The Benefits Associated with Soft Entry Approaches in Clinical Work

MSAMHS - AS - ACU
AOD Community Liaison Team
Steven Pattison – Social Worker

Communities for Children Logan
The Salvation Army
Elise Parker- Community Development Worker
We acknowledge the traditional custodians of the land on which we meet today and pay respect to Elders past, present and emerging.

We also extend that respect to other Aboriginal and/or Torres Strait Islanders who are joining us here today.

David R Horton, creator, © Aboriginal Studies Press, AIATSIS and Auslig/Sinclair, Knight, Merz, 1996.
View an interactive version of the AIATSIS map [www.abc.net.au/indigenous/map/](http://www.abc.net.au/indigenous/map/)

Header Artwork produced for Queensland Health by Gilimbaa
I acknowledge the traditional owners, paying respect to their elders, past, present and emerging.
LET’S PLAY

Looks like Fun?
Mental Health  Trauma  Education
Parenting  Alcohol and Other Drugs
Child Health  Child Safety  First Time Parenting
Health  DFV  Early Development
Housing and Homelessness
Sometimes it seems like more snakes then ladders

Dealing with complex needs requires collaborative partnerships
Everyone needs a good support network including support services
Communities for Children Facilitating Partner Logan

- Federally funded, place-based program
- Funds are auspiced out to other local organisations to deliver programs with an early intervention and prevention focus.
- CfC team take a community development to developing partnerships and practices via consultation across the city – we’re better together

CfC objectives:

Improve the health, wellbeing and developmental outcomes for families and children from before birth through to age 12
- specifically, we’re wanting to connect with the ‘hardest to reach’ families; those who traditionally don’t connect with services.
- the voice of children at the centre
- community are co-designers, co-implementers and co-deliverers
We currently fund 9 organisations to deliver services across the city:

- Hubs in Woodridge (C&K, Griffith University, KENG), Eagleby (Wesley Mission Queensland), Kingston State School (KENG), Loganlea Community Centre (KENG)
- Evidence based social and emotional learning programs for children and families (Pathways to Resilience Trust, Heart Ties, YFS, LECNA, Australian Red Cross)
- Knowledge Partnership - focus on research, evaluation and the embedding and development of evidence based programs and practice (Griffith University)
Family centered community spaces

It takes a village to raise a child. Welcome to our village.
Family centered community spaces
Family centered community spaces
Soft Entry, Universally accessible, Early Intervention and Prevention Practice (SUEIP)

**Evidence based programs:**
- Interchangeable depending on the needs and funding
- Co-delivered with other service providers

**Specialist Services:**
- Trained in the SUEIP approach in partnership with staff
- Co-designed, co-construct, co-implement approach

**Soft Entry programs:**
- Universally accessible, culturally aware, responsive to needs.
  - i.e., Cooking skills, arts and crafts, playgroups

**Framework of Practice:**
- Shared Principles for Practice
- Shared Language
- Families are empowered for design their own network of support with staff.
The Family Place Approach: A Framework of Practice

Relationships First
Cultural Awareness and Sensitivity
Choice
Unconditional Positive Regard
Non-Stigmatising Practice
Shared Mission
Co-design, co-construct, co-implement
Informality/Calm
Planned Disclosure
Strong sense of Justice
Dispositions to Practice
Intentionality
Serendipity

What does it mean for services?

- Transfer of trusting relationships between workers and families
- Challenging stigma surrounding access to clinical services
- Engaging those hardest to reach families in a way that makes them feel safe and empowered, and keeps children at the centre
- Continual development of new partnerships and opportunities for collaboration and innovation
- The benefits of transdisciplinary practice
- Holistic approach to care
What does it mean for children and families?

- The needs of the family are considered together
- The voice and needs of children are kept at the centre
- Service provision is timely – when the family is ready to accept it
- Families can build their own extended support network (who are all in communication with each other) that the family can utilise in a way that best suits them – this keeps the pressure off individual services, and shares responsibility across the team
How does AOD Framework of Practice fit in SUEIP Model

**Informal**

- Improve information and skills associated with AOD harm minimisation and with families and staff engaging in the space - Transdisciplinary practice

- Brief intervention with focus on engagement and family AOD goals.

- Identification of support service within spaces that can help address underlying concerns.

- Shared knowledge around family drug support model and understanding family responses to AOD.
How does AOD Framework of Practice fit in SUEIP Model

Informal

• Expanding family member networks to assist in AOD goals.

• Engagement in peer support process around AOD Concerns.

• Engagement in community partnerships.

• Engagement in family friendly community events.

• Promoting client empowerment in treatment process.
How does AOD Framework of Practice fit in SUEIP Model

**Formal**

- Delivering an AOD specialist service in consultation with services to identify underlying issues in designed target intervention around AOD issues.

- Working in partnerships and consultation with services already proving support with housing, DV, mental health, employment, income, relationships, etc.

- Understanding family dynamics

- Identifying and assessing risk and protective factors
How does AOD Framework of Practice fit in SUEIP Model

**Formal**

- Assisting with skills development
- Brief intervention and change management
- Creating a new pathway of coping with thoughts, emotions and current behaviours in order to promote reduction of AOD concerns.
- Supporting the individual within the family unit.
- Involving family members (where appropriate) to assist in treatment and care planning.
Clinical Addiction Services

- Professional’s own framework of practice within the soft entry model of intervention.
- Particular individual worker professional knowledge and shared experienced within soft entry model of intervention (Family intervention, dual diagnoses, developmental milestones, relationship building and ability to engage within a child focused underpinning).
- Clinical vs Early Intervention (Treatment message is delivered, sent and received).
- AOD model of practice being able to transferable practice intervention.
Success of involvement with SUEIP has been based on individual worker professional framework aligning with framework of practice within spaces. Core Values:

- A non-judgemental attitude
- Empathy and compassion
- A willingness to work with clients ‘where they are at’
- The ability to listen and support clients and their loved ones
- A commitment to challenge discrimination and stigmatising language and behaviour
- Skills and professionalism
- An optimistic approach that gives your clients hope
- A holistic practice that considers all of the factors that contribute to improved wellbeing
- A passion for social justice and equality
- A curiosity that drives you to engage with innovative, best practice interventions.
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<td>Loganlea Community Centre</td>
<td>Kingston Playgroup Hub</td>
<td>Able Australia</td>
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Establishment of 14 Family Friendly AOD Clinics within the Logan and Beaudesert catchment. 136 formal clients and 100 informal AOD sessions within the AOD Clinic. Overall 306 occasions of service conducted within AOD Clinics. PDOCs – Alcohol 166, THC 92, Psychostimulants 197, Opiates 55.
Good News Story

48 year old female attended to Logan ED due to psychosis with suspected substance involved. She was kin carer for her 4 year old grandchild. Brief intervention conducted by DABIT. She was then admitted to Mental Health Ward. She engaged with CL AOD Hospital and then transition into LAODLT to be followed up within the community.

After several AOD counselling sessions at the AOD Clinic located at Wesley Mission QLD Eagleby Family Centre she abstained from THC for 3 month now and ended up obtaining full time employment. She was then referred to M1 Psychology for further support regarding PTSD and she continues engage with ACUTE Team. This was client engagement was completed in 2016.
Any Questions?

- Devinlery, J. Ducan, S. Harris, S. roady, & M. Rosemberry, L (2010), Inspiring Spaces for Young Children. Gryphon House Inc. Silver Spring MD 20901*2
Better Client
Outcomes = Better Service Collaborations
Myself and research partners are working on a systematic scoping review on soft entry and early intervention practices to services and parents with drug and alcohol concerns.

It is anticipated that this review will support evidence base practice for AOD Services from the 3 tier perspective, MSAMHS Strategic Comprehensive Care Plan, Logan AOD Liaison Model of Practice and Soft Entry / Early Intervention within the Community (partnership with Griffiths and Communities for Children).