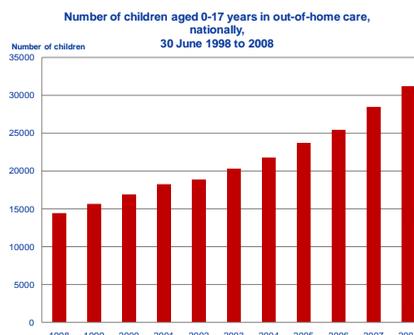
In 44% of cases there were multiple risk factors (55% for Aboriginal and Torres Strait Islander families).

South Australia

Parental substance misuse was identified in 70% of a sample of children first entering care in 2006, with 77% of these cases involving alcohol misuse, 53% cannabis and 51% amphetamines.

Among cases of parental substance misuse, mental health problems, domestic violence and homelessness were far more frequent.

(Jeffreys, Hirte, Rogers & Wilson, 2009)



What Can Be Done?

- AOD treatment workforce can play an important role in ensuring the safety and welfare of children.
- Few Australian AOD treatment agencies currently use child and parent sensitive work practice models.
- The identification of barriers and facilitators to the adoption of child and parent sensitive work practice may result in more agencies utilising this practice.



Inspiring Australian Exemplars

- Cyrenian House Saranna Women's Program (WA)
- Nobody's Clients Project/Counting the Kids program. Odyssey House (Vic)
- Parents Under Pressure program (PuP), Griffith University (Qld)
- Woraninta Playgroup, Coopers Cottage and Burnside (NSW), and Intensive Playgroup, Moreland Hall (Victoria).

International Exemplars

- Circles of Security model in Louisiana, US
www.circleofsecurity.org
- Family Alcohol Service in Camden, London
- Embrace initiative of Alcohol Concern in UK
www.alcoholconcern.org.uk

Project Phases



- 2009: Online Survey developed and conducted by NCETA in collaboration with the Australian Centre for Child Protection
- 2009 – 2010: Family Sensitive Policy and Practice workforce development resource developed by NCETA for the alcohol and other drug (AOD) and child/family welfare sectors



Background



- Parental alcohol and drug misuse use is an important contributory factor in the notification of child abuse or neglect.
- Estimates of the extent of problematic parental AOD use in cases of child protection substantiations vary from approximately 50% to 80% of cases within the child protection system in Australia and often coexist with other risk factors such as domestic violence and mental illness.



Key Project Objectives – Online Survey



- Determine the extent to which drug and alcohol agencies take into account the parenting needs of their clients and the needs of their clients' children
- Identify the possible facilitators and inhibitors of introducing child and parent sensitive practice to the AOD sector



Sample Size & Demographics – Online Survey



- N = 271
- Average age = 45 yrs; Range: 23-67 yrs
- Males = 22%; Females = 78%
- Average length of service in AOD field = 10 yrs; Range: 1-22 yrs



Work Demographics

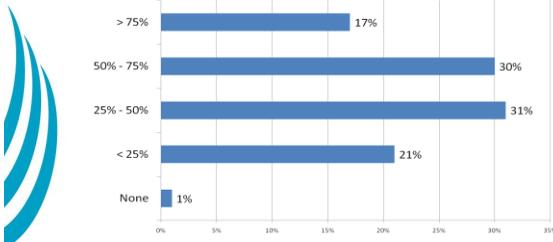


- **Organisation:** Government (52%), Non-Government (44%), Private (3%), Other (1%)
- **Main Work Location:** Metropolitan (60%), Regional (23%), Rural (15%), Remote (2%)
- **State/Territory:** VIC (28%), NSW (25%), QLD (17%), SA (13%), WA (7%), ACT (7%), TAS (2%), NT (1%)



Estimated % of clients with parenting/carer responsibilities

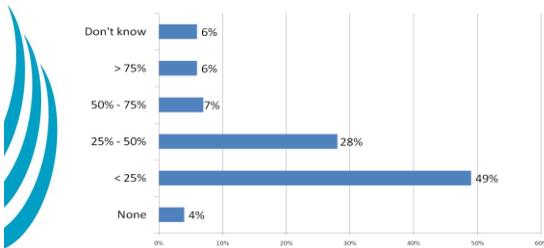
*Most (92%) AOD workers indicated they knew if clients had children



25% saw FSPP as central to their role
 56% saw it as significant but not central
 79% indicated that FSPP was endorsed by their organisation
 51% had specific FSPP guidelines
 46% provided a child friendly environment
 37% thought their org was not child friendly

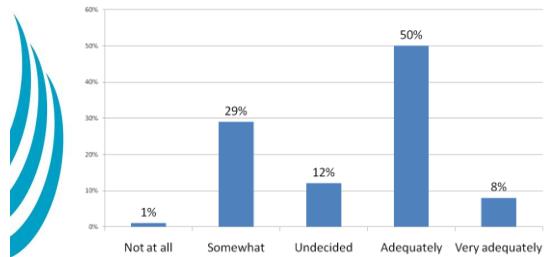
Proportion of clients with children who are clients of a child welfare service

99% were aware that some clients children were seen by a child welfare service



Adequacy of treatment intake/client assessment procedures

86% indicated that parenting role of clients was assessed



- Most AOD workers had engaged with child protection workers
- 55% had mixed experiences:
 - CP staff judgements
 - Failure to believe that clients can change
 - Variable skill level of CP staff
 - Inability to tailor their service to the needs of the adult client
 - Different goals and expectations across the services

Current Work Practices

Current work practices	Yes	No	Sometimes	Don't know
Interventions are tailored to family needs	43%	13%	42%	2%
Strengthening parent-child relationships form part of the treatment goal	43%	16%	39%	2%
Often see and speak to clients' children	24%	38%	37%	1%
Collaborate with children's services as needed	72%	4%	20%	4%



Main Organisational Barriers

- Lack of access to relevant resources & strategies
- Competing priorities
- Limited mutual exchange of information between agencies
- Lack of relevant education/training on child wellbeing
- Lack of linkages between agencies
- Lack of specific treatment plans/goals



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- 51% indicated that their org allowed adequate time for FSPP, but 25% did not
- 43% indicated availability of appropriate training (35% said training not available)

Recommendations

1. Develop an organisational checklist to ensure that each organisation has child-friendly policies and procedures in place;
2. Expand the provision of education and training aimed at building the capacity of the AOD workforce;
3. Ensure that appropriate clinical supervision is available for all staff and services where clients have children;
4. Undertake an audit of one's organisation to assess the level of child-friendly practice in place;
5. Include questions regarding clients' parenting roles and responsibilities as part of a routine assessment; and
6. Regularly review procedures related to working with child welfare services



NCETA Child And Family Sensitive Policy and Practice Resource

www.nceta.flinders.edu.au



For Kids' Sake

For Kids' Sake comprises four parts:

1. Setting the Scene for Family Sensitive Policy and Practice – definition and principles
2. Good Practice in Action – examples of good practice
3. Guidelines for Family Sensitive Policy and Practice – suggestions and key resources
4. Resources for Family Sensitive Policy and Practice – extensive list and associated links



NCETA

Fostering Child and Family Sensitive Policy and Practice

- Takes a public health approach on interventions that prevent & reduce the impact of AOD misuse on families & children
- Addresses the needs of families and sees the family as the unit of intervention
- Does not rely on one particular practice model and can be built into existing practices



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A Public Health Approach

- Population based
- Integrated primary, secondary and tertiary prevention strategies
- Ecological, evidence-informed, family centred and relationship-based service delivery models

Basic Tenets

- Dignity and respect for clients and families
- Open communication
- A strengths based approach
- Collaboration and information sharing with families
- Understanding the familial and social context of clients
- Consideration of families needs and preferences, including provision of culturally appropriate services

(Centre for Addiction and Mental Health, 2004)

Values

- Self-determination
- Empowerment
- Respect
- Flexibility
- Teamwork
- Valuing uniqueness

(Sandau-Beckler et al., 2002)

A Strengths Based Approach

- Parental substance abuse should not be automatically equated with harm to children
- Enhance protective and resilience factors
- Offer support to parents, build on their coping skills, foster supportive relationships with children, and establish links with other services eg schools, DV.

'Evaluating the Evidence: what works in supporting parents who misuse drugs and alcohol'

The UK based National Academy for Parenting Practitioners 2009 report has 10 key messages, including:

1. Address multiple risk and protective factors.
2. Assess family needs and resources
3. Integrate services for parents with local/state government plans
4. Intensive, long term intervention
5. Well trained, supervised staff
6. Multi-agency working
7. Strategies to improve parent-child relationship
8. Interventions informed by models of therapeutic practice and theories of child development
9. Judicious involvement of extended family members
10. Monitoring progress in parenting skills

A Checklist for Action

1. Assessment
2. Intervention
3. A Partnership and Empowerment Approach
4. Multi-agency and cross sectoral working
5. Workforce development
6. Organisational and Systems Development
7. Building Leadership and Integrated Gov Policy
8. Accountability and monitoring

Implementation

- Beyond awareness raising, culture change and systems flexibility there needs to be :
 - Funding to support FSPP
 - Inclusion in accountabilities and outcome measures
 - Staff training and clinical supervision
 - Overt acknowledgement of role legitimacy
- to shift the emphasis from individual case management to improving family function