

Family Inclusive

Practice

Position Statement

This UnitingCare ReGen (ReGen) Position Statement provides evidence-based recommendations for the expansion of Family Inclusive Practice within alcohol and other drug (AOD) services in Australia.

Introduction

Families affected by an individual's AOD use can carry a heavy burden. Problematic AOD use can significantly strain relationships, increase social isolation and undermine families' resilience and physical, emotional and financial security, regardless of their socio-economic status.

Family sensitive policy and practice 'occurs when services and support are based on an understanding of family issues and are sensitive to family needs' (Gruenert & Tsantefski, 2012). Family Inclusive Practice (FIP) achieves this by working in partnership with families and directly involving them in client treatment and support, raising awareness of the impact of problematic substance use upon the whole family and addressing the needs of families. FIP works with the family as a whole and sees the family unit, as well as individual members, as the unit of intervention (Battams et al, 2010).

While there is growing recognition of the importance of developing holistic responses to the needs of families affected by AOD use, the establishment of FIP within the Australian AOD sector has been slow, with untapped potential for growth (Battams & Roche, 2011).

The Victorian Government has identified FIP as an important element in future AOD practice, and has committed to strengthening capacity in this area (Victorian Government, 2013). This includes enhancing capacity for early intervention and prevention, better person-centred and family-centred care, action on the social determinants of problematic AOD use, more personalised help for individuals and families with complex needs. The Royal Commission into Family Violence also highlighted the need for all services to be responsive to the needs of victims of family violence (State of Victoria, 2016). The challenge for government is translating the research and policy statements into improved and sustained practice at the client-service interphase. That requires leadership and resources to support practice improvement.

In order to most effectively safeguard the welfare of vulnerable children, the Victorian Government has also promised to improve collaboration amongst all service systems and promote FIP across the sector, strengthen the capacity for services to recognise the parenting responsibilities of their adult clients, and to strengthen the involvement of AOD services in Child FIRST responses for families.

ReGen recognises that:

- All family members can be affected (directly or indirectly) by the harms associated with an individual member's problematic AOD use, and have a right to have their needs acknowledged and met.
- Families may contribute to the problem, but can also be part of the solution. Including families (where appropriate) in treatment improves the scope and sustainability of individual treatment outcomes.
- The needs of all family members should be balanced to protect the vulnerable (especially children), promote resilience and assist families to develop their own coping strategies and support networks.
- Developing effective family inclusive practice will require leadership and culture change supported by investment in workforce development and service design.

Rationale

No individual exists within a vacuum. The term 'family' can mean different things to different people, e.g. single parent, extended, same sex, blood relations only, close friends, carers or support people. Regardless of the definition, family members can be heavily influenced and affected by the actions of each other, both positively and negatively (Velleman, 2006). Family members of people with problematic AOD use can suffer stress-related physical and psychological symptoms that can be severe and long lasting (Copello et al, 2009), whilst family functioning can be a significant contributor to an individual's AOD use.

Involving the whole family in the treatment process can significantly improve its effectiveness. If the family perceives stigma around problematic AOD use, this can discourage an individual from seeking help in the first place. However, if the family is able to identify the benefits of seeking assistance, the individual will be more likely to seek support from AOD services (Battams et al, 2010). Service providers can offer a continuum of engagement opportunities for family members, from information provision, to a range of therapeutic interventions. ReGen's own research indicates the value of integrating family services within AOD treatment (UnitingCare ReGen, 2012)

There is also good evidence that family interventions using cognitive behavioural couples therapy and coping skills training for partners/spouses improves family understanding and functioning. This leads to improved retention in AOD treatment and more sustainable treatment outcomes (Raistrick et al. 2006). Ongoing post-treatment support, including medication monitoring, is also known to reduce relapse (Beattie 2001; Kampman et al. 2009).

Parental AOD use has been recognised as a significant risk factor for child abuse and neglect (Victorian Government, 2012). It has been suggested that for every adult seeking AOD treatment, there is generally one child impacted by problematic parental AOD use (White et al, 2012). However, having children is a powerful motivator for parents to seek help for their problematic AOD use (Fraser et al, 2009, UnitingCare ReGen, 2007).

Working with the family as a unit can also enable AOD agencies to screen for more than just problematic AOD use. For example, due to the high number of adult clients with children, assessing for family violence during treatment may therefore minimise exposure to and impact from family violence for their children (White et al, 2012). While there is clear potential for increasing the impact of AOD treatment on family violence (and a wide range of other interrelated issues), it is important that clinicians are trained in responses to family violence and are able to recognise the potential dangers any

disclosures may expose family members to.

ReGen recommends that:

- Australian AOD treatment services adopt family inclusive practice across all their services, and pay particular focus to the needs of children affected by parental AOD use.
- The Australian AOD, Child Protection and Family Service sectors develop a systemic approach that is coordinated and consistent to responding to the needs of families affected by problematic AOD use, especially those also affected by family violence.
- Australian Federal and State Governments include provisions for family inclusive practice within future program funding models that recognise all family members as potential clients of a service.

ReGen resolves to:

- Continue to prioritise the needs of vulnerable family members, and the safety of children who are affected by an individual's problematic AOD use.
- Listen and be responsive to the experiences and needs of individuals who have experienced family violence, and recognise the barriers they face in seeking support for problematic AOD use.
- Continue to develop its capacity for working with all members of families affected by problematic AOD use.
- Continue to strengthen service linkages with child protection and other family service providers.
- Continue to advocate for the value of and appropriate resourcing for Family Inclusive Practice within the AOD treatment sector, and contribute to the ongoing development of best practice models.
- Work with other agencies to develop effective interventions with people who use violence against family members, removing the responsibility for safety from the victim and highlighting the role AOD use can play in the perpetration of family violence.
- Communicate clearly to clients, staff and other stakeholders our approach to supporting families affected by AOD related harms and improving quality of life.

Further Reading

Accompanying Supporting Evidence on Family Inclusive Practice is available on our [website](#)

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Disclaimer

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About ReGen

Our purpose is to promote health and reduce alcohol and other drug related harm.

ReGen is the lead Alcohol and Other Drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 45 years' experience delivering a comprehensive range of AOD treatment and education services to the community.

These services include Counselling and Support, Assessment and Intake, Community Outpatient, Home-based and Residential Withdrawal for adults and youth, Supported Accommodation, Drug Diversion programs, Youth and Family Services, an Intensive Playgroup, Alcohol Community Rehabilitation Program and AOD services at Port Phillip Prison. ReGen also delivers Education and Training programs nationally.

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