



VICTORIAN ALCOHOL & DRUG ASSOCIATION

ENEWS – daily electronic news, views and drug information
email vaada@infoxchange.net.au to register or unsubscribe

211 Victoria Parade Collingwood VIC 3066

Phone: 03 9416 0899 Fax: 03 9416 2085

vaada@infoxchange.net.au

www.vaada.org.au

IR Changes and the Community Sector

In December 2005 VAADA attended a forum held by the Victorian Council of Social Service (VCOSS) *The IR changes and the community sector*. Speakers included:

- Marcus Clayton (Slater and Gordon)
- Ellen Kleimaker (Victorian Trades Hall Council)
- Caroline Ryan (Jobs Australia)
- Dr. Mark Zirnsak (Uniting Church)
- Cr. Kathleen Maltzahn (Councillor, Yarra City Council)

The three forms of industrial relations agreements that will be allowable under the Workchoices legislation are awards, Enterprise Bargaining Agreements (EBA) and Australian Workplace Agreements (AWA). Hierarchically, AWA will prevail over EBA and EBA and AWA will prevail over awards.

AWA are agreements individually negotiated by an employee and employer. The “no disadvantage” test that formerly applied when making such agreements will be removed; instead AWA will be benchmarked against 5 allowable matters that include:

- Annual leave
- Personal/carers leave
- Compassionate leave
- Parental leave
- Maximum ordinary hours of work.

Conversely, specific content will be prohibited from being included in AWA. These are: providing a remedy for unfair dismissal; prohibiting AWA; restricting use of independent contractors; providing trade union training leave; and providing for union collective agreements. Many, who work in the Alcohol and Other Drug (AOD) sector, have their work conditions determined by an award.

Common awards in the AOD sector are the Social and Community Services Awards (SACS)

Community Employment Training & Support Services Award (CETSS Award).

For those covered by awards, pay and classifications issues will be removed from the Australian Industrial Relations Commission (AIRC) and will now be reviewed by the Fair Pay Commission. The AIRC will also lose its responsibilities for certifying collective bargaining agreements and creating new industrial awards. The AIRC ability to resolve disputes will be limited to those matters conferred to it by employers and employees in workplace agreements.

The Fair Pay Commission will determine the timing, ambit and frequency of wage reviews, how the reviews are conducted and when decisions arising out of reviews come into effect. Such a system currently exists in the USA. The Fair Pay Commission will also oversee award rationalisation which will involve fewer awards with classifications becoming more generic in nature.

Unfair dismissal legislation will not apply in workplaces that have less than 100 employees. In workplaces where employees can contest unfair dismissal, new constraints will apply. Employees must have been employed for more than six months before they can bring a claim and the claim cannot be based on operational requirements i.e. redundancy. The Workchoices legislation will have immediate implications for Victorian employees and employers, as the State government had previously referred its industrial relations powers to the Commonwealth.

A suggestion to arise out of the forum, for those workplaces that are concerned that their working conditions will be eroded by Workchoices, is for employer and employees to roll up their award into an EBA. VCOSS will continue to update the sector around the implications of Workchoices at www.vcooss.org.au.

Matrix of Diversity – the AOD Sector & Beyond **Month in Review**

VAADA's Conference 06 will be held in Melbourne on 7 and 8 February 2006 at Rydges Riverwalk. The Conference will look beyond the alcohol & other drugs (AOD) sector to examine the partnerships that are central in responding to the harms associated with alcohol and other drugs. The conference will focus on diversity, integration and partnerships – how do we harness this diversity and move beyond the rhetoric of intersectoral collaboration into partnerships that serve our clients and the community?

The conference will examine partnerships through the lens of four broad themes, which focus on the issues that currently frame the 'drugs problem'. Streams will be held on the health, social and justice aspects of AOD issues.

Keynote speakers will include:

- The Hon. Bronwyn Pike, Minister for Health
- Emeritus Professor Ian Webster (Chief Patron ADCA) Associate Professor
- Carol Bacchi (University of Adelaide)
- Dr James Rowe (RMIT)
- Martin Jackson (Latrobe University)
- Dr Rodger Brough (GP – WRAD) and Sharon Amos (WRAD)
- Paul Smith (Director, Drugs Policy and Services Branch)
- Mark William (VACCHO)
- Damon Brogan (VIVAIDS)
- Karenza Louise-Smith (Manager, APSU)
- Donna King (VACRO)
- Jelena Popovic (Deputy Chief Magistrate Melbourne Magistrates Court)

Program details and registration forms can be found at: <http://www.vaada.org.au/> or contact Chris McDonnell on 9416 0899.

VAADA in 2006

2006 will be an important year for the Victorian AOD sector and will see VAADA taking a strong focus on the forthcoming state election which will take place on 25 November 2006.

As stated in its 06/07 State Budget submission, VAADA will continue to encourage the State Government to overtly state a vision that addresses the harms associated with alcohol and drug misuse, contextualised in its social policy, which aims to reduce disadvantage in Victoria.

VAADA will advocate to all political parties contesting the state election, to address the issues

surrounding alcohol and drug misuse in their election platforms. A copy of the VAADA 06/07 State Budget submission can be found at www.vaada.org.au

VAADA Consultations

This year will see VAADA conduct quarterly forum/networking meetings with its membership. The aim of these meetings will be to inform the membership, of arising issues pertinent to the sector, and to discuss strategies to respond to such issues. The meetings will also provide members an opportunity to raise issues that they would like to be taken up at a sector level, while aiming to engender a sense of collaboration and cohesiveness within the sector.

A complementary strategy to the quarterly meetings will be to travel statewide, consulting with the rural and regional membership. This will provide a valuable opportunity for VAADA to seek the views of those who work in rural and regionally settings. The findings from these consultations will contribute to formulating VAADA's policy positions throughout the year and may see a discussion papers emerging from the consultations.

Human Rights Charter

Recommendations from the Human Rights Consultation Committee were released by the Victorian Government on 20 December 2005. The Attorney-General indicated that the Government has in principle support for the legislation, and intends to introduce it into parliament within the next few months.

The report recommends a Victorian Charter of Human Rights and Responsibilities, which will be an ordinary act of Parliament. It will cover important civil and political rights such as freedom of thought and expression, freedom of association, freedom of movement, freedom from torture, cultural rights and the right to a fair trial. It includes a preamble which provides a clear statement of the values that constitute a democratic and inclusive society.

If the Charter is adopted, all new legislation will be assessed for compatibility with the rights that comprise the Charter. Additionally, the courts will be able to interpret existing laws against the Charter, and can issue a declaration of incompatibility where conflicts exist. The full report can be found at the Department of Justice website: <http://www.justice.vic.gov.au>

YOUR SAY

Homeless drug users require a more integrated and holistic response (Kim Rayner, consultant to and on behalf of the Homeless and Drug Dependency Program)

Treatment options and approaches to addressing drug and alcohol problems among those who are homeless with complex needs do not, on the whole, offer the flexibility, continuity of care and a relationship based approach needed to improve the health and social outcomes of this population. Trying to access drug treatment if you are homeless and lack the level of motivation required prevents this client group's needed access to support and treatment. Delays often result in a loss of motivation to make changes or seek help, further compounding the situation of homelessness, drug addiction and poor health.

Exacerbating this situation is the homeless person's lack of stable accommodation and personal support. These are critical elements to sustaining changes made after exiting treatment. Follow up care and accommodation after treatment, often falls to the individual or a welfare service to arrange, with minimal drug treatment interventions or resources directed at longer-term continuity of care and positive reintegration into community life.

For the most marginalized, other more flexible, supportive and holistic approaches need greater emphasis within the current drug and alcohol service system. This may involve current services adapting their models of care to provide targeted programs, aimed at effectively engaging and sustaining this client group in treatment. It also requires service sectors and government departments to move away from a silo approach to service delivery, and embrace greater levels of collaboration and integration. Central to planning services needs to be the homeless drug user's or dually diagnosed homeless client's need for continuity of care, timely engagement and flexibility in the range and choice of treatment and support options to address not one, but many presenting problems. Programs need to be specifically attuned to the needs of homeless drug users and able to address the related health and social issues attached to drug use. Evidence supports this response, particularly when working with disadvantaged populations. More of the same will not address current gaps.

The Homeless and Drug Dependency Trial (HDDT) is one project that was given the opportunity and government resources to test innovative responses to more effectively assist

homeless drug users accessing crisis accommodation in inner Melbourne. A direct partnership was formed between the Crisis Supported Accommodation Services (CSAS), the Victorian Department of Human Services (Drugs Policy and Services Branch and the Office of Housing - SAAP) and other drug and alcohol, health and housing services. The HDDT provided an integrated service to drug dependent homeless individuals, utilizing Hanover Southbank, Ozanam House and the Salvation Army's Flagstaff as strategic sites of engagement, 'with the aim of reducing their drug dependence, minimizing the harm they do to themselves and building pathways out of homelessness and drug addiction toward secure accommodation and stable lifestyles' (Inter agency Working Party, 2000).

Central to this initiative was the recognized need to make significant changes to the way services were delivered to homeless drug users accessing crisis accommodation. Participating CSAS did not adopt an approach that only provided crisis accommodation and welfare support, but focused on extending the capabilities of these services and their staff in effectively engaging homeless drug users as well as in providing treatment and pathway options based on a holistic model of care. This was achieved through the implementation of three key strategies. The first involved the introduction of a range of capacity building activities within the CSAS. Linked to these activities, was the delivery of a continuous primary case management and pathway response to 213 drug dependent clients over the three-year trial period. This involved primary case managers initially resolving the client's current crisis situation, then actively engaging clients in treatment while at the CSAS, continuing to deliver care, treatment interventions and housing support as they moved towards greater stability and community participation. The third key strategy involved project management, evaluation and direct support to developing and sustaining partnerships between participating services.

As a result there has been a reduction in the harm associated with drug use previously experienced within CSASs and improvements in the identification and assessment of problematic substance use among residents (Rayner, August 2004).

Continued on back page PTO

Calendar of Events

February 7 - 8	<p><i>Matrix of Diversity – The AOD Sector and Beyond</i> VAADA’s conference 06 will be held in Melbourne on 7 and 8 February 2006. It will look beyond the alcohol & other drugs (AOD) sector to the matrix of partnerships that are central in responding to the harms associated with alcohol and other drugs. The conference will be held at Rydges Richmond, 649 Bridge Rd. For further information or to register, please contact Chris at VAADA on 9416 0899 or cmcdonnell@vaada.org.au</p>
February 10	<p><i>“Ecstasy and related drugs – what the paramedics see” Turning Point Talking Point Series</i> Presented by Alan Eade, Metropolitan Ambulance Service (Melbourne), at 1-2 pm, Training Room, 142 Gertrude St Fitzroy, bookings essential. Call Turning Point on 8413 8413 or email info@turningpoint.org.au</p>

Onsite provision as well as linkage to community drug and alcohol services increased, as did the delivery of pro-active health promotion activities and nursing services.

A culture of inclusiveness and understanding of the many issues experienced by homeless drug users now exists. This has been further supported by the high level of staff expertise developed as a result of a comprehensive professional development program offered to staff.

Findings of the Trial’s continuous primary case management response, (Rayner, Batterham, Wiltshire, April 2005) also highlighted that the program was successful in the engagement and lengthy retention of participants in treatment, exceeding previous duration of treatment for homeless clients. Substantial improvements in housing stability also occurred, with greater levels of access to and maintaining of transitional and public housing.

There was also a reduction in the harms associated with participant’s drug use as well as in the levels and patterns of drug use. At exit from the trial, many participants had improved health, greater housing stability, had reduced or were abstinent from problematic drug use, employed, involved in educational pursuits and had reunited with family and friends.

Given the complex histories of participants, results are positive. Findings did however identify that while improvements occurred, difficulties and obstacles to accessing drug treatment and mental health services still existed. More is needed to strengthen partnerships and improve the response of these services to the particular needs of homeless clients.

Future directions may involve the development of additional innovative options to support complex clients that are not separate programs but integrated with existing service systems and programs. These initiatives will need to apply a primary health care framework and be supported

by strong cross sector collaboration and the need for change within all organizations. The continuation of a single-issue approach by each service sector when working with homeless clients will lead to ongoing duplication and ineffective client outcomes.

The Trial has clearly demonstrated the many benefits of delivering an integrated and wide-ranging model of holistic care to homeless clients. For this to be a universally applied approach more is needed to challenge current thinking and to extend the capabilities of government, drug treatment, health, housing and welfare services, with a clear goal of building sustainable and effective cross sector models.

Note:

*The HDDT is now an ongoing program funded jointly across three branches of the Victorian Department of Human Services and was a finalist in the Victorian 2005 Awards for Innovation and Excellence in Primary Health Care, Direct Care Category. Additional funding has also been attached to the program in order to more effectively address the needs of homeless clients with a concurrent substance use and mental health disorder. For more information on the current service or evaluation findings on all elements of the HDDT please contact **Bill Couche** bcouche@hanover.org.au.*

Acknowledgements

The author would like to acknowledge the support of Hanover Welfare Services, The Salvation Army, St Vincent de Paul Society and other member services of the Homeless and Drug Dependency Program.

References

Inter Agency Working Party. (2000), *Overview of the Homeless and Drug Dependency Trial*, Hanover Welfare Services, South Melbourne.

Rayner, K. (August 2004), *Building Capacity, Final- year evaluation report of the Homeless and Drug Dependency Trial’s Capacity - building activities, Report 8*, Hanover Welfare Services, South Melbourne.

Rayner, K., Batterham, D., Wiltshire, R. (April 2005), *Rebuilding Lives, Final; Year Findings on the Homeless and Drug Dependency Trial’s Continuous Primary Case Management and Pathways Response (Part B), Report 9*, Hanover Welfare Services, South Melbourne.