VAADA Sector Development Survey – Summary of Findings

As one component of a series of scoping exercises to inform its Sector Development Project, VAADA developed a survey to identify current needs and issues for the AOD sector in relation to:

- Consumer and family input into service planning and development
- Consideration of family functioning and the needs of dependent children in assessment and treatment
- Understanding of AOD worker responsibilities under the *Children Youth and Families Act 2005*

The survey was distributed in March 2010 to 72 Victorian alcohol and other drug (AOD) agencies targeting AOD managers and coordinators, with a total of 61 completed responses representing an approximate eighty five per cent return rate. Respondents were offered the option of undertaking the survey over the phone, or completing it and returning it to VAADA by email, fax or post. All responses were confidential. *A copy of the survey is attached (Appendix 1).*

Summary and themes

Section 1 / Consumer and family input into service planning and development

Over half of respondents (35) stated that consumers of their service, their family members and/or carers participate in service planning and development. Positive impacts on service delivery were recognised, most notably that consumer participation could inform the development of more flexible, appropriate and relevant services; identify specific needs; empower clients, consumers, families and carers; and encourage holistic practice. However, it was also found that engaging consumers in participatory activities is not necessarily systematic or robust across all program areas. It is generally noted that larger organisations tend to have greater capacity to implement consumer participation mechanisms than smaller agencies.

Common forms of client input and participation included:

- Strategic planning days
- Clinical feedback
- Client goal setting
- Feedback boxes located in reception areas
- Annual client surveys

Identified barriers to greater consumer and family involvement included:

- Consumer reluctance to be involved
- Lack of resources, both financial and spatial
- Time constraints and competing demands on staff
- Staff turnover
- Confidentiality and anonymity
- Lack of appropriate models and support

Respondents suggested greater consumer participation could be supported by:

- Dedicated funded positions to develop and implement participation programs, as occurs in some other health and community sectors
- Professional development and training opportunities
- Resources and toolkits
- Facilitated networks and forums to share experiences

Section 2 / Considering family functioning and the needs of dependent children in service planning, assessment and treatment

Around half of respondents (29) affirmed that families had an 'active role' in client treatment and a quarter (14) said families had no role in client treatment. The remaining responses indicated that there are inconsistent approaches within their organisation. The majority of respondents characterised relationships between their agency and local child and family services positively, ranging from good to excellent, with a quarter (14) suggesting relationships were poor or non-existent.

Respondents' assumptions and perceptions about what constitutes a 'family' varied and often depended on service type and client group. Many respondents affirmed the importance of family functioning for treatment outcomes. Several agencies reported that 'family work' was part of only some programs but not all, or that their organisation was in the process of improving service responses to families.

For those agencies where families had an active role in client treatment, this was usually established at the assessment stage. Assessment might include an agreement about who should be included in treatment planning, and questions about the 'family system' and dependent children. Other examples of involvement ranged from provision of information to families on how to support clients in their treatment, through to family meetings and direct treatment for affected family members.

Screening and assessment, case meetings, referrals, policies and procedures, professional development, and available support services and programs were the most commonly identified mechanisms for ensuring the wellbeing of clients' dependent children.

Of several nominated resources available to the AOD workforce to support family inclusive practice, the most well known and utilised was *Clinical Treatment Guidelines – Working with Families* (Turning Point 2004). The survey findings indicate a need for increased promotion and dissemination of other relevant tools including, but not limited to, the Parenting Support Toolkit for Alcohol and Other Drug Workers (DHS 2005) and Tools for Change: A new way of working with families and carers (NADA 2008).

Identified enablers to meeting the needs of children and families included:

- Co-location of services, particularly in rural and regional areas (eg. community health services where child and/or family services are co-located with AOD services)
- Child care services and child-friendly spaces and resources
- Integration, linkages and collaboration with other services
- Clinical supervision

- Clear inclusion of family skills on position and program descriptions
- Local 'champions'

Identified barriers included:

- Difficulty effectively engaging family members
- Family dysfunction and poor relationships within families
- Conflicting desires between client/consumer and family/carer
- Lack of worker confidence that can include limited knowledge (clinical or of available services), as well as workers being challenged by their own experiences of family
- Confidentiality and information sharing with families of clients
- Confidentiality and privacy concerns about sharing information with other services
- Limited organisational capacity including resources, staff skills and time, competitive remuneration for up skilling
- Organisational and service system cultures
- Limited flexibility in funding arrangements, data collection inadequacies and a focus on meeting throughput targets
- High dependence on individual staff and their individual relationships, rather than organisational mechanisms
- Lack of awareness about available family services and referral pathways

Identified barriers to more constructive, consistent and effective relationships with child and family services, and child protection in particular, included:

<u>General</u>

- Onerous workloads and lack of time for networking and relationship building
- Lack of opportunity or awareness of options on how to improve the quality of relationships
- Limited understanding across agencies about services provided by other organisations
- Limited funding and inflexible funding models for AOD services
- Different practice philosophies and ideologies

<u>Child Protection</u>

- Lack of confidence in the child protection worker and/or system, and fear a child would be removed
- Perceived conflicts of interest, including different agendas and perspectives
- Lack of formal interfaces or relationships
- Challenges in information sharing, including a lack of formal processes for managing requests for information from AOD workers by child services
- Inconsistent responses and decisions, including child protection assessments based on drug use per se, rather than the level of risk posed to the child
- Previous poor experiences that can result in reluctance to refer
- Young and inexperienced workers
- Fractured relationships as a result of high staff turnover

Respondents suggested a range of measures that could support and enhance family inclusive practice and better meet the needs of dependent children, including:

System

- Advocacy for improved funding models and greater flexibility in funding agreements
- Funding to provide child care options for clients in treatment
- AOD clinicians located in family services

Organisation

- Facilitating networks and partnerships, enhancing collaboration and cooperation
- Improved information sharing between child protection and AOD services
- Consciousness-raising for staff
- Promoting organisational change that recognises the need to work with families
- Embedding processes in clinical documentation to prompt family focussed work
- Facilitating opportunities to understand what comparable services are doing

Individual

- Professional development, training and workshops, directed to AOD sector as well as child and family services
- Multidisciplinary secondary consultation or supervision
- Facilitate meetings with child protection staff, 'putting faces to names'
- Improve knowledge of local agencies providing child and family services; guidance about what services and resources are available; website/directory listing services
- Refresh and update written resources, including the Parenting Support Toolkit
- Develop and implement an online orientation or training package for staff to ensure a baseline level of knowledge and competence

Section 3 / Worker responsibilities under the *Children Youth and Families Act* 2005

Approximately sixty per cent of respondents indicated staff in their organisation are generally aware of their responsibilities under the Children Youth and Families Act (CYFA).

Identified mechanisms and processes for maintaining staff knowledge of the Act included:

- Expectations and requirements set out in position descriptions
- Needs and concerns discussed at team meetings
- Clinical supervision and case discussions highlight opportunities for skill development
- Staff appraisals identify areas for investment
- Provision of staff training
- Memorandums of Understanding between AOD and child and family services

Respondents also indicated reasons that some staff may not be aware of their responsibilities under the Act due to:

- Being newly recruited to the AOD sector
- Staff retention and high staff turnover
- Lack of formal organisational procedures, including that requirements may not be included in staff induction
- Inconsistent awareness of thresholds for making referrals or notifications
- Confusion and lack of confidence about how confidentiality intersects with CYFA requirements
- Confusion about differences between Child FIRST and Child Protection systems
- Inconsistent knowledge across program areas
- Limited availability of written resources

Respondents identified a number of strategies and supports to improve sector-wide understanding of the legislation. Written resources and training were the most regularly cited as a key means of raising awareness and developing skills. It is worth noting that responses ranged from activities that could be readily implemented with minimal cost, through to more potentially complex and resource intensive initiatives. This range included:

- Joint case discussions, internal and external to the AOD sector
- Access to relevant training and cross-sectoral professional development, including the use of case studies
- Building requirements into staff orientation and induction processes
- Ensuring needs are included in supervision
- Embedding resources in clinical guidelines
- Secondment to child protection, youth justice or other setting guided by the CYFA
- Forums and local network meetings
- User-friendly, practical and concise fact sheets
- Ensuring requirements are part of AOD workforce initiatives
- Clear policy direction from government and related departments

VAADA would like to thank all AOD staff who completed the survey. Your time and support for the Sector Development project is greatly appreciated. The findings have significantly contributed to our understanding of the issues and will assist us to ensure that project activities are aligned with sector need.

APPENDIX 1:

VAADA Sector Development Project

Survey Questionnaire

[NAME OF AGENCY] :
[NAME OF RESPONDENT] :
[POSITION TITLE] :
[TELEPHONE NO.] :
[EMAIL] :
[DATE] :

VAADA has been funded by the Victorian Department of Health (DH) to increase our capacity to support the work of the Victorian AOD sector. The sector development project has a specific focus on key areas identified in 'A new blueprint for alcohol and other drug treatment services 2009-2013' (the Blueprint).

The overarching aim of the project is to enhance the capacity of AOD services and staff to:

1. Strengthen client and family input into service planning and development;
2. Consider family functioning and the wellbeing of dependent children in assessment and treatment planning; and
3. Understand their responsibilities within the *Children Youth and Families Act 2005 (CYFA).*

The following survey will take approx 10-15 minutes to complete. Your responses will be confidential and will assist us to deliver project activities that are relevant and beneficial to identified needs.

For any enquiries contact Brad Pearce, Manager Sector Development. Tel: (03) 9412 5606 or e-mail: bpearce@vaada.org.au

Please complete and return the survey to Brad by **COB Monday 15 March 2010** either via:

Email: bpearce@vaada.org.au

Fax: (03) 9416 2085

Post: 211 Victoria Parade, Collingwood 3066

Section 1:

Consumer and Family Involvement in Service Planning and Development

1. Do consumers of your service, their family members and / or carers participate in the planning and development of alcohol and other drug treatment services in your agency?

Yes ☐ **No** ☐

Please describe

2. Please provide examples of how consumer and family input into service planning and development may impact the delivery of your services

What are the associated pros and cons?

Pros:

Cons:

3. What types of assistance, resources or guidance could be provided to support the implementation / enhancement of consumer and family participation in your organisation?

For example: professional development opportunities, written resources and tools, collaborations

Section 2:

Family functioning and the wellbeing of dependent children in assessment and treatment planning

4. Do families have an active role in your clients' treatment?

Yes ☐ **No** ☐

If yes, what role do they play? How does your organisation facilitate this? Please describe examples, including enablers and barriers.

5. What mechanisms or processes are in place in your organisation to ensure the wellbeing of dependent children is maximised? For example: assessment tools, referral pathways

6. Please indicate whether staff in your organisation have accessed and/or utilised the following resources to support their work with children and families

Resource	Accessed	Utilised
Parenting Support Toolkit for Alcohol and Other Drug Workers 2005		
Turning Point's Clinical Treatment Guidelines - Working with Families 2004		
NADA Family Toolkit – Tools for Change 2008		

7. How would you describe the relationships between your organisation and child and family services in your local environment?

Poor ☐ **Good** ☐ **Excellent** ☐ **Non existent** ☐

Please describe reasons for your response, including enablers and barriers

8. What types of assistance, resources or guidance could be provided to support assessment and treatment planning that considers family functioning and the wellbeing of dependent children in your organisation? For example: professional development opportunities, written resources and tools, collaborations

Section 3:

Knowledge and understanding of AOD worker responsibilities under Children, Youth and Families Act 2005 (CYFA)

9. Generally, do you think the alcohol and other drug staff in your organisation are aware of their responsibilities under the CYFA?

Yes ☐ **No** ☐

Please provide examples of how you have come to this conclusion. How do you determine if staff understands their responsibilities? How do you become aware that some staff may require some up skilling?

10. What strategies may be useful to enhance AOD staff understanding of the CYFA? For example: written materials, professional develop opportunities, collaborations

Thank you