



NEWS

VICTORIAN ALCOHOL & DRUG ASSOCIATION

March 2008

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

'Co-morbidity Cross Sectorial Support and Strategic Partnerships Project'

It is with great pleasure that VAADA announces the appointment of Gail Ward as Sector Development Project Co-ordinator for the DoHA funded 'Co-morbidity Cross Sectorial Support and Strategic Partnerships Project'.

Gail has a very impressive background with experience in teaching, local government, juvenile justice, and in DHS across a range of portfolio's which have included disability services, specialist children's services, management in drugs and mental health and most recently as a project officer in disability services. Her skills, experience and wisdom will be of great benefit to our sector.

In her new role Gail will work with project grant recipients in Victoria and co-ordinate a strategic state-wide approach to the project.

A key aspect of her role is to build working relationships between stakeholders and key strategic partners both at a state and local level, as well as give agencies support in delivering their grant outcomes and be a source of assistance to funded agencies.

At this stage the initiative has seen an allocation of some \$5.5 million to support some 13 alcohol and other drug (AOD) treatment agencies in Victoria with the imminent announcement of a further tranche of agencies currently awaiting Ministerial approval.

VAADA CEO Network Meeting

The VAADA CEOs Network met at the Mary of the Cross Centre on March 17.

The main item on the agenda was the draft Data Collection Tools to be used in the *Waiting Times and Survey Snapshot*. The surveys intend to take a snapshot within services, of the demand for

Treatment services that they receive and to reflect that against their capacity to meet that demand. It is intended that the surveys will be rolled out at one and six month intervals.

The rationale behind conducting a snapshot arose out of the Network identifying that a disjuncture exists between the data that DHS collects which reports that waiting times are shrinking and the consistent anecdotal reports from agencies in relation to waiting times. Agencies are continually reporting a frustrating shortfall in capacity to meet the demand for AOD services and have to place clients on waiting lists or turn them away, hoping that they can receive treatment at other services.

The *Snapshot Surveys* aims to capture data in a number of areas including:

- Wait times (What are they)
- The extent of wait lists
- The failure to collect data on secondary consults
- The drop off rate from those seeking services who are placed on waiting lists
- Demand for particular service types

It is intended that the *Snapshot* should begin to be rolled out in the next four to eight weeks. VAADA will be contacting agencies in relation to the snapshot prior to its rollout.

Other agenda items include presentations by AIVL and Barwon Health. AIVL outlined the second phase of its *Treatment Service Users Project* that aims to increase consumer participation in treatment services. Marjan Geertsema (Barwon Health) gave an outline of how the new flexible funding model, adopted by Barwon Health for its drug treatment services operates.

Month in Review

Service Providers Conference

At the recent Service Providers Conference (7/3/08), Gill Callister (Executive Director of Mental Health and Drugs Division) made a wide ranging presentation that touched on a number of areas including:

- Youth and Families
- Media
- Alcohol and the VAAP;
- And a discussion of the Mental Health and Drugs Division.

Of particular interest was her discussion of the new division, the rationale for its amalgamation, the opportunities the amalgamation offers and what the future may offer for the department.

She noted that the combined department was a strategic connection for government that would allow it to adopt a more holistic approach to Mental Health (MH) and Alcohol and Other drugs (AOD). The combined department also positions itself to capitalise on new Federal initiatives in MH and AOD that are on the horizon. She continued that community expectations were strong that more work should be done to provide quality care for those experiencing MH or AOD issues.

Furthermore, she indicated opportunity existed for the new department around being able to interact more actively with the broader community sector to address a range of socio economic issues that affect those with MH or AOD issues.

Her presentation also highlighted that the combined department would provide an opportunity for the development of an integrated community and clinical structure for AOD and MH.

She identified that the support and strengthening of the two service workforces as a key part of the equation in an effective merger of the two departments. Part of this workforce strengthening process will include working with tertiary institutions to provide more relevant curricula and examining synergies that exist between core competencies and training.

She added that examining quality of care will be part of the ongoing integration process and would provide opportunity for quality improvement that would include service reviews

across both sectors; the identification of practice that works; promoting innovative programs; and the fostering and commendation of cross sectoral partnering.

The presentation can be downloaded from the VAADA website at:

<http://www.vaada.org.au/resources/recent.shtml>

Submission to the Inquiry for Alcohol Toll Reduction

VAADA recently made a submission to the Senate Inquiry for Alcohol Toll Reduction. The submission broadly endorsed the views expressed by the Alcohol and other Drugs Council of Australia (ADCA) in its submission.

VAADA highlighted that many of its member agencies have experienced issues arising from binge drinking with the community and have expressed a growing concern with the misuse and dangers of alcohol.

VAADA outlined a number of initiatives it considered appropriate for implementation at a national and state level:

- Limits on the way alcohol is advertised and marketed and sold to young people.
- Health information labels on all alcohol products.
- Better Identification of the number of standard drinks in a product
- Education Programs
- Taxation
- Improved Treatment and Rehabilitation Services
- Establish a comprehensive system of data collection on alcohol sales, consumption patterns and resultant social harms

VAADA concluded its submission by noting that the use of alcohol in Australian society is widespread and its impact on particular segments of our community is becoming increasingly apparent. It added that the inquiry provides an important opportunity to take stock of present problems and scope some possible actions which aim to reduce negative impacts both in health, social, and economic term that derive from alcohol misuse. The submission can be downloaded at www.vaada.org.au

YOUR SAY
Workforce Development In The NFP/Community Sector
Richard Paterson – Employment Office

Benjamin Franklin is credited with the quote “The definition of insanity is doing the same thing over and over and expecting different results.”

The employment landscape has changed dramatically over the past years, yet so many organisations have not changed their recruitment and retention methods.

Workforce development is all about better recruiting and retention strategies that are relevant to the contemporary environment.

Most organisations in the NFP Sector are time and cash poor. So hiring external recruitment professionals to do the work for you is too expensive (and probably not the best use of existing funds), yet DIY tends to be too time consuming, especially in a candidate depleted market. Therefore, there has been a void in between.

Our current situation is that across all sectors, there are more opportunities than qualified/experienced candidates.

I have been involved in the NFP Sector for over 10 years, so I have seen this change within the Sector first hand. Hence, employers need to market their opportunity so it is noticed ahead of the other competing opportunities, and is more appealing, and once the position is filled, you need to keep the person (i.e. Candidate attraction & retention)

More specifically for the NFP Sector, the migration toward Government outsourcing service delivery has its own implications. It creates recruitment challenges for the successful providers.

Generally the funding does not allow for payments for service delivery staff to be on par with the rates paid when delivered by government. Hence, more service delivery staff need to be “created”.

Increasingly, each generation is less patient, and more focused on results NOW. This has huge implications in recruitment. Candidates need a quick application process, with minimal steps so their application is undertaken whilst they are focused and interested – but still needs to capture enough of the information YOU want as an employer.

The distribution of job/application information and collection of applications can in itself also create staffing issues. If candidates have to call for “info Packs” this consumes time for the person being contacted. Statistics also show that there is increasingly low return rates for these packs.

Most NFP organisations have staff at the precipice already, so this added duty is likely to take away from more “productive” activities. Gone are the days of staff sitting around looking for something to do!!

So, in summary, successful workforce development requires a new approach to both recruitment AND retention and it needs to be conscious – not just doing the same old same old.

The processes also need to be engineered from the perspective of the current environment, and constantly fine tuned according to market changes.

Be assured, the right people can be found, but they will be found by the smart, consciously recruiting (not the autopilot recruiting) employers. Richard Paterson richard@employmentoffice.com.au
1300 366 573 / 0424 696 231

Calendar of Events

April 3 & 4	<p>National Conference on Anxiety & Depression. Reconnexion (formerly TRANX/PADA) is holding its 3rd Biennial National Conference on Anxiety & Depression on Thursday 3 & Friday 4 April 2008 at the Melbourne Exhibition & Convention Centre. The conference titled 'diverse pathways to effective treatment' has a range of impressive speakers from the UK, Australia and New Zealand. Full cost \$440. For more information or to register online, visit www.reconnexion.org.au/conference or ring us on 03 9886 9400.</p>
	<p>Prevention of harm from Alcohol Consumption in Rural and Remote Communities Seminar This seminar conducted by the ADF aims to expand on the themes covered in the Prevention Research Quarterly Issues Paper "Prevention of harm from alcohol consumption in rural and remote communities". It will explore some of the ways in which rural communities have responded to harmful alcohol consumption. There will be plenty of time for questions and discussion. 10.00 am to 12.30 pm (registration & refreshments from 9.30 am) Wednesday 9 April 2008 Angliss Conference Centre William Angliss Institute of TAFE Level 5, 555 La Trobe Street (cnr King St.), Melbourne</p>
April 11	<p>Talking Point Seminar <i>Substance use and the adolescent brain</i> Dr Dan Lubman, Senior Lecturer, Substance Use Research & Recovery Focused (SURRF) Program, ORYGEN Research Centre 1–2 pm, 142 Gertrude St, Fitzroy. The seminar is free. All welcome, bookings essential, ring 8413 8413 or email info@turningpoint.org.au</p>
April 14	<p>Reconnexion – Professional Development Sessions for Health Practitioners <i>Cognitive Behavioural Therapy for Anxiety and Depression</i> This workshop will be invaluable in assisting counsellors, case managers, MH workers, nurses, youth workers or other health & welfare professionals working with clients with psychological distress. Presented by Cath Walker. To be held at the Big Hill Winery, 3 Belvoir Park Road (cnr Calder Highway) Bendigo from 9.30am-4.30pm. For more information contact Annie Smarrellie at annie@reconnexion.org.au or 9886 0955</p>
April 14	<p>Hepatitis C Training , 2.00pm to 5.00pm. The workshop introduces workers to the hepatitis C virus and provides an overview of the variety of issues that effect people's lives. Suite 5, 200 Sydney Road, Brunswick - Melways ref 29 G9 To register Ph 9380 4644 or fax 9380 4688.email: info@hepcvic.org.au Cost \$20 per person.</p>
April 22	<p><i>Drug and alcohol use in pregnancy – Women's Alcohol & Drug Service (WADS)</i> This full day session is aimed at health professionals working with pregnant women with drug and alcohol issues. Participants will gain an understanding of the impact of drug and alcohol use in pregnancy and the complexities involved. To be held from 9.30 – 4.30pm at the Royal Women's Hospital Supper Room, Basement, 132 Grattan Street, Carlton. For bookings and enquiries phone 9344 3631</p>
May 9	<p>Talking Point Seminar <i>What everyone needs to know about foetal alcohol syndrome in Australia</i> Presented by Sue Miers, Spokesperson, National Organisation for Foetal Alcohol Syndrome and Related Disorders. 1–2 pm, 142 Gertrude St, Fitzroy. The seminar is free. All welcome, bookings essential, ring 8413 8413 or email info@turningpoint.org.au</p>

The views expressed by contributors to the VAADA News are not necessarily those held by VAADA.