



# **CENTACARE NT**

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House of Representatives Standing  
Committee on Family and Human Services

## **Inquiry into the impact of illicit drug use on families**

23 March 2007

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## **1     *About Centacare NT***

- 1.1 Centacare NT is a social service agency of the Catholic Church in the Northern Territory. Centacare NT was established in 1993 but has programs that have been working in the Northern Territory for over 20 years. Centacare is a Diocesan based service accountable to the Bishop of the Catholic Diocese of Darwin and is a member of Catholic Social Services Australia.
- 1.2 Centacare NT has services in Darwin, Palmerston, Katherine, Tennant Creek, Alice Springs, Nguiu, Wadeye and Pirlangimpi and provides regular outreach to Daly River, Amoonguna and Belyuen.
- 1.3 We have three main service delivery areas which include Family and Community Services, Drug and Alcohol Services and Employment Services. Centacare NT employs over 100 staff of which over 25% are Indigenous. Our services include delivering Australian and Territory Government Programs and some fee for service work.
- 1.4 Centacare NT's philosophical base is informed by Catholic Social Teaching with an emphasis on:
  - Respect for human dignity
  - Community and the common good
  - Rights and responsibilities
  - Preferential option for the poor and vulnerable
  - Believing that all people have a right to participate in the social, culture and economic life of society
  - Solidarity
  - Promotion of peace

## **2.     *Purpose and scope of this submission***

- 2.1 As an agency of the Church and as a service provider to people and communities affected by AOD misuse, we work in partnership with communities as they seek to cope with the challenges facing them in regards strengthening their families and community.
- 2.2 Centacare NT has believed in family based models of working with families affected by AOD harm, and for over 20 years have been researching, refining and developing an holistic model for working with families experiencing harm caused by AOD misuse.
- 2.3 This submission is not intended to outline the harm experienced by families as this is self evident and documented elsewhere. However we do want to bring to the attention of the Standing Committee that there are effective models being developed that work with whole families.
- 2.4 We would also like to bring to the attention of the committee that AOD services for families that are inclusive of children are undeveloped and require special attention.

3. ***Relevance of this submission to our mission***

- 3.1 Centacare NT's mission is as follows, "Centacare NT contributes to a society that values all its members by strengthening individuals, families and communities in ways that respect their dignity and culture. We provide social services and are a voice for people in need"
- 3.2 *"In the family, which is a community of persons, special attention must be devoted to the children by developing a profound esteem for their personal dignity and a great respect and generous concern for their rights"* (Familiaris Consortio:1981). The church recognizes the vulnerability of children and recognizes that for some children, families are unable to provide the necessary environment to support and protect these children. Where parents are unable to properly care for their children they should be given every assistance and support so that they can competently care for their children. Services that work with whole families include the voices of all its members including children.
- 3.3 The heart of our mission is strengthening families so they can take the responsibility for caring and nurturing their children.

4. ***The financial, social and personal cost to families who have member(s) using illicit drugs, including the impact of drug induced psychosis or other mental disorders;***

- 4.1 Centacare NT recognizes and believes that every problematic drug or alcohol user will have a negative impact on the lives of at least one or more close family members. Impacts on these family members include detrimental changes in physical and psychological health, finance, employment, social life and relationships. Often family members having been living with the negative impacts of the problematic user for extended periods of time. Family members try and seek help for the user time and time again and present at our service showing significant signs of distress and concern. This includes presenting with issues such as anxiety, depression, marital stress and breakdown, affected job performance and a reliance on drugs and alcohol for their own self care. Typically there is one family member who is appearing to 'hold it all together' for the family putting everyone needs before their own. Everyone in the family and especially the user relies on the family member who is 'holding it all together' for everything while little attention is given to their own or other family member's needs. They demonstrate an acute responsibility for others at the detriment of their own well being. The family and the main carer (often a spouse or parent) become focused on the user to the point where their own state of mind and happiness is totally dependent on the user's current level of use or progress in treatment. Coping strategies move on a continuum of denial, to aggression, to hopelessness and to total involvement.

## **5. *The impact of harm minimization programs on families***

5.1 Family members affected by substance misuse need to be supported and empowered. They experience a variety of harms as a result of a family member's substance misuse: physical, emotional, social, economic, spiritual and so forth. The family member will be more motivated and responsive to making changes to cope with the situation than the person using the substances will be to decrease or cease use.

5.2 Centacare NT's Family Coping Program aims to reduce the harm on families experiencing substance-related harm through working in a holistic way.

Centacare NT's family coping model has three primary goals:

- 1) Supporting families affected by AOD issues to develop strategies to reduce the stress in their lives by exploring their strengths
- 2) Equipping family members on communities with strategies to keep safe and well in an environment that is often surrounded by AOD misuse.
- 3) To assist people who work in the AOD or similar fields to reduce their stress to be better able to respond to the needs of families using their services (recognising that on Aboriginal communities many of the frontline staff are dealing with substance misuse with their own families).

5.3 The family coping model aims to reduce harm by:

- Using research and our own experiences to identify the needs of family in the treatment of AOD stress related issues
- Educating families on the nature of alcohol and other drug dependency
- Recognising that although both substance user and family members suffer from similar health, emotional and spiritual issues, the greater capacity for change is found with the family member
- Identifying the level of stress caused as a result of the behaviour associated with AOD use
- Identifying strategies to lower the family's stress to enable the adult member to be in a better position to make decisions for the family's safety
- Recognising the difference between being responsible to family and community and not being responsible for feelings of others when setting boundaries within cultural frameworks
- Identifying people who will support the person
- Assisting families to problem solve and develop action plans

5.4 Initially family members may seek help on behalf of the user, however once they have an increased understanding of their own needs through focusing on themselves they gain confidence and strength to cope differently. Ways that family based services help are:

- Through providing support (this includes support to improve family relationships)
- Family members are able to talk and feel listened to
- Through providing education and information to families about drug and alcohol misuse
- Taught to care for self – family members work through a process so that they feel less guilty and less responsible for others. This often means not having their life revolve so completely around the user.
- Family members making change in their attitudes and behaviour, which has a secondary impact on the user due to changed family dynamics

## **6. *Ways to strengthen families who are coping with a member(s) using illicit drugs***

### 6.1 Family based approaches to AOD misuse

Historically AOD services have an individual focus, focusing on the user to the exclusion of all other. Families have been seen as an adjunct to the treatment of the substance misuser rather than being helped in their own right.

Family based models need to focus on the family member in their own right. Family based models recognize that:

- Living with a substance misuser is stressful
- This stressful environment impacts on family members physically and emotionally
- Family members capacity to cope with stress is influenced by their coping skills and social supports
- Family members have generally tried all manner of things prior to accessing help to try and cope, some work and some don't.

Why people access family based AOD services

Evidence shows that users are not highly motivated to seek help or to make changes to their problematic usage. Family members are likely to access help for

- Support
- Guidance (how to cope, what to do about it)
- Understanding (to try and understand why this is happening to their family)
- Hope for change (for both the user and family members)
- As a last straw

### 6.2 Child inclusive practice in AOD work

Not many services have dedicated child workers or workers with expertise in working with children who are affected by a parent or family member's substance misuse. Further many AOD services do

not have any formal mandate obliging them to work with children. Working with children is primarily a last resort when children are identified at risk and the involvement of child protective services is required.

A range of barriers exist preventing AOD services from including children as described by Zohhadi, Templeton and Velleman (2004) these fall into two categories, concrete and attitudinal barriers.

Concrete barriers to including children are those barriers which are actual. These include

- Not many families are aware of the impact of substance misuse on children. Traumatized children can typically be invisible and thus not identified as needing support.
- Families and children often have no awareness of resources and services that are available to them
- Many agencies are set up on a self referral basis which does not allow easy access for young children
- The impact of drinking, on children and others is often minimized by users and gaining consent for children to attend services can be difficult.
- Services are typically geared to the immediate needs of the user and are not equipped to deal with children as clients in their own right.
- Resource issues – there is a lack of expertise and skills in professional AOD workers to work effectively with children. Children and families are seen as resource intensive eg 10 families or 100 individuals,

Attitudinal barriers are conceptual barriers which often get in the way of people working with children.

- Risk versus need, children who do not present as neglected are not able to access services. As children who live with users can be very resilient there suffering is not recognized.
- Philosophy of treatment – there is a history of treating the ‘individual’ there needs to be a shift in recognizing that children require services in their own right.
- Concern that by making services available to other family members will cause an influx of new clients that services do not have the skills or resources to deal with.

### 6.3 Centacare NT’s framework for providing family based AOD services

#### 6.3.1 Framework for service delivery

Centacare NT provides support for Indigenous families using Centacare NT’s Family Coping model. This model is Indigenous specific, evidence based and family focused.

Our experience of working with Indigenous families for the past twenty years has highlighted the central place of the family within the culture and has clearly identified the family as a place for intervention,

prevention and training. Over this time Centacare NT has worked to support and strengthen families on Indigenous communities at Nguiu, Katherine, Wadeye, Daly River, Tennant Creek and Pirlangimpi. Family Coping provides support and training to individuals, community members, groups and service providers on how to respond to men and family relationship issues. Support is based on principles of integration and coordination of services and development of partnership models.

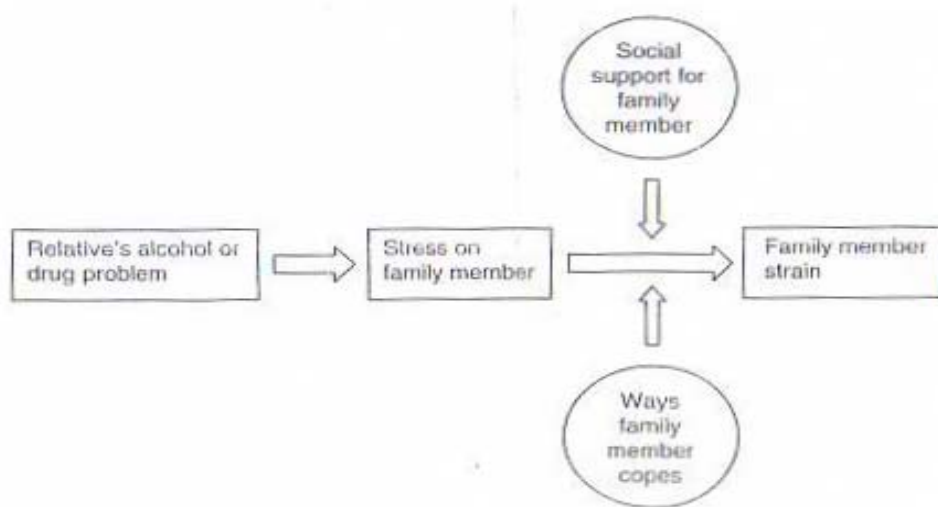
Guiding principles, Family Coping:

- Recognises that family members affected by drug and alcohol issues need to be supported and empowered. Family members experience health, emotional and spiritual harm as a result of AOD misuse.
- Works within the principle of safety to vulnerable people as being a priority, Family Coping is about reducing the harm caused by AOD use.
- Recognises that there are not many opportunities for families to engage with services to discuss issues about their families and their personal coping strategies.
- Is committed to providing a long-term commitment to Indigenous communities, which are in crisis. Our primary client focus is community members who are experiencing stress within their own personal lives from holding the community/family together.
- Supports Government initiatives in every way possible to work with families/community members in a variety of ways appropriate to the community.

### 6.3.2 Evidence Base

*Family Systems Theory.* The family systems model recognises that families are a complex system of interdependent parts each of which affects the other. Family systems models are particularly important in Aboriginal communities where the concept of family is fundamental to Indigenous identity. Family systems theory is able to capture family belief systems and intergenerational patterns of relating.

*Stress-strain-support model:*



This Stress/Strain/Support model recognises that while a particular individual in the family may be causing difficulties the whole family is affected by that person's behaviour. This model recognises that the support that families receive is crucial in mitigating stress on the family. Support can be family members, informal and formal, and this model looks at increasing the quality of this support to achieve better outcomes for families experiencing family stress.

*Spiritual and Cultural Recognition:* The model is able to incorporate a spiritual component which is compatible with traditional cultural practices and beliefs. "Deep down we Aborigines are a religious people. We did not have many material goods. We were rich in spiritual goods. We were rich in ceremony, in law, in legend. It was a strong religious side that made us. It gave us our identity, our dignity, our assurance" Boneface Perdjert (Wadeye). In particular the model provides opportunity for group sharing and support which has proved to be a valuable part of the program.

*Change/action:* The program has inbuilt tools and processes to assist with ongoing review and effectiveness of service delivery. This has been developed through partnerships with Menzies School of Health Research and Charles Darwin University.

Since 1981 Centacare NT have been supporting, developing and conducting treatment, training and community based programs from the perspective of working with families and their support systems. In line with Centacare's family approach a centre was set up at a remote community to accommodate and facilitate remote area communities to 'step back' from the use of drugs and substances and as a family explore their strengths and options. It became apparent that the model was useful to families experiencing a range of family relationship problems. This centre operated for ten years and during this time our organisation formed strong links with remote communities across the Territory.

Centacare's Family Coping model is reflective of the high Indigenous population and the dispersed nature of the population. The service model is designed around our 'Family Coping' community development approach to work on Indigenous communities. This is a tiered approach that consists of engagement, workshops with men and their families, workshops with frontline service providers, and building community networks and resources to respond to issues facing men.

## **7. Conclusion**

Centacare NT is encouraged that the Standing Committee sees value in looking at the impact of illicit drug use on families. Key points that Centacare NT would hope the committee take from this submission are:

- That family's experience extreme physical and emotional stress when a family member is misusing alcohol or drugs.
- That 'child focused' AOD practice is lacking in Australia
- That developing models of family based AOD programs exist in Australia and are developing a body of knowledge