

June 2016
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Change and uncertainty remain

As we head into the second half of 2016, it is fair to say that the AOD sector continues to deal with significant change and overwhelming uncertainty at a political, funding and service delivery level. The additional media attention due to crystal methamphetamine seems to have increased help seeking and service demand. Radically altered funding mechanisms have created new challenges for services, including the introduction of Activity Based Funding, increased local competition and client choice, emerging models such as the NDIS, and the funnelling of Commonwealth investment through the Primary Health Networks (PHNs). We also understand that new performance and outcomes frameworks loom on the horizon, although details of their content and implementation remain sketchy.

In addition, reforms continue to occur across multiple community service sectors at the same time, right across the country, making the aim of service integration and coordinated care very difficult to actually achieve in such a rapidly shifting landscape. Furthermore, AOD services are facing increased pressure to maintain their specialist expertise at a lower cost, whilst being more generalist than ever before at their front end. For example, it is assumed that a suitably qualified and experienced workforce can easily be trained to have a greater understanding of, and be more responsive to, a diverse group of people including LGBTI individuals, those from Aboriginal and Torres Strait Island and CALD communities, and those with multiple and complex personal issues such as family violence, child and family support needs, suicidal ideation and other mental health presentations.

Amid this backdrop of constant change and increasing complexity, some key things stand out:

- Periods of reform are disruptive and challenging, and it will take some time to re-establish new services, trusted partnerships, and clear client pathways.
- Our workforce has been depleted through the loss of many experienced staff, and it will take a significant joint effort from government,

training organisations, and service providers to attract and train up suitable staff.

- We must continue to minimise the impact of reform on our clients, including working together to address any unintended consequences.
- We must get better at increasing consumer participation in both the design and the delivery of our services, and maintain career pathways for those with a lived experience of recovery.
- Data reporting and data transparency must be prioritised so that resource allocation, service planning, and performance monitoring is fair and accurate.
- Despite the many vested interests, we should be encouraged that international momentum is growing for more sensible and evidence based AOD policies that draw on public health and social frameworks, rather than punitive ones.
- The role of VAADA and the establishment of a new national peak is more critical than ever to provide strong leadership, advocacy, and public accountability for funding, policies, and service provision.

In this newsletter, we provide an update on the sector development work being carried out by VAADA and the DHHS, including efforts to address the ASPEX report recommendations. We highlight an exciting new program funded by the Victorian state government called Caring Dads, soon to be piloted by the Children's Protection Society together with Uniting Care ReGen. We draw your attention to the upcoming VAADA, biannual conference that will focus on the themes of complexity, collaboration, consumers and care. We provide an overview of our recent paper on the current issues within our forensic system, and some follow up reflections on the Royal Commission into Family Violence and the emerging collaborations required.

Dr. Stefan Gruenert
President, VAADA

Plan for a safer future

“I was off my face at the time.”

“I’d had a few drinks and I lost it.”

“The booze made me do it.”

Sadly the excuses are as predictable as the behaviour. Each day, the Men’s Referral Service Call 1300 766 491 Telephone Referral Workers talk to men who use family violence but who are yet to take responsibility for their behaviour.

Across the last 23 years, Men’s Referral Service staff and volunteers have taken more than 56,000 calls in work which focuses on the safety of a caller’s partner, ex-partner(s) or children, followed by a conversation about what they can do to change.

We say that the men who use family violence choose to do so; it’s a choice that comes from being in a position of power and privilege.

A man who reckons he can get away with violent behaviour in the home generally won’t do the same thing at work when things get stressful... for the obvious reasons.

And while a violent man’s use of alcohol or other drugs might be a contributing factor to aspects of his behaviour, it is not the cause of his use of family violence.

Politics makes progress

The Men’s Referral Service call numbers are just the tip of the iceberg; police tell us that 40 per cent of their work involves family violence incident attendances and some 40 per cent of this workload involves repeat offenders.

This is a crisis that remained hidden for decades but in the few short years since it became a political issue capable of influencing the outcome of elections, we’ve seen governments become remarkably nimble in their response.

In Australia (and perhaps further afield) we can thank the Victorian government for leading the way with its ground-breaking Royal

Commission into Family Violence and in a particularly brave move, for its commitment to implement all recommendations even before the inquiry got off the ground.

The thoroughness of the Royal Commission’s investigation and the considered nature of its 227 recommendations has created a landmark report.

We now know more about the extent of the crisis, the perpetrators, their victims and why from the survivor’s point of view it’s important to acknowledge that family violence is not just about physical assaults but extends to social or economic control and any threatening behaviour.

An integrated system

The Royal Commission’s report and recommendations have significant implications for the future direction of perpetrator intervention programs.

The report identifies the need for an integrated family violence system and proposes the establishment of 17 Support and Safety Hubs across Victoria.

If implemented fully, the hubs will offer the potential for providers

of perpetrator interventions like men’s behaviour change programs to work more closely with specialist women’s and children’s services.

Such hubs will also enable referrers to work more collaboratively with providers in risk assessment, risk management and coordinated case management.

Imagine what it could mean to set specific behavioural and risk reduction goals for each man based (in part) on a detailed understanding of the risk he poses to family members, and of his specific patterns of coercive control tactics, gleaned from a joined-up intake and assessment process considering all family members.

Furthermore, an integrated perpetrator intervention system offers the possibility of more effective working relationships between male family violence prevention professionals and their colleagues in other community support sectors such as alcohol and other drug services.

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This is what will be possible through support and safety hubs, if their rollout stays true to the intent of the Royal Commission report.

An expert panel

No To Violence / Men's Referral Service is pleased that the Royal Commission's view on how substance abuse, mental health and forensic considerations can increase risk – with a call for greater collaboration with perpetrator intervention providers – is clearly articulated but not in a way that attributes causality of family violence to these factors.

A strategy backed up with funding commitments makes for an excellent start.

Effective implementation and rollout to meet the demand will be key to meeting the challenge of improving family violence perpetrator interventions.

In addition to a commitment for greater funding for community-based providers of men's behaviour change programs which have struggled for years to keep up with demand, the Victorian government is also establishing an Expert Advisory Panel on perpetrator accountability.

This body is likely to oversee an update of the minimum standards for men's behaviour change programs that will be linked to an accreditation, monitoring and compliance process.

With representation on the panel, No To Violence / Men's Referral Service will advocate strongly for updated minimum standards including:

- increased program length (and for high risk men, higher levels of intensity as well),
- coordinated case management,
- the capacity for supplementary one-on-one sessions and case planning,
- substantially enhanced partner safety support practices, and
- assessment of risk to children and a greater focus on program participants as fathers.

In addition to more funding, improved management and further skills development, closer links between men's behaviour change programs and other support services, including those focused on alcohol and other drug use, will be instrumental in helping them better achieve their goals.

A safer future

As a result of the Royal Commission into Family Violence we are now at a watershed for perpetrator interventions not only in Victoria but across the nation.

We believe the momentum created by the Royal Commission will create opportunities and capacities that will enable the family violence sector to work more effectively with perpetrators and so ensure that women and children can live much safer lives.

Jacqui Watt

CEO

No To Violence, incorporating the Men's Referral Service

VAADA family violence forums

As part of its Commonwealth funded capacity building activities VAADA ran four alcohol and other drug (AOD) and family violence forums at locations across Victoria, including Ballarat, Dandenong, Morwell and Sunshine. The aim of the forums was to provide an environment where both clinicians and managers from all involved sectors could network with one another, and lay the groundwork to build more collaborative working relationships for shared clients. An additional anticipated outcome of the forums is the discussion of barriers to service provision and potential solutions to these.

The first two forums in Ballarat and Dandenong were held on the 4th and 12th of May respectively, and both were highly successful. Each event was attended by 50-60 participants, from a range of sectors including AOD, family violence, mental

health, police, Department of Health and Human Services and other community agencies. The format of both sessions involved presentations from speakers about women's services, men's behaviour change programs, police responses, issues faced by Aboriginal clients and AOD services. The speakers were then asked to form an expert panel, and describe how they would manage a client presenting with co-occurring AOD and family violence issues by using a case study. This session stimulated some lively conversation with all the forum participants regarding some of the challenges faced by workers on a day to day basis.

The remaining two forums were held in Morwell on 23rd June, and in Sunshine on 30th June 2016.

VAADA forensic issues paper

In early June VAADA released a paper titled '*Forensic AOD service delivery and treatment: a discussion of issues*'. The paper was the result of a project undertaken between February and May 2016. VAADA embarked on this work following a series of enquiries from AOD service providers about changes to forensic AOD service delivery as a result of recommissioning.

AOD service providers spoke of a complex and confusing system highlighting serious concerns around the changes to the funding model and significant additional administrative pressures associated with reporting requirements and data collection. In response, VAADA undertook a small number of preliminary consultations with AOD agencies to identify issues of shared concern. Early discussions pointed to potential systemic issues related to funding, workforce capacity and administrative burden.

In March, VAADA held a state wide Forensic Forum which was attended by approximately 60 representatives of over 30 metropolitan and rural and regional AOD services. An analysis of forum discussion was conducted to identify key themes and potential solutions. This process identified a number of consistent themes across services, despite diversity among service providers in terms of treatment types delivered, staffing profiles and size and location of the agency.

One of the most significant concerns for AOD service providers was the current approach to funding. AOD agencies reported facing numerous barriers to meeting forensic targets, challenges associated with referral numbers and client flow through the system and difficulties in completing a full array of administrative requirements within the current funding formula.

AOD agencies also spoke of substantial workforce challenges, including the recruitment and retention of suitably qualified and experienced staff and the best workforce composition. There was a view that investment in the AOD workforce is necessary to build forensic capability across the sector.

The paper included a range of recommendations to address issues relating to funding, workforce capacity and sustainability, referral pathways, and administrative pressures.

Key recommendations included:

- The establishment of a Forensic AOD Working Group with representation from a broad cross-section of AOD service providers, ACSO-COATS, VAADA and DHHS to progress the recommendations outlined in the paper and to address a number of longstanding issues such as the diverse and varied aims and objectives of forensic AOD treatment; the most suitable treatment interventions for this client cohort and building sustainability across the workforce to meet growing demand for forensic AOD treatment options;
- A review of forensic funding to be undertaken by DHHS in consultation with the sector. This would include reviewing the appropriateness of current targets and pricing to ensure that targets are realistic and appropriate and that pricing adequately covers the catalogue of additional administrative tasks associated with forensic service delivery such as accounting for do-not-attends; delivering services in outreach mode; providing after-hours appointments; report writing and data collection;
- Addressing the barriers identified around the utilisation of non-residential withdrawal as a treatment type;
- Clarification around the forensic accreditation process and the progression of an AOD workforce development strategy which will continue to build forensic competence across the sector;
- Options to simplify intake pathways for forensic clients and mechanisms to assist with information sharing and transparency around referrals into and through the AOD system.

It is VAADA's intent the paper will be a foundation for ongoing work between VAADA, ACSO-COATS, DHHS, Department of Justice and AOD service providers to continue to enhance responses to forensic clients across Victoria.

A copy of the report is available on the VAADA website at www.vaada.org.au

For enquiries related to this paper please contact Chantel Churchus (03) 9412 5600.

Sector priorities 2016/17

Last month, VAADA administered an electronic survey to the AOD sector to ascertain the needs and priorities of the sector for the financial year 2016/17.

This survey will feed into VAADA's advocacy activities and assist in forward looking strategic planning. We would like to express our appreciation to the sector in taking the time to complete this survey.

VAADA Conference 2017

Save the date: 16 – 17 February 2017

We are very excited to announce that the 2017 VAADA conference will be held at the Jasper Hotel on 16 – 17 February, entitled **VAADA Conference 2017: complexity, collaboration, consumers and care**. We are currently very busy working on various aspects of the conference and will soon put out a call for abstracts.

The Conference theme below sets the stage for delegates to explore the wide range of AOD related issues and associated opportunities facing the sector. We will provide further updates in due course.

The Victorian AOD sector has been progressing through a long cycle of reform and change. Current issues impacting the sector (from within and without) include activities such as:

- *recognition of increasing complexity within the service system as well as client presentations*
- *an increased focus on integration within and across sectors with the potential for substantive and broad based change*
- *changing drug trends including the continued impacts of, and necessary responses to, particular drugs such as methamphetamine, heroin and rise of synthetics*

- *the continuing and entrenched challenges and complexities associated with both alcohol and pharmaceutical related harm*
- *the Royal Commission into Family Violence*
- *the role of Commonwealth Primary Health Networks.*

These issues and others necessitate the need for prioritising, and establishing improved service responses, linkages and integration with the expectation to 'do more with less'. Within this fluid scenario, the AOD sector has been catering to increasing 'layers' of demand and complexity, as well as heightened expectations from a range of stakeholders. These expectations have impacted upon policy and subsequent service delivery priorities.

The current policy landscape and the fluid nature of system design necessitates an adaptive, evidence informed, accessible and stable AOD sector. The sector needs to balance expectations with evidence as well as seamlessly engaging and integrating with community and government.

This conference will provide practitioners and other stakeholders in the AOD sector with the opportunity to take stock, showcase best practice and reflect on strategies which highlight the depth, maturity and competence of the AOD sector in addressing increasing complexity, both within service provision and policy.

Sector development update

The VAADA Sector Development program has been busy throughout 2015-16 and has initiated planning for key activities throughout the next 12 months. Activities we are currently working on include:

Implementation of recommendations from the Aspex report

As you would be aware DHHS has facilitated a number of forums with the sector to explore priority areas identified in the independent review. VAADA has provided input into the options outlined and continues to promote the need for broad consultation with stakeholders on issues such as communication; intake and assessment; funding models; recording and sharing of data; and workforce capacity.

Integrity of current data being collected

VAADA was contacted by a regional consortium to explore the way providers across catchments were defining and recording the work occurring against DTAUs. We took this issue to a recent CEO and Managers forum and there was

overwhelming agreement that counting of work was problematic and agreement that a more consistent approach needs to be developed.

We have considered a way forward, and in partnership with service providers and DHHS, hope to assist in developing a coordinated strategy for recording contacts, sessions, DNAs, non-direct work and other activities contributing towards client outcomes.

Commonwealth funding through the Primary Health Networks

We understand that each of the PHNs submitted their activity plans to the Commonwealth and have received feedback on the functions proposed to be part of commissioned activities. VAADA is looking forward to engaging with each of the PHNs to explore how best to utilise the existing AOD expertise across Victoria and to assist in ensuring that funding is commissioned in a manner that complements existing service delivery.

Calendar

25 JULY

Maintaining the Flame: advocacy in the longer term

Change Agent Network
Melbourne
Registration:
maintaining_the_flame.eventbrite.com.au

26 JULY

Eliminate Hep C Symposium

Burnet
Melbourne
Registration:
www.burnet.edu.au/events/197_eliminate_hep_c_symposium_prevent_test_cure

26 – 27 JULY

LGBTI sensitivity training

VAC
Hamilton – 26 July
Registration:
www.vac.org.au/aod-LGBTI-sensitivity-training%20Warrnambool
Warrnambool – 27 July
Registration:
www.vac.org.au/aod-LGBTI-sensitivity-training-Warrnambool

25 – 26 AUGUST

Australia Youth AOD Conference

YSAS
Melbourne
Information and registration:
www.youthaod.org.au/conference2016/

30 OCTOBER – 2 NOVEMBER

APSAD Conference 2016

APSAD
Sydney
Information and registration:
www.eiseverywhere.com/ehome/apsadconference16/360666/

16 – 17 FEBRUARY 2017

VAADA 2017: complexity, collaboration, consumers and care

VAADA
Melbourne
SAVE the DATE

The VAADA website now hosts an online calendar where events can be uploaded and sighted. To access this free online service, go to www.vaada.org.au/events

‘Caring Dads’ program to provide family violence interventions within AOD treatment

As part of its response to the recent Royal Commission into Family Violence, the Victorian Government has funded UnitingCare ReGen and Children’s Protection Society (in partnership with the Universities of Toronto and Melbourne) to provide targeted family violence programs for vulnerable families, including those affected by alcohol and other drug use.

The funding of the ‘Caring Dads’ program will enable the pilot adaptation of an established Canadian early intervention for fathers whose behaviour exposes their children to neglect, physical and emotional abuse or domestic violence, or are deemed to be at high risk of these behaviours.

The Victorian ‘Caring Dads’ pilot will provide an opportunity for earlier interventions with fathers who are engaged with AOD treatment or family services and already taking steps to change their behaviour. The program works to strengthen fathers’ parenting capacity, improve their family relationships and reduce the risks of violence, abuse and neglect to all family members.

The 17-week program will increase ReGen and CPS’ capacity to provide holistic responses to complex family needs. It addresses the cycle of family violence by working with fathers to understand the impact of trauma on their children and how to be more respectful to their children’s mothers. It also provides parallel support to mothers and has been found to improve women’s and children’s safety and wellbeing, due to meaningful improvements in fathers’ behaviour.

The first program will commence on September 1st at ReGen’s Coburg site. ReGen will be posting further updates on its website (www.regen.org.au/treatment-support/family-services) and via VAADA ENEWS. For more information about the program (or referrals) contact ReGen’s Programs Director, Trevor King (03 9384 8843 / tking@regen.org.au).

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