Merging Adventure Therapy with Allied Health Professions
The difference between habit and skill is the commitment and ability to always reflect critically on what we do.

Be Curious

"Bonitas non est pessimus esse meliorem."

“It is not goodness to be better than the worst.“

Lucius Annaeus Seneca
Within the wide arena of international adventure therapy, the 8IATC will provide a space and place to explore:

- where our practices intersect or overlap
- where new and old meet
- what connects us, and
- what contributions we can make to improve living conditions and environments around the globe.
Expanding the Circles

Have to fully understand and appreciate context at every level and how context is changing

A personal journey, a professional journey, in a context which increasingly becomes a political activism journey

Situating all practice in the bigger picture for ourselves but also the world that we and our participants live in

Hold ourselves to a very high standard (goodness) – wherever we are right now is just where we are – what helps us to move towards that high standard – the world we want to see (social justice)

What are all the circles we need to acknowledge – understand and what is our role (personal – professional – political) our sphere of influence
Context matters
Individual Practice Context

- borrowed knowledge
- practice wisdom
- practice context
- worldview

sweet spot
IAT Practice Context

1. Therapeutic interventions
2. Settings
3. Social Contexts
4. Programmed Activities
5. Engaged with wider systems
6. Staffing

borrowed knowledge
practice wisdom
practice context
worldview

sweet spot
Context matters
Individual Practice Context

- Our own lived experience matters
- Your experience and making sense shapes what we think is important
- We need to understand our own privilege and our conscious and unconscious bias
- We need to understand our own experience of oppression intersectionality
Context matters
Individual Practice Context

• In the different contexts of our practice
• With different mobs in different contexts
• In our different practice roles
• Through our successes and failures
• As we borrow, build and test new knowledge and understandings

What have we learnt along the way

practice wisdom
The more I learn the less I know
Or is it a matter of synthesizing complex knowledge

- The disciplines and tools of our craft
- The knowledge of the mobs we work with
- Other peoples disciplines and tools of their craft
- As we borrow, build and test new knowledge and understandings

borrowed knowledge
- Where we work and role
- How we position ourselves – working with not doing to or for
- How we think and the knowledge we need
practice
context

INFLUENCE

Advocate

Communicate

Understand

Society Governments

Community Sector

Staff Program Organisation

Stepfamilies Australia
Strengthening Stepfamilies

the Drum
Youth Services

queerspace
our health in our hands

Centre for Family Research and Evaluation
Expanding the circles – for social justice
1. Therapeutic interventions
2. Settings
3. Social Contexts
4. Programmed Activities
5. Engaged with wider systems
6. Staffing
What is our knowledge, role and responsibility at every level

• Global, Australian society, political, cultural, social and economic movements
• What is the changing context of Australian communities, families, groups and individuals
• What evidence exists, how does it helps us to understand, synthesising evidence helps with complexity, how do we select evidence to use or build, how do we measure our outcomes
• What is driving shifts in social investment in policy, in the welfare sector and the role of not for profits
• What the implications for practice
International Adventure Therapy

- Therapeutic interventions
- Settings
- Social Contexts
- Programmed Activities
- Engaged with wider systems
- Staffing
Global shifts we see in the Australian Context

- Displaced people as a result of disaster and war
- Rise of populism and the loss of faith in the political establishment in western world democracies
- Rise of the conservative right - hand in hand with anti-immigration, racism, islamophobia, homophobia, transphobia
- Increased economic and social inequalities
- Climate change

Too name a few
The foreign invasion

Australia is being swamped by non-English-speaking immigrants who refuse to assimilate and accept our values. In the face of this influx, we're losing our identity.

Andrew Bolt

What do we today share as Australians, when we can't even have a national day or flag we can agree on any more?

Home values and rents in jeopardy under Labor
The need for political leadership?
In Australia that looks like this

I Hope the aliens don’t land in Australia and say take me to your leader... how bloody embarrassing...
HOLD THE BABY CLARKE

I GOTTA GO FIX AUSTRALIA
Only the British could colonize half the world and then leave the EU because they don't want immigrants.
How are we all feeling

GO BACK. WE FUCkED UP EVERYTHING.
Australian Context

Societal Context

Trying to achieve this at a time of rapid economic, social and technological changes:

- labour market, urban and peri-urban growth and densities, migration,
- unaffordable housing, increased costs of living and user-pay systems
- Co-morbidity, intergenerational transmission of risk, complex trauma
- Changing nature of family life - how families will and can consume services
Australian Context

Health and Wellbeing

• Overall life expectancy continues to climb steadily
• Disproportionate part of the community continues to carry higher disease burden
• Biggest debate relates to social inequalities and the social determinants of health – alignment of funding towards a real public health approach to address social determinants of health
• Marmot – need to address social inequalities – universal actions with proportionate scale and intensity, focusing on prevention, addressing child development and job security, and empower individuals and local communities
• substance abuse (costing at least $55 billion [B] annually in Australia)

• antisocial behaviour (including violence and crime, costing $36 B annually, with family violence contributing between $22 and 26 B in 2015–16) (Department of Social Services [DSS], 2016) and obesity ($21 B)

• mental illness ($8.5 B in 2014–15; up $911 million from 2010–11) (Australian Institute of Health and Welfare [AIHW], 2017)

• developmental injury (e.g., foetal alcohol problems, child neglect and abuse leading to preventable disability)

• chronic illness (including preventable Type 2 diabetes, cancer, cardiovascular disease, asthma, allergies)

• school failure (including leaving school and not participating in further education) and

• social exclusion (lack of meaningful and constructive social and economic participation).
Australian Context

Policy Context

• Policy reform driven in a climate of fiscal restraint

• System failures highlighted in Government inquiries and Royal commissions and in response to wicked social problems – a time of unparalleled welfare reform

• Growth in demand, Governments and consumers looking for more joined up, effective and cheaper responses

• Consumer movements

• Competition and contestability

• Use of big data and capacity to generate and use service level data – evaluation

• Innovations agenda – demonstration of use of evidence informed –based intervention models within services in order to secure or sustain funding and commissioning for outcomes
Australian Context

Policy Context

• Public health is broadly accepted as guide to policy and service design to target critical opportunities for prevention across the lifespan

• Proportionate universalism, community or regionally based service settings offers strong universal platform to leverage targeted interventions

• Reality – policy – funding and services are slow to change resulting in status quo – ‘react and response’ service paradigm which limits the development of meaningful, innovative, transformative, connected intervention

• Community based services (if willing and able) are well placed to provide evidence informed-based holistic support to provide positive impacts on adverse life experiences and circumstances particularly for our most disadvantaged
Re-orienting our role as a welfare organisation

- *Whole of organisation commitment including delegating governance*
- *Social Justice Framework*
- *A community asset and coproduction*
- *Working with not doing to or for*
- *Advocacy linked to evidence*
WELLBEING FOR LIFE

Social Justice framework

Must respond to the ‘risk’ and ‘protective’ factors that ‘at risk’ and ‘vulnerable’ populations face due systemic and institutional marginalisation.

• Recognizing First Nations people as the traditional custodians of the land and responding to the harms of colonisation

• A commitment to affirmative employment opportunities

• Utilise diverse knowledges to achieve our mission Delivering assertive and inclusive practice

• Having an policies and procedures grounded in accountability and restorative justice

• Leveraging our organisational power/authority to undertake advocacy
Belonging to one or more of the following communities continues to heavily shape health and life outcomes in Australia:

- First Nations person, including Aboriginal and Torres Strait Islander peoples
- Identifying as LGBTQI+
- Refugee or humanitarian background
- Asylum seekers background
- People of colour
- A public or social housing residents
- Being a women

*often intersects with race, faith, abilities and SES*
Re-orienting our Community & Family Services – why

- Better respond to the complexity of issues impacting on all communities and families – that led to poor outcomes for children
- Use evidence based – informed programs and practice across multiple health domains (multiple science)
- To incorporate a Public Health approach
- Commitment to research to build knowledge & evaluation and use this in advocacy
- Informs every new piece funding sought and is embedded in this model
What does this look like

CO-PRODUCTION

Universal & targeted evidence based programs & practice
Program Logic
Implementation
Universal & targeted outcomes

Evidence

Co-Plan

Key stakeholders – government, NGO’s (cross sector) & community participation (lived experience)
Place-based population data & community consultations
Shared vision of needs

Co-Review

Key stakeholder village appraisal
Performance & quality
Outcome evaluation
Recovery outcomes - client & service/program/practice

Co-Deliver

Program and services, programs & practice
Implementation Plans - capturing fidelity and outcomes, lived experience workers (employment pathways, training and Peer Work)

Co-design

Co-produce program logic including programs & practice interventions, recovery orientation, fidelity measures & universal outcomes
Cultural security & adaption of interventions & outcome measures/data collection measures/methods
The Royal Commission into Family Violence recommends the further provision of services including: peer mentoring, women’s groups, children’s groups, parenting support and programs that focus on empowering survivors to help them recover from violence and the impacts of trauma (RCFV, 2016).
The need for a lived experience workforce

• Many victim survivors find that the current service system does not properly represent them and does not respond appropriately to their needs

• Focus groups carried out by the Victorian Department of Premier and Cabinet (2016) found that survivors not only wanted to see the Family Violence workforce reflecting themselves (ethnicity, faith, LGBTIQ) but also to have workers who were survivors themselves.
Recovery Oriented Service models and complex trauma

The trauma of family violence:

• Increased complexity for victim – survivors (and children) to navigate life course transitions

• Living with and the tyranny of expectation
Three areas of co-production

1. The development and delivery of the three levels of Peer work underpinned by a co-design process
2. The recruitment, training and development of the Peer workforce
3. The development of the whole of organisational Cultural Readiness model
Wrap-around service delivery – Recovery Planning and Assessment

Recovery Domains:
• Health and Wellbeing (physical and mental health)
• Adequate material resources
• Safety
• Family of origin – choice - social support network
• Community connection
• Hope
Case Coordination and Recovery Support Work

- Case Coordinators are recovery clinicians who provide trauma specific interventions and counselling (adult and child)
- Recovery Support Workers are trained lived-experience peer workers who provide
  - Case work and advocacy
  - Group Peer Support and
  - Co-facilitate Recovery Education
“it makes you feel like you will never belong in society. That you’re not welcome here, and that you are a second-class citizen no matter what... For any migrant community, police are a reflection of the government and the mainstream community”.
Young people’s voices, experience and vision at the forefront

“IT'S NOT JUST ABOUT ME- IT'S ABOUT THE WHOLE COMMUNITY”
Daniel Haile- Michael
OUR VISION
What We Want
A world in which the human rights of all young people of colour are respected and in which young people of colour are empowered to arise as leaders and agents of change in their communities.

OUR MISSION
How We Work
We work to make the experiences of young people of colour heard and to advocate for legal and policy reforms that are necessary for the protection of their human rights. Equally, we work within communities to mobilise young people and facilitate youth-led movements that will create strong and resilient communities.
WE’RE HIRING!

- AGED 18 to 25 yrs?
- LIVE WORK STUDY PLAY in CARLTON/PARKVILLE?
- KEEN TO MAKE A DIFFERENCE IN YOUR COMMUNITY?

BE A

PEER LEADER

AT

THE DRUM YOUTH SERVICES

An affirmative action employment program building the capacity of the local community and providing positive role models

INFO SESSION ONE
@THE UNDERGROUND
150 PALMERSTON ST CARLTON
MONDAY 23RD MARCH
6pm - 7pm

INFO SESSION TWO
@DRUMMOND STREET SERVICES
109 DRUMMOND ST CARLTON
WEDNESDAY 25TH MARCH
6pm - 7pm

WANT TO KNOW MORE STUFF? CONTACT ANUSHKA - 9663 7326/ANUSHKA.WCOTTION@DEE.org.au
Universal to targeted

Universal Promotion
Healthy family functioning and child well-being

Screening for Risk

Early Intervention - lower risk
(Brief Support)

Early Intervention - multi-risk
(Intensive Family Support)

Pathway to Tertiary

Level Of Intensity Of Services Increases As Vulnerability Increases

Families Self-select More Intensive Service Based On A Perceived Higher Level Of Risks And Needs
Targeted Interventions

- **Identification of at-risk groups** in the local community who are not engaging with universal services (e.g. CaLD, ATSI, Queer, Fathers, young parents)

- Utilisation of an **assertive engagement** model ensures that our programs are responsive and accessible (e.g. outreach services, after-hours, child-care, interpreters, co-location with other service where families already go such as schools, early childhood, maternal/child health etc.)

- Engagement and intervention strategies require **adaptation** for specific marginalised and at-risk groups in the community (e.g. practitioners with lived experience – CaLD, queer, fathers, co-delivery with CaLD/ATSI services, outreach services to public housing estates etc.)
6 Domains of Family Wellbeing

1. Individual well-being
2. Connected family relationships
3. Safe Family environment
4. Competent Parenting
5. Material security
6. Connection to community
Outcomes selected for measurement in evaluation of the 'Family Service Model'

- Adult Psychological Health
- Child/Young Person Emotional Wellbeing and Behaviour Symptoms
- Parenting and Family Functioning
- Couple/Co-parent Relationship
- Family Violence/Child Safety
- Financial Hardship
- Community Connectedness
ds Questionnaires are designed to capture selected information on each of:

**ds Family Service OUTCOME DOMAINS**

Research indicates a number of family-level risk and protective factors (mediating factors, processes) towards long-term individual wellbeing. We have selected a number of these evidence-based family-level factors as the intended OUTCOMES of our Family Service Model and interventions, organised across six domains, as follows:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Individual Well-being</strong></td>
<td>The physical, emotional, social and developmental wellbeing of all family members (adults, children and young people).</td>
</tr>
<tr>
<td></td>
<td>- Adult mental health</td>
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<tr>
<td></td>
<td>- Child/Young person mental health/development</td>
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<tr>
<td></td>
<td>- Infant mental health/development</td>
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<td></td>
<td>- Absence of substance abuse in adults and youth</td>
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<tr>
<td></td>
<td>- Adult physical health</td>
</tr>
<tr>
<td></td>
<td>- Child/Young person physical health</td>
</tr>
<tr>
<td>2. <strong>Connected Family Relationships</strong></td>
<td>Happy, connected family relationships including intimate partner relationships, parent-child and sibling relationships and those within extended family.</td>
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<tr>
<td></td>
<td>- Adult intimate relationships are respectful and cohesive</td>
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<tr>
<td></td>
<td>- Secure attachment between child/ren and parent/s</td>
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<tr>
<td></td>
<td>- Good communication between child/ren and parent/s</td>
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<td></td>
<td>- Sibling relationships respectful and well-managed</td>
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<td></td>
<td>- Communication between separated parents respectful and amicable</td>
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<tr>
<td></td>
<td>- Family relationships are cohesive</td>
</tr>
<tr>
<td>3. <strong>Safe Family Environment</strong></td>
<td>Safe and supportive family environment that is free from conflict, violence and abuse.</td>
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<tr>
<td></td>
<td>- Family harmony</td>
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<tr>
<td></td>
<td>- Free from violence, psychological/sexual abuse, frequent conflict</td>
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<tr>
<td></td>
<td>- Secure, stable family</td>
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<td></td>
<td>- Family relationships are non-conflictual or violent</td>
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<tr>
<td>4. <strong>Competent Parenting</strong></td>
<td>Competent, confident age-appropriate parenting</td>
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<td></td>
<td>- Positive proactive parenting</td>
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<td></td>
<td>- Warm, responsive parenting style</td>
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<td></td>
<td>- Clear and consistent expectations/consequences for behaviour</td>
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<td></td>
<td>- Clearly defined roles and responsibilities within the family</td>
</tr>
<tr>
<td></td>
<td>- Evidence of family values/moral beliefs</td>
</tr>
<tr>
<td></td>
<td>- Parental involvement in children’s activities</td>
</tr>
<tr>
<td>5. <strong>Material Security</strong></td>
<td>Adequate, stable accommodation, financial/material family resources and transport.</td>
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<tr>
<td></td>
<td>- Economic security</td>
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<td></td>
<td>- Housing stability</td>
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<tr>
<td></td>
<td>- Employment options</td>
</tr>
<tr>
<td></td>
<td>- Lack of material hardship</td>
</tr>
<tr>
<td>6. <strong>Connection to Community</strong></td>
<td>Family/friends support network, and school and community engagement.</td>
</tr>
<tr>
<td></td>
<td>- School attendance &amp; commitment</td>
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<tr>
<td></td>
<td>- Supportive relationships with other adults (for child/ren and adults)</td>
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<tr>
<td></td>
<td>- Pro-social peer group (children and young people)</td>
</tr>
<tr>
<td></td>
<td>- Engagement with community-based activities</td>
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<tr>
<td></td>
<td>- Parental participation in school activities</td>
</tr>
<tr>
<td></td>
<td>- Community/cultural connections and belonging</td>
</tr>
</tbody>
</table>
Social Isolation

- 34% of clients are socially connected
- 56% of clients experience mild to moderate social isolation
- 10% of clients experience severe social isolation
Figure 8: Baseline breakdown of financial distress

- **22%** Sought assistance from a welfare organisation
- **16%** Pawned or sold something for cash
- **12%** Went without meals
- **20%** Unable to pay the mortgage or rent on time
- **26%** Unable to pay their gas, electricity or telephone bills on time
- **4%** Unable to heat or cool their home
We are making a difference!

Matched pre and post:
Significant decrease in Adult Psychological Distress
Across GHQ and DASS21 (depression, anxiety and stress)
Decrease in Social isolation
Significant improvement in child social and emotional difficulties (SDQ)
### Brief vs Intensive

<table>
<thead>
<tr>
<th>Brief change 1st to follow up</th>
<th>Mean change</th>
<th>Significant?</th>
<th>How big was the effect?</th>
<th>The numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQ</td>
<td>17.55 to 13.30</td>
<td>Yes</td>
<td>Large</td>
<td>P = .000 df=20 d=.909</td>
</tr>
<tr>
<td>SDQ total difficulties</td>
<td>14.00 to 12.45</td>
<td>Yes</td>
<td>Medium to large</td>
<td>P = .018 df=14 d=.693</td>
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<tr>
<td>Social</td>
<td>9.47 to 9.87</td>
<td>No</td>
<td></td>
<td>P = .242 df=44</td>
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</table>

<table>
<thead>
<tr>
<th>Intensive change 1st to follow up</th>
<th>Mean change</th>
<th>Significant?</th>
<th>How big was the effect?</th>
<th>The numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQ</td>
<td>18.48 to 12.76</td>
<td>Yes</td>
<td>Large</td>
<td>P = .000 df=20 d=.909</td>
</tr>
<tr>
<td>SDQ total difficulties</td>
<td>23.50 to 16.50</td>
<td>Yes</td>
<td>Large</td>
<td>P = .009 df=7 d=1.28</td>
</tr>
<tr>
<td>Social</td>
<td>8.14 to 9.59</td>
<td>Yes</td>
<td>Large</td>
<td>P = .001 df=21 d=.850</td>
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</table>
### Salary/Wages vs Gov. Payments

<table>
<thead>
<tr>
<th>Salary/Wages change 1st to follow up</th>
<th>Mean change</th>
<th>Significant?</th>
<th>How big was the effect?</th>
<th>The numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQ</td>
<td>18.07 to 12.22</td>
<td>Yes</td>
<td>Large</td>
<td>$P = .000 \ df=26\ d=.8$</td>
</tr>
<tr>
<td>SDQ total difficulties</td>
<td>15.22 to 11.22</td>
<td>Yes</td>
<td>Large</td>
<td>$P=.024\ df=30\ d=.853$</td>
</tr>
<tr>
<td>Social</td>
<td>9.48 to 10.35</td>
<td>Yes</td>
<td>Medium</td>
<td>$P=.034\ df=8\ d=.426$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gov. payments change 1st to follow up</th>
<th>Mean change</th>
<th>Significant?</th>
<th>How big was the effect?</th>
<th>The numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQ</td>
<td>17.20 to 14.70</td>
<td>No</td>
<td></td>
<td>$P = .084\ df=19$</td>
</tr>
<tr>
<td>SDQ total difficulties</td>
<td>17.70 to 14.20</td>
<td>No</td>
<td></td>
<td>$P = .060\ df=9$</td>
</tr>
<tr>
<td>Social</td>
<td>8.29 to 9.19</td>
<td>No</td>
<td></td>
<td>$P=.095\ df=20$</td>
</tr>
</tbody>
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International Adventure Therapy

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