

Family Sensitive Policy and Practice does not rely on one particular practice model in service delivery, and can be built into existing practices. It draws from systems theory and utilises ecological, multicultural and empowerment approaches to understand and address health issues. An ecological approach necessitates understanding the various interacting bio-psycho-social-environmental causation factors in health. In this model, health is seen to be influenced by intrapersonal factors,

interpersonal relationships, organisational factors, community relationships and structures and public policies (Campbell, 2001). The concepts of resilience, risk and protective factors also inform public health thinking.

Family Sensitive Policy and Practice does not refer to family therapy, which aims to incorporate family dynamics within treatment interventions. In terms of service delivery and clinical care, a distinction is made between approaches that aim to:

1. include family members as part of the treatment for an *individual* client
2. focus on multiple needs and interventions, considering the differing impacts drug and alcohol use has on each family member. Family members may include significant others and safe supports (e.g. trusted friends or extended family members) that can be identified by clients.

Levels of Family Sensitive Policy and Practice

Family Sensitive Policy and Practice spans both individual and family treatment approaches, but it also goes beyond treatment to consider workforce practices, organisational processes and procedures, the wider alcohol and drug service system, as well as strategies that are important for a public health, preventative approach. Thus Family Sensitive Policy and Practice can operate across a number of interacting levels.

Service delivery	e.g. consideration of families and children within treatment and other services, developing the skills and attitudes of workers.
Organisational	e.g. organisational guidelines for Family Sensitive Policy and Practice, culturally appropriate services, processes for interacting with other services, family sensitive physical environments within services.
Systems and Services	e.g. building knowledge and partnerships for Family Sensitive Policy and Practice across services and sectors.
Policy	e.g. prioritisation of Family Sensitive Policy and Practice within policy, facilitating structures and resources, cross-sectoral policy.

A UK review of research into 'what works in supporting parents who misuse drugs and alcohol' (Asmussen & Weizel, 2009) offered 10 key recommendations for frontline workers and planners:

1. Address multiple risk and protective factors for children, parents, families and communities. Assessing family needs and identifying resources is necessary.
2. An assessment of families needs can be done through the Common Assessment Framework or similar tool of assessment for families.
3. Services for parents who misuse drugs and alcohol should be a part of local/state government plans for children and young people.
4. Intensive, long term interventions are required for parents who misuse drugs and alcohol.
5. Highly trained professionals are necessary for these interventions. Service plans/systems should consider the availability of appropriately trained staff, ongoing supervision and professional development.
6. Multi-agency working is necessary for effective interventions that address multi-family problems. Services should consider their strategies for information sharing and referral.
7. Strategies aimed at improving the parent-child relationship and teaching parents about appropriate responses to their children's behaviour (enabling parents to reflect on their behaviour e.g. through video-taping) are necessary for effective interventions.
8. Interventions should be informed by models of therapeutic practice and theories of child development which have been tested and are proven.
9. Consider carefully the involvement of extended family members in treatment plans and the alternative care of children, as they may also have substance problems or difficulties with parenting.
10. Monitoring and assessment processes must be in place for effective interventions e.g. monitoring progress in parenting skills.

References

Addaction. (2009). Breaking the cycle of substance misuse among families: The results of a three year Addaction pilot project. Bath: Addaction and MRDU, University of Bath.

AIHW. (2009a). A picture of Australia's children 2009. Canberra: Australian Institute of Health and Welfare.

Ainsworth, F. (2004). Drug use by parents: The challenge for child protection and drug and alcohol services. *Children Australia*, 29(3), 4-10.

Asmussen, K., & Weizel, K. (2009). Evaluating the evidence: what works in supporting parents who misuse drugs and alcohol. London: National Academy for Parenting Practitioners.

Campbell, C. (2001). Health education behaviour models and theories - a review of the literature. Part 1. Retrieved from <http://msucares.com/health/health/appa1.htm>

Centre for Addiction and Mental Health. (2004). Putting family-centred care philosophy into practice. Retrieved from http://www.camh.net/Care_Treatment/Community_and_social_supports/Social_Support/FCCI/FCC_Better_Practices_PDF.pdf.

Dawe, S., Atkinson, J., Frye, S., Evans, C., Best, D., Lynch, M., et al. (2007). *Drug use in the family: impacts and implications for children*. Canberra: Australian National Council on Drugs.

Forrester, D., & Harwin, J. (2004). Social work and parental substance misuse. In R. Phillips (Ed.), *Children exposed to parental substance misuse: implications for family placement*. London: BAAF.

Hirte, C., Rogers, N., & Wilson, R. (2008). Research report: Contact with the South Australian child protection system: A statistical analysis of longitudinal child protection data. Adelaide: Department for Families and Communities, Government of South Australia.

Ivec, M., Braithwaite, V., & Harris, N. (2009). *'Resetting the relationship' in Indigenous child protection: Public hope and private reality*. Canberra: Regulatory Institutions Network, The Australian National University.

Jeffreys, H., Hirte, C., Rogers, N., & Wilson, R. (2008). *Parental substance misuse and children's entry into Alternative Care in South Australia*. Adelaide: Department for Families and Communities.

Nicholas, R. (2009). *Alcohol and other drug issues facing law enforcement in Australia 2009: An environmental scan undertaken for the National Drug Law Enforcement Research Fund Board of Management*. Retrieved from http://www.ndlerf.gov.au/pub/Environmental_Scan_2010_March.pdf.

Richter, K., & Bammer, G. (2000). A hierarchy of strategies heroin-using mothers employ to reduce harm to their children. *Journal of Substance Abuse Treatment*, 19, 403-413.

Sandau-Beckler, P., Salcido, R., Beckler, M. J., Mannes, M., & Beck, M. (2002). Infusing family-centered values into child protection practice. *Children and Youth Services Review*, 24(9-10), 719-741.

Trifonoff, A., Duraisingam, V., Roche, A., & Pidd, K. (2009). Taking First Steps. What Family Sensitive Practice Means for Alcohol and Other Drug Workers: A Survey Report. Adelaide: National Centre for Education and Training on Addiction and the Australian Centre for Child Protection.

For more information and resources to support Family Sensitive Policy and Practice, please refer to the following key resources and websites:

Dawe, S., Atkinson, J., Frye, S., Evans, C., Best, D., Lynch, M., et al. (2007). Drug use in the family: impacts and implications for children. Canberra: Australian National Council on Drugs. http://www.ancd.org.au/assets/pdf/rp13_drug_use_in_family.pdf

Frye, S., Dawe, S., Hartnett, P., Kowalenko, S., & Harlen, M. (2008). Supporting the families of young people with problematic drug use. Canberra: Australian National Council on Drugs.

http://www.ancd.org.au/images/PDF/Researchpapers/rp15_supporting_families.pdf

Velleman, R., and Templeton, L. (2007). 'Understanding and modifying the impact of parents' substance misuse on children,' *Advances in Psychiatric Treatment*, 13, 79-89.

Websites:
Australian Domestic Violence Clearinghouse good practice resources: http://www.austdvclearinghouse.unsw.edu.au/good_practice.html

Centre for Addiction and Mental Health http://www.camh.net/About_Addiction_Mental_Health/Child_Youth_Family_Resources/index.html

Children of Parents with a Mental Illness (COPMI) Resources http://www.copmi.net.au/jsp/resources/resource_index.jsp

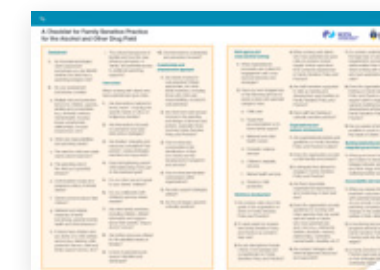
National Child Protection Clearinghouse <http://www.aifs.gov.au/nch>

This document is extract from the following NCETA resource:

Battams, S, Roche, A M, Duvnjak, A, Trifonoff, A, Bywood, P. (2010). 'For Kids' Sake: Family Sensitive Policy and Practice in the AOD sector', National Centre for Education and Training on Addiction, Flinders University, Adelaide. The resource is also supported by a CD-Rom and is part of a suite of information and resources for Family Sensitive Policy and Practice.

Free hard copies are available of the resource and its accompanying CD-Rom or can be downloaded from:

www.nceta.flinders.edu.au



Family Sensitive Practice in the Alcohol and Other Drugs Field¹

Samantha Battams
Ann Roche

There is growing impetus for a more comprehensive approach to understanding the causes, prevention and treatment of alcohol and other drugs problems across sectors. The alcohol and other drugs and family and child welfare sectors have increasingly recognised the relationship between alcohol and drug misuse, childhood and adolescent development, and child wellbeing and protection. However, relatively few 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.

A holistic, public health approach is required to prevent the misuse of alcohol and other drugs in society and mitigate the impact of such misuse, especially the impact upon children and adolescents. A comprehensive approach entails the adoption of a preventative approach to child abuse and neglect. This can be supported by the employment of Family Sensitive Policy and Practice within treatment services along with changes to organisational cultures, policies, resources and structures to enhance Family Sensitive Policy and Practice.

What is Family Sensitive Policy and Practice?

Family Sensitive Policy and Practice involves raising awareness of the impact of substance abuse upon families, addressing the needs of families (Addaction, 2009, p. 10) 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.

Such change is paramount in the context of increasing notifications and substantiations of child abuse and children placed in out of home care (see Figure 1). Notifications of suspected child abuse and neglect are common. Around one fifth of all children born are the subject of notifications.

Increases in substantiations of child abuse can be explained by:

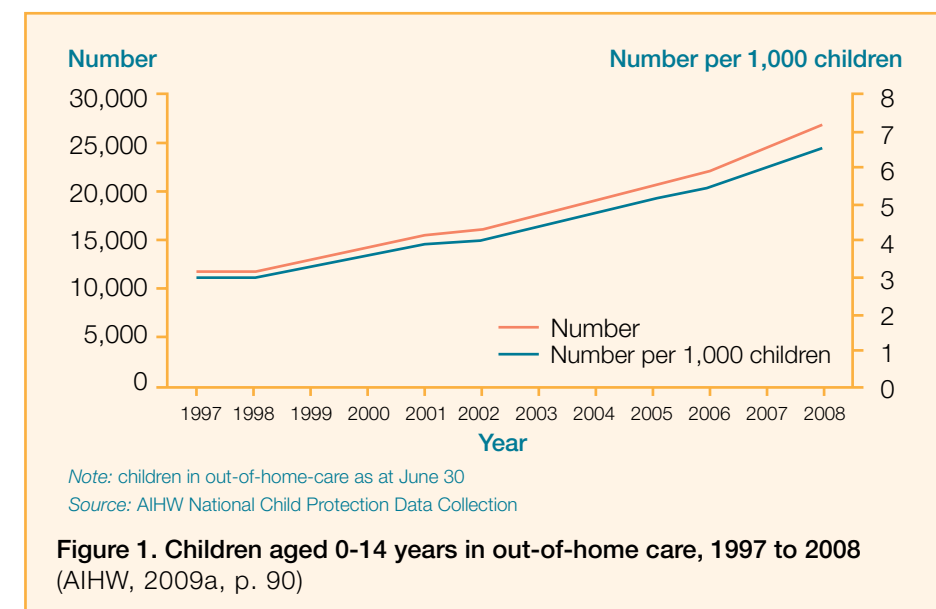
- changes to policies and practices in the child protection system (e.g. mandatory reporting, broadening definitions of child abuse and neglect)
- increased reporting by professionals
- increased community awareness about child abuse, neglect
- actual increases in child abuse and neglect or inadequate parenting.

International surveys estimate that around 10% of children are exposed to alcohol and other drug misuse (Dawe et al., 2007), whilst Australian estimates suggest that 10% to 13% of children are affected by parental alcohol or other drug misuse (Jeffreys et al., 2008; Nicholas, 2009).

International research suggests that substance abuse is implicated in at least 50% of families identified by child and protective services (Dawe et al., 2007). One Australian report suggested that up to 80% of child notifications involved concerns about parenting being affected by substance misuse (Ainsworth, 2004).

However, parental substance misuse should not automatically be associated with harm to children (Forrester & Harwin, 2004), and should be considered alongside a range of interrelated factors when determining impact.

Parents who misuse alcohol and other drugs may be strongly motivated to be good parents, employ strategies to minimise the impact of their alcohol and other drugs use upon their children (Richter & Bammer, 2000) and recognise when they need help with parenting (Ivec, Braithwaite, & Harris, 2009).



Family Sensitive Policy and Practice goes well beyond understanding and meeting the needs of families and children/adolescents, as it entails seeing families as partners in the client-worker relationship and working with their strengths. A strengths based approach recognises and builds on the strengths, resilience, assets and resources of individuals, families, organisations and communities.

Family Sensitive Policy and Practice Tenets include:

- dignity and respect for clients and families
- open communication
- a 'strengths based approach' to service delivery
- collaboration and information sharing with families (both at a treatment and organisational level)
- understanding the familial and social context of clients
- consideration of the needs and preferences of families, including the provision of culturally appropriate services (Centre for Addiction and Mental Health, 2004).

Family Sensitive Policy and Practice incorporates the following values/principles:

- Self-determination
 - Empowerment
 - Respect
 - Acceptance
 - Flexibility
 - Teamwork
 - Valuing uniqueness
- (Sandau-Beckler, Salcido, Beckler, Mannes & Beck, 2002, p. 725).

A Checklist for Family Sensitive Practice²

Assessment

1. Do the treatment/intake/client assessment procedures you use identify whether the client has a parenting/caregiver role?
2. Do your assessment procedures consider:
 - a. Multiple risk and protective factors for children, parents, families and communities (e.g. domestic violence, mental health, housing issues, employment, relationships, income/employment, etc)?
 - b. Child care responsibilities and parenting needs?
 - c. The need for child care while clients attend treatment?
 - d. The parenting role of the client as a potential stressor?
 - e. Contraception issues and pregnancy status of female clients?
 - f. Client's concerns about their children?
 - g. Validated and reliable measures of family functioning, parental mental health and child behaviour?
 - h. If clients have children who are clients of a child welfare service (e.g. statutory child protection service, child and family support service, etc)?

- i. The cultural background of families and how this may influence perception of 'family' and potential access to additional parenting supports?

Intervention

When working with clients who have parental/care giver roles:

1. Are interventions tailored to family needs – including the specific needs of CALD or Indigenous families?
2. Are interventions focused on prevention and early intervention strategies?
3. Are families' strengths and resources considered? Are parents' coping strategies identified and supported?
4. Does strengthening parent-child relationships form part of the treatment goal?
5. Do you often see and speak to your clients' children?
6. Do you collaborate with children's services where needed?
7. Are other family members, including children, offered information and support about their parents' drug or alcohol misuse?
8. Are further resources offered for the identified needs of families?

9. Is level of parental/social support identified and developed?
10. Are interventions sustainable and prevention focused?

A partnership and empowerment approach

1. Are clients involved in care planning? Where appropriate, are other family members, including those with child care responsibilities, involved in care planning?
2. Are client and carer groups involved in the planning and design of services and policies, especially those involving Family Sensitive Policy and Practice?
3. How involved are communities in the identification of their own needs and the development of programs and services?
4. How involved are families/carers/peers within organisations?
5. Are peer support strategies utilised?
6. Are the strategies adopted culturally sensitive?

Multi-agency and cross-sectoral working

1. What organisational processes are in place for engagement with cross-sectoral networks and strategies?
2. Have you ever engaged any of the following services to assist a client with parental/caregiver roles:
 - a. Child care
 - b. Supported accommodation or in-home family support
 - c. Maternal and child health nurses
 - d. Domestic violence services
 - e. Children's disability services
 - f. Mental health services
 - g. Statutory child protection.

Workforce development

1. Are workers clear about the goals of the organisation in terms of Family Sensitive Policy and Practice?
2. To what extent do workers see Family Sensitive Policy and Practice as central to their role?
3. Do job descriptions include criteria on knowledge and competencies for Family Sensitive Policy and Practice?
4. When working with clients who have parental/care giver roles do

workers receive regular clinical supervision from someone experienced in Family Sensitive Policy and Practice?

5. Are staff members supported to take up training and development opportunities on Family Sensitive Policy and Practice?
6. Have staff had training in culturally sensitive practice?

Organisational and systems development

1. Are organisational policies and guidelines on Family Sensitive Policy and Practice in place?
2. Does the organisation provide a child friendly environment?
3. Is adequate time allowed to engage in Family Sensitive Policy and Practice?
4. Are there reasonable organisational expectations and monitoring of case load size?
5. Does the organisation provide guidelines for working with other agencies that can assist with the needs of clients who have parental/care giver roles (e.g. child/family welfare, domestic violence, relationships, Centrelink, mental health, disability, etc.)?
6. Are workers' linkages with external agencies resourced and supported?
7. Do workers understand the legal duty of care requirements

concerning child safety/welfare that may apply when working with clients who have parental/caregiver roles?

8. Does the organisation provide training on Family Sensitive Policy and Practice and/or support staff to engage in capacity building/workforce development activities on Family Sensitive Policy and Practice?

9. Are you aware of funding available to assist in meeting the needs of clients' children?

Building leadership and integrated government policy

1. What government strategies are in place to ensure close linkages between alcohol and other drugs and child wellbeing/welfare services?

Accountability and monitoring

1. When you assess the treatment outcomes for clients with parental/caregiver roles do you include 1) changes in parenting competence and 2) changes in the wellbeing and welfare of their children?
2. Is monitoring and evaluation of programs aimed at achieving Family Sensitive Policy and Practice built into the planning stages?
3. Is Family Sensitive Policy and Practice rigorously evaluated so that strategies may be confidently transferred?

¹ This resource is part of a series of workforce development materials produced by NCETA to enhance evidence-based practice and facilitate Family Sensitive Policy and Practice (see back page for further details of these resources).

² Based on a workforce development survey undertaken by NCETA in collaboration with the Australian Centre for Child Protection. (Trifonoff, A., Duraisingam, V., Roche, A., & Pidd, K. (2009). *Taking First Steps. What Family Sensitive Practice Means for Alcohol and Other Drug Workers: A Survey Report*. Adelaide: National Centre for Education and Training on Addiction and the Australian Centre for Child Protection.)