05 **Dove***tail*
supporting the youth alcohol
and drug sector in Queensland

working with families and significant others

youth alcohol and drug good practice guide

working with families and significant others

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Introduction

Welcome to Dovetail's 5th Good Practice Guide, *Working with families and significant others*. This guide describes a family responsive practice approach to alcohol and other drug work with young people. Families can both impact and be impacted by a young person's use of substances. It is well known that family involvement in youth alcohol and other drug treatment can lead to more positive outcomes. This guide aims to outline a broad range of approaches and strategies that could be a part of a family responsive approach to working with young people, and to address some of the specific barriers to implementing this approach in practice.

This is the 5th Good Practice Guide in the series. It builds on the work of previous good practice guides, which you are encouraged to read. They are:

1. *A framework for youth alcohol and other drug practice*

2. *Legal and ethical dimensions of practice*

3. *Practice strategies and interventions*

4. *Learning from each other: working with Aboriginal and Torres Strait Islander young people*

Focus and contents of this guide

This guide is focused on supporting good practice by workers and services who work to minimise the harm from alcohol and other drug use experienced by young people, their families and their communities. Of course, not all alcohol and other drug use by young people is problematic. 'Problematic alcohol and other drug use' refers to when the young person or those close to them consider that the young persons's alcohol and other drug use is having a negative effect on their physical, social and emotional health and wellbeing. The guide provides information for workers in community and government services across a range of sectors, as well as workers specifically employed to work with young people around alcohol and other drug issues.

Family responsive practice is a broad field, and this guide should be considered a selective summary rather than a comprehensive overview of approaches to working with families. Likewise, this guide has a narrow focus on services that engage with young people who are the primary client.

Family responsive practice with young people

Connections to family and significant others are critical to a young person's resilience. Even when relationships with parents or loved ones are conflicted, family remains important to a young person. A range of studies confirm that 'family of origin' relationships remain important over time even if there has been abuse or physical separation (Dwyer & Miller 2006; MacLean et al 2009, Green et al., 2013). In 2011, the Australian Institute of Family Studies reviewed family involvement in interventions for adolescent problem behaviours. In this paper they described family related protective factors such as, providing support, a secure base and a feeling of connectedness, that are linked to positive outcomes in adolescence and beyond (Robinson et al. 2011).

For young people there is a protective effect in having at least one supportive relationship with an adult.

> "An attachment relationship that is fostered between a young person and a supportive adult will provide an important protective factor against adversity. Ideally the adult will be a parent or other family member, but a warm relationship with a significant other adult is also protective in situations of adversity."
>
> Robinson 2006, p.4

Practitioners working with young people could be one such supportive adult, recognising however that as their engagement is bounded and time limited, the larger purpose is to assist young people to develop their own networks of support.

> "Part of your role needs to be encouraging and supporting the young person to build connections with others who will be there outside of business hours, for years to come."
>
> www.strongbonds.jss.org.au/workers/youngpeople/relationships.html

1.1 Defining family and significant others

As we grow older the composition of who we consider to be our family inevitably changes, not only in terms of who but in terms of people's role and proximity. The family we have as a young child is our family of origin. Whilst for most people family of origin refers to biological parents, families of origin can take many forms. Take for example the important role of extended family or kinship connections in some cultural contexts, or of a close friend of the family who has always been referred to as an 'uncle' or 'aunty'.

The dynamic evolving character of family has been referred to as involving a shift from family of origin towards 'family of destination' (Coles 1995).

In addition to people who might be understood as part of a young person's immediate biological or legally defined family, there are others who may be significant. Significant others could include community elders, extended networks of relatives, kinship networks, past and present friends, peers, sibling's friends, extended family, carers, neighbours, mentors and in some cases pets. A significant other could be anyone the young person feels they have a caring connection with, or who has an ongoing presence in their life.

Rather than a straightforward 'transition to independence', adolescence and young adulthood is instead characterised by shifting inter-dependencies. During this period young people may begin to make economic and social contributions as they enter the workforce or undertake carer roles with other family members (Wyn et al. 2011).

> "There are many different ways of being a family. Families are fundamentally about protection, provision, connection and belonging. People in a family often have some common goals and values and have a long-term commitment to each other, which means that over time they develop history, memories, and shared experiences together"
>
> Moore and Layton, 2010, Sec 3.7

Young people who have experienced disconnection from their family of origin tend to define family as "a 'connection' or 'bond' with another person who is dependable and supportive". The challenge for these young people is to "craft one's own family" (Lee et al. 2014. p.4). This can be especially difficult for young people who did not grow up in a responsive and safe family environment.

1.2 Family responsive practice

Family responsive practice with young people involves the explicit consideration and support of a young person's family and family-like relationships now and into the future. The level of family involvement is dependent on the young person's and their family's readiness and consent, and the agency context.

Family responsive practice involves the following principles.

- Recognising the role that families play in the lives of young people
- Appreciating a young person's understanding of family
- Respecting the role of culture in family identity
- Supporting the young person's needs and rights to connect with family
- Seeking out opportunities to build on the strengths of family
- A commitment to assist young people in developing supportive social connections now and into the future
- The development of a supportive relationship between the worker and young person which strengthens the young person's family relationships and supports
- Directly engaging family and significant others in the practice process
- A reflective approach to practice that acknowledges diverse and complex relationships
- Supporting the development of family responsive policy and practices in organisations and service systems.

Figure 1 depicts five different aspects of practice that can be part of a family responsive approach.
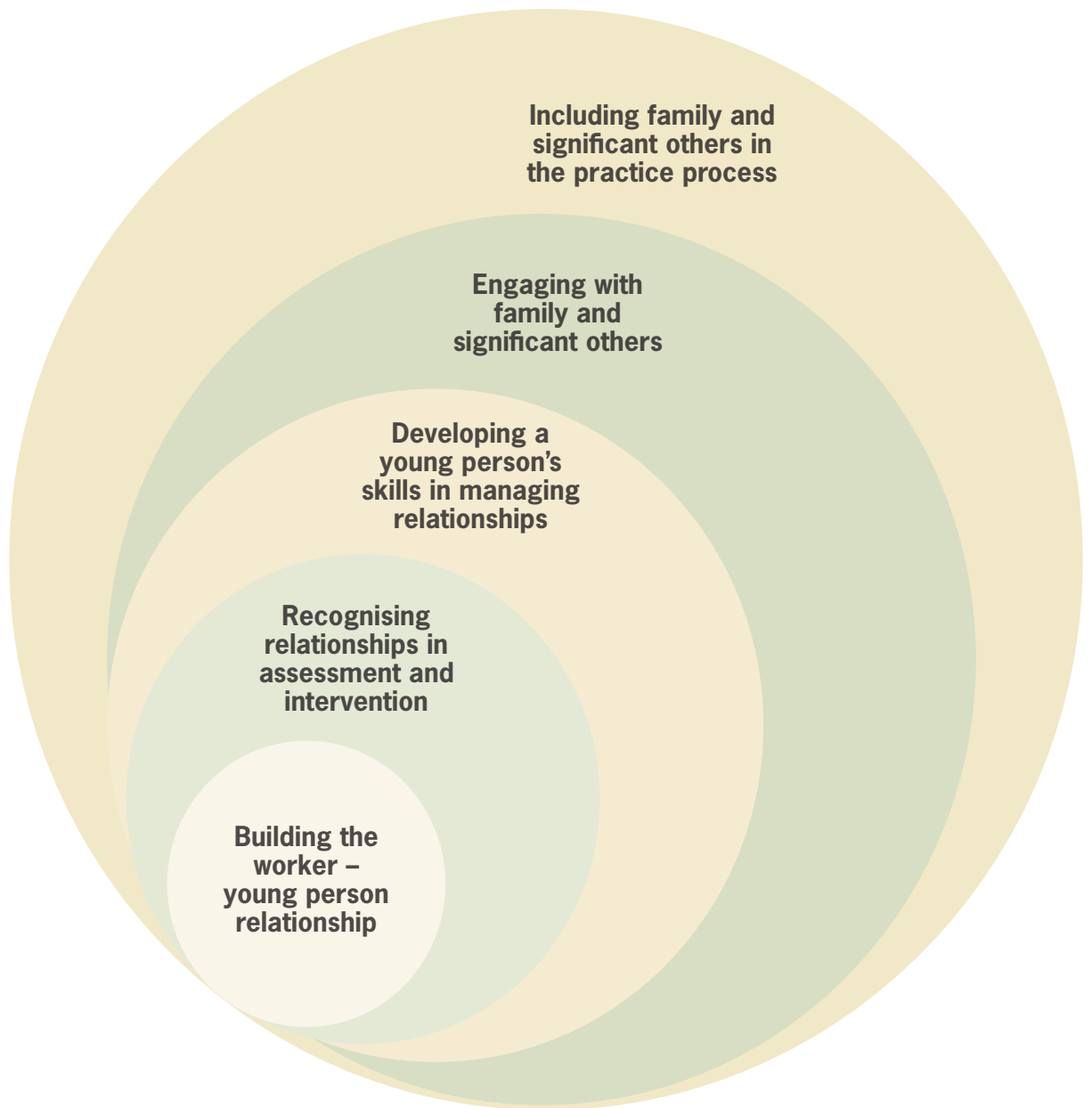
Figure 1: Aspects of family responsive practice with young people

Building the worker – young person relationship

The establishment of trust is essential if the young person is to freely discuss what is happening in their life. Sometimes referred to as the 'therapeutic alliance', the relationship between the worker and the young person is a powerful tool through which change can occur. The therapeutic alliance is not an end in itself, but an enabling foundation for practice (Trevithick, 2003). The challenge for practitioners is to use the therapeutic alliance they develop with a young person to enhance the relationships between the young person and others in their world.

Recognising relationships in assessment and intervention

It is common practice to collect some level of information about a young person's family background and significant relationships at the time of intake and assessment. A family responsive assessment should consider the various relationships in a young person's life, the risk and protective factors associated with family relationships, whether their relationships have potential to improve, and what aspirations a young person has about their relationships in the short, medium and longer term.

Developing a young person's skills in managing relationships

Developing a young person's awareness and skills with regards to positive relationships can be an explicit or implicit part of practice. Explicit strategies may include involving young people in activities, groups and reflective exercises that develop aspects of their relationship, communication, and problem solving skills. Implicit strategies may include modelling positive relationship skills when working with a young person, and increasing the connection a young person has with others who engage respectfully with them. This may include linking a young person into pro-social activities such as sporting, cultural or social groups.

Engaging with family and significant others

Although the young person is the central focus of many services, families will inevitably be a feature of the practice landscape. Workers may connect with family and significant others during the young person's contact with the service in a variety of ways. This could include being introduced to a family member or significant other in the waiting room, incidental contact with a family member during a phone call or providing referral information for family members seeking their own support.

Including family and significant others in the practice process

Including families and significant others directly in the practice process enhances the chances of positive impacts and outcomes for the young person (Copello et. al 2005). With consent from a young person, family members may be asked to attend joint sessions or other meetings in a variety of capacities, including as a support person, or as an active participant in the treatment process.

1.3 Family and attachment

Attachment theory proposes that babies seek proximity to a primary caregiver when they are upset or alarmed, with the expectation that they will receive protection and emotional support. In the presence of a responsive caregiver, the child will use the caregiver as a 'safe base' from which to explore (Prior & Glaser, 2006).

Research by Mary Ainsworth in the 1970s found that children can develop different patterns of attachment depending on how they experience their early care giving environment. Early patterns of attachment, inform, but do not determine, the child's expectations in later relationships (Bretherton & Munholland, 1999). Four different attachment patterns have been identified in children. These are secure attachment, anxious-ambivalent attachment, anxious-avoidant attachment and disorganised attachment.

A child who feels they can rely on their caregivers would be described as having 'secure attachment' (Ainsworth et al., 1978). A child who experiences anxiety when separated from their caregiver and does not feel reassured when the caregiver returns would be described as having 'anxious-ambivalent attachment' (Cassidy & Berlin, 1994). When the infant avoids their caregivers this would be known as 'anxious-avoidant attachment'. 'Disorganised attachment' is when there is a lack of any attachment behaviour (Main & Solomon, 1990).

During adolescence, there is a shift in emotional attachment between the parent and the young person. Young people become more autonomous and independent and attachment extends from parents to peers (Carr-Gregg, 2005; Fuller, 2000). Research suggests that failure to form secure attachments as a child can manifest as behavioural problems in adolescence (Bergin & Bergin, 2009). Young people who are not securely attached as infants may have poor self esteem, perform worse in school, have difficulty socialising and may experience depression and anxiety (Pearce & Pezzot-Pearce, 2007; Berlin et al., 2008; Moretti & Peled, 2004). Whilst these difficulties can be the result of a variety of issues, attachment helps us to understand why some young people may be behaving in certain ways, and therefore provides some ideas about how we can help. It is also important to note that attachments change across the lifespan, influenced by both positive and negative experiences (Harms, 2010).

1.31   Attachment in Practice

Meaningful relationships with young people who have experienced attachment difficulties can be hard work. Here are some tips for workers to consider when establishing a trusting and secure therapeutic relationship with young people.

- Predictability and familiarity with workers are important factors to keep in mind when supporting young people to feel safe. Allocating a reliable and available worker is one way to do this. Although it is difficult for any one worker to commit to working with a young person long term, workers can seek to build a support network for a young person with the idea that the network as a whole can provide ongoing care.

- Be consistent and follow through with what you say. By doing this you keep your word and establish a boundary that will help the young person feel more secure with you.

- Be transparent and clear about your intentions. One way to lessen negative interpretations or uncertainty is to be explicit.

- Young people who have a history of trauma and non-secure attachments may enter new situations in 'fight or flight' mode. Consequently, they may instinctively need to have some control over their situation so that they can feel safe. Inviting the young person's preferences regarding noise, lighting or which chair they would like to sit in are a few ways you can encourage a young person to feel ownership of the space.

"Although it is difficult for any one worker to commit to working with a young person long term, workers can seek to build a support network for a young person with the idea that the network as a whole can provide ongoing care."

Youth AOD Worker

Reflective exercise

Exploring our own perspective of family

An important starting point for workers being family responsive is developing self-awareness about their own experience and values about family.

"As a worker your own family of origin experiences influence the way you view people, families and relationship difficulties. How you understand your own family relationships and up-bringing influences the way you work with young people and their families. … Experiences you may have in common with them may help you empathise and hypothesise about what may benefit them. However they can also lead to assumptions, 'blind spots' and narrow ideas on interventions and service delivery."

www.strongbonds.jss.org.au/workers/professional/origin.html

Consider the following questions

1. Who do you consider to be your family and significant others?

2. What values do you have about family?

3. What are some positive qualities of your family relationships?

4. What have been some of the less positive aspects of your family relationships?

5. How might these views affect the way that you work with young people and their families?

The family context of alcohol and other drug practice

Positive family and social relationships can be a protective factor, reducing the risks of problematic alcohol and other drug use. On the other hand, negative family and social relationships can increase the risks of developing an alcohol and other drug problem. Substance use itself can damage family and social relationships. This section details various directions of impact between families and young people. It is important for workers to balance an awareness of problems and issues with an appreciation of family strengths and potential.

Families can have significant impacts on a young person's decision to use alcohol or other drugs. Family conflict, poor communication, or inconsistent parenting are known to be risk factors that can precipitate alcohol and other drug problems in young people (Loxley et al 2004). However, families can also be a significant protective factor. For example families that are supportive, disapprove of alcohol use and model healthy behaviours have been shown to reduce the chance of alcohol use in their young people (Nash et al 2005). In some cases, families may have little impact on a young person's alcohol and other drug use. Community level influences such as poverty, poor housing or availability of substances may have a greater impact on problematic alcohol and other drug use (Loxley et al 2004).

2.1 How a young person's alcohol and other drug use can impact families

When a young person is using alcohol and other drugs in a problematic way, the family can experience a number of impacts. Below are a range of experiences reported by family members who have a young person with substance use concerns.

Stigma, shame and guilt

Many families report a sense of shame stemming from a young person's alcohol and other drug use. Bamberg, Findley and Toumbourou (2006) suggest that families may withdraw and separate themselves from other family members as a result. Parents report feelings of guilt based on assumptions that their child's problems are a result of their failure as parents.

Physical and emotional impacts

There is considerable evidence that a young person's problematic alcohol and other drug use can impact the physical and emotional health of family members. A literature review conducted by the Australian National Council on Drugs (ANCD) described a broad range of physical and mental health impacts of substance use on family members, including raised blood pressure, depression and anxiety (Frye et.al., 2008).

Relationship breakdown

A young person who has developed problems with substance use can place other family members under significant pressure. Parents and siblings report becoming suspicious and mistrusting of the young person (Barnard, 2005). The family's sole focus and attention can become occupied by fears and concerns about the young person's behaviour. Tensions may emerge when different family members respond in different ways to the young person's alcohol and other drug use. One family member may believe that a 'tough love' approach would work best with others believing in a different approach. These tensions and stresses can result in relationship-breakdown (Frye et al., 2008).

Fears and worries

Many families report experiencing anxiety, describing extended periods dominated by "pervasive worries about the problematic substance use of their son or daughter" (Frye et al., 2008:17). They describe periods where they worry about where their child is, who they are with and whether they are doing all that they can to help (Usher, Jackson et al. 2007).

Financial pressure

A young person's problematic alcohol and other drug use can have a significant impact on a family's financial stability. In addition to having to pay for services that address a young person's substance use, families may have to pay off the young person's debts, or feel pressured to give the young person money to pay for their substance use so that they don't engage in illegal activities (Butler & Bauld 2005).

Violence

Living with young people whose alcohol and other drugs use is associated with violent or explosive outbursts can cause a range of physical and psychological problems for family members (Friend et al. 2008). Even when they are not a victim of assault, families may worry about the effect that the young person's violent behaviours will have on others (Jackson & Mannix 2003, Butler & Bauld 2005).

A useful resource booklet *Adolescent violence to parents* (Friend et al. 2008) is designed for parents and carers experiencing violence. This booklet can be downloaded here:

ischs.org.au/resources/brochures-fact-sheets-booklets/family-violence

2.11   Impact on Siblings

When a young person uses alcohol and other drugs, siblings in the family can be affected in a variety of ways. Typically, their response will depend on their relationship with their sibling and parents. They might feel sorry for their sibling and want to protect them or they may feel angry that their parents' primary concern is with their brother or sister.

Incerti, Henderson-Wilson and Dunn (2015) explored people's lived experience of having a sibling with a problematic substance use issue. Siblings in the study reported that their needs and concerns were often ignored or minimised while their parents reacted to crises involving the young person who uses substances. As a result, the neglected siblings may look after themselves in ways that are not age appropriate, or they might 'act out'.

Workers should not miss opportunities to include or ask about siblings in the treatment process. Siblings can be influential when it comes to supporting a young person to make changes and can be an invaluable resource.

2.2 Stages of change for families

Family Drug Support has developed a model for understanding families' responses to a loved one with an alcohol or other drug problem. The model has similarities to Prochaska, DiClemente and Norcross' (1992) "Stages of Change" model and consequently can be a useful and easy to understand tool for youth alcohol and other drug workers. Family Drug Support describes families' initial reactions as usually falling into four stages. These include denial, emotion, control and chaos. Families may go through some, or all, of these stages in different ways.

Figure 2 illustrates how the family of a person who uses alcohol and other drugs can pass through these stages when working towards successful coping.

Denial

In the early stages the family may be in a stage of denial. They either don't know the alcohol or other drug use is happening or they don't want to face the impact of the problem.

Emotion

The family is eventually forced out of denial and responses can be emotive – fear, guilt, grief and anger being common reactions.

Chaos

When families experience a loss of control, they may find themselves in chaos – feeling powerless and unable to cope effectively. This places stress on the family systems, and some families collapse under the strain; others disconnect from the person who uses alcohol or other drugs.

Control

When families realise they have a major problem, they may want to control the situation. Some take a 'black and white' or 'tough love' approach that may include unrealistic expectations or ultimatums.

Coping

Family Drug Support describes one more stage for families, the fifth and final stage: coping. The model argues that with support and appropriate guidance, families can begin operating in constructive ways. The coping stage is characterised by better communication among family members, families developing skills to cope and families practising self-care strategies.

Figure 2: Stages of change for families developed by Family Drug Support

2.3 How a family's alcohol and other drug use can impact young people

Where problematic parental alcohol or other drug use is present, Moore and Layton (2010) indicate it is important to note that:

- Problematic alcohol and other drug use can significantly reduce parents' ability to care for their children. This is not always the case but, when intoxicated, parents might not be able to meet the safety and welfare needs of their children;

- Children and young people report that they are often scared about their parent's problematic alcohol and other drug use and can't talk to them about their fears. This can cause great amounts of stress and anxiety for children;

- Children from families where a parent is using alcohol and other drugs in a problematic way are at risk of experimenting with drugs early in life. They need positive adults around them to challenge their use and help them develop other coping mechanisms;

- Often parents use alcohol and other drugs in a problematic way to cope with underlying issues such as anxiety, depression, unresolved guilt, loss and grief;

- Children can be exposed to unsafe people, places and situations when their parents are using alcohol and other drugs in a problematic way. Providing support to parents can help build their awareness about their situation, while protecting the children;

- Parents who are abstaining from alcohol and other drugs may not feel comfortable living in communities where there are other people using or dealing. Identifying these challenges and planning for placement in safer neighbourhoods is imperative.

The *Who Cares?* study (Noble-Carr, Moore and McArthur, 2008) of the experiences of young people living with a family member who has an alcohol or drug issue found that early intervention, collaboration and family-centered practice models are crucial for improving service responses to these young people. This study also found these young people can be extremely vulnerable and in need of 'protection and care' (p.20). Given this, if workers have concerns about a family's ability to provide safety and care for a young person, they may need to take protective actions, for example notifying Child Safety Services.

Case Study 1 - Marcus

Marcus is seventeen and lives at home with his family. Marcus uses methamphetamine regularly and has reacted violently when he is under the influence and when he is 'coming down'. On a number of occasions, he has physically assaulted both of his parents and his younger brother. Marcus's family is already under financial pressure after his father lost his job. Things have become worse recently as Marcus has been stealing from his parents to pay for his drug use. His father is angry with him and has threatened to kick him out of home if he does not quit using immediately. Marcus's mother was raised by a father with an alcohol problem and she understands that it is difficult to go 'cold turkey'. She feels the stigma attached to drug use and has been reluctant to seek support because she thinks it is her fault. His mother has been supporting him to cut down on his use, sometimes giving him money to pay for small amounts of drugs to help him 'cut back'. Marcus's father suspects that she has been doing this and their relationship has become strained. Marcus's younger brother is showing signs of depression and he is not talking to anyone about his feelings. His younger brother believes that his parents are unaware of his problems because they are so focused on Marcus and his methamphetamine use.

Case study questions

1. How do you think Marcus's drug use is impacting on his family: on his mother, his father, his brother?

2. How do you think these impacts might affect the way that the various family members interact with your service, and with you as a worker?

3. What strengths does this family have?

4. What are some of the family's needs?

Strategies for family responsive practice

This section focuses on specific strategies for family responsive practice with young people. From the point of initial contact with a young person there should be sensitive enquiry about their family and significant relationships.

3.1 Family responsive engagement with young people

Practitioners can incorporate a family responsive approach into their practice from the first contact they have with young people by:

- Being open to the importance of family and relationships. Rather than seeing family as opponents to young people ('either/or' thinking) family responsive practice encourages an openness to 'both/and' thinking (Miller 2009). Significant relationships should be one focus of initial conversations with young people.

- Supporting the young person to access the resources they need, and include the young person's family relationships as part of this. MacLean, Bruun and Mallett (2013) found that highly vulnerable young people tended to view themselves as being autonomous, and their alcohol and other drug use as reflecting their own individual decision-making and choice.

- Appreciating who a young person sees as family. Some young people consider they have more than one family.

- Letting family know a young person is safe. In instances where a young person has left home and cut off all contact with family, it may be appropriate for a worker to negotiate consent to call a family member to let them know the young person is safe.

"It's so important to engage the family. Their influence on the young person lasts longer than yours as the worker."

Youth AOD Worker

The following is an excerpt from the Strong Bonds Fact Sheet: *Working With Young People: Improving Family Relations* and contains a range of questions you can use to understand a young person's family connections.

Talk to young person about the importance of connections with others

You may model and encourage young people to see that we all need the support of others at times. Discuss the changing role of relationships with family through adolescence, and how these connections may be facilitated or encouraged. The extent to which you can help them will depend on your role, but it is likely that even short, strengths-based discussions or comments about families may be helpful. For example:

- Start with identifying people in their past or present who they feel most comfortable with and/or supported by (use of an ecomap or genogram may help).

- Help the young person to think broadly about who constitutes family in their life e.g. grandparents, aunts, uncles, cousins, foster-parents, neighbours, sports coaches.

- How do they know that these particular people care about them? How do these people demonstrate care and concern?

- What do you enjoy, or what have you enjoyed, doing with (insert name)?

- How might this happen more often?

- Do you think that they know you would like to spend more time with them? How could you let them know?

- You say you've lost contact with (insert name). How could we find them again? Could you write/ring/send a message to (insert name)?

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Help them to become discerning about relationships

Young people may need some help to recognise what characterises positive and negative relationships in their lives. This may include recognising the limits of some relationships. For example:

- I'm a bit confused and I need you to help me understand something. You say that (insert name) is your biggest support, but whenever you come here, he has upset you again. What do you make of this?

- I know you would like (insert name) to be around more for you. But at the moment it seems that she is really busy with work and parenting. Is there someone else who could help you out a bit more?

Help them to take responsibility for their own behaviour in relationships (if appropriate)

Explore how they are communicating and interacting with family members in detail: who said and did what, when. Help them to understand what they may be feeling, and how their behaviour may have been 'received' and explore ways to express feelings and needs more appropriately to increase the likelihood of better outcomes. You may need to help them to learn to be assertive rather than aggressive.

Help them to recognise strengths in family relationships

Most family members will have strengths, which may be highlighted so that the young person is better able to appreciate their family members. Sometimes people get "stuck" in a way of thinking about their family, and need some help to consider their family relationships in a different way.

3.2 Mapping the young person's relationships

3.21 Genograms

There are various tools for mapping a person's relationships. Best known of these are genograms. A genogram is a graphical representation of family relationships showing the quality and proximity of relationships and patterns across generations. Genograms can be used as a visual tool to encourage young people to talk about their family, and can be approached as a 'work in progress', developed over time, allowing the young person to tell their story at their own pace. This enables the worker to more sensitively respond to elements of the story when and if the young person feels safe enough to share.

Basic genogram legend
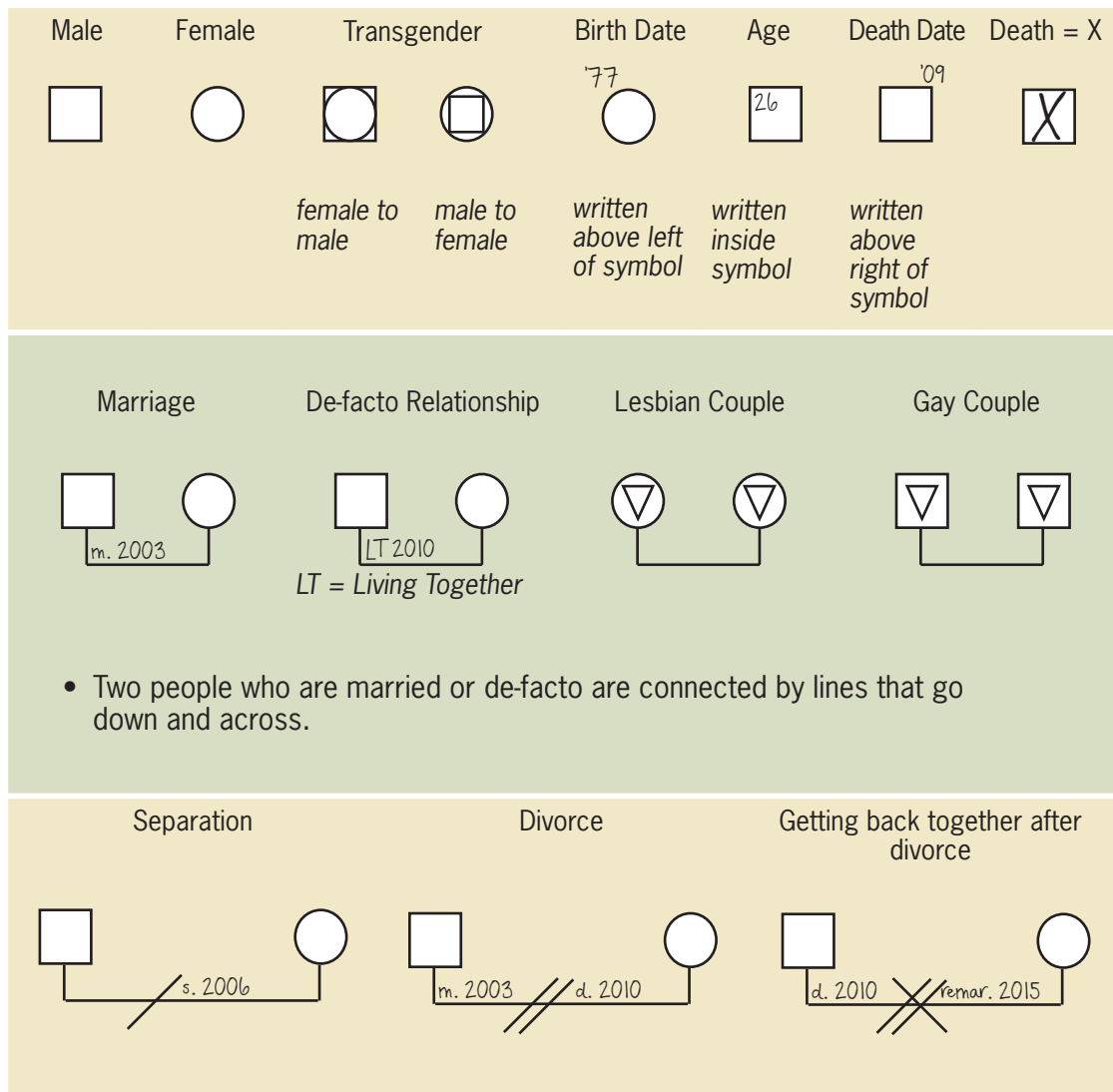
Figure 3: Basic genogram legend

Children: List in birth order beginning with oldest on the left

'01 15 — Biological Child
'02 14 — Foster Child
'03 13 — Adopted Child
'12 — Stillbirth
'13 M — Miscarriage
'14 '14 — Twins
'15 '15 — Identical Twins
— Pregnancy
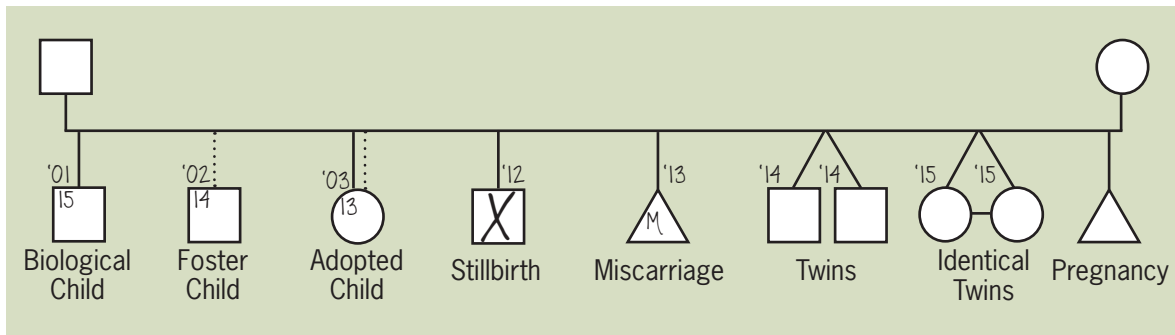
Symbols denoting interactional patterns between people

Close | Distant | Fused | Focused On

Cutoff | Hostile | Physical Abuse | Sexual Abuse
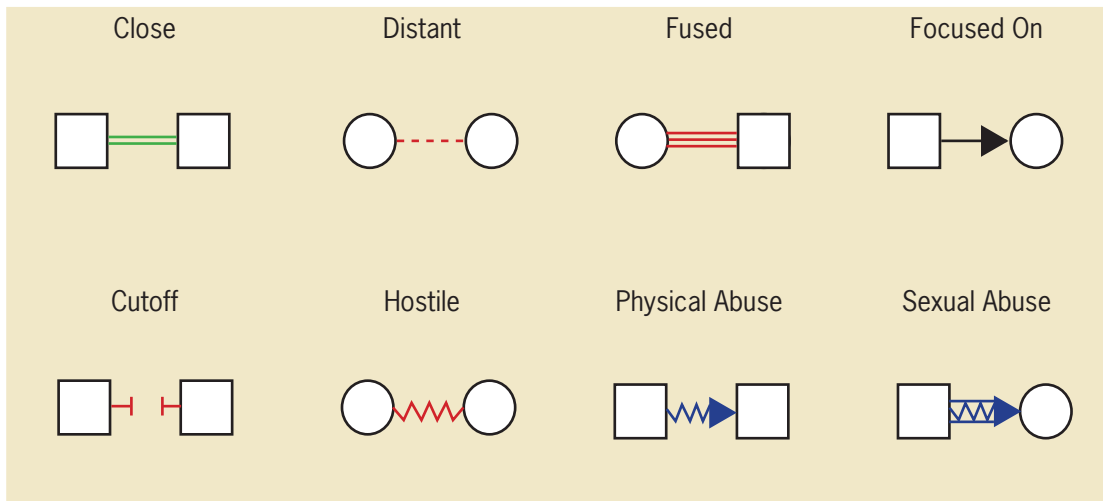
Symbols Denoting Alcohol and Other Drug (AOD) and/or Mental / Physical Problems

| Alcohol or Other Drug Problem | Suspected AOD Problem | Previous AOD Problem | Mental Health or Physical Problem | AOD Problem and Mental Health or Physical Problem |

Figure 3: Basic genogram legend

Genogram example - Darren's family

Darren is twenty one years old and has come to your service for help to quit smoking cannabis. During your conversation with Darren you discuss his family. Darren tells you that his parents divorced when he was two years of age and he lives with his mum Janis, 42. He informs you that his parents split because his mum had a drinking problem, however gave up drinking after the divorce so she could "be a better mum". Darren tells you that his mum has had problems most of her life because she was sexually abused by her father and her mother had a problem with alcohol. His grandmother divorced his grandfather when she found out about the abuse and re-married some years later. Darren said he never met his grandfather but knows that he has passed away.

Darren tells you that his mother is much happier now and has a new partner, a woman named Cathy. They have been together for about sixteen years. Cathy was also married and Darren tells you that Cathy left her husband for his mother. Darren described this has a stressful time for his mum and Cathy, as Cathy's husband did not take the break up well. He still doesn't talk to Cathy even though he has re-partnered. Cathy and her ex have three children together, their youngest daughter Emma is seventeen and in her last year of high school. She also lives with Cathy and Darren's mum. Darren said Emma hates her dad and his girlfriend and he knows Cathy is really worried about her. Darren's mum has even confided in him that she thinks Emma is doing drugs. Cathy's other daughter has a 'drug problem' so this only adds to Cathy's fears. Darren tells you that Cathy's eldest is about twenty four and he just got married because his partner fell pregnant. He thinks she is probably due to give birth really soon.

Darren tells you that his dad Pete is forty five and says he got re-married about a year after he divorced his mum. Darren has two half-sisters, Chloe 18 and Becky 16. Darren describes his relationship with his sister Becky as 'really close' and said she is one of the main reasons he wants to quit smoking pot. Becky lives with his dad and step mum and she is also in her last year of high school. Darren tells you that he doesn't see his other sister Chloe very often and said they never really 'clicked' growing up. He said Chloe moved interstate last year with her boyfriend.
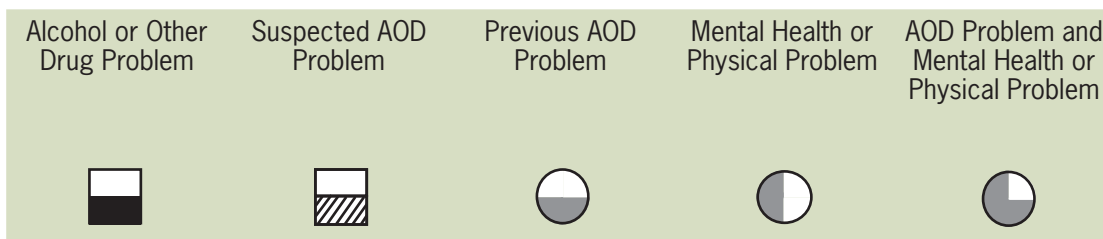
You ask Darren about his dad's family and he tells you that his dad had one older brother who died in a car accident. Darren says that his dad's father passed away last year and his paternal grandmother just moved into a nursing home.

Using the information Darren has provided you decide to map a genogram of his family history.
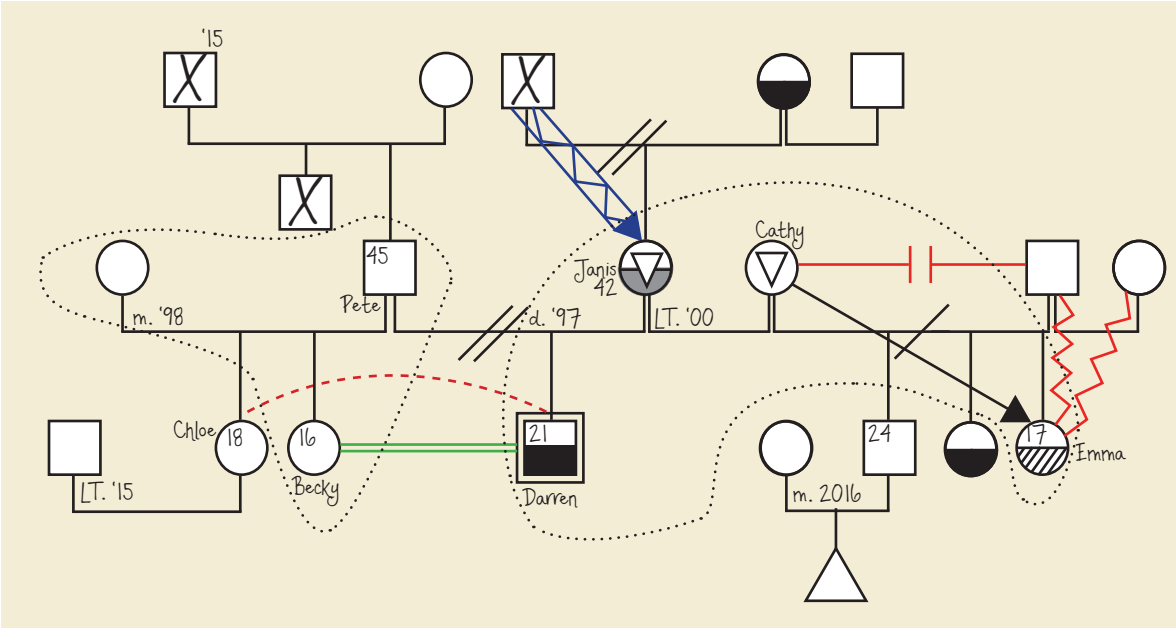
Figure 4:   Genogram example - Darren's family

Please Note

In this example we are using a double line to denote the client we are working with.

A dotted line surrounding people indicates members of the same household.

3.22 Other tools for mapping a young person's relationships

The Three Houses tool, developed by Nicki Weld and Maggie Greening, has been used in child protection practice. This tool explores the young person's worries, good / positive things happening in their lives, and hopes they have for the future. A detailed outline is available in the Queensland Department of Communities, Child Safety and Disability Services, Framework for practice: Practice tools and processes resource. Visit: www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-pr-tools.pdf

The Concept Map is a mapping tool used specifically with young people in an alcohol and other drug practice context. Developed by MacLean et al. (2009) the Concept Map depicts concentric circles from 'very important' at the centre to 'not important' at the outer, together with cards for categories of people (family, family friend, friends, carer, teacher, worker etc). The young person is invited to talk about these people in various terms including the nature of the relationship, and how this relationship assisted them or was a barrier to them addressing issues (Green et al. 2013, p.425).

A time line approach is another mapping tool where past and present family and significant relationships along with hopes for future relationships can be visually indicated along a line. Crane et al. (2014) has developed one such timeline tool where relationships are mapped over time. This tool may assist a young person to appreciate family as dynamic and evolving.

Figure 5 depicts a time line approach where the young person is represented by the point in the middle of each circle and the proximity to significant family members at specific points in time. The dates on the time line can be selected to suit.

"I really like seeing the positive changes in relationships between a young person and their family during treatment. It's really fulfilling when it works."

Youth AOD Worker

2 Years Ago

- Mum
- Best friend
- Nanna and Pop
- Dad

Now

- Little sister
- Dad
- Boyfriend
- Mum

family of destination

family of origin

6 months ago

- Mum
- Pop
- Dad
- Little sister

A year from now

- Mum
- Little sister
- Dad
- Step-dad
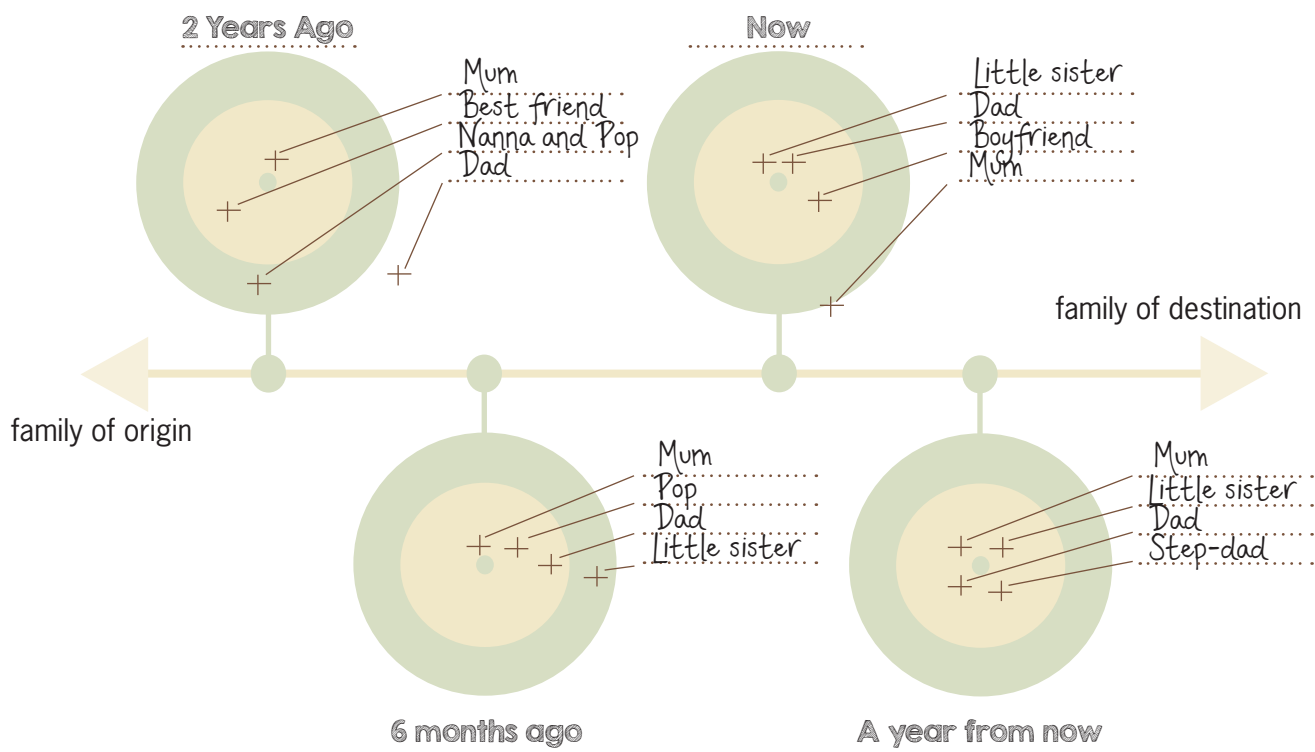
Figure 5: A time line approach

Regardless of the specific tool used, workers need to be aware of how a young person is experiencing the mapping process. The worker needs to be attuned to the young person's emotional ease or unease, and adjust the pace, or cease, if the experience triggers painful, traumatic or confusing memories. Young people who have experienced trauma or family dislocation can be particularly vulnerable to this.

For more information on mapping relationships

Dovetail Guide 04: Learning from each other.	This guide is designed to support workers and agencies working with Aboriginal and Torres Strait Islander young people who use alcohol and other drugs. Working with families in this context is addressed in a number of chapters.	www.dovetail.org.au
Strong Bonds	The Strong Bonds Project was developed in response to a perceived need in the youth work field for a better understanding of the dynamics between a young person with complex needs and their extended family.	www.strongbonds.jss.org.au

3.3 Mapping risk and protective factors relevant to family

There are a wide range of factors that can render some young people more vulnerable to problematic alcohol and other drug use. These are known as risk factors. On the other hand, protective factors can reduce the likelihood of alcohol and drug use and moderate the influence of risk factors. Risk and protective factors can be individual, interpersonal, family, community and cultural. Table 1 explores the risk and protective factors relevant to family.

	Protective Factors	Risk Factors
Individual	skills, attributes and experiences that individual family members hold and which might be drawn upon to support young people in achieving their goals	temperament, difficult behaviours, limiting beliefs and opinions about themselves and others (particularly the young person), problematic drug or alcohol use, mental illness
Interpersonal	past and present positive experiences of relationship, trust, warmth, encouragement and support that might help the young person and enable them to be optimistic about their ability to achieve	parent-child conflict, abuse, violence, abandonment or rejection
Family	a sense of belonging, positive and high expectations of each other, a sense of shared purpose, family traditions and obligations - these can be affirming for young people and help them to develop a sense of history and place and foster a network of support to help them succeed	family conflict, breakdown, destructive family cultures, normalising problematic behaviour
Community	the ways that families are supported and interact with other families and the broader community	hostile environments, limited or negative social connections and expectations, violence and community breakdown
Cultural	the ways that culture provides the family and family members with a sense of identity, belonging, connectedness and tradition	intergenerational trauma, history of dislocation, sense of disconnection

Table 1: Risk and protective factors in a young person's family

Moore (2015) Family Responsive Youth Work Practice: Training Notes, Institute of Child Protection Studies, Australian Catholic University.

3.4 Static and dynamic factors

Risk and protective factors can be static or dynamic. Static refers to factors that are unchanging. Dynamic factors on the other hand, refers to factors that can change. Past experience of abuse, for example, is static while parenting capacity is dynamic – that is it can be improved with support, training and supervision. Mapping the young person's family static and dynamic risk and protective factors gives insight into some of the influences on a young person's alcohol and other drug use and provides some clues about how you might assist.

Figure 6 is one example of how you can map a young person's family risk and protective factors that are either static or dynamic.
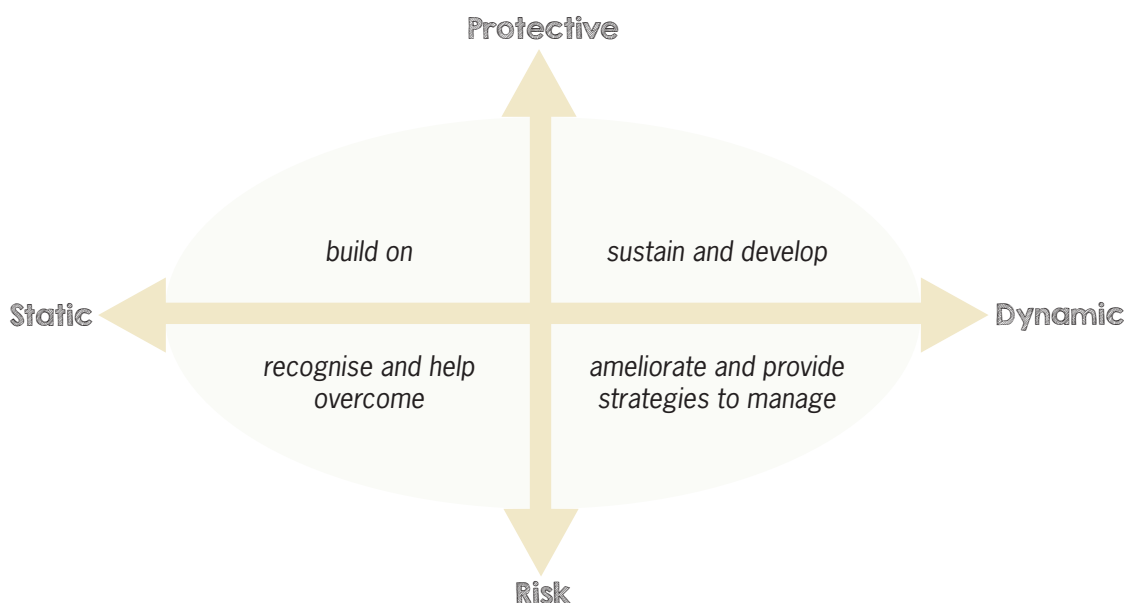
With the young person, (using the above table of factors as source of possibilities), identify:

- static-protective factors (such as positive memories from childhood),
- some of their dynamic-protective factors (things that either are available to them or could be available to them such as support from an uncle)
- some of their static-risk factors (such as early experiences of family violence)
- some of their dynamic-risk factors (such as poor family housing).

Once this is completed, you can develop a family-responsive treatment plan, by attempting to:

- **build on** the static-protective factors
- **sustain and develop** the dynamic-protective factors
- **recognise and help overcome** the affects of static-risk factors
- **ameliorate and provide strategies to manage** dynamic-risk factors.

Figure 6: Mapping static and dynamic family risk and protective factors (Moore 2015)

3.5 Working with friends and peers

Young people identify friends as critical sources of connection alongside family (Green et al. 2013). Research also tells us that a young person's social networks have a significant influence on their alcohol or other drug use (Miller-Day, et.al., 2014), the risks they take (Bailey, et.al., 2007; Santor, et al., 2000), the way that they seek support, and how well they do in treatment (Holth, 2014).

Alcohol and other drug use may become an activity that provides inclusion and acceptance. Some young people may be concerned that making changes to their alcohol and other drug use could result in loss of friendships or other social activities. However, peers can be good at helping each other to abstain from substance use, particularly when they are in treatment.

A study of young people in alcohol and other drug treatment conducted by Passetti el al. (2008) found:

- Most young people had a mix of friends – including some who used alcohol and other drug and others who did not. Very few made changes in their peer group whilst involved in outpatient treatment regardless of how many of their friends used substances. There were a small number who made deliberate changes to their peer group. Reluctance to change friends was often because of the long standing nature of friendships, and the positive character of their friendships.

- In this sample most young people mentioned ways friends had helped them remain abstinent. This included not using when the young person was with them, not offering, not letting them use, or even offering to quit with them.

- Whilst some research indicates a relationship between alcohol and other drug use and substance using peers, the young people in this study did not see this as a causal relationship. Rather their alcohol and other drug use was more the result of personal choice rather than peer pressure.

3.51 Strategies for including friends into youth alcohol and other drug practice

Ask about the quality of existing friendship / peer networks

Asking young people about their friendship networks is essential in understanding the positive and negative influences in their social environment (Ramirez et al., 2012).

Carefully and sensitively ask questions about any friends who are important to them, who they respect, who supports them, and who they support. Try to appreciate any strengths and resources within their friendships, and peer networks.

- *Tell me about your friends.*

- *Who do you like hanging out with?*

- *Who's supportive of you?*

- *What kinds of things do you like doing when you are together?*

- *How do you think your friends will react to you stopping or changing your substance use?*

- *Is there anything that your friends do that helps you?*

- *Is there anything that your friends do that doesn't help you?*

- *Is there anyone you need to take a break from?*

Include and support close friends when appropriate

Although some intervention approaches have tried to discourage young people from having ongoing contact with 'negative peer influences', studies have shown that many young people are reluctant to sever ties, and may find it difficult to seek out and sustain positive relationships even when they desire to do so. Social isolation from peers can impact negatively on their psychological health, whilst a supportive relationship with even one friend can provide some protection against risk factors (Green et al., 2013).

Help young people develop additional friendship / social networks

In a number of studies, young people who have formed negative social relationships report that in doing so they lose connections with positive peers. They also report difficulties in reconnecting with these peers or making new friends who engage in more prosocial networks. When asked what they wanted most, young people in these circumstances asked for support in connecting with positive groups and coaching on how to make and keep new friends (Moore et al. 2010).

Particular strategies which may assist young people include:

• encouraging and supporting re-engagement with past friends / networks

• linking young people into education, cultural and arts programs

• sporting and leisure activities

• peer support programs

• mentoring and leadership programs

• community service organisations

• youth development programs.

Young people might need practical support to engage with prosocial activities including help paying for activities or equipment, providing transport, or developing skills in making and sustaining healthy relationships.

Working with young people and their families

Family responsive practice can provide opportunities to actively explore and enhance the support available to a young person. Research indicates that family involvement in youth alcohol and other drug treatment produces more successful outcomes than if families are not included (Robinson et al 2011). As such, family involvement should be considered a routine part of youth alcohol and other drug practice, unless otherwise indicated.

It is important to distinguish a family responsive approach from that of providing family therapy. Specialist youth alcohol and other drug workers are not expected to be family therapists nor should they try to be without considerable and recognised clinical training and supervision. However, a worker doesn't have to be a family therapist to be interested, welcoming and inclusive of parents and significant others.

In considering how to engage directly with family members, workers need to be attuned to the young person's goals, the family's strengths and their own skills in family responsive practice. Elliot, Mulroney and O'Neil (2000) outline the following key elements for successful work with families:

1. Starting where the family is at
2. Developing successful relationships with family members
3. Understanding and setting goals for change
4. Helping in practical ways
5. Building networks
6. Building on the family's strengths.

Whist various specific therapeutic models have some evidence base as effective for adult populations (e.g. cognitive behaviour therapy and family therapy) they are generally less effective for young people with multiple or complex needs (Bruun & Mitchell 2012). The best current understandings are that a comprehensive and multi-systemic approach is more effective than use of a singular specific model of treatment (Bruun & Mitchell 2012).

4.1 Engaging with parents and carers

The prospect of talking or meeting with parents or carers can be daunting for some youth workers. If family members are contacting your service about a concern for a young person, they are potentially part of the solution. It is important to keep in mind that they are making the effort to connect. Where possible, the worker should see families as being potential allies in the support of young people. Workers need to make the effort to understand because families also need support, and they will benefit from reliable information and sensitive professional help.

Responding initially to a family member can simply involve:

- a respectful welcome (even on the phone)

- careful listening

- an explanation of your service, its approach, and your role

- an explanation of the privacy and confidentiality conferred to all clients, including the family member

- information and referral to services focused on supporting families and strengthening parenting

- practical assistance and general support

- information about problematic alcohol and other drug use and strategies to minimise harm

- support to problem-solve a specific concern related to a young person's substance use and their behaviour at home.

> **"Working with families offers you two important things. Firstly, it gives you insight into 'the whole picture' of a young person's reality. Secondly, it gives you more options for young people. Family can be part of the 'solution', one more possible tool to explore."**

Youth AOD Worker

Confidentiality

Young people, within legal constraints regarding capacity and mandatory reporting, should determine who could be informed about their participation and progress in a service or treatment program. Any sharing of their information with family or significant others must be negotiated with the young person on an ongoing basis.

Every agency should have a clear policy outlining the young person's rights to privacy and confidentiality. It is important that information about these rights are clearly explained and available in written form for young people and their families.

There are ways of respectfully exploring confidentiality concerns for parents. Rather than bluntly informing a parent of the confidentiality policy, a worker could engage with a parent, attempt to assist them, explain the commitment of the service to supporting young people and help to link them in with supports.
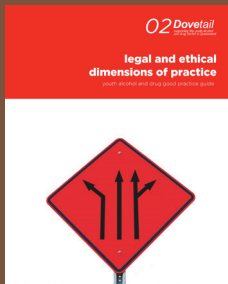
For more information on confidentiality visit www.dovetail.org.au to obtain a copy of Good Practice Guide 02: Legal and Ethical Dimensions of Practice

4.11 Guidance on direct family involvement

The resource *From Individual to Families: A Client-centred Framework for Involving Families* (Young et al. n.d.,), developed for mental health and alcohol and other drugs services in Victoria, provides the following guidance including when not to include particular family members.

Guiding statements about family involvement

- 'Nothing about me without me'. The client is the starting point for negotiations about family involvement. (However, this may not apply where there are significant concerns about the safety of children or other family members.)

- Families can have needs even when the client doesn't want their involvement, and family sensitive and inclusive practice entails consideration of these needs.

- For a variety of reasons, not all families will opt to be included in their relative's care; however the service can keep the door open to future involvement for such families.

- Families are understood as being essentially motivated by survival rather than malevolence. When members behave in destructive ways, an appreciation of the family situation can help workers address this destructiveness more effectively. However, in certain circumstances, some forms of family involvement will not be in the client's – or some family members' – best interests.

- An approach in which both the client and the family are heard can often reveal compatible hopes and wishes between clients and families or carers, even at times of tension and conflict.

Young et al. n.d., From Individual to families: A Client-centred framework for involving families, p.17. Cited with permission from The Bouverie Centre.

"Working with families can be difficult when they have different expectations around the young person's drug use. It can sometimes be challenging trying to navigate this"

Youth AOD Worker

4.2 When family involvement is challenging

There are times when family involvement may present further risk to a young person, for example when there is abuse. The following excerpt from the Strong Bonds Project provides some guidance around potential challenges involving the decision to include family in the practice process.

When contact with family is harmful

The dilemmas

When helping young people build connections with family, youth-oriented workers often have to face dilemmas about whether contact with family members is going to be harmful. Modelling a respectful and safe relationship for young people, helping them feel worthy of care and supporting them to be more discerning in relationships, will help them greatly in their lives. If young people know more about how they should expect to be treated in a relationship, they will be able to make positive choices in their relationships, beyond your time-limited involvement with the young person.

Helping a young person think about and decide whether contact with a family member is likely to be beneficial or harmful, will involve exploring family relationship issues with the young person, and, if your role allows it, with their family members. Remember though, unless protective intervention prevents it, ultimately, it will be the young person's and family members' choice as to whether or not they have contact.

Past abuse

If a young person has experienced abuse from family members, then careful consideration and examination needs to occur before any attempts are made to re-establish contact with the family members involved. If child protection services are currently involved or have previously been involved with the young person, then the protective worker should be contacted for advice and direction.

There are cases where abuse has occurred and family members:

- Fail to acknowledge the abuse
- Have no remorse and rationalise their actions
- Fail to feel genuine empathy for the victim
- Fail to take actions to change their behaviour

In these cases, the young person is likely to still be 'at risk' if they have contact with the family member who has perpetrated the abuse or neglect. Your role is to support the young person to take the necessary steps to ensure their safety and wellbeing and to develop other connections with responsible caring adults who will have the young person's best interests at heart and will be able to provide the healthy support that they need.

Contact with family members may be possible, but only with clear safeguards and conditions, such as with other family members present or with professional supervision or away from the family home. These conditions needed to be worked out in consultation with child protection services or alternatively if the young person is of adult age, then it may be appropriate to consult with a significant adult who has played a caring role in the young person's life and is aware of the young person's family history. In some cases it is simply not appropriate to encourage renewed contact with family members where abuse has occurred, as it may result in further trauma for the young person.

Unable to meet the young person's needs

There are cases where observing some parents behaviour over time it becomes apparent that the young person's interests are a low priority. The parents may be so focused on their own needs that they are unable to see and respond to the important needs of the young person, even when these have been explained to them.

In these cases family counselling may be of assistance. Or in some cases you may need to help the young person to find other support networks to provide the secure emotional base and nurturing that they need for their continued development. Young people need to feel they are special, important and supported by people committed to them over time.

A break is needed

There may be times when family members may need to take a break from each other:

• to reduce the level of stress or conflict in their relationship

• to have an opportunity to try to shift a negative or abusive dynamic

• to give them time to deal with their individual issues before they are ready and able to work on the relationship issues

If this is the case make sure that the young person continues to be cared for by a responsible adult who is aware of the issues that the family is trying to resolve.

In the mean time

• Individual counselling may be beneficial for the young person and/or other family members.

• Joint or family counselling may be suitable when they are ready to start to improve their relationship at a deeper level.

• If you have the young person's permission you should continue to have contact with other family members to support them and to share information with them (to keep them in the 'loop') until the relationship difficulties are resolved.

• It may be appropriate to support a young person and their family to develop a plan for contact which will enable them to gradually reconnect.

When contact is not possible

When contact with a family member is harmful, and a young person is not able to live with their family, they will experience a range of emotions including anger, frustration, grief and loss. The intensity of these emotions is often witnessed in acts of aggression and violence. Many young people who have experienced extreme abuse at home continue to hold the hope that their family situation will change and that their parents will suddenly be able to provide them with the love and support that they need. Unfortunately in many cases this does not happen and the hurt continues.

A sense of belonging is important to us all. If a young person can no longer live with or have contact with their family, then it is important that they experience a sense of connection and belonging with others outside their biological family. Encouraging a broad network of positive relationships can enhance the health, well-being and resilience of young people who are not able to have their emotional needs met by family. The young person in this situation needs understanding, counselling and education to begin to deal with the loss and grief that they are experiencing. They need caring adults in their lives who will provide consistent support for extended periods of time.

Reproduced with permission from Strong Bonds.

www.strongbonds.jss.org.au/workers/youngpeople/harm.html

4.3 Family meetings

Family members often report wanting to know what is going on in the lives of their young people and a say in how the young person might best be supported. When this avenue for communication is not offered, family members may feel disempowered, angry or confused about their child's situation. One way of providing families a safe and productive environment to raise their concerns is through family meetings.

Family meetings can be used in a variety of situations including treatment planning, sharing of information or as a strategy for conflict resolution. For effective family meetings, workers should ensure they have consulted with the young person first and discussed what is to be achieved by the meeting. Ensure there are basic ground rules to maintain emotional safety – e.g. what will and will not be discussed.

Family meetings are a good opportunity for building rapport between family members and the service, and can assist workers in gaining an insight into how the family understands the problem. They are also a good opportunity to witness family dynamics and how a family communicates with one another. Family meetings present opportunities to identify and build upon a family's strengths, negotiate strategies and manage potential roadblocks.

For more information on family meetings

The Family Focus Toolkit - Eastern Drug & Alcohol Service (EDAS) (2010)	A series of resources for structuring family sessions including: • First Session Framework for Working with Families • Managing Subsequent Sessions: Ongoing Framework for Working with Families • Conducting a Family Session Checklist	nceta.flinders.edu.au/ files/6513/0948/1146/ EDAS_Family%20Focus%20 Toolkit.pdf

4.4 Mediation and conflict resolution

At one level, conflict in families and relationships is normal. Everyone can benefit from improving their understanding and skills around conflict resolution. Where there is a conflict or disagreement between the young person and other family members that they cannot resolve on their own, mediation and other conflict resolution processes may be useful. There are a range of family mediation approaches that have been used with vulnerable young people.

For more information on mediation and conflict resolution

The Australian Government Family Relationships Online	Access to a range of information including dispute resolution services for families and young people.	www.familyrelationships.gov.au/Pages/default.aspx
Relationships Australia	Relationships Australia is a provider of relationship support services for individuals, families and communities.	www.relationships.org.au

"Appreciating and supporting both young people and their family can provide rich opportunities to deal with complexities that would otherwise not be apparent."

Youth AOD Worker

4.5 Peer support for families

Facilitating access to peer support for family members can be a useful strategy. In addition to local supports that may be available, the largely volunteer run Family Drug Support has been established to support families struggling as a result of alcohol and other drug use.

Stepping Stones is a peer support program developed by Family Drug Support. It is a structured, interactive and experiential course that recognises the value of families and their contribution to managing alcohol and other drug use. The program provides support, education, practical ideas, and collective wisdom gathered from families and professionals.

Stepping Stones uses a road map to help families navigate the journey of helping a family member with alcohol or other drug use issues (shown opposite). It can also be useful for workers to help understand what families are going through and provide some potential directions for support.

For more information on peer support for families

Family Drug Support	Assisting families throughout Australia to deal with alcohol and drug issues in a way that strengthens relationships and achieves positive outcomes through a variety of support services as well as a 24 hour support line.	www.fds.org.au

Moving forward

Getting skills

Education and support

Dealing with and sharing your feelings

Acknowledging feelings

Success
- acceptance, management & resilience

Supporting not rescuing
- keys to positive outcomes

Your life / Their life
- setting workable boundaries

Communication
- listening and other tips

Letting Go / Hangin in
- not abandoning

Ambivalence
- embrace it

Trust
- it's a two way deal

Support network
- keys to finding help

Self esteem
- you are valuable

Information
- you need to know

Family & friends
- strengthening relationships

Telling your story
- expressing your feelings

Responsibility
- are you over or under responsible?

Why?
- everyone wants to know

Anger
- I bet you are

Grief
- all the losses

Isolation & Helplessness
- normal feelings

Shame & Stigma
- we feel like outcasts

Guilt & Blame
- and learning to ditch it

Denial
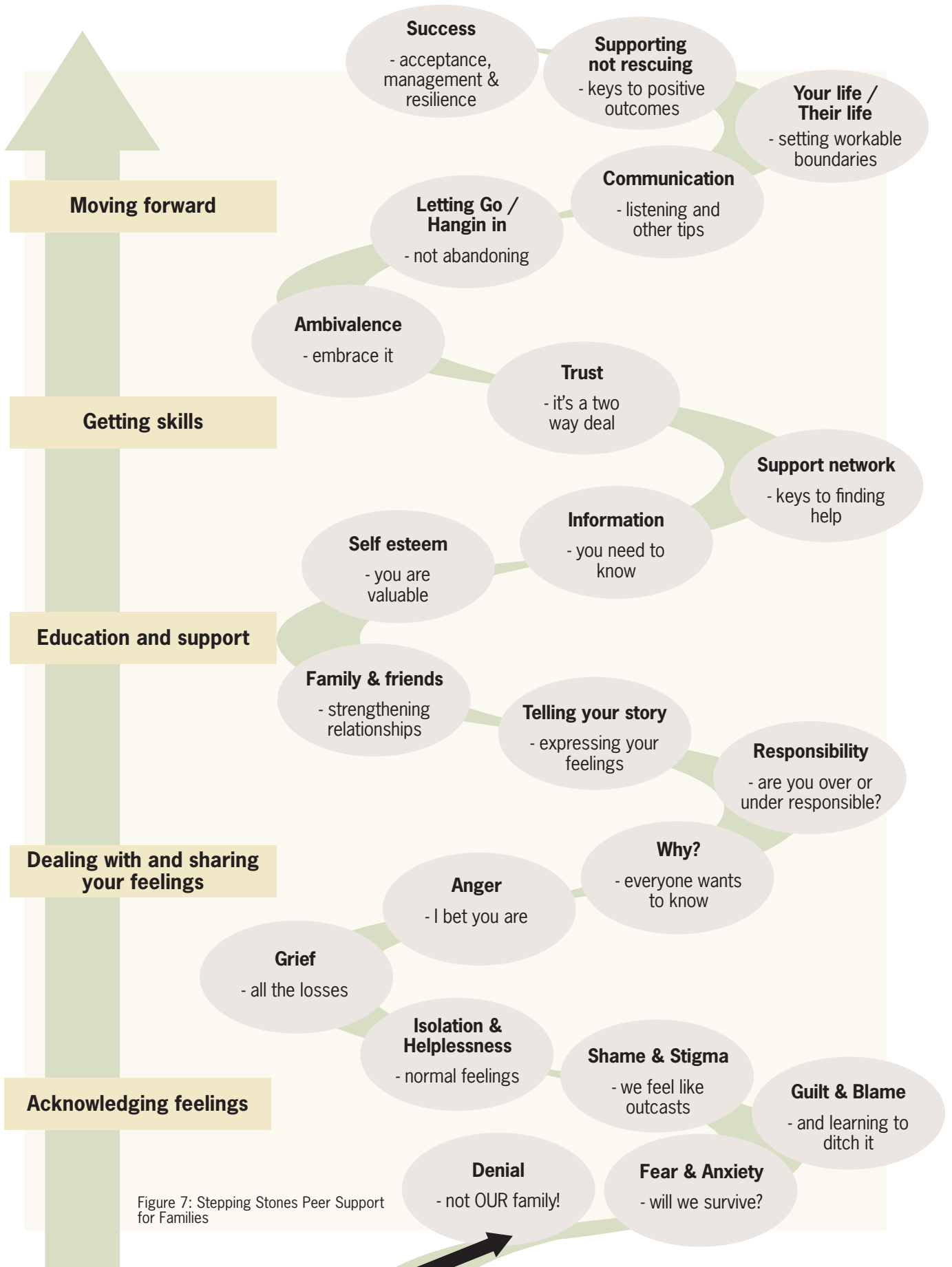- not OUR family!

Fear & Anxiety
- will we survive?

Figure 7: Stepping Stones Peer Support for Families

4.51   Information and telephone support for family members

Facilitating access to support for family members can be a very useful strategy. There are a range of family support services available in most communities.

For more information on support for family members

Alcohol and Drug Information Service (ADIS)	ADIS provides a free, 24 hour/7 day, counselling, information and referral service for anyone with concerns about their own or someone else's use of alcohol or other drugs. This is an anonymous and confidential service.	1800 177 833
Family and Child Connect	Family and Child Connect is a free service to help with the challenges of parenthood. Family and Child Connect assists with connecting people with local services that can help.	www.familychildconnect.org.au 13(FAMILY) or 13 32 64
Family Drug Support (FDS)	Assisting families throughout Australia to deal with alcohol and drug issues in a way that strengthens relationships and achieves positive outcomes through a variety of support services as well as a 24 hour support line.	www.fds.org.au 1300 368 186
Parentline	Parentline is a confidential telephone service providing professional counselling and support for parents and carers of children in Queensland and the Northern Territory.	www.parentline.com.au 1300 30 1300
ReachOut Parents	A service to help parents help teenagers. On this site you will find fact sheets, stories, practical tips and tools covering a range of topics, issues and experiences that are relevant to teenagers aged 12–18 years.	parents.au.reachout.com

4.6 Family therapy

This guide cannot teach specific family therapy skills, as this is best learnt in a training program with ongoing supervision. However, it is useful for workers to be aware of some of the major schools of family therapy, and have a basic understanding of the particular approaches. Table 2 contains a brief summary of various approaches.

Theory or model	Main tenants	Practice approaches
Multi-dimensional family therapy	Combines aspects of family systems theory, development theory, ecosystems theory and risk / protective factors understanding of a young person's substance use.	Aimed at multiple risk and protective factors and can be aimed at young person, parents, and/or relational patterns. Includes phases of engagement; building pro-social behaviours, networks, attitudes, including family interactions that are developmentally appropriate; generalising skills and behaviours. Supported by evidence review (Austin et al. 2005).
(Brief) strategic family therapy	Time-limited, short-term model that focuses on the presenting problem or symptom rather than the underlying cause/s. Family seen as foundation of child development. Family problems are maintained due to how family members habitually interact. Encourages family members to carry out roles appropriate to their position in the family.	Focuses on identifying presenting problem and how families have dealt with them in the past. Sets goals, develops interventions flexibly in response to context, and evaluates whether achieved. Core interventions are joining, diagnosing, restructuring. Sets tasks between sessions. Supported by Austin et al. (2005) systematic review.
Multi-systemic therapy	Strengths based; multiple contributing factors underpin problems. Based on systems and social ecological theory about behaviour.	Generally uses a combination of interventions drawn from family therapies combined with training, to respond in an individualised, comprehensive manner.

Table 2:   Family therapy models and theories

Table 2: Family therapy models and theories continued

Theory or model	Main tenants	Practice approaches
Structural family therapy	Focuses on family structures, including family sub-systems, family boundaries and coalitions. Dysfunctional (poor functioning) families are where members are disengaged from each other. Family problems stem from the absence of or lack of respect for family boundaries, or from coalitions which exclude other family members.	'Positive connotation' used to positively reframe family members actions; Circular questioning used where each family member comments separately on nature of a particular issue. Goal is to facilitate voice, and see how an issue is variously perceived. Therapist 'hypothesises'.
Cognitive behavioural therapy	Combines behavioural therapy, and cognitive therapy. Underpinned by learning theory, where cognition is seen as linked to behaviour.	Relationships improved through addressing unhealthy patterns of thought, behaviour or lack of skills. Focus is on understanding and changing the ways family members interpret situations. Includes a large range of potential therapeutic elements. Intervention methods include: • Contingency contracts: agreements to exchange positive behaviours • Cognitive restructuring: reviewing and reframing the way people think about behaviour and the impact on self. Usually a set number of sessions, which define problem and goal.

Theory or model	Main tenants	Practice approaches
Functional family therapy	Locates CBT within a family systems approach, assuming problem behaviour located within a family context. Aims to help family members understand functions served by alcohol and other drug use. Non-blaming approach where behaviour seen as having purpose, and as adaptive.	Sessions about understanding underlying reasons for family members' behaviour and interaction dynamics. Develop strategies to gain desired consequence through another method. Seeks to uncover the risk and protective factors of family interactions, build alliances, reduce resistance, enhance access to wide range of potential resources.
Narrative therapy	Assists people to re-evaluate the narratives, or stories, that underpin the way they live their lives through 're-authoring' or 're-storying' conversations. Aims to increase people's awareness of dominant, helpful and unhelpful stories that influence their lives and develop more constructive ones. Narratives are influenced by past experiences and social and cultural expectations.	New life stories are developed by the individual with the help of the practitioner. The family member and is seen as the expert in their own experiences. 'Therapeutic letters' used for summaries and invitations. Problem seen as external to the individual and family members work together to find ways of dealing with problem. Exceptions to the problem valued. Encourages family members tell their stories to each other and other people, and change/ develop their stories in the process.

Theory or model	Main tenants	Practice approaches
Solution-focused therapy	Is a goal focused treatment using problem-solving and systems approaches. Focus is on constructing solutions to problem, rather than problem itself.	Key elements include identifying a problem, identifying exceptions or when problem was absent, the 'miracle question' (how things would be different if problem not there), encouraging hope and possibilities, use of ratings scales (compare where they are now with where they would like to be in future and how this would be different). Focuses on strengths Assumes the young person's "family" is a valuable avenue for change. It helps to elicit the vision for change, areas of protection, and opens up avenues for such transformation to occur. Used in Child Protection settings.

Table 2:   Family therapy models and theories

Austin et al. (2005); Robinson et al. (2011); Trotter (2013, pp. 28-47); Goldenberg & Goldenberg (2013),

Case study 2: Two stories

Jackie is fifteen years old. She lives at home with her mother, Nina. Jackie has stopped attending school and uses cannabis daily. She smokes cannabis in her bedroom, often has friends over who smoke with her, and opposes her mother's insistence she stop.

Nina supported Jackie to attend a youth alcohol and other drug service. Nina sat in on the first appointment and answered many of the questions directed towards Jackie. The outcome of this appointment was that Jackie was referred to an outreach youth worker and Nina was introduced to the family support worker.

During the initial assessment Jackie reported smoking approximately six cones in the morning and ten cones in the evening. Jackie's stated goal is to only smoke in the evening. She describes feeling motivated to reduce her cannabis use, and identifies as sitting within the 'action' stage of change.

By week three of Jackie's engagement, she reported having reduced her cannabis use dramatically: approximately two cones in the morning and only six in the evening. She is happy with these achievements and by week five says she does not smoke in the mornings, only in the evenings. Jackie feels the treatment has been effective.

During this time, Nina engaged with the service's family support worker. The family worker listened and supported Nina to differentiate her needs and feelings from those of her daughter's, and to identify and expand the strengths in her parenting.

During week six, Nina phoned Jackie's youth worker to tell her what was "really happening" with Jackie's substance use. Nina told the worker that Jackie had continued to smoke heavily throughout the day and night and she continues to bring friends home to smoke cannabis in her bedroom. Jackie had also been caught stealing money from her mother to purchase cannabis, and had not been attending her casual job.

If you were the youth worker:

- How would you manage the information provided by Nina?
- Would you inform Jackie about her mother's contact and ask more questions about her cannabis use?
- Would you ignore Nina's concerns and focus on Jackie's reported progress?
- How do you think Nina's involvement with you may affect Jackie's engagement and the therapeutic alliance?
- How could you clarify boundaries for both Jackie and Nina?
- What support could you provide Nina?

Working with particular groups and populations

Providing family responsive services requires workers to appreciate and respond to a variety of client contexts. This section explores some of the diversity of family and provides guidance for family responsive practice.

5.1 Aboriginal and Torres Strait Islander young people and families

It is important to understand the history and context of Aboriginal and Torres Strait Islander communities through building both individual and organisational cultural awareness. It is essential for successful alcohol and other drug work with Aboriginal and Torres Strait Islander communities that workers take the time to understand the relationships between family and community members involved in supporting and influencing young people. This requires a holistic approach where young people are understood in the context of their family and community rather than in isolation (Encompass Family and Community 2014). Family structures vary between Aboriginal people and Torres Strait Islander people and according to clan or location.

In identifying the influential and significant people in the lives of young people, recognise that kinship networks may sometimes have negative as well as positive influences. Western Australian research indicates that Aboriginal carers who were forcibly separated from their family by past policies were, as a result, subsequently more likely to live in households where there were problems of alcohol. It was noted that their grown children, in turn, were more likely to have higher rates of alcohol and other drug use compared to those whose parents had not been forcibly removed (Drug and Alcohol Office WA 2005).
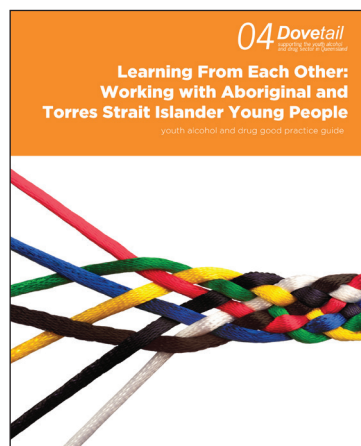
For more information on working with Aboriginal and Torres Strait Islander young people visit www.dovetail.org.au to obtain a copy of Good Practice Guide 04: *Learning From Each Other*: Working with Aboriginal and Torres Strait Islander Young People

5.2 Culturally and linguistically diverse (CALD) young people and families

A systematic review of alcohol and other drug prevention interventions in CALD communities found that a family-based component was essential for success (Browne & Renzaho, 2010). A study of worker perspectives on culturally diverse clients in alcohol and other drug services (Donato-Hunt & Turay, 2009) found service models that exclude family were one of the barriers to treatment.

CALD clients continue to struggle in accessing treatment services, further exacerbating the stress and strain of their situation. Lack of culturally appropriate translated material, specialist interpreters and bilingual workers in treatment services, and Anglo-centric treatment practices (such as excluding the family) mean that CALD clients do not have access to the same level of treatment and communication with health professionals that other clients would have (Donato-Hunt & Turay, 2009).

5.21   Tips for working with CALD families

- It is important to recognise the diverse nature of identity and cultural experiences when engaging with CALD families. There are many different cultural and ethnic groups with considerable diversity within each of these groups.

- Develop an understanding of the refugee or migration experience. Experiences can be characterised by feelings of stress and loss for families and significant change. Many families who migrate to Australia find their roles within the family change significantly and may require support for these adjustments.

- Other potential factors to consider when working with CALD families include exploring the reason for migration, how long the family has been living in Australia and the extent to which family members identify with a cultural group.

- Avoid making assumptions by checking that what has been discussed is properly understood and acknowledge and ask for assistance to help increase your cultural awareness and understanding.

- Confirm family members' level of proficiency in English and utilise an accredited professional interpreter if required. Investigate interpreter services in your area.

- Establish links with CALD service providers and culturally diverse community organisations.

Department of Child Safety (2010). Practice Paper: Working with people from culturally and linguistically diverse backgrounds. Brisbane: Department of Child Safety.

For more information on culturally and linguistically diverse families

Centre for Multicultural Youth	The Centre for Multicultural Youth is a Victorian not-for-profit organisation supporting young people from migrant and refugee backgrounds to build better lives in Australia.	www.cmy.net.au
Drug and Alcohol Mulitcultural Education Centre (DAMEC)	DAMEC's mission is to reduce the harm associated with the use of alcohol and other drugs within culturally and linguistically diverse (CALD) communities in New South Wales.	www.damec.org.au
Queensland Multicultural Health	A range of services for the public and for health workers aimed at improving the health and wellbeing of culturally and linguistically diverse populations. Includes interpreting services, translated health information, and current policies and plans.	www.health.qld.gov.au/ multicultural
Queensland Program of Assistance to Survivors of Torture and Trauma	The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) provides a range of services to people from refugee backgrounds, including asylum seekers, who have survived torture or war related trauma to help them to recover from their experiences.	www.qpastt.org.au

5.3 Rainbow families

'Rainbow families' is a term used to describe the many different forms of families parented by people who are same sex attracted, or sex and gender diverse. It is important for workers to be aware of the particular needs of rainbow families, and to be able to provide support in an inclusive and sensitive way.

The make up of rainbow families in Australia varies immensely. Young people may have two mums or dads, or any combination of parents or co-parents. They may be part of a blended family from a previous heterosexual relationship or have a sole parent who is same sex attracted or sex and gender diverse. Rainbow families may include known or unknown donors or surrogates, or children who have been adopted or fostered. Rainbow families are as diverse in socio-economic status, culture and beliefs as all Australian families.

The Bouverie Centre Guidelines for healthcare providers working with same sex parented families (2012) provides the following tips for working with rainbow families:

• Remember rainbow families have many of the same parenting challenges and joys as heterosexual parents.

• Assess how welcoming and sensitive your service is for same sex attracted and gender diverse parents and their young people.

• Be familiar with the common terms associated with rainbow families and use appropriate language.

• Be mindful of correct pronoun use when working with sex and gender diverse family members.

• Listen to family members about the roles that they play in their family, remembering that they are fluid and may change over time.

• Avoid assumptions that the problems for the young person have to do with their parents' sexual or gender identities.

• Recognise that young people from rainbow families may experience negative attitudes from peers or others because of their family structure. Remember to explore their experiences of dealing with any prejudice or discrimination.

• Be open to the richness of possibilities that comes with working with rainbow families. Positive attitudes to diversity and acceptance should be promoted at every opportunity.

The Bouverie Centre, La Trobe University 2012 "Guidelines for healthcare providers working with same-sex parented families".

www.bouverie.org.au/images/uploads/Bouverie_Centre_Guidelines_for_working_with_Same_Sex_Parented_Families.pdf

For more information on rainbow families

Open Doors Youth Service	Open Doors Youth Service provides counselling and support for same sex attracted and sex or gender diverse young people and their families.	www.opendoors.net.au
PFLAG (Parents and Friends of Lesbians And Gays)	PFLAG (Parents and Friends of Lesbians And Gays) provides help, support and information to families and friends.	www.pflagbrisbane.org.au
Rainbow Families Queensland	Rainbow Families Queensland provides family and parenting resources for queer, lesbian, gay, bisexual, transgender and intersex families in Queensland.	www.rainbowfamiliesqld.org

5.4 Pregnancy and alcohol and other drug use

For some women, pregnancy can be a strong motivator to reduce or cease their use of alcohol and other drugs. There are a range of potential impacts of maternal substance use during pregnancy. Specific substances may have particular effects on the unborn fetus, but lifestyle factors associated with problematic alcohol and other drug use can also cause harm.

A study by the Institute of Child Protection Studies at Australian Catholic University (Taplin et al. 2015) emphasised the importance of early and sustained support for pregnant women who use alcohol and other drugs, including timely access to antenatal and other support services.

For more information on pregnancy and alcohol and other drug use

CHAMP Clinic	CHAMP clinic is a specialised antenatal clinic within Mater Mothers' Hospital that provides care to pregnant women with substance-use issues.	www.matermothers.org.au/ services/champ-clinic
Guidelines for the Management of Substance Use During Pregnancy Birth and the Postnatal Period	Developed by the Mental Health and Drug and Alcohol Office, NSW Government. These guidelines support and provide best practice advice to health professionals in the management of drug use during pregnancy, birth and early development years of the newborn.	www0.health.nsw.gov. au/policies/gl/2014/pdf/ GL2014_022.pdf
NOFASD (National Organisation for Fetal Alcohol Spectrum Disorders) Australia	NOFASD Australia is an independent not-for profit charitable organisation. They are the national peak organisation representing the interest of individuals and families living with Fetal Alcohol Spectrum Disorders (FASD).	www.nofasd.org.au

5.5 Young parents

The Victorian Statewide Youth Needs Census of 2013 reported that in Victoria, 15% of clients in youth alcohol and other drug treatment services were parents, with a third of their children being under child protection orders (Kutin et al., 2014). The younger the parent, the more likely their child had involvement with statutory child protection. The survey also identified young people who were parents were less likely to be involved in community activities such as education, employment and or training than non-parents. In addition, they were much more likely to experience insecure housing compared to non-parents.

As practitioners it is important to be aware of the complex and marginalised situation for young people who become parents. In particular it is important to identify and build up the young person's support circles.

Kutin et al. (2014: 7) suggest the following implications for working with young people in alcohol and other drug treatment who are parents:

- Clients who are parents may require support to meet basic needs and to create a stable and safe environment for their child/ren.

- Youth alcohol and other drug services engaging clients who are parents will require strong relationships with protective services and more time for joined up care planning and service delivery.

- Youth alcohol and other drug services can enhance engagement with clients by providing outreach services to young people who are parents or creating safe spaces for children within agencies.

For more information on young parents

The Australian Institute of Family Studies	The Australian Institute of Family Studies is a source of information, resources and interactive support for professionals in the child, family and community welfare sectors.	https://aifs.gov.au/cfca/bibliography/young-parents
Support for Young Parents	The Queensland Government has a Family and Social Support section on their website with links to support information for young parents.	www.qld.gov.au/youth/family-social-support/support-young-parents/index.html

5.6 Young carers

Young people may sometimes assume the role of carer for family members. This could include when parents are working, caring for family members with a physical or mental disability or caring for those with alcohol and other drug problems. Young carers take on responsibilities beyond what is normally expected of other young people (Charles, 2011).

Research indicates that a large number of young people take on this caring role, although the full extent of young people care-giving remains 'hidden' (Moore et al 2011).

"… the young people reported that they themselves, their families and the broader service system either underplayed the level of care that they provided in the family or totally disregarded it. It would also seem that when the level of care is the primary focus of assessment, the relative impact of assuming that care (and living in a family affected by parental AOD misuse) is ignored and the real level of need not fully appreciated."

Moore et al. 2011, p.174

Young people may not identify themselves as being carers, and instead see themselves as helping out at home and doing what is 'normal' (Smyth et al., 2011). Noble-Carr et al. (2008) report that young carers who are caring for family members with an alcohol and other drug problem may be reluctant to seek out support, due to fear of stigma, or concern about intervention from child protection agencies.

Some of the common difficulties that young carers may experience include heightened levels of stress, feeling different and isolated from peers, feeling a lack of control over their life, physical injury, substance misuse, and mental health concerns (Charles, 2011).

Young people undertaking a caring role also report positive outcomes. Such outcomes include a sense of self-worth stemming from the contribution they are making to their family, satisfaction from successfully providing care, and the belief they are more mature than their peers (Rose & Cohen 2010).

Once a young person has been identified as a young carer, intervention may incorporate the following:

- Explore the young person's educational experience (look at attendance, difficulties with school work and behavioural concerns) and social life (friendships, hobbies, activities) and consider how to best support their participation within these domains (Children of Parents with Mental Illness (COPMI), n.d.)

- Provide assistance with broadening connections outside the home to help reduce social isolation and loneliness (Charles, 2011).

- A partnership or stakeholder approach may be appropriate in order to fully attend to the complexity of needs for the young person and their family (Cass, 2007).

For more information on young carers

Young Carers	Young Carers is run by Carers Australia, and provides an information, advice, support and referral program.	www.youngcarers.net.au

When there are concerns about safety or harm

While for most young people family is an established protective factor, for some young people families are sites of harm. Family responsive interventions require careful consideration where family violence or abuse may be present. Young people living in, or leaving, harmful environments benefit from a safe and stable context in order to effectively address alcohol and other drug problems.

"There are times however when contact with some family members is detrimental and harmful for young people, such as when the young person is at risk of, or experiencing, physical, emotional, sexual abuse or neglect perpetrated by family members. Sometimes the risk of abuse is clear, and at other times, the level of risk is difficult to gauge. Protective workers grapple everyday with having to weigh up the importance of connection with family and the level of risk that a young person may be exposed to within their family environment"

The Strong Bonds website at http://www.strongbonds.jss.org.au/workers/youngpeople/harm.html

All workers have a duty of care to respond if they suspect a young person is at risk of harm. The worker should consult with their supervisors about what action is required in particular circumstances and who may need to be informed or involved.

Workers need:

- A good understanding of their ethical and legal responsibilities in responding to safety concerns. Services should ensure that they have up-to-date, clear and accessible policies and procedures that are communicated to staff and clients.

- A supervisor they can consult with on how to best address child protection concerns.

- Support to sensitively address the concerns raised by the parent, carer, or other family member struggling to cope with the young person's behaviour.

- Support to make referrals to child protection authorities and intensive family support services who can respond to the harm.

6.1 Queensland Child Protection legislation

The Child Protection Act 1999 (Qld) provides a definition of harm and introduces workers to the concept of a parent who is 'willing and able' to provide protection.

Section 9 of the Child Protection Act 1999 (Qld)

9 What is harm

(1) Harm, to a child, is any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.

(2) It is immaterial how the harm is caused.

(3) Harm can be caused by—

   (a) physical, psychological or emotional abuse or neglect; or

   (b) sexual abuse or exploitation.

(4) Harm can be caused by—

   (a) a single act, omission or circumstance; or

   (b) a series or combination of acts, omissions or circumstances.

10 Who is a child in need of protection

A child in need of protection is a child who—

(a) has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm; and

(b) does not have a parent able and willing to protect the child from the harm.

www.legislation.qld.gov.au/legisltn/current/c/childprotecta99.pdf

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Interpretations of harm include the recognition that it may be cumulative.

"Cumulative harm refers to the effects of patterns of circumstances and events in a child's life, which diminish a child's sense of safety, stability and wellbeing. Cumulative harm is the existence of compounded experiences of multiple episodes of abuse or 'layers' of neglect."

Miller, 2007, p.1

'Circle of Safety and Support': Involving a safety and support network for the family

When a young person's safety is of potential concern, using the 'Circle of Safety and Support' may be helpful. This tool supports the family in identifying their support network and which people may be helpful in particular situations. The Circles of Safety and Support Tool can be found at: www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-pr-tools.pdf

6.12   Working with child protection services

Some tips for working effectively to support young people engaged with Child Safety Services:

- Find out the name of the young person's Child Safety Officer.
- Keep an open dialogue and communication pathway with Child Safety Services and other relevant stakeholders.
- Get involved in the young person's care planning process.
- Consider attending relevant stakeholder meetings.
- Help to follow up on actions identified in the care plan relevant to your role with the young person.
- Where a young person is unhappy with Child Safety Services, consider how to best advocate for their needs whilst trying to maintain positive working relationships with the stakeholders.

6.2 Young people leaving care

Children and young people leaving the care of Child Safety Services may be returning to family, moving into supported accommodation, settling into long-term alternative arrangements or living independently. Many children and young people are insufficiently prepared for what comes after their experience of living in care. Longitudinal research in Australia and overseas has identified that most young people leaving care will reconnect with their family in some way, even if they don't again reside at home. There are a range of recent studies that have identified aspects of good practice in supporting young people make the transition from care (Mendes 2011; Mendes, Johnson & Moslehuddin 2011; Tilbury 2011, Stein 2012; Crane, Kaur and Burton 2014; Malvaso & Delfabbro 2015).

Good practice in respect of young people leaving care includes:

- bridging support across the point of leaving care, well into young adulthood
- access to stable accommodation and housing
- providing ongoing, holistic and proactive support delivered in an integrated and coordinated way
- supporting young people who have experienced family disruptions to develop and sustain family and social connection.

Mendes, Johnson and Moslehuddin 2011; Crane, Kaur and Burton, 2014; Malvaso and Delfabbro 2015 .

For more information on child protection services and supports

Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP)	Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) is a non-government Aboriginal and Torres Strait Islander peak body representing and working together with its members and partners, to improve the safety and wellbeing of Aboriginal and Torres Strait Islander children, young people and their families.	www.qatsicpp.com.au
Child Safety Services	Child Safety Services provide statutory services for Child Protection in Queensland.	www.communities.qld.gov.au/childsafety
The CREATE Foundation	The CREATE Foundation is the national peak consumer body representing the voices of children and young people with an out-of-home care experience (including kinship care, foster care and residential care).	www.create.org.au
Family and Child Connect	Family and Child Connect is a local, community-based service that helps families to care for and protect their children at home, by connecting them to the right services at the right time. They also provide information for professionals who work with children and families.	www.qld.gov.au/community/caring-child/family-child-connect
Next Step After Care	Next Step After Care is a service to help young Queenslanders aged 15 – 21 who are transitioning out of care, or who have left care.	www.nextstepaftercare.com.au or 1800 639 878
Queensland Family and Child Commission	Queensland Family and Child Commission provides expert oversight of Queensland's child protection system and partners with other government and non-government agencies to ensure that best practice services are being delivered for the families and children of Queensland.	www.qfcc.qld.gov.au

Developing a family friendly service

There are substantial challenges workers and managers face in developing services for young people that are family responsive. As indicated by Battams et al. (2010) family responsive practice can be woven into existing practices and systems. This section provides guidance on strategies for building family responsive practice with young people into service delivery.

7.1 Being a family friendly service

Included below is a list of what family members (parents) said they wanted from workers who engage with them.

Family members report that they value workers who:

- genuinely listen
- try to understand
- help you feel normal
- don't tell you what to do
- help you identify your goals
- don't plan things for you
- get clear about what you want and help you look at the options
- assume parents are doing the best they can
- don't jump to conclusions
- come to help
- are not intimidating, they go with you to do things if you need them
- explain things
- don't walk in and take over
- don't hide things from you or tiptoe around hard things
- explain confidentiality, what they can and can't do
- share knowledge about what resources are available so families can access them for themselves
- follow up
- are professional but human
- don't blame or judge.

Moore and Layton (2010, p. 8).

Services can enhance their family responsive practice if they:

- identify particular staff who are able to take calls from family members

- have clear policies and procedures in relation to family involvement in the service

- have a family information strategy e.g. offer an information sheet for family members, have dedicated web resources, and/or hold information sessions for family

- identify complimentary family friendly services and supports, and maintain inter-agency links and referral pathways

- develop and maintain consultative and interagency links ensuring workers across the service have sufficient knowledge of these arrangements for their specific role.

"I love working with families! It's about a holistic approach - making sustainable changes."

Youth AOD Worker

7.2 The Family Responsive Youth Services (FRYS) Tool

All services working with young people should explicitly reflect on the extent to which their current policies and practices are family responsive. The Family Responsive Youth Services (FRYS) Tool below has been developed for this guide as a way of encouraging agency management and staff to reflect on how family responsive their service is and ways to improve.

After completing the FRYS Tool, an action plan can be developed with a set of priority strategies based on the items you scored as 1 (Room for improvement) and 2 (Adequate).

1. ACCESS

Our service	How is your service performing? 1 - Room for improvement 2 - Adequate 3 - Excellent	Could be enhanced by … (insert strategies)
Promotes the service as family friendly		
Considers the barriers to family access (e.g. location, child care, cultural safety)		
Provides information about available support to family		
Has policies and procedures for including family in treatment		
Promotes the service as culturally secure.		

2. ENGAGEMENT / INTAKE

Our service	How is your service performing? 1 - Room for improvement 2 - Adequate 3 - Excellent	Could be enhanced by ... (insert strategies)
Takes a proactive interest in a young person's family		
Identifies if the young person is a parent or carer		
Identifies if family is open to being involved in treatment		
Builds rapport and relationships with family		
Provides a direct response to family and/ or appropriate referral.		

3. ASSESSMENT / PLANNING

Our service	How is your service performing? 1 - Room for improvement 2 - Adequate 3 - Excellent	Could be enhanced by … (insert strategies)
Includes mapping of a young person's family		
Considers the family's risk and protective factors		
Invites the involvement of family in care planning		
Identifies family coping strategies and supports		
Includes relationship building goals in planning		
Incorporates culturally appropriate practice.		

4. INTERVENTION

Our service	How is your service performing? 1 - Room for improvement 2 - Adequate 3 - Excellent	Could be enhanced by ... (insert strategies)
Considers a young person's skills in managing their relationships		
Communicates with family, as appropriate		
Responds to identified needs of the young person and their family		
Offers direct support for family, as appropriate		
Focuses on building the young person's relationship networks.		

5. REFERRAL

Our service	How is your service performing? 1 - Room for improvement 2 - Adequate 3 - Excellent	Could be enhanced by … (insert strategies)
Negotiates referral pathways with other family responsive agencies		
Undertakes purposeful referrals to facilitate access to specialist family support services.		

6. ONGOING MONITORING AND REVIEW

Our service	How is your service performing? 1 - Room for improvement 2 - Adequate 3 - Excellent	Could be enhanced by … (insert strategies)
Reviews family and relationship aspects of intervention within case review processes		
Includes a focus on family in evaluation of service delivery.		

7. ORGANISATIONAL POLICIES AND SYSTEMS

Our service	How is your service performing? 1 - Room for improvement 2 - Adequate 3 - Excellent	Could be enhanced by … (insert strategies)
Has organisational policies and guidelines on family responsive practice		
Allows time for staff to undertake family responsive practice		
Has reasonable organisational expectations in regards to case load		
Provides training in family responsive approaches		
Provides training around obligations concerning the child protection system		
Has links with other agencies and services at the local, regional and state levels that are family responsive		
Undertakes ongoing review and periodic evaluation of family responsive practice in the organisation		

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