EXPLORING THE IMPACT OF MARAM-ALIGNMENT TO THE AOD INTAKE/AX TOOLS AND PRACTICE IMPLICATIONS

Summary from the 2022 survey

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For more information regarding this report, please contact, Dejan Jotanovic, Project officer

djotanovic@vaada.org.au

Victorian Alcohol & Drug Association

1 Introduction

In early 2021 the AOD Intake and Comprehensive Assessment tools were aligned to MARAM, where questions were introduced into each of the tools to support clinicians in identifying victim survivors of family violence.

The aim of this survey – which ran from the end of February 2022 to the beginning of April 2022 – was to measure the impact of the MARAM alignment on AOD Intake and Comprehensive Assessment practices of AOD clinicians. We were therefore interested in surveying AOD workers that had both experienced the MARAM alignment, and could use their working knowledge to provide feedback to how the alignment had impacted their work.

The survey used a combination of qualitative and quantitative questions. Questions were identical for participants who performed Intake and Comprehensive Assessment.

Respondents were informed that the results from the survey would be used to:

i) Provide feedback to the Department on using the tools to identify victim survivors
ii) Provide advice to the Department for the upcoming alignment of the tools to identify adult people using violence
iii) Identify opportunities for VAADA to provide the AOD workforce with additional training, resourcing and professional development.

The survey was promoted via VAADA's Family Violence AOD Community of Practice, VAADA ENEWS, an Information Session, and the Specialist Family Violence Community of Practice. No remuneration was given for participation.

2 Demographics

A total of 96 respondents, from 32 AOD organisations/agencies participated.

Over half of the respondents said they worked with clients in Metropolitan Victoria (n=49; 52.69%), almost 40% worked with clients in regional Victoria (37; 39.78%) and 20% with rural clients (19; 20.43%).

Of the 96 respondents, 36 performed AOD Intake in their role, 60 performed AOD Comprehensive Assessment in their role, and 17 performed neither (and were therefore excluded from answering the remainder of the questions).

3 Methodology

Most quantitative questions relied on a 5-point likert scale, asking participants how likely a phenomenon was occurring (e.g. from "Never" to "Always"). Participants were then asked to expand on their answers.

4 Key summary

The following section summarises the key findings and considerations from the survey.

Impact to clinician

Time: The survey showed that the MARAM alignment has impacted the length of time it takes clinicians to complete both the intake and comprehensive assessment tool with their clients. Clinicians are, on average, taking longer to complete both Intake and Assessment as compared to when the tools were not aligned to MARAM. The mean for Intake was 20minutes longer. The mean for Comprehensive assessment was 30 minutes longer.

Confidence: Responses were mixed. Some clinicians (those more experienced) did not find that the MARAM alignment had impacted their confidence, as they were already comfortable in screening for family violence. However, other clinicians – across both tools – reported that they found the new prompts useful when working with clients.

Safety/Wellbeing: Most clinicians, across both tools, found no significant negative impacts from the MARAM alignment. Some experienced clinicians reported that more inexperienced clinicians would often lean on them for guidance. This question opened an issue worth exploring: work-load. Many responded that the emotional toll of family violence in their client's stories wasn't distressing in isolation – but with the added workload, ongoing MARAM rollout, and (for experienced clinicians) added labour of providing support to colleagues – there was a concern that it would lead to burnout. Additional time in completing the tools (if family violence was identified) may also mean less time spent in debriefing with the team (an identified protective factor for burn-out).

Impact to client

Safety/Wellbeing: Responses across both tools were mixed. Many clinicians reported a difficulty in speaking about family violence as they recognised that their clients were accessing AOD services and were worried they would "lose them." Building and maintaining a rapport was cited as an important feature in working with clients experiencing family violence.

Support mechanisms

Trainings: Across both tools, it was identified that trainings were the greatest mechanism of support throughout the MARAM alignment. However, great emphasis was placed on the need for ongoing training, particularly training that focused on real case studies, role-plays, use of actual risk assessment and risk management (safety planning) tools. Long and detailed manuals were not regarded as being particularly helpful.

SFVA: The Specialist Family Violence Advisors were also identified as providing a great amount of support. However, there was some variability in the level of access that clinician's had to their advisor.

Leadership: Clinicians also reported that having team leads/managers with specialist knowledge and experience as greatly supportive.

Barriers to support

Funding/Staffing: Many commented that decision makers should consider allocating additional funding to agencies (including lifting wages and adjusting DTAU loading) to reflect the additional

roles and responsibilities they are taking on. There are calls for greater staffing across both Intake/Comprehensive Assessment, in roles with specialist family violence knowledge, and funding to upgrade/improve their data systems and general service infrastructure.

Family Violence Sector: Many identified that referrals/secondary consultations with organisations (The Orange Door and others) within the family violence sector were subject to lack of access and lengthy wait-times. Some identified that victim survivors with AOD in their story were being denied services from the family violence sector.

Housing: Clinicians identified that a lack of access to housing for their clients was a key barrier to supporting them in their work.