

Keep Them Safe-Whole Family Teams (KTS-WFT)

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Keep Them Safe

- Keep Them Safe is the NSW Government's five-year Action Plan to improve the safety, welfare and wellbeing of children and young people.
- Drug and alcohol and mental health issues for carers are significant factors in child protection reports and in decisions taken on the need for statutory intervention.

Whole Family Teams

- NSW Health has been allocated Keep Them Safe funding to establish and evaluate four new mental health and drug & alcohol multidisciplinary Whole Family Teams.
- WFTs aim to address the needs of whole families where carers have mental health and/or drug and alcohol problems and parenting difficulties in the context of child protection concerns.

Pilot team locations

- New pilot teams are being established in:
 - Lismore (North Coast AHS)
 - Newcastle (Hunter New England AHS)
 - Gosford (Nth Sydney Central Coast AHS)
 - Nowra (South Eastern Sydney Illawarra AHS)

Priority Referrals from Community Service Centres

- KTS-WFTs will work with clients primarily referred by Community Service Centres (CSC).
- CSC Manager Casework will prioritise referrals and provide information to the KTS-WFT to allow for triage and/or assessment.
- Anticipate that many of the families referred by CS will be through the use of the powers or inferred powers of the NSW Child Protection System and may be ambivalent about treatment or be reluctant to engage.

Multi-disciplinary Teams

- Teams will be multi-disciplinary specialist drug and alcohol and mental health clinicians from a range of professional disciplines, with medical input.
- Team Leader will have a clinical caseload as well managerial responsibilities.
- Each family accepted into the KTS-WFT will have a case manager.

KTS-WFT Interventions

- The KTS-WFTs will provide integrated mental health and drug and alcohol clinical interventions with parenting as the major focus.
- These will address risks and the impact of trauma and parental mental health and/or drug and alcohol problems on children and build capacities within families.
- Case management, comprehensive assessments, treatment and therapeutic interventions are central to the activities of KTS-WFTs.

KTS-WFT Service Time Frame

- Based on the assessment and interventions provided by the KTS-WFT, in general, families will be seen for a period of up to 6 months.
- Families requiring longer term less intensive interventions will be referred to appropriate local services (e.g., family support NGOs).

KTS-WFT Linkages

- It is not expected that the KTS-WFTs will be able to address all psychological and drug & alcohol problems or to provide all the clinical and other support services required by the families.
- Families accessing KTS-WFT will continue to receive or be linked in with other mental health and/or drug and alcohol services, CPCS, primary health services and CSC.
- Where required, families will also be referred to services outside the health system (e.g., NGO services, Housing NSW, Centrelink).

Collaborative Care

- KTS-WFTs will continue liaison with CSC throughout the duration of treatment, especially in the event that some families may disengage and also in reviewing progress when KTS-WFT treatment is coming to a close.
- CSC will remain actively involved with the family, communicate regularly with the KTS-WFT and attend case conferences.
- Close collaboration with NSW Health Child Protection Counselling Services (CPCS) formerly PANOC.

How will it really work?

Summary of 3 Nov workshop

- Challenges in establishing new and unique model and recruiting staff.
- Commitment to shared outcomes – safety of children.
- Need for partnership, not only Health and CS but engaging other agencies early in process (Education, Housing, etc).
- This is a pilot and there is no template. It is about joint agency work which is challenging.

How will it really work?

Cont

- Be flexible and account for local circumstances with some givens eg. eligibility and referrals.
- Keep focussed on outcomes.
- Need to involve families in planning so they are clear about child protection issues and expectations of them.
- Communication, communication, communication