

New Directions:

VAADA's proposed consultative framework

July 2005

VAADA is a Victorian peak organisation which aims to reduce the harms associated with alcohol and other drug use within the Victorian community

Who is VAADA?

The Victorian Alcohol and Drug Association Inc. (VAADA) is a peak organisation, which aims to reduce the harms associated with alcohol and other drug (AOD) use within the Victorian community.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms caused by alcohol and other drugs.

What does VAADA do?

As a peak organisation, VAADA's purpose is to ensure that the issues for people experiencing the harms associated with alcohol and other drug use and the organisations that support them are well represented in policy and program development and public discussion

VAADA seeks to achieve this through:

- Engaging in policy development
- Advocating for systemic change
- Representing issues our member's identify
- Providing leadership on priority issues to pursue
- Creating a space for collaboration within the AOD sector
- Keeping our members and stakeholders informed about issues relevant to the sector
- Supporting evidence-based practice that maintains the dignity of those who use alcohol and other drug services (and related services)

Our history

VAADA became an incorporated association in 1981 and was created as a forum for agencies working in the field of alcohol and other drug issues, as well as those individuals interested in alleviating the harms caused by alcohol and other drugs. VAADA's role was to provide mutual support for its members as well as facilitating planning and development in the AOD field. It was also envisaged that VAADA would have an educative and information role for both its member agencies and the broader community.

VAADA's membership has always been broadly based and its organisational membership includes 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, religious, general youth, local government and others (eg. schools, counselling services, correctional/diversion services, legal services).

New Directions

In its recent planning process, VAADA identified support in the alcohol and other drug (AOD) sector for a strong and relevant peak organisation.

VAADA clarified that, as a peak body, its purpose is to:

- ensure that the issues for people experiencing the harms associated with alcohol and other drug use and the organisations that support them are well represented in policy and program development and public discussion

VAADA's role is to focus on:

- Policy development
- Systemic advocacy
- Representing issues our member's identify
- Providing leadership on policy & program development
- Fostering collaboration within the AOD sector
- Informing on issues relevant to the sector
- Supporting evidence-based practice that values dignity & respect

To achieve its purpose and to effectively carry out its role – towards the end of 2005, VAADA will begin to operate within a new consultative framework.

Understanding the issues and promoting collaboration

The consultative framework that VAADA proposes to work within will enable the peak to more effectively understand the breadth of issues in the AOD sector. These consultations will also provide a space for its members and key stakeholders to collaborate and exchange innovative ideas. They include:

- Quarterly VAADA Members Network Forums
- Quarterly consultations with service providers through the AOD Service Provider Conferences
- Policy Committee – small group
- Practice Committee – small group
- Annual regional consultations (rural / metro)
- Conference in February
- Facilitate politician visits to AOD services in Drug Action Week
- Quarterly meetings with DHS – with an increased policy focus

It is also intended that the Board will establish sub-committees to support and further VAADA's strategic directions (see draft organisational chart). In particular, a fundraising sub-committee is the first proposed sub-committee that will be established.

VAADA's proposed consultative framework

This section provides a brief explanation of what VAADA hopes the consultations will look like. Notably, the proposal is two-tiered – covering broader policy consultation and consultation at the level of direct service provision.

Quarterly Network Forums

A quarterly forum / networking meeting (3 hours max) to provide a space:

- To inform the sector about relevant issues and to discuss strategies for responding – VAADA leads
- For members to raise issues that they consider need to be addressed
- For stakeholders / interested individuals & organisations to be invited as guests to raise issues with the AOD sector
- For collaboration and networking

This Forum will be about issues that broadly affect the AOD sector and that have systemic implications. It is anticipated that it would be of particular interest to senior managers and CEOs.

Examples of issues that might be addressed include:

- State election campaign
- State budget
- Service system review
- Workforce development
- Cross-sector linkages / partnerships

Quarterly Consults @ AOD Service Provider Conference

VAADA intends to change its involvement at the AOD Service Providers Conference to offer a regular workshop for consulting on selected issues. It will use the presentation component of VAADA's involvement to provide feedback on the outcomes of the consultations – and to outline how VAADA intends to address those issues.

The purpose underlying this quarterly consultation would be to provide direct service workers the opportunity to raise issues relating to service provision with the AOD peak body. It would occur at an event that is already attended by a broad range of workers in the sector (who are not necessarily members – increasing the extent of consultation).

- What are the challenges?
- What innovative approaches are working?

Issues might include:

- complexity of client needs
- specific clinical issues
- exit options
- choice and diversity of options
- etc..

Regional consultations

A complementary strategy will be VAADA's efforts to actively engage with regions through an annual consultation with our VAADA membership and key stakeholders.

A key objective for VAADA is to ensure we cater to rural and regional members.

Emerging from the consultations will be a discussion paper – which might potentially inform (alongside other structures) the setting of policy priorities for VAADA.

This will also provide scope for VAADA to understand regional differences, challenges and opportunities as they differ across the state. What can we learn from other regions?

The consultations will be held across both rural and metro regions. The consultations will be broad and will provide a space for VAADA to learn about newly emerging issues. The consultations will be a two-way exchange – so VAADA will use the opportunity to report back to the sector about the issues it's been advocating on and the outcomes of those efforts.

The consultations would be attended by the Executive Officer and a Policy Officer.

The scope of the consultations will be partly dependent on VAADA's resource capacity.

Policy Committee

Through an improved understanding of our member's issues – VAADA will prioritise and develop relevant policy.

In order to do this in a strategic way – VAADA will establish a Committee to provide expert advice to the peak body. Ideally the purpose of such a Committee would be as follows:

- A strategic advisory Committee, which informs and supports the public policy work of VAADA. Its purpose would be to provide information, advice, expertise and support to assist in the development of public policy initiatives and projects undertaken by VAADA. It would not be responsible for internal organisational policy issues.

This Committee might also advise on advocacy and media communication strategies.

The Committee will be guided by a clear Terms of Reference and it will have a maximum of about 8 members who meet bi-monthly and commit to a 12 month appointment (to ensure consistency in the Committee). It would be open to all VAADA members to apply to participate in (a selection process will be established).

The Policy Committee will be resourced by a Policy Officer.

Practice / Program Committee

Ideally – a similar body will be established to provide strategic advice on more practice oriented issues, and to enable workers on the ground to have some input into VAADA’s positions on program and sector development at systemic level. (For example, around service delivery, clinical issues, counselling, collaborating with other sectors, etc).

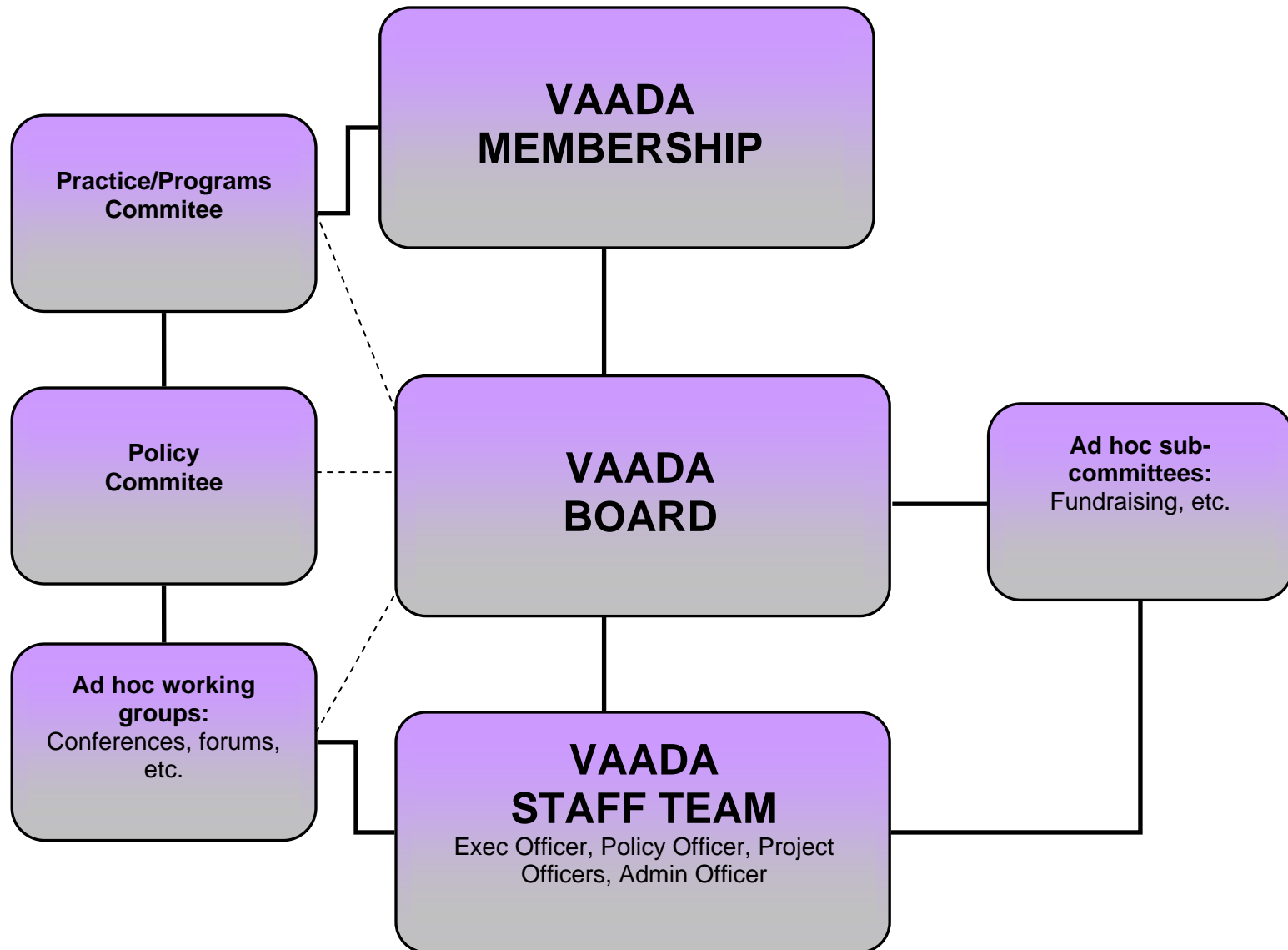
To effectively hold such a Committee, VAADA is considering strategies to resource this.

As with the Policy Committee and relevant consultation, this Committee would need to be resourced by a VAADA staff member.

Presently, VAADA does not have the capacity to appoint a staff member into this role.

So watch this space.

VAADA Organisational Chart



VAADA Consultation Framework

