Keeping in Touch with Your Children Menu and Practice Guide Implementation
Action Plan

Task	Actions	Recommendations/Resources
Authorising environment	• Who needs to be involved to authorise and make program, policy and procedure adjustments? • Who will be responsible for training staff and supporting practice change? • How will supervision practices be adjusted to incorporate this resource and parent-aware and child-focused practice overall?	• Relevant program leadership and senior staff of service/s. • Senior practitioners and/or working group to action the implementation plan locally. • Senior practitioner to provide clinical supervision and support. • Establish staff practice mentor/champion roles.
Review current policies/ procedures	• What child-focused practice is currently embedded in service and client documentation? • What changes may need to be made? • Are policies and practices consistent with the **National Principles for Child Safe Organisations**? • What adjustments may need to be made to the structure of the program to support parent visits by children? • If the service currently supports parents with accompanying infants/children, will changes need to be made to include the needs of other children in the family?	The following may need some adjustment: • Overarching organisational policies that incorporate clear guidelines on child-focused practice. • Recruitment-related advertising and position descriptions to include expectations that specifically highlight inclusion of child wellbeing, child-focused practice and compliance with child-safe requirements. • Service-level policies/procedures that incorporate child-focused practice. • On-site visits policy/procedure to include visits by children. • Structure of program to support parents to keep in touch with children. • Phone policies to allow contact with children. • Review of program stages for when visits are permitted, specifically those visits by children. • Groups to include additional content and activities that support the parent-child relationship. • Policies, procedures and other adjustments to support the parent's relationship with other children in the family. You can find an example children's visiting policy **here**.
Review service documentation	• What child-focused items are currently embedded in service and resident documentation? • What changes need to be made to service/resident documentation to incorporate child-focused practice and to embed this resource?	• Intake/Admission and Assessment documentation to include questions about parenting role/responsibility, children's details and their care arrangements, updated child/family/family violence court orders. • Intake documents/resident information packs to include a copy of the **Keeping in Touch with Your Children parent and family brochure**. • Care plan to include goals that include the parent-child relationship. • Home visits/leave that incorporate visits with children. • Safety plan to manage risks to children during home visits, leave and upon discharge. Emerging Minds has a range of printable shared care plans for **babies**, **children** and **young people**, along with the free **While I'm Away** shared care app for iPhone and Android. • Outing plan template to support parents to organise outings with children and a caregiver/responsible adult. • Group session plans to include segments that support parenting and the parent-child relationship. • Stage review documentation to include section on goals related to parenting. • Discharge summary to include section on children and plans for ongoing support.
	What changes may need to be made to documentation that supports staff to undertake child-focused practice?	• Position description to include child-focused practice as expectation of the role. • Induction package that reinforces child-focused practice as core part of the role. • Supervision guides to support child-focused practice. • Performance review to include child-focused practice. • Behavioural competencies and professional development to build practitioner skills in child-focused practice.

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Review current practices and workforce readiness	• How do we currently integrate a child-focused approach into our adult-focused practice?
	• How can this be further developed by the use of this and other recommended resources?
	• What do we need to consider in regard to training for support staff such as admin, reception and gardener in regard to child-focused practice?
	• How can this be further developed using the KIT Menu and associated resources?
	• If we already provide a service to parents and children, are the needs of other children in the family who are not resident in the program with the parent considered?
	• What sort of additional training will need to be provided to reception/admin around speaking with children and caregivers and taking and passing on messages?
	• How do we attract staff that value and are skilled in incorporating a parent-child awareness and responsiveness into their primary work with adults?
		• **NCETA Family Sensitive Policy and Practice toolkit** to increase collaboration between the AOD and child protection sectors and to support AOD organisations with policy and practice changes to implement child-focused practice.
		• **NCETA research paper** to support implementation of child-focused practice.
		• Emerging Minds online e-learning courses to introduce child-focused practice:
		  – **Understanding Child Mental Health**
		  – **The Impact of Trauma on the Child**
		  – **Engaging with Parents**
		  – **Engaging with Children**
		• Emerging Minds online e-learning courses for AOD practitioners working with parental substance use:
		  – **The Impact of Parental Substance Use on the Child**
		  – **Parental Substance Use and Child-Aware Practice**
		• Consider undertaking a **staff survey** to establish a baseline, assess initial training impact, monitor, and evaluate the progress of parent-child aware practice and training needs in this setting.

Review practical and logistical issues	• How and when will we commence/launch the use of the KIT Menu resource?
	• Where to display the KIT Menu?
	• Do we have a safe space for parents to meet with children on-site? What changes might need to be made to this space and who will do this work?
	• Do we need to purchase some additional resources – toys, books, soft furnishings, posters, puzzles, etc.?
	• What existing resources, such as sensory modulation equipment would be suitable for this space?
	• Where could parents meet with children nearby if off-site meetings are preferable?
	• Where will parents make phone calls to children? Will we have a special room for this?
	• Will we need to purchase some additional art/craft supplies for parents to create gifts and cards for special messages to children?
	• How will we maintain a supply of the brochures and distribute to consumers and family members?
		• Determine who will order the KIT Menu posters from Emerging Minds (these are provided free of charge) – i.e. program champion if a sole site, or service lead who can distribute to relevant programs if there are multiple sites involved.
		• Menu should be displayed in common areas and in each room/residence and an A4 version provided in residents' intake pack.
		• Clarify budgetary support for the purchase of necessary equipment and materials.
		• Establish a timeline of posters being hung, additional resources acquired, spaces enhanced, introduction to staff and available practice support as the KIT resource commences being used in this setting.
		• Develop a library of children's books to support parents' conversations with children about parental substance use:
		  – **Ruby's dad – A story about living with a parent who is a heavy drinker** – Health Promotion Agency, New Zealand
		  – **How can I care for my children?** – Tytti Solantaus

Introduce the Keeping in Touch with Your Children resources to staff	• How will the Introduction to the KIT Menu fit into our staff training program?
	• What additional Emerging Minds online training around parent and child-focused practice are we requiring/encouraging staff to undertake to enhance their practice?
	• How do we allocate time to allow for this?
		• Review the Emerging Minds material relevant to this setting:
		  – Introduction workshop (includes video material)
		  – Practice guide for staff/supervisors
		  – Additional resources.
		• Devise and conduct a training event(s) suitable for your setting utilising the EM material.
		• Undertake a **pre- and post-training staff survey** to measure practice confidence over time.
		• Provide hard copies of the KIT practice guide for staff undertaking the introduction training.
		• Integrate any additional online staff training identified as beneficial to increase confidence/competence.

Review and evaluation	• How do we assess the impact and progress of introducing this resource into practice? • How do we adjust the use of the resource following resident, staff and family feedback?	• Ongoing review and feedback from staff at practice meetings with adjustments being made as required? • Focus groups with residents to ask for feedback and suggestions? • Ensure recommendations of iterative adjustments are captured for quality improvement cycles. • Resident/family feedback survey post discharge? • Repeat **staff survey** to compare to baseline and post training survey results.

For AOD residential settings

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