



Fadnet - Family Alcohol & Drug Network

Supporting family inclusive policy and practice in the alcohol and drug treatment sector

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Submission to

## **PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY**

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### ***RELEVANT TERMS OF REFERENCE:***

1. Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services.
2. The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.
3. Measures to enhance the government's ability to:
  - ensure a workforce that delivers services of a high quality to children and families.

## **Fadnet (Family Alcohol and Drug Network)**

Formed in 2001, Fadnet began as a network of practitioners in the Victorian Alcohol and Other Drug service system who shared a common vision of promoting family inclusive practice within the sector. Since then, Fadnet has hosted a number of National Conferences and practice forums to raise awareness, advocate for policy change, and enhance the capacity of workers around family inclusive practice. Fadnet has also provided advice to Government and made submissions to Government enquiries.

Now with membership in other states and territories around Australia, Fadnet has broadened its reach to other clinicians, researchers, policy makers and professionals with an interest in family inclusive policy and practice, and concern about the impact of drug or alcohol addiction on family members.

Fadnet aims to increase awareness, share practice wisdom, and promote research on family inclusive policy and practice within the Alcohol and Other Drug and related sectors. Fadnet also aims to influence awareness of the impact that drug or alcohol addiction can have on family members and to increase support of their needs.

Growing evidence indicates that interventions which include family members are likely to achieve greater success than individually focused drug treatment programs. Interventions that assist family members who have been negatively affected by another person's drug or alcohol use have also been shown to increase their well-being and psychological health. Likewise, children with substance dependent parents are likely to benefit from responses which address their particular needs and the parenting support needs of their parents.

There is much to do in the Australian environment to move family inclusive practices away from the fringes of the drug treatment service system. Better integration of child, family, and adult services is required, together with further skills training for professional staff. Flexible models of funding are also needed which allow for family inclusive work to be provided. Better systems for data collection and more research are required to examine the outcomes of family inclusive work in Australia.

## **SUBMISSION**

### **1) Embedding family inclusive practice in Victorian alcohol and other drug treatment services as early intervention for vulnerable children within families at risk**

There is now robust evidence that practices in the alcohol and drug treatment sector that are inclusive of clients' families and wider support networks reduce the rate of relapse, and improve client outcomes. They also help address associated familial problems, including negative effects on children (VAADA, 2010; Copello et al, 2005) and on other family members including parents and partners who may require information and support in their own right (ANCD, 2008; Copello et al, 2005). The Victorian government's key directions blueprint for the drug and alcohol sector (DHS, 2009) has established, for the first time, a policy that **all services need to incorporate family inclusive practice as core practice**. There is a particular focus on reducing intergenerational harms. Fadnet strongly supports this new direction and wants to work with government, agencies and peak bodies to ensure its practical implementation beyond some of the crucial early work in Victoria.

### **2) Defining the continuum of family inclusive practice and establishing a Victorian framework for early intervention**

The development of an agreed definition of family inclusive practice and family therapeutic interventions and a conceptual framework through which adult-focused, secondary service agencies (such as AOD, MH, and DV) and their practitioners can evolve their policies and practices is required. Fadnet is keen to play a role in making this happen. The published literature suggests that family inclusive practice is best understood as a continuum of interventions that involve families in accordance with their needs, in addition to the needs of the person in treatment. At a basic level this may be the provision of information to families and referral to other services, whilst higher levels of family inclusive practice include parent-child behaviour interventions, parenting skills development programs, and intensive therapy (Mottaghipour & Bickerton, 2005), including therapy and family support for family members in their own right. The desired extent of interventions within this continuum will also be determined by the number and nature of family members affected, and whether the drug and alcohol user is a parent/carer. The conceptual framework should include a set of **minimum practice standards** and will need to evolve over time as new funding streams are introduced. Agreement on definitions and a conceptual framework will help the sector to focus on practical actions to embed family inclusive practice, and **ensure that parenting support needs and the needs of clients' children are routinely identified through screening and assessment and then addressed, either through direct support or through referral**.

### **3) Increased investment in AOD treatment and organisational capacity to deliver family inclusive practice will drive cost effective outcomes for all Victorians**

Current funding models for the AOD sector perversely discourage family inclusive practice. There is already credible evidence that investment by government in well designed interventions that prevent or reduce substance abuse through family inclusive practice yields significant community benefits that more than offset long-term costs (Washington State Institute, 2004). Fadnet believes there needs to be both an **initial upfront investment in**

**defining and helping agencies to embed family inclusive practice as core business, and an increased investment in the current activities of the sector to enable family inclusive practice.**

Concerns in the AOD sector about a widening gap between the actual cost of service delivery and the government's unit cost to fund delivery persist and have been corroborated by evidence. For example, KPMG (2010) recently found that the current unit cost methodology by government to fund Counselling, Consultancy, and Continuing Care (CCCC) services under funds client-facing counselling time by up to 20% for some agencies. The outcome has been that many agencies are unable to deliver adequate individual counselling and support to many clients let alone routinely facilitate or deliver family inclusive practice. Award modernisation to attract quality graduates into the sector is also likely to place further pressure on agencies to deliver family inclusive practice. **Reform to the funding model for the AOD sector is required as a matter of urgency.**

Delivery of additional training for individual practitioners has defined capacity building activities to date, but this is not sufficient (ANCD, 2006) – drug and alcohol workers report a “lack of time and flexibility needed to connect with families and the added complexity” as the key barriers to the delivery of family inclusive practice, stressing the need for additional funding and policies and procedures (FDS, 2009). Too often in recent times we have observed providers who have been trained in family inclusive practice return to ‘business as usual’ due to the demands of their existing case loads, inflexible funding systems and embedded organisational cultures and systems. These constraints are acknowledged in the literature (for example Scott, 2009).

The Beacon Project delivered by the Bouverie Centre is a good example of innovative investment by government that is enabling reform, however, unit funding costs for treatment remain as one barrier that inhibit its full uptake. Examples of other funding and change management models for the alcohol and other drug sector that could be explored include: a variant of the successful Families where a Parent has a Mental Illness (FaPMI) model to enhance workforce capacity (mental health sector), brokerage funds to flexibly tailor family inclusive practice (family services sector), an innovations funding pool that could fund interventions such as use of the Collaborative methodology to drive organisational reform (primary health sector).

It is also crucial that **additional capacity for cross-sectoral work be funded** given the interrelations between parental drug and alcohol abuse, mental health problems, domestic violence and the need for child wellbeing and protection (DHS, 2002 in Scott, 2009). Service integration takes time, and requires cultural change. Initial investment will be needed to help each sector to better understand and utilize the expertise of other sectors. **Secondary consultation is one underutilized mechanism for this.** In addition, the creation of integrated treatment plans will lead to better integration of care for families, reduce the risks to vulnerable children, and may also reduce resources in the longer-term by limiting the number of different services working separately with the one family.

#### **4) Establishing minimum standards for family inclusive practice and improving data collection mechanisms**

Over time, Fadnet believe that funding needs to be tied to the achievement of minimum standards in all agencies to drive best practice in the AOD sector. Standards should be structured around a conceptual framework for family inclusive practice as outlined above. This will assist practitioners and agencies to determine what level of family inclusive practice is appropriate for each client, and will provide impetus for delivery.

Finally, the sector requires a new data collection plan and system for measuring and monitoring family inclusive practice. Some agencies are beginning to collect important data such as important family members and the number of potentially vulnerable children of clients, but this is ad hoc. Generally, current data collection mechanisms don't capture family issues and needs, nor the work that is being done with families. The introduction of family screening and assessment tools and mechanisms to record family sessions and family goals and outcomes would enable individual agencies and governments to measure and report on improvements to family inclusive practice over time, and improve service co-ordination.

## **RECOMMENDATIONS:**

1. Define the continuum of family inclusive practice in the state
2. Develop definitions and a conceptual framework in partnership and in consultation with the AOD, MH and DV sectors and including Family Support that will inform both policy development and strategic planning to ensure that the continuum of services are accessible to families in all regions
3. Provide targeted funding to drive innovation and organisational development, including an innovations pool and the development of policies and procedures to embed family inclusive practice in all drug and alcohol agencies
4. Specifically fund family inclusive programs and interventions, considering the FaPMI model and brokerage funding
5. Fund increased capacity for cross-sectoral work including inter-organisational position descriptions, training and networking opportunities, and frameworks for collaboration
6. Reform the funding model for the AOD sector so that unit costs meet actual costs to enable family inclusive work
7. Establish minimum standards for service delivery based on individual clients' needs and structured around the conceptual framework above, and tie funding to their achievement
8. Introduce a new data collection plan for all agencies to enable the measurement and monitoring of family inclusive practice