2020

THE LEGISLATIVE ASSEMBLY FOR THE

AUSTRALIAN CAPITAL TERRITORY

FUNCTIONAL FAMILY THERAPY –

CHILD WELFARE IMPLEMENTATION UPDATE

Presented by
Rachel Stephen-Smith MLA
Minister for Children, Youth and Families

Functional Family Therapy – Child Welfare

A partnership between OzChild & Gugan Gulwan Youth Aboriginal Corporation

Report for Community Services Directorate

August 2020

Functional Family Therapy – Child Welfare

Based on the core principles of Functional Family Therapy (FFT), a model for working with young people with challenging behaviours that has proven efficacy, Functional Family Therapy – Child Welfare (FFT-CW) has been specifically adapted for families with children and young people at risk of entering the out-of-home-care system or to support a child/young person being reunified with family after being removed and placed into care.

FFT-CW is designed to improve family dynamics, communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behaviour. FFT-CW specifically targets families with children and young people aged 0-17.

FFT-CW is appropriate for families where there is minimal provider engagement and may have a history of difficulty accepting services or families struggling with mental health diagnoses, families with a history of abuse/neglect, family violence, substance abuse and criminal justice involvement.

The frequency of sessions is determined by the safety and risk factors of the family, with treatment lasting between five and seven months. Sessions are intensive in the engagement and motivation phase with at least three visits in the first 10 days. Visits are then weekly and require all members of the family to be involved in sessions.

The role of FFT-CW is to work with the risk factors which contribute to child abuse and neglect. The model seeks to move families through a theory of change processes where negativity is reduced, hope is in increased and family dynamics are recognised and shifted to reduce risk.

FFT-CW focuses on the systems around families and how they can support and motivate change, with work done at parental, peer, school and community levels. FFT-CW is about tackling the problems that may lead to a child or young person entering care, abuse and neglect, substance abuse, family violence, mental health, emotional regulation and self-control and violent behaviour.

There are five distinct phases to FFT-CW, which includes engaging and motiving the family for change, conducting relational assessments with all family members, preparing and engaging the families for behavior change strategies and plans, and the final phase ensures generalisation within the family system with future safety and relapse planning implemented.

Background

In 2018, the Productivity Commission report on Government Services reported that ACT had the highest rate of child protection notifications for Aboriginal and Torres Strait Islander children in Australia, reaching 352.8 for every 1,000 Indigenous children.

In response to this, OzChild and Gugan Gulwan Youth Aboriginal submitted a proposal to the Director General, Community Services Directorate (CSD) which resulted in a 12-month contract and funding to deliver a proof of concept for FFT-CW. OzChild invested $485,000 to establish an FFT-CW team in partnership with Gugan Gulwan – the only known dedicated delivery of the program to First Nation Peoples in the world.

In 2019-20 Budget Review, the ACT Government allocated $2.8m for the ongoing delivery of FFT-CW by OzChild and Gugan Gulwan.

*Names changed to protect family identity

Partnership

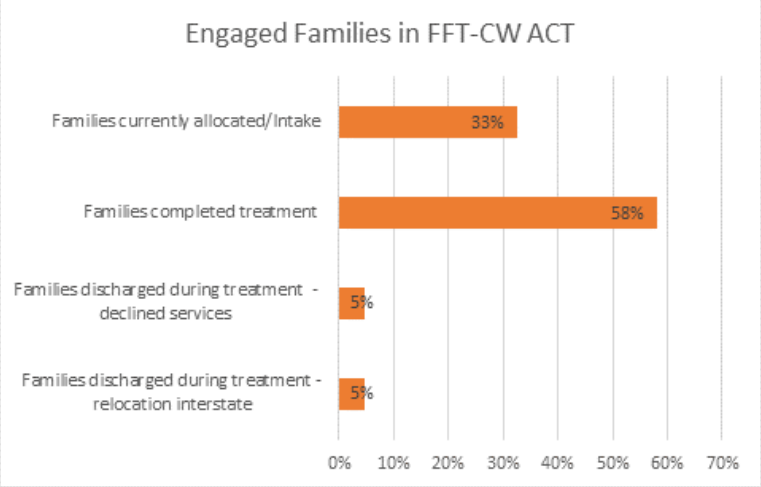
The partnership between OzChild and Gugan Gulwan remains robust and trusting. Relationships form a strong foundation to the partnership.

Gugan Gulwan are an integral component to the delivery of FFT-CW, their connection to culture and community is invaluable to the program and the successful outcomes which have been achieved thus far. There are systems in place to ensure both agencies work operationally together. The intake process is led by Gugan Gulwan, and they also attend the fortnightly operations meetings with CSD and OzChild.

FFT -CW Outcomes

Since the first referral in December 2018 until 30 June 2020 **57** families were referred to FFT-CW.

Of this number **43** families consented to engage in FFT-CW. During the program **4** families disengaged (two relocated out of state, and two chose to withdraw) from the program.



Families who successfully completed FFT-CW

One of the successful findings from the evaluation of FFT-CW in New York City found the OzChild / Gugan Gulwan FFT-CW program had higher engagement rates. To align with the research, our goal is to achieve a minimum of **80%** engagement and **20%** disengagement of families who formally engage/disengage in FFT-CW (post referral and intake process). Our data shows **90%** of families remained engaged during their FFT-CW treatment, and **24** families have successfully completed, there is a total of **80** children across these families.

Below are the age ranges of the **80 children** who **successfully** completed treatment.

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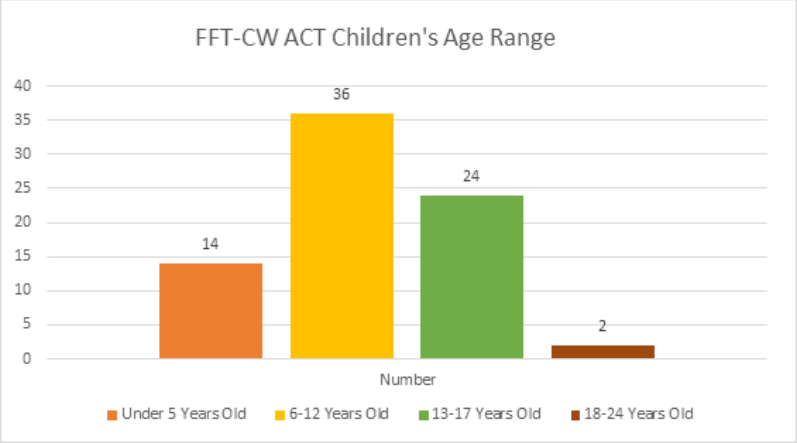


FFT-CW timeframes

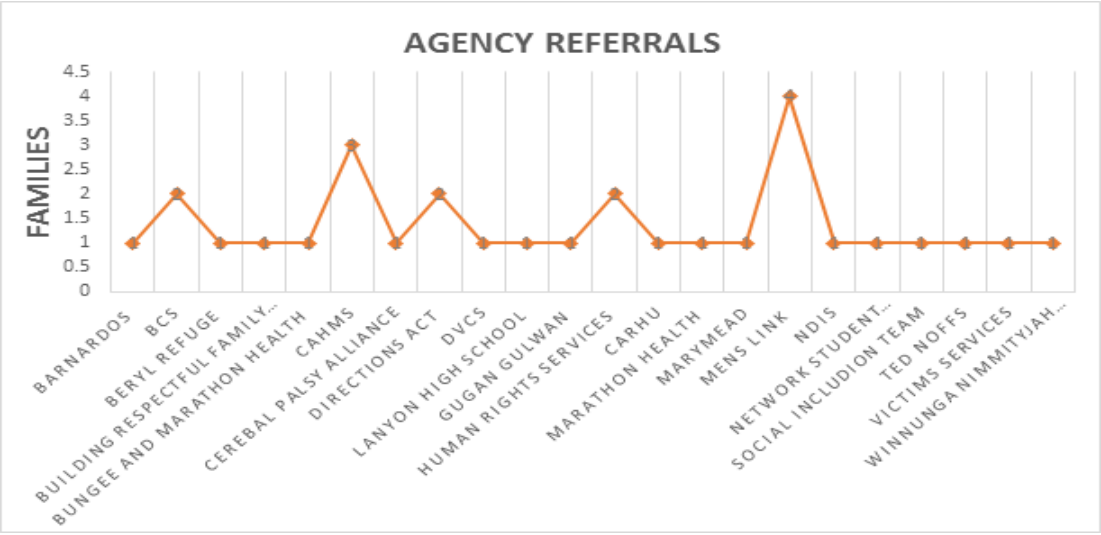
The FFT-CW goal for completion timeframes is **60-213 days**. The average completion timeframe for FFT-CW in ACT is **220** days. It is imperative that more time is spent in therapy building trust with Aboriginal and Torres Strait Islander families to achieve sustainable outcomes.

Post support of families post FFT-CW Generalisation is the third and final phase to the FFT-CW program. The therapist helps 'lock in' changes, and a relapse prevention and recovery plan is developed. As part of the process the therapist links the family to internal and external supports and supports agencies are identified to maintain the positive changes that have been achieved by the family.

Of the **24** families who completed treatment, **19** families were referred to external agencies for 'step down' support.

Examples of step-down support include, counselling, youth mentoring, mental health support, cultural health, disability support.

Below is a graph which illustrates the agencies referred to and how many families were referred to them. Some families required more than one agency to provide step down support.



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Booster sessions

Booster sessions are available for families to activate after therapy has completed. They are case by case follow up sessions which can be activated by the family, not necessarily a new referral. They can also be planned for as part of the relapse plan in the Generalisation phase of the model.

Of the **24** families who have completed FFT-CW, **10** families have reached out for booster sessions.

Case Studies

Two case studies are provided below to illustrate partnerships, cultural support and advice, service collaboration and clinical support all of which are elements needed for successful outcomes.

FAMILY 1

The Elliott* family was referred to FFT-CW to support and strengthen a young person's (YP) kinship placement with his paternal grandmother. Upon referral Child and Youth Protection Services (CYPS) and ACT Together were very fearful of the placement breaking down and ACT Together were already looking for alternative placements for the YP. Additionally, ACT Together and the services working around the family had great fears for the YP who would be transitioning to high school the following year. Applications and requests were being made for alternative education solutions, i.e. Galilee School. Prior to the YP's current kinship placement, he had been through 14 placements and was harmed in care. The YP expressed physical and aggressive behaviours towards his grandmother and at school. The young person was unable to attend normal schooling, he was in the principal's office most of the day. ACT Together referred the family to FFT-CW through CYPS and advised we needed to increase the grandmother's 'parenting capacity'.

The FFT-CW Therapist and Aboriginal Cultural Advisor educated the service system on 1) having a trauma informed lens to the relationship between YP and grandmother; safety, stability and time is needed, grandmother is providing all three, and 2) Culturally speaking, and as it was in this case, 'parental capacity' is not observed in the dyad between grandmother and YP; as the grandmother, her daughter (YP Aunt), her husband and their children, (the wider family network) all play significant, practical, day to day roles in raising, supporting and meeting the needs of the YP. This wider family was brought in and participated in treatment and a significant relationship was identified in the YP's uncle who was a positive male role model, someone who the YP looked up too.

As a result of successful treatment through FFT-CW, which was culturally led and based in the home working holistically with the family and service system, the violence from the YP toward his family ceased and the YP transitioned into a mainstream high school. As the violence resided the paternal grandmother became less fearful of 'parenting' her grandchild.

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FAMILY 2

The Stevenson* family was referred by Gugan Gulwan with the identified concerns of poor living conditions, substance use, parenting skills and wellbeing (mental health) concerns. The FFT-CW Therapist's clinical assessment identified a high level of anxiety contributing to Ms Stevenson's unhealthy ways of coping and her inhibited capacity to maintain a healthier living environment. The therapist noted Ms Stevenson had a strong connection with her three sons and was highly responsive to them and their needs.

The therapist worked with Ms Stevenson through a Cognitive Behavioural framework for treating anxiety as well as teaching alternative coping skills. Additionally, the FFT-CW Aboriginal Cultural Advisor working on the case advised that he would be supporting the family with positive role modelling, as well as within his role as a man in the community, and to assist practically with cleaning and moving items around the home.

The family therapist and Aboriginal Cultural Advisor created family therapy sessions around family contribution and cleaning and all parties worked together. The outcomes of treatment were; Ms Stevenson is managing and maintaining a healthier living standard, she is conscious of her health and the impact that has on her decisions and parenting. the FFT-CW workers were able to facilitate employment for Ms Stevenson who had been unemployed for approximately seven years as well as connecting her back with her Direction's counsellor after a year of absence.

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