# MID-TERM REPORT

Strengthening the capability of the alcohol and other drugs (AOD) service sector to respond to family violence

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# Contents

# Executive Summary

## The project has change at its heart

VAADA has been given the task of developing a Roadmap for the integration of the Responding to Family Violence Capability Framework (Capability Framework) in the Alcohol and Other Drugs Sector (AOD) sector. The Capability Framework provides the foundational skill set required to respond to all of forms of family violence. It covers four workforce tiers spanning specialist family violence services, core support services and professional, mainstream/ social support services and universal services. AOD services are captured in Tier 3. The Framework encompasses the following five capabilities required to ensure effective responses to victim survivors of family violence and perpetrators of family violence[1]:

1. Engaging effectively with those accessing services
2. Identifying and assessing family violence risk
3. Managing risk and prioritising safety
4. Providing effective services
5. Advocating for legislative, policy and practice reform

The project recognises that the development of the Roadmap involves change at its heart. Change is required to ensure stronger alignment between the family violence and AOD sectors. Better integrated service delivery is essential to improving the response to the many clients with both family violence and AOD concerns. It also recognises that the different cultures and philosophies of care in the two sectors may present barriers to closer collaboration. Family violence is acknowledged to be a gendered issue with victim survivors mostly female and perpetrators mostly male. The AOD focus sees family violence as a human rights issue and focusses on a non-judgemental approach, noting that perpetrators of family violence often have a victim survivor background themselves. Implementing the Capability Framework in the AOD sector requires consideration of philosophical differences between the sectors.

The aim of this mid-term report is to document project activities, the current state of play in the AOD sector and findings from the research to date. This includes preliminary identification of opportunities and barriers for ongoing implementation of the Capability Framework, pathways to embed family violence capabilities, and proposals for best practice implementation. The report also identifies next steps for the project itself.

AOD, like family violence, is not an isolated issue but part of a range of issues impacting the health and wellbeing of families and children. Every client is unique and presents with individual complexities. Committed to a holistic approach, the AOD sector acknowledges and understands, as per the Family Safety Victoria Inclusion and Equity Statement, the interconnected nature of social categorisations – such as gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age – which create overlapping and interdependent systems of discrimination or disadvantage for either an individual or group[2]. For the purpose of this report, the focus is on the intersection of AOD and Family Violence only.

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[1]Victoria State government, Family Safety Victoria: The Responding To Family Violence Capability Framework December 2017
https://w.www.vic.gov.au/system/user_files/Documents/fv/Responding%20to%20Family%20Violence%20Capability%20Framework.pdf
[2] Victoria State Government, Family Safety Victoria: Everybody Matters, Inclusion and Equity Statement
https://www.vic.gov.au/everybody-matters-inclusion-and-equity-statement

## The approach is action research

Part of the task of this project is to create greater awareness of the Capability Framework and assess the current level of take-up within the sector. After an introduction, chapter 2 outlines the action research approach adopted, and details many of the strategies the project has employed to promote familiarisation and implementation of the Capability Framework by the AOD sector.

Establishment of an AOD Family Violence (AODFV) network by VAADA has been a particularly valuable innovation. The network has served as a key adjunct to the coordination of consultations and awareness-raising activities. In turn it has been supported by creation of a web content, working groups and an online platform created to facilitate greater sharing of the Capability Framework and related resources within the sector.

Further strategies which aim to inform the design of a Roadmap that will embed the Capability Framework in AOD practice beyond the life of this project have included:

- Face to face consultations through forums, working groups and other meetings with members of the AODFV network as well as AOD CEOs and managers, and
- In-depth interviews conducted with the AOD Specialist Family Violence (SFV)Advisors
- An online survey distributed through the AODFV network and to AOD CEOs and managers.

Desktop research has included:

- Analysis drawn from the FV Census of Workforces to inform understanding of the AOD sector
- Literature scans addressing the interface of AOD and family violence
- Identification of existing frameworks and resources specifically designed to provide practice guidance at the interface of AOD and family violence as well as an organisational readiness assessment tool
- Best practice in major change management relevant to the sector.

In addition, the project has been able to take advantage of the consultations and findings of a Multi-Agency Risk Assessment and Management & Information Sharing (MARAMIS) sector grant received by VAADA.

## The AOD Sector

The AOD sector in Victoria incorporates over 80 agencies delivering a spectrum of services and supports to over 40,000 Victorians each year. The workforce is primarily female (73%)[3] while most clients are male (66%).

Treatment and care is guided by National and State frameworks, program guidelines and practice principles. National Drug Strategy as well as Victorian AOD program guidelines highlight child and family sensitive practice. Integrated service provision is considered central to the delivery of effective care with the type of service accessed determined by the client's presenting issues. Victorian AOD Treatment principles allow people experiencing family violence to be given priority of access.

The workforce profile is diverse consistent with the emphasis on integrated care and multidisciplinary approaches adopted to facilitate this, and includes specialist addiction physicians and psychiatrists, general practitioners and nurses. The major occupational groups in the sector are

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generalist AOD workers (40%) requiring minimum Certificate IV qualifications, however in many cases staff exceed the Minimum Qualification Strategy[4]. A proportion of staff entering the workforce are peer workers who have lived experience of problematic AOD use.

## Family Violence and the AOD sector

Repeated national surveys of community attitudes underscore that the key predictors of attitudes supportive of family violence are tolerance of gender inequality and a low level of understanding of the behaviours constituting violence against women.[5] This means that alcohol and or other substance use is by no means a precondition for family violence to occur. Similarly, it is important to note that not all people who access AOD services have experienced or perpetrated family violence.

However, the use of alcohol and or other drugs is often present in occasions of family violence and research evidence confirms that where substance abuse and particularly alcohol is present, it is associated with greater severity of family violence.[6] Further evidence suggests that especially among women, problematic AOD use and FDV can involve a reciprocal bi-directional relationship. That is, either problem can increase the risk of the other.[7]

> "AOD is in a unique position given that the client base is predominantly men which gives it a strategic advantage in delivering interventions to men who perpetrate violence."
> Comment in the Online Survey, February 2019

Substance use can be a means to exert power and control. Victim survivors may report being coerced into using substances by an abusive partner. Also, when the abused person is ready to seek help and treatment, an abusive partner may try to sabotage their recovery efforts. This is called substance use coercion[8]. A nuanced understanding of substance use coercion assists in the identification of family violence as well as risk assessment and management.

These findings underscore the growing recognition that the family violence services sector and the AOD sector share a significant number of clients and that integrated or coordinated service provision is critical.[9] A focus on better coordinated service provision is consistent with the Victorian Royal Commission into Family Violence finding that more extensive engagement with all the risk factors

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[4] Victoria State Government Health and Human Services; Victoria's alcohol and other drugs workforce strategy 2018-2020 https://www2.health.vic.gov.au/about/publications/ResearchAndReports/victoria-alcohol-other-drugs-workforce-strategy-2018-2022

[5] ANROWS (2019) Are we there yet? Australians' attitudes towards violence against women & gender equality: Summary findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS) https://d2rn9gno7zhxqg.cloudfront.net/wp-content/uploads/2019/02/19025411/ANROWS_NCAS_Summary_Report.pdf; Webster, K., Diemer, K., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Politoff, V., Powell, A., Stubbs, J., & Ward, A. (2018). Australians' attitudes to violence against women and gender equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS) (Research report, 03/2018). Sydney, NSW: ANROWS

[6] See for example, Foundation for Alcohol Research and Education. (2015b). Policy options paper: Preventing alcohol-related family and domestic violence. Canberra: FARE

[7] Nicholas, R., White, M., Roche, AM., Gruenert, S. & Lee, N. (2012). Breaking the Silence: Addressing family and domestic violence problems in alcohol and other drug treatment practice in Australia. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA.

[8] National Center on Domestic Violence, Trauma and Mental Health (NCDVTMH); Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence Toolkit, October 9, 2018 http://www.nationalcenterdvtraumamh.org/2018/10/new-toolkit-coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence/

[9] Quadara, A., Stathopoulos, M., & Jenkinson, R. (2015) Establishing the connection [between alcohol and other drug use and sexual victimisation]: State of knowledge paper (ANROWS Landscapes, 06/2015). Sydney, NSW: ANROWS

that contribute to family violence is required to appropriately respond to violence, to support victims, and to hold perpetrators to account.[10]

## Reforms to facilitate culture change should be complementary

Unsurprisingly then, the AOD sector is at the core of a range of ongoing interventions and investments by government to facilitate culture change and leverage practice. The intent is to improve the effectiveness of the sector's response to family violence as well as to support the sector's role in the wider Victorian context of working towards prevention of family violence.

Relevant policy development and programs supporting these investments are situated across government including in Family Safety Victoria and the Department of Health and Human Services (DHHS). Of note are the Specialist Family Violence Advisors Capacity Building Program (the SFVA Capacity Building Program), the MARAMIS sector support grant, and training and development across sectors and for the AOD sector (to be developed).

An opportunity may be missed when these interventions are designed as individual initiatives, rather than with attention to how they might complement or strengthen existing activities. For example, the introduction of AOD Specialist Family Violence Advisors (SFV Advisors) has been a welcome initiative that could play a strong role in the promotion of the Capability Framework across the sector. However, the SFV Advisor Capacity Building Program Guidelines do not reference the Capability Framework and it receives limited if any explicit consideration in SFV Advisor work plans and activities.

# Positive findings

Our research identified a commitment within the AOD sector to integrate family violence reform requirements into service systems. Promising findings that may be leveraged in the next phase of our project include the following:

## Workers and agencies generally welcome family violence reform

Generally frontline AOD staff are comfortable with the content of the family violence reforms and welcome additional learning. There is commitment to comply with reform directions as well as the contained timeframes of programs (such as the SFVA Capacity Building Program) with some DHHS regions demonstrating fast-paced responsiveness to reform directions. There is also high-level commitment to child and family sensitive practice in national and Victorian AOD frameworks guiding practice.

## Many sector activities and skills align with the Capability Framework

Although the Capability Framework is not explicitly referenced in either the SFVA Capacity Building Program or the work plans of the regional SFV Advisors themselves, their activities are generally relevant and will enhance the sector to comply with the Capability Framework. Many of the capabilities that are described in the Capability Framework correspond with best practice strategies in the AOD sector. For example, the AOD sector uses a social health model, which is a holistic approach throughout assessment and treatment design. Many existing clinical skills strongly align with the Capability Framework.

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[10] Yates, S., (2017) Establishing the connection [between alcohol and other drug use and sexual victimisation]: State of knowledge paper (ANROWS Landscapes, 06/2015). Sydney, NSW: ANROWS

### Factors supporting reform integration

Where SFV Advisors report successful integration of the reforms, factors they identify as facilitating good practice include:

- o Establishment of joint work plans across two catchments with an advisor with a background in AOD and an advisor with a background in family violence
- o A supportive Area Based Implementation Committee providing good governance and guidance for the Phase 2 AOD SFV Advisors
- o Established relationships across both the AOD and family violence service sectors
- o Established relationships with senior management
- o Additional organisational resources dedicated to addressing family violence.

### The sector sees value in sustainable implementation

The AOD sector sees value in sustainable implementation of capabilities to address family violence and recognizes this as involving a long term process of culture change. National and international resources that speak to integration of family violence informed practice in the AOD sector are available and can be used for the purpose of ongoing development of practice guidance.

Further, a scan of the literature concludes that there are clear lessons that can be drawn upon for successful implementation of change and workforce development in the sector. However, for family violence informed practice to be integrated beyond the current programs, a whole of AOD sector system approach is required.

Opportunities for the Capability Framework to be integrated across the AOD system exist across all AOD sector system levels, from clinician level, to CEO level and Victorian Government strategies. At a minimum it needs to include a consistent approach to practice development of front-line staff, review of staff support mechanisms, and adjustment of organisational policy.

## Opportunities to implement capabilities into practice

Our research to date has also identified areas where there are opportunities for enhancing practice by creating greater awareness of and attention to implementation of the Capability Framework.

### Stronger integration to enhance awareness and implementation

The Capability Framework is not at the core of reform implementation activities in Victoria's AOD agencies. While there is general awareness of the Capability Framework, with few exceptions, there is little familiarity with the content. Further, apart from the MARAM framework, there is little awareness of other critical reform elements that intersect with the Capability Framework Framework. As a result, not all Capability Framework areas are being structurally assessed and developed. While many activities are broadly consistent the effort would be far stronger and better integrated if the Capability Framework were more strongly embedded in related reform strategies.

Agencies and staff also report:

- Limited resources to accommodate a review of organisational policies that would ensure family violence capabilities are integrated
- Whilst acknowledging DHHS training is free of charge, there is limited capacity to send staff for training without resources to backfill
- Reflective supervision and clinical supervision for staff is not structurally embedded across all AOD services due to limited resources, so that this is not a well utilised pathway for practice development

- Treatment funding does not allow for the time to include the wider family system as required to practice in a way that is family and child inclusive
- Whilst embracing the concept of collaborative practice and shared case management, there is no allocated time that allows for participating in cross sector case review activities.

At the same time the AOD sector faces other pressing reforms such as the Victorian Alcohol and Drug Collection (VADC). Implementation of these reforms is directly related to funding KPIs and as a result has taken precedence. As such, the implementation of the Capability Framework is not a priority in many AOD agencies across Victoria.

This needs to be addressed by generating a higher level of accountability through stronger governance together with a whole of reform approach. This would enable integrated design of reform implementation activities, with a logic sequence and KPIs that correspond to all relevant reform expectations to ensure that key capability areas are addressed.

## Greater clarity of governance to drive reforms

A lack of clear governance in relation to the family violence reforms locally and state-wide, is compromising reform efforts and limiting prioritisation and implementation of the Capability Framework specifically. This is exacerbated by multiple reform activities being overseen by multiple agencies with multiple accountabilities to different governance groups and government business units.

One significant consequence in the AOD sector is the development of different SFV Advisor work plans across the 17 catchment areas with no emphasis on alignment or cohesion between these plans. In addition, local governance needs to more strongly support and guide the SFVA Capacity Building Program. Currently for example, only two of the 16 work plans have actually been endorsed by their Area Based Implementation Committee. Further, while local responsiveness is necessary, other initiatives, such as training would benefit from cohesion across the state.

Reporting requirements for the SFVA Capacity Building Program remain undeveloped. An outcomes framework for the Phase 2 SFVA Capacity Building Program has been delayed. Further despite a state-wide governance approach for the program, it is not clear who has decision-making authority.

A central coordination point for the AOD sector will support the planning and operationalising of the Capability Framework. A review of the SFV Advisors program guidelines would also promote work plans that align with the wider context including the Capability Framework.

## Relevant AOD capabilities would enhance the Capability Framework

A scan of AOD sector characteristics as well as SFV Advisor observations highlight that a number of perpetrators, victim survivors and people who have both experienced and perpetrated family violence are accessing the AOD service system. AOD issues are a frequent feature of family violence and the relationship between substance use and family violence is nuanced and bidirectional. More explicit acknowledgement of these broader issues and of the capabilities required to deal with them would support take-up of the Capability Framework in the AOD sector.

Building AOD literacy and capacity within the family violence sector would further nuance risk assessment and risk management for both the perpetrator, victim survivors and people who fall into both camps.

### Co-design of a long-term approach to promote sustainable change

The AOD sector has been repeatedly subjected to major reform processes and risks change fatigue. Substantive support and a sense of ownership is required to maintain positive engagement with the ongoing demands for structural transformation of the AOD service system. The sector is still recovering from the impact of highly complex reform of the alcohol and drug treatment system in 2014. More recent examples of reforms range from the introduction of the National Disability Insurance Scheme (NDIS) to the introduction of Primary Health Networks (PHN) responsible for planning and commissioning local mental health and AOD services and the introduction of the new data collection system, the VADC noted above. Further, the current Victorian Royal Commission in to Mental Health is likely to result in a series of recommendations in coming years that will affect the AOD sector.

Given the above, the family violence reforms are seen by many workers and their agencies as simply one of several areas of change considered desirable rather than imperative in the AOD sector.

Co-design of a long-term approach to the implementation of the family violence reforms, with clearly defined KPIs, would assist in creating sustainable change. Implementation that is inclusive of interventions that both embed clinical practice and support staff wellbeing, such as reflective and clinical supervision will also be vital.

### Strategies to promote cultural alignment between sectors

At the interface of AOD and family violence practice, it is evident that the AOD sector and family violence service sectors are aligned in terms of many underpinning practice principles and best practice strategies. However, some differences between the frameworks and philosophies of the two sectors have been noted.

As part of the MARAMIS project, VAADA commissioned 360Edge Consulting to draft a set of practice principles for working at the interface of AOD and family violence in consultation with the AOD sector. Some of these cultural differences are reflected in the vision and draft practice principles that have been developed. These principles are underpinned by a vision that emphasises the non-judgemental role of the sector. Similarly, the principles acknowledge that family violence is predominantly a gendered issue. However while the principles identify family violence as a human rights violation, its relationship to gender inequality is not explicitly acknowledged.

Ongoing conversations throughout the different system levels within the AOD sector as well as cross sector with the family violence service sector will further refine these practice principles and will create an understanding and appreciation of cross sector client engagement.

### Recognise that inadequate resourcing slows the process

Sustainable implementation of the Capability Framework will be realised if capacity to absorb changes within the sector is created. An increase in resourcing to the AOD sector to implement the Capability Framework would allow for example: organisational policy development; review of existing AOD comprehensive AOD Assessment tool and processes; cross sector clinical review; staff training; embedding of changes through ongoing clinical as well as reflective supervision and cross sector secondary consultations.

# Pathways forward

Following from the findings above, VAADA's preliminary recommendations are to:

## 1. Adopt whole of reform approach

**That government address the fragmented roll out of activity to increase cohesion between the different frameworks and facilitate design of a whole-of-reform approach.**

All family violence reform activities need to work towards the same overarching goals. These goals include prevention of family violence itself including through the promotion of gender equality in workplaces as well as early intervention to address family violence presentations, keeping the victim survivor safe, keeping the perpetrator in view and holding them accountable.

There are a range of different frameworks and capacity building activities currently at varying stages of implementation. These activities address different pieces of the puzzle, however base level awareness of underpinning theories as well as achievement of the capabilities required by these reform initiatives varies across the AOD sector.

## 2. Leverage the AOD Specialist Family Violence Advisors

**That the SFV Advisors Capacity Building Program play a pivotal role in collaboration with VAADA in the roll out of the Capability Framework complementing their role in relation to other family violence reforms.**

This could be enhanced by formalising their role as change agents for the Capability Framework and incorporating this in the Capacity Building Program Guidelines. It would also be enhanced by targeting the joint training proposed below to the leadership of services in the two sectors and to the SFV Advisors in the first instance. Incorporation of a train the trainer approach would also promote the broader dissemination and sustainability of this shared understanding and ongoing utilisation of the modules developed. This needs to be built into the Roadmap.

## 3. Develop joint sector capacity building

**That a suite of family violence training modules with a focus on promoting the capacity of the AOD sector and the family violence services sector to work together more effectively would support the capacity of both sectors to implement the Capability Framework.**

Developed in partnership with VAADA, DHHS and FSV, and agencies such as DVVic, NtV and Women's Health Victoria, the training modules should have a logic sequence and address all requirements of family violence reforms, in order to promote a shared understanding of family violence prevention as well as response and the role of substance use in family violence settings. The training modules should incorporate but not be limited to underpinning understanding of how gender inequality and family violence are related, and the impact of intersectionality.

## 4. Include AOD capabilities in the Capability Framework

**That the Capability Framework be reviewed to include AOD capabilities as part of effective family violence response.**

Specifically, inclusion of capabilities in Tier 3 and in Tier 1 that speak to AOD capabilities, such as the recognition of substance use coercion,  would enrich risk assessment and management capacity across sectors, as would inclusion of capabilities that address the support needs required to facilitate attitudinal and behavioural change amongst perpetrators.

### 5. Promote a common approach to Organisation Readiness assessment

**That an agreed state-wide tool and approach to assessment of organisational readiness for implementation of the Capability Framework be co-designed.**

This would promote a more cohesive sector wide awareness and implementation. It would be further enhanced by greater coordination and systematic state-wide evaluation of the impact of the various organisational readiness tools, training and other strategies currently employed by SFV Advisors.

## Next steps

### Build on the AOD Family Violence (AODFV) Network

In the final stage of this project it is proposed that VAADA continue to act as a central coordination point for the AOD sector building on the AODFV Network.

As outlined in the project plan the key focus will be the design of a cohesive roadmap for sustainable implementation of the Capability Framework that is well integrated with other concurrent reforms particularly as they relate to family violence in the AOD sector. Undertaken in partnership with DHHS and FSV representatives as well as other identified key cross-sector stakeholders this will be:

- o Inclusive
- o Addressing the needs and requirements within the AOD sector
- o Have a logical sequence
- o Have transparent and with agreed reporting requirements
- o Include an outcomes & evaluation strategy
- o Include regular review of progress that enables adjustment of strategy as required

A preliminary sketch of the roadmap features a number technical and practice change processes. Leading to December 2019, VAADA continues to work with the AOD sector to further develop and refine the roadmap for the implementation of the Capability Framework in the AOD sector, whilst continuing to increase the awareness of the Capability Framework to the sector as well as providing educational resources to the sector. These early recommendations are subject to change following to sector negotiations.

To support these change processes, implementation will also require strong project governance, a communications strategy and a phased timeline identifying key milestones and phase gates.

# 1. Introduction

## Context

Family Safety Victoria was established in July 2017 to drive key elements of Victoria's family violence strategy and coordinate support for families to help them care for children and young people.

In December 2017, Family Safety Victoria (FSV) developed the Responding to Family Violence Capability Framework (Capability Framework). In addition to articulating Foundational Knowledge required by all tiers of the workforce to understand and respond to all forms of family violence, the Capability Framework indicates the basic skill sets and knowledge required by workers in four tiers of service types. The four tiers are:

1. Specialist family violence and sexual assault practitioners
2. Workers in core support or intervention agencies
3. Workers in mainstream and non-family violence specific support agencies
4. Workers in universal services and organisations.

Different capabilities are required to different levels for each tier of service type. Alcohol and other drugs (AOD) services are located in Tier Three.

The Victorian Alcohol and Drug Association (VAADA) was approached by the Centre for Workforce Excellence, Family Safety Victoria to undertake a 12-month project, concluding in December 2019 exploring how the Capability Framework might best be sustainably implemented for the long term in the AOD sector.

## The Project

The goal of this project then is to recommend to FSV how best to engage the broader AOD sector in the implementation of family violence capabilities, in a way that will embed responsiveness to the Capability Framework well beyond the lifespan of this project. That is, VAADA will design a roadmap for the structural integration of the Capability Framework in the AOD sector.

In order to do that VAADA is using an action research approach with dual aims. The first involves research and investigation of the best way to implement the Capability Framework into the future. The second prong involves delivery of activities designed to immediately increase familiarisation, understanding and uptake of the framework as well as to inform recommendations of the project for future sustainability.

VAADA recognises the goal of the project as having a change management overlay.  The immediate focus is on increasing AOD staff and agency knowledge, skill and confidence to work with and respond to both victim survivors and adult perpetrators of family violence. However, this project is also about changing practice in the longer term to support ending family violence.  The sector acknowledges the role AOD treatment and support services can play in working towards this aim.

## Mid-term report

This mid-term report focusses on providing a detailed overview of the current state of the sector, the extent of the sector's awareness of the Capability Framework, the activities undertaken by VAADA to increase awareness to date, and issues impacting on its adoption within the sector. Findings from the first six months of the project, the research phase, will serve as a baseline for ongoing negotiation with key stakeholders to develop sustainable implementation of the Capability Framework.

From the rich data collected, key themes that influence the uptake and implementation of the Framework have been identified. Preliminary responses examine:

- Pathways for embedding family violence capabilities
- Identified opportunities to implement into practice
- Barriers and challenges, enablers and opportunities for implementation
- Best practice implementation approach
- The role AOD services can play in supporting ending family violence

# 2. Methodology

For the purpose of creating a sound understanding of the current state of play in the AOD sector in relation to the Capability Framework, VAADA employed an action research approach. Views were sought across all levels of the AOD service system from CEOs to AOD service consumers. A variety of strategies have been employed as detailed below. Cross sector engagement and collaboration prevented an isolated perspective.

This chapter provides an overview of the research and awareness raising activities undertaken by VAADA, the findings of which inform this report. Detailed reports of specific activities and commissioned reports where relevant are available online.[11]

## 2.1 AOD Family Violence Network

At the start of the project, VAADA established a cross-sectoral AOD Family Violence (AODFV) Network. The establishment of the network serves a dual purpose. It serves as an initial 'go to' point for sector consultations on a variety of family reform activities. Secondly, the network is a key way in which VAADA disseminates information and resources to the sector and beyond, providing networking opportunities that support members in their task of implementing family violence reforms in their area. More specific information on these activities are outlined below.

At the heart of this network are the regional AOD Specialist Family Violence Advisors (SFV Advisors), identified from the outset as potentially having a key role in the promotion of the Capability Framework. This recognizes their key position in capacity building activities in the AOD sector.

The network currently has 78 members including:

- SFV Advisors phase 1
- SFV Advisors phase 2
- Senior AOD clinicians
- AOD middle management and senior management
- Mental Health SFV Advisors phase 2
- Homelessness sector practitioner
- Domestic Violence Victoria (DVVic) Statewide Coordinator, SFV Advisor Capacity Building Program.

Also included are other members self-identified as subject matter experts. Several working groups, drawn from the AODFV Network, have been established on themes including:

- AOD comprehensive assessment tool
  Nine members recruited. One meeting held, in which the attendees provided insight into the need to review the current assessment tool to include up to date and evidence based family violence assessment components.

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[11] VAADA statement of principles: https://www.vaada.org.au/wp-content/uploads/2019/07/360Edge-VAADA-principles-brief-report-28-June-2019.pdf
Family Violence survey analysis: https://www.vaada.org.au/wp-content/uploads/2019/07/DRA_REP_FV-survey-analysis_2-07-2019.pdf
Interviews AOD Specialist Family Violence Advisors https://www.vaada.org.au/wp-content/uploads/2019/07/DRA_REP_SFVAdvisors_interviews_8-07-2019.pdf
Implementing the "Responding to Family Violence Capability Framework" in the AOD service sector: https://www.vaada.org.au/wp-content/uploads/2019/07/REP_first-draft-360-edge-VAADA-DFV-Report_10102018.pdf

- Safe & Together model in the AOD sector
  Seven members. One meeting held to date, in which the relevance of the model to the AOD sector was discussed. SFV Advisors are seeking to be trained in the model
- Information sharing
  Seven members recruited. First meeting held, in which current information sharing practice is discussed, including current barriers, opportunities as well as discussion of case scenarios.
- Organisational assessment
  Eleven members recruited. First meeting to be scheduled, to review current assessment practices.

## 2.2 Research activities

### Desktop research

Desktop research was undertaken to inform the state of play was conducted on themes that included:

- Staffing profiles of the AOD sector
- AOD service consumers profiles
- The interface of AOD and family violence
- Overarching frameworks guiding practice directions in the AOD sector

### Online Survey

In February 2019 VAADA developed and conducted an online survey sent to the AODFV network as well as AOD CEOs and managers. The survey incorporated qualitative and quantitative questions in relation to family violence reform uptake in the AOD sector. In total there were 106 respondents.

The survey was in four sections, focussing on the following areas:

- The Family Violence Capability Framework
- The Family Violence organisational readiness tool developed by the Alcohol, Tobacco and Other Drug Association ACT (ATODA)
- Information sharing schemes and MARAM, and
- Resources - including resource development, use of current resources, and exchange of resources.

### Consultation with AOD SFV Advisors

In May 2019 VAADA conducted an in-depth semi structured qualitative consultation with the AOD SFV Advisors undertaken through a mix of individual telephone interviews supported by written responses. The focus of the consultation included current information sharing practice, MARAM, capacity building activities, the Capability Framework, the development of local work plans as well as governance structures of the capacity building program.

### Review of existing frameworks and resources

Resources that support work at the interface of AOD and family violence practice have been identified. This included tools developed by the ACT ATODA, released in April 2018 in the context of the ACT AOD Safer Families Program designed with national applicability in mind. VAADA commissioned 360Edge Consulting to review the Domestic and Family Violence Capability Assessment Tool for Alcohol and Other Drug Settings (DFVCAT) developed by ATODA for its relevance to the Capability Framework.

Additional national and international resources and practice frameworks have been identified as discussed later in this report.

### Census of workforces

VAADA worked with the FSV Centre for Workforce Excellence to extract AOD sector data from the 2017 Census of Workforces that Intersect with Family Violence. The census received a total number of 11,265 responses, of which 369 individuals identified as working in the AOD sector. Outcomes of the census are included throughout this report as relevant.

### Literature scan: best practice change management

VAADA commissioned a scan of literature looking at implementation of practice change relevant to the sector in Australia. Drawing on recent Australian examples of system reform and what has worked in practice in introducing system wide changes in the AOD and related sectors, VAADA identified lessons for the implementation of the Capability Framework. The full report by Meredith Carter & Associates is available [here](#).

## 2.3 Awareness activities

VAADA has also delivered many activities designed to increase awareness, understanding and uptake of the framework for the AOD sector. This will be an ongoing focus of the project.

### VAADA conference

The VAADA conference, *Jack Of All Trades Master of One*, took place in February 2019 with 658 people registered. Throughout this two-day conference, an exhibition table was staffed by the Family Violence Capability Project Lead.  Resources were available, including the Capability Framework, information on the Child Information Sharing Scheme (CISS) and Family Violence Information Sharing Scheme (FVISS).

An interactive intervention to facilitate early thinking about the intersection of substance use and family violence encouraged visitors to the stall to share their thinking on the interface of AOD and family violence practice with the Project Lead and others through the activity board (see Picture 1 below).
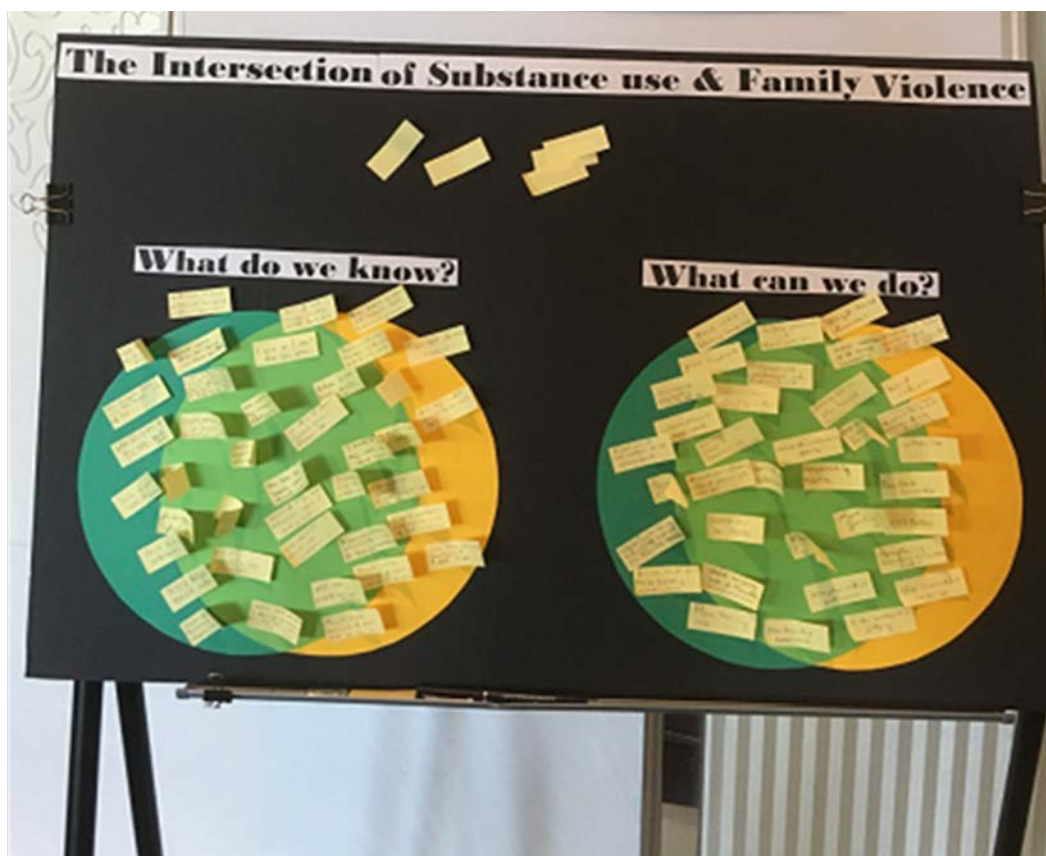
*Picture 1: The interactive board at the VAADA 2019 conference.*

### VAADA Family Violence Capability Framework Forum

A full day forum held in February 2019 was attended by 35 people from the AODFV network. An agenda was created to facilitate networking and group discussion as well as exchange of experience, in relation to the new Information Sharing Schemes, Capability Framework, organisational readiness assessment tools as well as opportunities and barriers of integration of the reforms in the AOD sector.

### Basecamp

VAADA established an online platform for the AODFV network. The platform serves as a communication strategy for updating the AODFV network of current developments in family violence practice and AOD practice and as an online library containing a variety of resources, including department documents as well as available literature that address the intersection of AOD and family violence. It also facilitates exchange of agency resources developed by and for the AOD sector that support reform implementation and promotes exchange of resources developed by the AOD SFV Advisors, helping to promote consistency and reduce the potential for duplication.

### AOD Family Violence newsletter

VAADA established a family violence newsletter distributed through VAADA e-news, an online information sharing service. It provides the AOD sector with an overview of the reforms in the AOD sector, including the Capability Framework and keeps the sector up to date with relevant developments and training opportunities. To date, two newsletters have been published. These are now available on VAADA's website (https://www.vaada.org.au/category/family-violence-newsletter/).

### Website

VAADA established a page on the [VAADA website](VAADA website) dedicated to family violence reforms in the AOD sector and includes several resources, including the Capability Framework.

### Cross sector engagement

VAADA has collaborated closely with Youth Support and Advocacy Service (YSAS), the Council for Homeless People; No to Violence; DVVic, Department of Justice and Community Safety, Victoria Police and stakeholders in the mental health sector to gain some insight and learnings from activities in other sectors designed to build family violence capabilities.

The DVVic State-wide Coordinator of the SFV Advisor Capacity Building Program and VAADA identified benefits of a collaborative approach between the family violence service sector and AOD sector. Monthly meetings were negotiated to provide cross sector updates and align schedule and content of activities.

DVVic has established an interactive online platform for the SFV Advisors Capacity Building Program and as noted above, VAADA has established a basecamp for the broader AODFV network. There is shared access between the two platforms.

The DVVic platform for the SFV Advisor Capacity Building Program appears to be for defined membership groups only, i.e., separate platforms exist for AOD, and, for mental health SFV Advisors. Joint face to face forums are held however VAADA is not a participant in these. VAADA has utilised other mechanisms to ensure it is up to date with wider family violence reform developments and activity. Relevant national and Victorian frameworks, action plans, program guidelines as well as progress reports have been studied. Newsletter memberships from key family violence agencies and bodies also help to ensured knowledge is current.

## 2.4 MARAMIS sector grant

VAADA has been the recipient of the 2018-19 Information Sharing and Family Violence MARAM Framework sector implementation support funding. Formal consultations and informal contact points create insight on how the new Information Sharing Schemes are being operationalised in the AOD sector. They also inform understanding of current sector engagement with the Capability Framework.

### Case scenarios

In order to support operationalisation of the Information Sharing Schemes, VAADA is developing case scenarios to showcase pathways that benefit AOD service consumers. Information sharing can support the development of appropriate treatment plans, increase the safety of victim survivors as well as keep the perpetrator in view.

VAADA engaged AOD Specialist Family Advisors to ensure the scenarios are reflective of AOD sector practice. Case scenarios are being developed also in partnership with other sector leads to provide insight in the practice of client engagement in other sectors.

### Practice principles

As part of the MARAMIS project VAADA has worked with the AOD sector to develop high level principles of practice at the interface of AOD and family violence practice following a strong desire expressed across the sector for a common language and principles in this area.

Two face-to-face events took place in June. One event was attended by 26 members of the AOD AODFV network and one event targeting AOD CEOs and managers was attended by 18 participants.

The draft principles developed are discussed later in this report and the draft report will be available here.[12]

## AOD service consumer consultations

VAADA is working with the Association of Participating Service Users (APSU) to co-design a set of resources to inform Victorian AOD service consumers of the new Family Violence Information Sharing Scheme and the Child Information Sharing Scheme.

APSU convened two working groups with AOD service consumers. Each group has met four times. This report includes content drawn from these consumer consultations.

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[12] VAADA statement of principles; working with family violence in the AOD treatment sector. The draft principles are in development. VAADA will continue to consult with the wider AOD sector in order to refine the principles in the second half of 2019

# 3. AOD and Family Violence

Literature and practice have long acknowledged that family violence and substance use have a significant interrelationship. It remains, however, a complex area with more research required.

This section of the report seeks to outline contemporary understandings of family violence and explores differences in the philosophies of the AOD and family violence sectors in relation to these issues. It finds that the connection between family violence and gender inequality receives less emphasis in the AOD frameworks than in family violence specific frameworks including the Capability Framework. The AOD sector focus is more firmly focused on child and family sensitive practice and reduction of harm within a non-judgmental approach to clients. Finally this section looks at other relevant capability frameworks, and, at the need to create greater coherence between reforms across the sector.

## 3.1 AOD use and family violence

Repeated national surveys of community attitudes underscore that the key predictors of attitudes supportive of family violence are tolerance of gender inequality and a low level of understanding of the behaviours constituting violence against women.[13] This means that alcohol and or other substance use is by no means a precondition for family violence to occur. Similarly, many substance users do not perpetrate violence. It is also important to note that not all people who access AOD services have experienced or perpetrated family violence.

However, the use of alcohol and or other drugs is very often present in occasions of family violence and research evidence confirms that where alcohol or other drugs are present, it is associated with greater severity of family violence. Further, evidence suggests that, especially among women, problematic AOD use and FDV can involve a reciprocal bi-directional relationship. That is, either problem can increase risk of the other.[14]

These findings underscore the growing recognition that the family violence services sector and the AOD sector share a significant number of clients and that integrated or coordinated service provision is critical.[15] A focus on better coordinated service provision is consistent the Royal Commission into Family Violence finding that more extensive engagement with all the risk factors that contribute to family violence is required to appropriately respond to violence, to support victims, and to hold perpetrators to account.[16]

The Victorian Royal Commission into Family Violence heard that between 50 percent and 90 percent of women accessing mental health services and AOD services had experienced child abuse or family

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[13] ANROWS (2019) Are we there yet? Australians' attitudes towards violence against women & gender equality: Summary findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS) https://d2rn9gno7zhxqg.cloudfront.net/wp-content/uploads/2019/02/19025411/ANROWS_NCAS_Summary_Report.pdf; Webster, K., Diemer, K., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Politoff, V., Powell, A., Stubbs, J., & Ward, A. (2018). Australians' attitudes to violence against women and gender equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS) (Research report, 03/2018). Sydney, NSW: ANROWS

[14] Nicholas, R., White, M., Roche, AM., Gruenert, S. & Lee, N. (2012). Breaking the Silence: Addressing family and domestic violence problems in alcohol and other drug treatment practice in Australia. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA.

[15] Quadara, A., Stathopoulos, M., & Jenkinson, R. (2015) Establishing the connection [between alcohol and other drug use and sexual victimisation]: State of knowledge paper (ANROWS Landscapes, 06/2015). Sydney, NSW: ANROWS

[16] Yates, S., (2017) Establishing the connection [between alcohol and other drug use and sexual victimisation]: State of knowledge paper (ANROWS Landscapes, 06/2015). Sydney, NSW: ANROWS

violence.[17] The most recent data tell us that while mental health concerns appears to co-occur more commonly, at least 11% of family violence clients have problematic substance use, often in conjunction with a mental health issue. Of the 94,700 clients aged over 10 who were experiencing family violence:

- 8% (7,900) reported both a mental health condition and problematic drug and/or alcohol use
- 26% (24,300) reported only a current mental health issue
- 2.8% (2,600) reported only problematic drug and/or alcohol use. [18]

## There are complex relationships between AOD use and violence against women

While substance use is not the primary cause of intimate partner violence, and while many substance users do not perpetrate violence against women, AOD use is a risk factor for many forms of violence including family violence.

Pharmacological effect of substances weakens cognitive mechanisms while also exaggerating certain emotional states. However, different substances have different pharmacological and behavioural effects and the profiles of users can vary by substance or substance use patterns, meaning the association of different substances with the risk of violence also varies.[19] Both the AOD and family violence sectors also recognize that childhood experiences of family violence can also lead boys to become perpetrators as adults.[20]

Broader contextual factors related to substance use can also influence the likelihood of violence. Examples are not limited to financial strain, homelessness, justice involvement, and child protection involvement.

A variety of nuanced patterns of how substance use and family violence intersect have been identified and AOD treatment as part of management strategy of perpetrators can contribute to reduce family violence risk. The Capability Framework could be strengthened by the inclusion of capabilities are in Tier 1 which recognise that attention to the immediate support needs identified by perpetrators may be required before attitudinal and behavioural change can be facilitated.

In addition whilst the AOD sector builds capacity to identify and manage family violence issues, increasing AOD literacy and capability within the family violence sector, might also prove helpful to contribute to managing family violence risk and preventing future escalation of family violence.

## For victim survivors relationships with AOD are also complex

The evidence currently suggests an association between a woman's alcohol use and being subjected to family violence. This includes the impact of alcohol on the victim's ability to implement safety strategies when violence occurs and increases their vulnerability to violence.

The use of AOD as a coping and survival mechanism to deal with family violence harm and trauma is also well documented. This risks further victimisation since substance use also limits access to specialist family violence services and increases the likelihood of losing custody of children. The co-

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[17] State of Victoria (2016), Royal Commission into Family Violence: report and recommendations, Melbourne

[18] Australian Institute of Health and Welfare (AIHW) (2019): Family, domestic and sexual violence in Australia: continuing the national story – 2019 https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/table-of-contents

[19] Trends & Issues in crime and criminal justice ISSN 0817-8542 No. 563 December

[20] Flood, M & Fergus, L, 2008, An assault on our future: The impact of violence on young people and their relationships, White Ribbon Foundation, Sydney.

occurrence of alcohol and the symptoms of PTSD among victim survivors of family violence has important implications for the design and delivery of service responses to these conditions.[21]

Building capacity within both the AOD sector and family violence sector that speaks to the nuanced interplay of substance use and family violence will further refine risk assessment and management to increase the safety of victim survivors. These insights highlight opportunities for enhancement of the Capability Framework. That is, the Capability Framework would benefit by highlighting AOD capabilities that could usefully be adopted by any services addressing family violence given AOD concerns will frequently also be present.

## 3.2 Cross sector cultural alignment

With the development of activity at the interface of AOD and family violence practice, it is evident that there are real differences between the frameworks and philosophies of the AOD and family violence sectors that impede collaboration. Differences between the two sectors include language used; work culture and philosophies; inadequate staff awareness of the work conducted by the other sector; practices concerning release of information; and differing views as to the purpose of client engagement as well as differing expectations about prioritising work with people who use family violence.

The AOD sector understands that most family violence is perpetrated by men and in most circumstances victim survivors are female and/or children.

In order to address these differences and as part of the MARAMIS project, VAADA has commissioned 360EDGE to work with the AOD sector to develop practice principles at the intersection of AOD and family violence practice.

To support the practice principles, a draft vision statement was formulated:

*The Victorian alcohol and other drug sector supports people to live in respectful, healthy relationships that are free from violence and harm. The sector provides a non-judgemental, safe place for people to disclose their experiences and address issues of family violence. The sector commits to dynamic collaboration with other affiliated sectors to ensure people get the care they need*[22].

Draft principles acknowledge that family violence is predominantly a gendered issue and unacceptable in any form. However, they focus on recognition of the prevalence of family violence in our community as a violation of human rights rather than an issue of gender equality. This omission is striking given that gender equality is a critical factor emphasised by the Royal Commission into Family Violence[23] and other authoritative family violence research bodies such as Australia's National Research Organisation for Women's Safety (ANROWS).[24]

The AOD principles highlight that services recognise the complex nature of the relationship between AOD use and family violence. They affirm that AOD use does not cause family violence but increases the likelihood of violence occurring and exacerbates risks and harms. Understanding these risks, AOD services do prioritise the safety of service users and children who have experienced or are experiencing family violence. They also work to ensure that people who use family violence take

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[21] Noonan P, Taylor A, Burke J (2017) Links between alcohol consumption and domestic and sexual violence against women: Key findings and future directions, ANROWS Compass, Issue 08/2017 https://d2rn9gno7zhxqg.cloudfront.net/wp-content/uploads/2019/02/19024408/Alcohol_Consumption_Report_Compass-FINAL.pdf; Against Violence & Abuse, UK, Stella Project Toolkit: Domestic abuse and Substance use (2007) https://avaproject.org.uk/resources/stella-project-toolkit-domestic-abuse-substance-use-2007/

[22] DRAFT VAADA statement of principles. Responding to family violence in the AOD treatment sector.

[23] State of Victoria (2016), Royal Commission into Family Violence Op Cit.

[24] ANROWS https://www.anrows.org.au/

responsibility for their behaviour and encourage actions that will create change. This change includes behaving in a safe and respectful way towards all family members, including former partners.

The draft principles underscore that services seek to provide respectful, non-judgemental service to all people experiencing or using family violence and enable them to access the supports they need. AOD services recognise that it is possible and necessary to provide effective engagement without accepting, colluding or minimising the harm and impact of family violence. Services will be guided by the best available evidence and practice knowledge to work with co-occurring AOD use and family violence issues as well as endeavour to evaluate work and contribute to a growing body of knowledge and evidence in this area.

A full version of these draft statements of principles are here.  Ongoing consultations throughout the different system levels within with the wider AOD sector as well as cross sector will inform their ongoing development as well as an understanding and appreciation of cross sector client engagement

## 3.3 The influence of National and Victorian AOD frameworks and reforms

Overarching national and Victorian frameworks align with some of the content of the Capability Framework. For example, the National Drug Strategy acknowledges that family violence is a potential substance use related harm.[25] And there is a stronger focus on the need for child and family sensitive practice in the companion workforce development strategy[26] is well defined through Key Performance Indicators. Victorian frameworks also acknowledge that family violence is a prevalent presentation in the AOD sector.

DHHS Practice Principle 4 of 11[27] specifies that the needs of a client's family and significant others, and, specifically the needs of dependent children must be addressed. DHHS AOD Program guidelines[28] further specify that people experiencing family violence are to be prioritised in accessing AOD treatment.

An intersectional lens is applied including specific treatment requirements for people facing significant disadvantage and discrimination such as those who are homeless or at risk of homelessness, Aboriginal people, CALD and refugee populations, people with a dual diagnosis or disability, people with issues related to family violence and at-risk dependent children.

Staff is expected to provide holistic care and be familiar with relevant health and human service support options.

### Limited understanding of the intersection between Family Violence Frameworks

The Capability Framework pays specific attention to the gendered nature of family violence, in line with the Prevention of Family Violence and Violence Against Women Capability Framework (the Prevention Framework).[29]

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[25] Commonwealth of Australia (2017) National Drug Strategy 2017-2026, Op. cit. p.9
[26] Intergovernmental Committee on Drugs, National alcohol and other drug workforce development strategy 2015-2018, a Sub strategy of the National Drug Strategy 2010 – 2015 https://beta.health.gov.au/resources/publications/national-alcohol-and-other-drug-workforce-development-strategy-2015-2018

[27] State of Victoria (2013) Op cit
[28] Department of Health & Human Services Alcohol and other drugs program guidelines, 18 September 2018 https://www2.health.vic.gov.au/alcohol-and-drugs/aod-service-standards-guidelines/aod-program-guidelines
[29] State of Victoria (Family Safety Victoria), 2017, Preventing Family Violence and Violence Against Women Capability Framework https://www.vic.gov.au/family-violence-capability-frameworks

The Prevention Framework is intended for workers and agencies specifically focussed on prevention but also for those who are Contributors to the prevention effort including peak, regulatory and professional bodies, and education and training providers, sector leaders and human resources staff in organisations.

It highlights that *everyone in the community has a role to play in prevention – men, women, children and young people* in rejecting discrimination and harmful cultural and social norms, structures and practices that promote tolerance of family violence.

In the consultation VAADA did with SFV Advisors our findings indicate that there is very little familiarity with the Prevention Framework. Only three of the seventeen respondents indicated they were familiar with the content of the document. Interestingly. Two out of these three people have a history of working in the family violence sector.

Three respondents are aware of its existence but have limited understanding of the content and six SFV Advisors were not aware of the document.

> "We have not been asked to do anything in the gender space. You've got to assume that there are a number of puzzle pieces that will fit together and that everyone is doing their bit of the puzzle." Interview Specialist Family Violence Advisor, June 2019

> "Stage one suggested to not get distracted by prevention lens as our focus is on intervening early."
>
> Interview Specialist Family Violence Advisor, June 2019

Given the gender composition of the AOD sector, the workforce and particularly its leadership including the SFV Advisors, may benefit from support to enhance reflection on common elements of gendered violence, gender inequality and discrimination. This capability is indicated by the Foundational Knowledge that Capability Framework requires of all workers.

## Alignment of Family Violence Reforms matters

The AOD sector is at the core of a range of ongoing interventions and investments by government to facilitate culture change and leverage practice. The intent is to improve the effectiveness of the sector's response to family violence as well as to support the sector's role in the wider Victorian context of working towards prevention of family violence. Additional family violence reforms situated in a wider context also apply to the AOD sector. See further the Table 1 below: *Overview of Family Violence Reform activities relevant to the AOD sector.*

At the same time relevant policy development and programs supporting these investments are situated across government including in FSV and the DHHS). Of note are the Implementing the Capability Framework in the AOD sector, Specialist Family Violence Advisors Capacity Building Program (the SFVA Capacity Building Program), the MARAMIS sector support grant, and training and development across sectors and for the AOD sector (to be developed).

An opportunity may be missed when these interventions are designed as individual initiatives, rather than with attention to how they might complement or strengthen existing activities. For example, the AOD Specialist Family Violence Advisors (SFV Advisors) could play a strong role in the promotion

of the Capability Framework across the sector. However, the SFV Advisors Program Guidelines do not reference the Capability Framework. Consequently it receives limited if any explicit consideration in SFV Advisor work plans and activities.

Many appear to sit in isolation to each other. This causes confusion, frustration and duplication of activity.

Better coordination of multiple interventions would probably help maximise the rollout rather than failure to consider alignment risks which end up creating gaps and or duplication in the service system. One example is that the SFV Advisors Capacity Building Program Guidelines do not include a reference to the Responding to Family Violence Capability Framework. Unsurprisingly only one of the 17 SFV advisors work plan has regard to implementation of the Capability Framework.

> "The program guidelines of the AOD Specialist Family Violence Advisors Program are not the same as the program guidelines of the Mental Health Specialist Family Violence Advisors Program. That was frustrating in the development of our work plans."
>
> Interview Specialist Family Violence Advisor, June 2019

| Program/ Activity: | Contract manager: | Coordination: | Timeframe |
|---|---|---|---|
| MARAMIS sector grant | DHHS for FSV | VAADA | December 2019 – June 2020 |
| Implementing the Capability Framework in the AOD sector | FSV, Centre for Workforce Excellence | VAADA | December 2019 – December 2020 |
| Phase 1, Specialist Family Violence Advisors Capacity Building Program | DHHS, Primary Care, Dental and Drugs Health and Wellbeing Division | DVVic | 2018 - June 2019 |
| Phase 2, AOD Specialist Family Violence Advisors Capacity Building Program | DHHS, Primary Care, Dental and Drugs Health and Wellbeing Division | DVVic | 2018 –2021 |
| To be defined | | DHHS, Behaviour Change Unit | In development |
| MARAM victim survivor guidance training, relevant for Tier 3 services, incl. the AOD sector | | FSV | In development |
| Development MARAM perpetrator guidance | | FSV | In development |
| Working with perpetrators of family violence training for MH and AOD | | DHHS, Mental Health and Drugs Workforce | In development |
| Intersectionality Capacity Building Project | | FSV, Inclusion and Engagement | In development |
| Child and Family Violence Information Sharing Training Face to face E-learning | | DHHS, The Information Sharing and MARAM Implementation Team Resources provided by: DHHS, Department of Education and Training | • Provided • Available |

*Table 1 Overview of Family Violence Reform activities relevant to the AOD sector*

# 4. The AOD sector

This section provides an overview of the AOD service system, its workforce and their own perceptions of their capacity to deal with the issue of family violence. It highlights some opportunities and barriers for integration of the Capability Framework drawing on the complexity of the landscape.

The Victorian alcohol and drug treatment principles similarly dictate that AOD treatment provide integrated and holistic care responses.[30] The breadth of services and potential interventions requires a diverse workforce with widely varied qualifications.

In contrast to the client population the workforce is overwhelmingly female, many are generalist AOD workers. While the minimum qualifications required is Certificate IV, the sector is highly qualified and qualifications vary across a broad spectrum. Generally, staff recognize that many AOD service consumers present with family violence issues, including as a victim survivor or as a perpetrator and feel confident to deal with this, albeit generally by referral.

## 4.1 The treatment system is diverse

Around 40,000 Victorians access treatment services each year[31] primarily delivered by 80+ specialist alcohol and other drug treatment agencies.[32] In order to respond to the wide variety of needs of people accessing AOD services, the sector includes a breadth of treatment modalities and support systems, each with a unique history and culture as well as outcome measures. Examples included:

- Harm reduction interventions, such as Needle Syringe Programs; Medically Supervised Injecting Room and Overdose Prevention programs
- Pharmacotherapy
- Intake services
- Counselling, face to face, online and telephone services for individuals, families or groups
- Non-residential as well as residential withdrawal
- Therapeutic day rehabilitation
- Care and recovery coordination
- Population-specific services, including youth services, aboriginal services, forensic services, gender specific services.
- residential rehabilitation

The National Drug Strategy 2017-2026 (the National Drug Strategy) observes that this means the AOD sector offers:

> *Services and support …available within a wide spectrum ranging from peer–based community support, to brief interventions in primary care and hospital services through (to) more intensive specialist treatment services. Within this range of services and support the best course of action for a client is determined based on the nature, complexity and severity of their presenting problems.*

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[30] State of Victoria (2013) Victorian alcohol and drug treatment principles, Department of Health https://www2.health.vic.gov.au/alcohol-and-drugs/aod-service-standards-guidelines/aod-treatment-principles

[31] Health.vic website Alcohol and other drug treatment services www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services accessed June 2019

[32] Australian Institute of Health and Welfare web report, Alcohol and other drug treatment services in Australia 2017-18 key findings, last updated 17 April 2019 https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2017-18-key-findings/contents/data-visualisations

The National Drug Strategy also emphasises that this breadth of services makes it critical that care is integrated including approaches that allow individuals to connect to services which will address barriers to recovery. This might include attention to issues such as physical and mental health needs, social, economic, legal or accommodation considerations.[33]

Multidisciplinary teams aim to ensure this integration and a holistic response to complex needs utilising a range of treatment approaches. These approaches include the medical model, social ecological model, psychological model, behaviour change model and justice interventions. Within individual programs, a range of different treatment or support roles may be present.

This complexity affects the capabilities required by AOD programs and roles of workers within them. Similarly, the family violence capabilities required will differ across programs and roles. This means Capability Framework implementation strategies will need to reflect interaction with multidisciplinary teams.

## 4.2 The workforce is largely female

The AOD staff profile is predominantly female (73 %)[34] and the majority of AOD service consumers male (66%)[35]. While the DHHS Minimum Qualification Strategy dictates that the minimum educational requirement for AOD practice is Certificate IV[36] , in reality a broad range of higher qualifications are held by sector staff.

Key occupational groups are generalist AOD workers (40%), and nurses (31%). Other professional groups make up smaller proportions of the workforce, such as psychologists (10%), social workers (8%), counsellors (5%), medical practitioners (3%) and others 3%. An increasing number of staff enter the workforce as peer workers. This means they have lived experience of problematic alcohol and or other drug use.[37]

Capability building activities within the AOD sector need to be flexible in order to speak to the multi-disciplinary environment as well as the unique engagement qualities and assessment opportunities of the disciplines.

## 4.3 The AOD workforce is engaged with family violence

In December 2017 the FSV Centre of Workforce Excellence published a report on the Census of Workforces that Intersect with Family Violence. Amongst several goals, this survey sought to provide a high-level overview of workforce capabilities in relation to family violence prevention and response.

The survey was not directly distributed to the AOD sector. From 24,120 respondents to the survey, some 369 reported employment in the AOD sector. At the time the 2017 Census Survey was conducted, the estimate of the total Victorian AOD Services workforce was approximately 1400.

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[33] Commonwealth of Australia (2017) National Drug Strategy 2017-2026, Department of Health, p.13 https://beta.health.gov.au/resources/publications/national-drug-strategy-2017-2026

[34] Victoria's AOD workforce strategy 2018-22, Ibid

[35] Australian Institute of Health and Welfare web report, Alcohol and other drug treatment services in Australia 2017-18 key findings, last updated 17 April 2019 https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2017-18-key-findings/contents/summary

[36] Department of Human Services, Alcohol and other drug workforce Minimum Qualification Strategy Minimum Qualification Strategy – 2004, Drugs Policy and Services Branch, Victorian Government Department of Human Services https://www2.health.vic.gov.au/alcohol-and-drugs/alcohol-and-other-drug-workforce/aod-workforce-minimum-qualification-strategy

[37] Victoria's Alcohol and other drugs (AOD) workforce strategy 2018-22, State of Victoria, Department of Health and Human Services, July 2018 https://www2.health.vic.gov.au/about/publications/researchandreports/victoria-alcohol-other-drugs-workforce-strategy-2018-2022

Key survey limitations relate to the extent to which the survey results reflect overall AOD workforce family violence capacity and how this relates to the role, qualification or treatment type offered. Further, the survey was also unable to provide insight into whether the AOD workforce engaged in family violence training with as 72% of AOD respondents failed to answer this question. In the future a specifically targeted survey would most likely elicit more detailed data, reflective of the AOD sector.

Nevertheless, some of the findings are useful, they included:
- of the AOD respondents the average identification of individuals (including children and young people) that may be experiencing, or perpetrating family violence varied widely from once a day to never. Further, some (85%) of the 333 AOD respondents expressed themselves as either somewhat confident or very confident in identifying family violence with only 4% not confident at all.
- The capacity to respond appropriately to an individual's disclosure (including children and young people) that they are experiencing, perpetrating or at risk of family violence reflect a very similar level of confidence. Most respondents would refer to specialist services, externally and internally or in line with standard formalised direct response procedures. A minority would deal with the issues themselves. Where children are identified as at risk of or experiencing family violence, confidence in managing their needs was overwhelmingly positive at 80%.
- The main barriers identified in responding to family violence included a lack of referral options, lack of training, limited knowledge of referral options, cultural and language barriers.
- The overwhelming majority (83%) of AOD respondents think their work makes either 'somewhat' or a 'significant' difference to people affected by family violence

The findings indicate that the AOD sector staff is engaged with family violence issues.

# 5. Capability Framework implementation in the AOD sector

This section provides insight into current activities relating to the implementation of the Capability Framework. It finds that significant activity is occurring in the AOD sector responding to family violence reforms, particularly in compliance with legislative changes supporting 'information sharing' and 'MARAM'. An additional driver of change is the SFV Advisor Capacity Building Program. This section particularly explores their impact and perspectives.

AOD agency commitment to comply with the Information Sharing legislation as well as the implementation of the Capacity Building Program ensures ongoing advocacy to put family violence reforms on the AOD sector agenda. While there is general awareness of the Capability Framework it is not at the core of planning to implement family violence reforms. Despite this observation, many sector reform activities correspond to capabilities required by the Capability Framework. In addition, existing practice strategies within the AOD sector speak to capabilities of the framework.

Feedback throughout the surveys and interviews suggest that to integrate the required changes, a whole of systems approach is required, from policy level to practice.

Common barriers identified included:

- People were generally overwhelmed and confused with the multiple layers and enormity of the reforms
- Waiting for resources to become available at the right time caused frustration
- Limited resources available in the AOD sector impact capacity to change

While in some regions progress is at a fast speed, the combination of barriers have generally resulted in a lack of cohesion and fragmented interventions.

## 5.1 Take up of the Capability Framework is limited

It appears that the Capability Framework is not the leading document guiding family violence reform implementation in the AOD sector. The online survey undertaken in February received 106 responses from AODFV network members as well as AOD CEOs and managers and suggested promising awareness and uptake:

- Seven respondents had developed resources, tools and or activities to support implementation of the framework, such as policy and procedures, staff training and resource development.
- Twenty-five were in the process of implementing the framework in policy and procedure documents.
- Fifteen respondents replied they had read the document, however had not applied the content into practice.
- Twenty-one were aware of the document but had not read it.
- Four people stated they were not aware of the document.
- The remainder of respondents did not answer this question.

Work roles of those engaged in incorporating the Capability Framework in policy and procedures were middle-level managers, first-line managers and SFV Advisors.

Subsequently, in-depth interviews conducted with the AOD SFV Advisors conducted in May-June contradicted the findings of the online survey. Generally, people's first response was that they were familiar with the Capability Framework. However, when asked if their work plan was aligned with it, could not speak to its content.

> "I am aware of the document, and am sure I have read it, but I am not confident about the content. I have read so many things, I can't remember what is what."
>
> Interview Specialist Family Violence Advisor, June 2019

> "There is a lot of conflicting information and confusing messaging. I am trying not to get caught up in that." Interview Specialist Family Violence Advisor, June 2019

From the sixteen interviewees, only four felt they had a sound understanding of the Framework. It is interesting to note that these four interviewees had a background working in the family violence sector. The remaining eleven SFV Advisors were all aware of the framework but had a varying understanding of the content.

## 5.2 Few SFV Advisor work plans explicitly reference the Capability Framework

Only two AOD SFV Advisors, who work together closely and cover two regions, confirmed their work plan was developed in alignment of the Framework.

Across the DHHS catchments SFV Advisors have given different content to their work plans. Most Advisors have developed their work plans in alignment with the AOD SFVA Capacity Building Program Guidelines. As discussed previously, these guidelines do not make references to the Capability Framework.

Others indicated their work plan was developed in alignment with varying combinations of underpinning documents, including: the phase one SFV Advisor Capacity Building Program Guidelines; Stage one draft outcomes framework; MARAM; Information Sharing Schemes and the SFV Advisor position description.

> "We had to show we were doing something, so we started doing stuff, but it is not consolidated"
>
> Interview Specialist Family Violence Advisor, June 2019

The focus of the work plan tends to reflect the professional background of the advisor, level of seniority, and pre-existing relationships in the AOD sector and across sectors.

## 5.3 But many activities do align with the Capability Framework

Despite limited explicit focus on the Capability Framework, much activity in the AOD sector broadly aligns with the five capabilities. The AOD sector has a strong history of engaging with effectively with vulnerable clients, identifying and managing risk, prioritizing client safety and providing effective services. Further, the AOD sector has demonstrated capacity to advocate for and engage with legislative policy and practice reform. The AOD sector has used networks, coalitions and collaborations to improve practice outcomes and identify areas for service improvement over many years. Notwithstanding some change fatigue, our research indicates that the AOD sector, agencies

and staff are well positioned to engage with, and introduce, family violence reforms.  Consultations with sector staff confirms broad support for the reform agenda.

One example of the way the way AOD sector activities align with the Capability Framework is in managing risk and prioritizing safety.  For the AOD sector, risk management is a daily practice, with clinicians regularly conducting risk assessments across a continuum of presentations from low threat to life threatening, including responding to risk of overdose, risk of suicide and self-harm as well as high risk drug taking behaviour.  While these are not the same as assessing for family violence risk, it demonstrates familiarity and capacity to sensitively manage complex situations with complex clients in life-threatening scenarios.

The AOD sector is also adept at embracing cross sector initiatives designed to improve social, emotional, behavioural and wellbeing outcomes of shared clients.  For example, the AOD sector, via the Victorian Dual Diagnosis Initiative has worked hard to improve the response to co-occurring mental health and AOD issues.  The AOD sector now has a strong dual diagnosis capability.  Similarly, with the well-planned, thorough and thoughtful introduction of the Capability Framework, we would expect that AOD sector staff will increase their capabilities to better support victims and hold perpetrators accountable.

VAADA's assessment of the AOD sectors' alignment with the five FV capabilities suggests the sector has broadly transferrable skills and experience to enable implementation of the Capability Framework, given adequate support, resourcing, tools and training.

## 5.4 And progress is continuing

Subsequent interviews with the SFV Advisors show advancement and also demonstrate that negotiations of future plans for the AOD sector have progressed.

All SFV Advisors reported they invested in building relationships within the AOD sector as well as cross sector. They connected with all the AOD agencies and services in their regions. Working plans include a range of activities across levels of the organisation. Depending on the activities, the level of engagement ranges from senior management, middle management and frontline workers.

> "Boards with committed members have participated in family violence training. 12 months later, all staff have done CRAF training."
>
> Interview Specialist Family Violence Advisor, June 2019

Generally within the host organisations of the SFV Advisor program, respondents report more senior management engagement. All Advisors described engagement in numerous cross sector networks and working groups within their region.

Six SFV Advisors reported they had established cross sector networks in their region for front-line staff. Staff, containing members from the AOD, mental health and family violence sector. These networks are being used for educational activities, networking and in some instances clinical reflection of consumer presentations.

SFV Advisors reported a wide range of other capacity building activities delivered to AOD workers in their catchment, or currently in the planning, including:

- Nine had tapped into existing training including Safe & Together training modules (2), Common Risk Assessment Framework (CRAF)  (2); 3R training, (Recognize Respond Refer)[38] (1), Strengthening Hospital Responses to Family Violence training modules[39](1), Online Information Sharing training modules (1).
- Five were planning to develop family violence training for the AOD sector.
- Two had already developed and provided training sessions to AOD staff.
- Some SFV Advisors indicated they did online training modules in a group. They could stop the training and facilitate more in-depth conversations where required.
- Five established pathways for secondary consultations. Of these five, two reported they had also started providing secondary consultations to the family violence sector.
- Four provided presentations and workshops in a team setting.
- Two had established a regular reflective practice group.
- Two attended clinical review meetings.
- Three had collaborated in organising a cross sector forum.

> "We are in process of developing training. The MARAM training will not be sufficient."
> Interview Specialist Family Violence Advisor, June 2019

## 5.5 Information sharing is commencing

The online survey enquired about readiness to respond to an information sharing request. Information sharing is a key feature within the Capability Framework and this question was designed to elicit an understanding of where the AOD sector is up to with this skill.

The responses were encouraging, with only a small number of respondents reporting their organisation was not ready at all (See Graph 4 and 5, below)
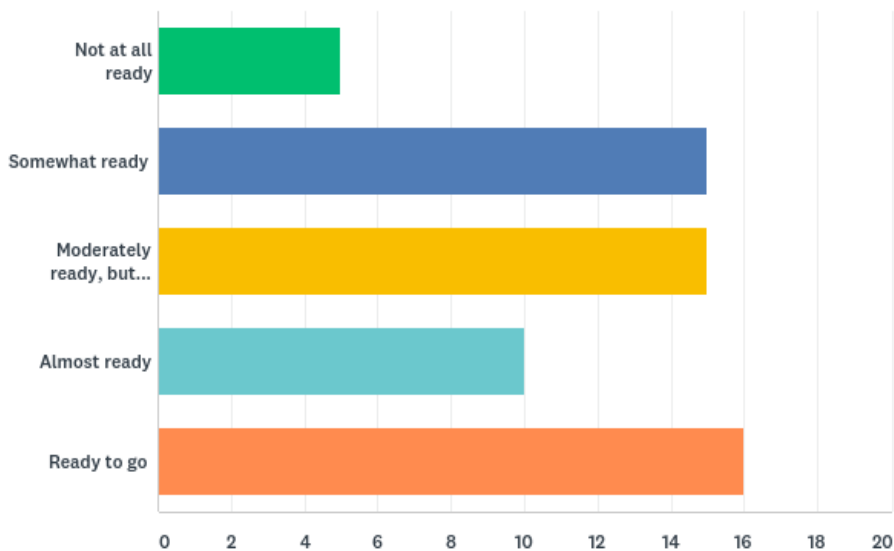
[38] DV-alert Domestic Violence Response Training, https://www.dvalert.org.au/education-and-training/education-training-options?gclid=EAIaIQobChMIg7LlsZOd4wIVDiUrCh0lcAbVEAAYASAAEgIIxPD_BwE

[39] Strengthening Hospital Responses to Family Violence training modules and toolkits developed in response to Royal Commission into Family Violence recommendations https://www.thewomens.org.au/health-professionals/clinical-resources/strengthening-hospitals-response-to-family-violence/
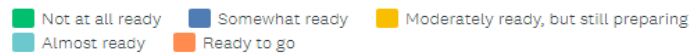
*Graph 4: Distribution of organisation's readiness to respond to an information-sharing request.*
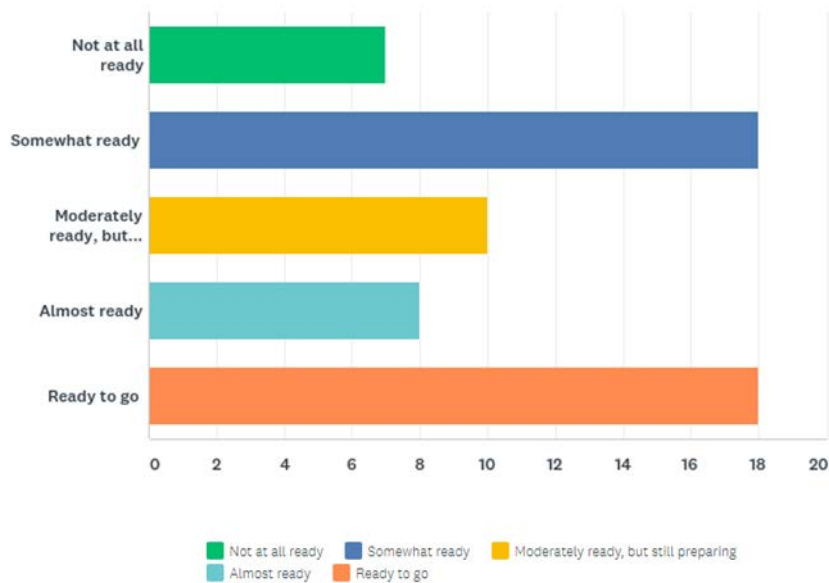
*Graph 5: Distribution of responses to organisation's readiness to make an information-sharing request*

Whilst the survey indicated that agencies were ready to share information, consultation with the SFV Advisors show that current information sharing is sporadic to date. Only two SFV Advisors are confident that information sharing is understood and implemented in practice in their region. They were able to identify scenarios where information was provided on request as well as pro-actively requesting information. It was noted that both SFV Advisors had a background in family violence practice. Being part of clinical review meetings as well as the establishment of secondary consultation processes were considered useful pathways for practice change.

Five SFV Advisors reported that some information sharing was starting to happen but was limited mainly to responding to external requests.

Eight reported they were not aware that any information sharing was happening in their region. They had not received any requests and had the impression that other Information Sharing Entities (ISE) nor Risk Assessment Entities (RAE) were engaged with the new Information Sharing Schemes.

On a positive note, the introduction of the Information Sharing Schemes provided opportunities for systematic improvements as well as practice development. Some examples include:

- The amount of disclosure of family violence in AOD conversations provides an opportunity to document and monitor coercive behavior patterns
- Using the ethos of the scheme to develop standardised request processes for all requests for information
- Improved relationships with other sectors.

Respondents reported development of organisational information sharing policy and procedures ranged from completed to not yet started. Two SFV Advisors stated that it was part of their responsibility to develop the policies for their host organisations.

Some reasons for identified delay are illustrative of barriers:

- In house bureaucratic processes taking a long time
- Agency policies and procedures have not moved to individual business units as services are waiting for direction
- Other major organisational redevelopment is delaying development of information sharing policy, processes and forms
- Lack of understanding and trust in other sector management of client data
- Resistance from upper management when discussing policy and procedure development.

> "Most draining of the work is political red tape to get stuff done within organisations."
>
> Interview Specialist Family Violence Advisor, June 2019

## Organisational readiness assessments are not consistent

Most SFV Advisors included organisational readiness assessment as part of their work plan in order to establishing a baseline. However, they reported using a variety of tools for the assessment.

Most were using the Domestic and Family Violence Capability Assessment Tool: for Alcohol and Other Drug Settings (DFVCAT) developed by the Alcohol Tobacco and Other Drug Association ACT (ATODA). Some had developed their own organisational assessment tool, of which most were based on the DFVCAT. Only one SFV Advisor developed a tool aligned with the Capability Framework.

Even where similar tools were used, different implementation strategies were employed.

Use of a common organisational assessment would be a useful process to establish a baseline for further planning.

> "Organisational assessment is useful to serve as an objective mechanism to talk about what practice looks like. The DFVCAT is great for what it is: an initial measurement tool."
>
> Interview Specialist Family Violence Advisor, June 2019

> "We developed our own assessment tool based on the (Capability Framework). We felt that the DFVCAT does not speak to the tier 3 capabilities."
>
> Interview Specialist Family Violence Advisor, June 2019

Because there is no commonality of tools and processes across the state, current data limit state-wide evaluation.

Further it has been noted that AOD service consumers need to be included in the organisational readiness assessment. It appears that this is not typical currently.

## Victorian AOD Comprehensive Assessment Tool

A recurring consultation theme involved the Victorian AOD Comprehensive Assessment Tool. The standard adult alcohol and drug screening and assessment tools is used across all AOD treatment services in Victoria and were refreshed in 2013 by Turning Point and AOD screening and assessment instruments were made available. These tools include a number of optional modules. Two optional

modules exist specifically for the purpose of including the wider family context in the comprehensive assessment:

- Optional module 10: Family Violence
- Optional module 11: Impact of AOD use on family member.

Practitioners, managers and SFV Advisors alike urged a review of the tool and assessment processes. The current tool does not address family violence reform requirements. There are also concerns that inadequate assessment could cause harm to the victim survivor.

Responding to these concerns, VAADA convened an AODFV network meeting with members of the STACY project, Melbourne University.  In relation to reform requirements it highlighted that:

- The tool includes inappropriate questions on family violence increase risk
- The assessment tool needs to incorporate a decision-making process on when to diverge towards the MARAM risk assessment
- Information sharing decision making is not included
- There are no questions included to assess for substance and mental health coercion.

More generally, feedback on the comprehensive assessment tool and its current application include that:

- Unit 6 speaks to risk assessment. The tool requires practitioners to apply their own organisations risk assessment processes. At the consultation, not one person was aware of this statement. General census was that it should be part of the tool.
- Whilst acknowledging that the tool is designed for the purpose of documentation of assessment, generally in practice it is used as guiding tool, diligently followed, especially by inexperienced workers.
- The assessment tool is used as a one-off process at the start of treatment. The document is not updated throughout treatment. If family violence is not identified at the initial assessment and or the client subsequently disclosure, generally the clinician will not revisit assessment.
- It was stated that there is limited uptake of the optional modules, including the Family Violence module.

The Victorian Comprehensive AOD Assessment Tool has the opportunity to guide practice and support AOD staff with the assessment of family violence issues. A review of the tool is necessary to include Information Sharing as well as MARAM.

# 6. Barriers and Challenges

In this section some of the issues related to impeding implementation of the Capability Framework are considered. They include a need for stronger governance and strategies to reduce fragmentation of intervention, a focus on staff wellbeing and development, and attention to the impact which prolonged change over a number of years could have on the resilience of the sector. Service access in the family violence sector may need to be enhanced if positive referral trends are to be maintained. Finally there are information sharing barriers still to be overcome.

## 6.1 Barriers to change

The online survey enquired about key issues related to implementing the Capability Framework. Themes were identified across different levels of the AOD service system, from state-wide governance structures to clinical practice tools.

A *Matrix of key barriers impeding change* as per table 2 below, describes key issues and concerns identified by respondents to the online survey. Five different systems levels were identified:

- Overarching concepts
- Regional / State activities
- Organisational perspective
- Middle management
- Consumer facing staff

Five different themes were identified that speak to the different service levels:

- Strategic
- Collaboration
- Capacity Building
- Consumer
- AOD lens

> "It (including a family violence lens) is a huge mind shift for a number of people, however the Family Violence Capability Framework goes a long way to assist people to understand the rationale behind why these changes are required."
>
> Comment in the online survey, February 2019

Senior managers were most concerned about resourcing and organisational change processes, followed by capacity building and practice development, and strategic planning of the process. Middle level managers most commonly rated practice development as a key issue. SFV Advisors identified organisational requirements as key to implementation of the Capability Framework.

| | Strategic | Collaboration | Capacity building | Consumer | AOD lens |
|---|---|---|---|---|---|
| Overarching concepts | • No best practice guidance systems change<br>• Reform fatigue<br>• Additional issues: Poverty / low income / homelessness, mental health<br>• Concerns about expected impact of Royal Commission into Mental Health | • Lack of a shared language | • Culture change from reactive practice to pro-active practice<br>• Education of wider community<br>• lack of practice frameworks<br>• Conflicting values and goals in the sector<br>• Language: stigmatizing of labels<br>• shift towards Family violence Informed Practice<br>• Culture shift around privacy and ISS | • Health literacy | FV training mainly gender biased and makes no room to underlying contributingfactors, such as mental health, AOD, financial stress, etc |
| Regional / state | • Governance: delay in progression tranches and employment in roles<br>• Outcomes framework not established<br>• No evaluation framework established<br>• Uniform /systemized approach across sectors to embedding framework from planning to practice<br>• Having a common understanding and understanding across different service systems<br>• Having mandatory tools to ensure framework is implemented<br>• Lack of resourcing<br>• Uncertainty over ongoing support | • Better communication to avoid duplication between programs<br>• Identifying appropriate specialist services and contacts<br>• Lack of mental health involvement | • Lack of practical procedural development<br>• No appropriate FV assessment tools in prescribed document<br>• Limited training available<br>• ISS: Lack of understanding legal context, responsibilities<br>• lack of training in remote areas<br>• Training needs to be ongoing | Informing consumer of changes in legislation | |
| Organisational | • Vacant positions<br>• Casualised workforce<br>• Allocation of internal resources to develop systems and processes<br>• Embedded culture top down that effects the perspective and causing resistance to change<br>• Not prioritizing development of a structure<br>• No acknowledgement of staff lived experience<br>• Implementation of other frameworks priority | | • Resourcing required to upskill current AOD staff, eg time | Increased demand for support versus limited resources / support services | Making it relevant to work setting |
| Middle management | | | • Supervision and staff for management | | |
| Consumer facing staff | | • More collaborative practice, including joint safety planning across sectors<br>• Lack of trust between organisations that have a behavioral monitoring role and those who have a counselling role<br>• Lack of shared learning<br>• No knowledge of other institutions, eg. Vic Pol | • Lack of awareness FV, changing perception FV<br>• FV is not seen as an add-on, but experienced as complimentary<br>• Lack of practice and supervision groups to assist skills development<br>• Perception that reporting may compromise therapeutic relationship<br>• Meaningful connection with consumers<br>• Risk assessment | Concerns disengagement high risk families | Lack of practice information<br><br>How do we support men who behave violently when intoxicated to make the changes they want to make? |

*Table2: Matrix of key barriers impeding change. Source: VAADA AODFV network forum February 2019*

## 6.2 Stronger governance is required

Governance structures for the implementation of the Capability Framework in the AOD sector are yet to be established. VAADA has a research and awareness-raising role in this project. For the MARAMIS sector grant project, VAADA has a practice guidance role.

> "The ABIC is not health. It has become more a network to update then a governance group. It has taken a long time and a lot of work to be invited as the focus was on phase 1."
> Interview Specialist Family Violence Advisor, May-June 2019

> "We established a fortnightly panel with AOD, mental health and family violence sector team leaders to discuss issues. If they cannot solve, it goes to the ABIC to look for a systems approach."
> Interview Specialist Family Violence Advisor, May-June 2019

An opportunity exists to align an outcomes framework, evaluation strategy and reporting requirements for the Capacity Building program with the Capability Framework. However, it is not clear that the governance functions could readily be assumed by governance structures for the SFV Advisor Capacity Building program.

Phase 1 of the Capacity Building program did not include structural reporting requirements, despite several attempts of by the state-wide DVVic Coordinator to establish agreement on meaningful reporting guidelines.

Review and endorsement by the AOD Specialist Family Violence Advisors Phase 2 State-wide Steering Committee of an outcomes framework for the program was expected by early 2019. However, this has not occurred and to date reporting requirements have not been developed. Currently there is an absence of a DHHS Project Lead, and as a result, no future state-wide steering committee meetings have been scheduled.

At the local level, there are also governance concerns. Only two Specialist Family Violence Advisors confirmed that the Area Based Implementation Committee (ABIC) was a functional governance structure for their project and that their work plan was endorsed by the Area Based implementation Committee.

Identified positive factors included:

- Positive relationships between the members;
- Connection between practice barriers and systematic approach to finding solutions.

Thirteen SFVAs stated that their work plan was not endorsed by their ABIC.

Three SFVAs stated their ABIC was meeting regularly however the focus of the committee was solely on phase 1 of the SFVA program guidelines.

Two SFVAs stated the ABIC in their region were only recently established.

One SFVA was waiting for the establishment of the ABIC and one SFVA only started in the role recently and was not familiar with the ABIC.

The remaining six respondents raised concerns about the ABIC in their region.

SFV Advisors see benefit in VAADA attending one of their ABIC meetings to discuss activities in the AOD sector across the state and advocate for a collaborative state-wide approach to organisational readiness assessment as well as training for AOD staff.

## 6.3 A stronger focus on state-wide cohesion

Flexibility is required to address specific local needs as well as respond to the local service system. However, a level of state-wide cohesion is also important. Besides engaging in organisational readiness assessment, SFV Advisors report being in varying stages of developing family violence training specifically for the AOD sector.

There is no coordination point established that has an oversight of the breadth of family violence reforms and reform activities related occurring in the AOD context. This contributes to a lack of attention to the interrelationships between reforms. In addition, the Capability Framework is not part of the terms of reference for the coordination function, which sits with DVVic. These factors may have contributed to SFV Advisors developing work plans with varying content for their catchment areas that are not necessarily consistent or cohesive state-wide.

Where possible and relevant, a synchronised approach with parallel processes across the state would be of benefit to:

- Avoid duplication of efforts
- Embrace the different skill sets available
- Create agreed and streamlined processes
- Access comparable evaluation outcomes.

## 6.4 A focus on staff wellbeing and development will enhance take-up

Consultation with SFV Advisors emphasised that their capacity building activities are impacted by staff resilience to process change. This is consistent with a recent literature review on AOD workers wellbeing in Australia. Key aspects of AOD worker wellbeing directly or indirectly relate to stress and burnout, such as:

- Major change processes that include a role design is identified as one of the stress factors.
- Excessive workload pressures
- Organisational funding
- Excessive paperwork
- Significant risk of secondary traumatic stress (STS). [40]

These issues have all been mentioned in the context of the family violence reform implementation in the AOD sector.

The literature review also recognizes protective factors including:

- Professional development opportunities
- Mentoring and Clinical Supervision
- Fair and adequate remuneration and rewards

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[40] Matua Raki, NADA, NCETA, Flinders University, Enhancing alcohol and other drug workers' wellbeing: a literature review – February 2017

The literature review emphasises evidence has repeatedly linked emotional exhaustion among AOD workers to turnover intention. It is noted that the average employment in the AOD field is approximately five years.

Further, whilst family violence is generally perceived as a positive addition to AOD practice, reform implementation increases insecurity as well as workload pressure. A hasty roll out risks losing AOD staff before new practice is structurally embedded in daily practice.

A number of the above protective factors especially professional development and mentoring and clinical supervision, should be integrated in capability building activities to support the implementation of the capability framework.

## 6.5 Attention to the impact of change is similarly important

The AOD sector is subject to constant change that has an impact at all levels of the service delivery system and practice. Family Violence reforms are only one out of many change processes happening in the AOD sector. Consequently, the AOD sector is to a smaller or larger extent under some change fatigue. Consultations have indicated that the family violence reforms in many organisations are not an immediate priority.

A recent history of comprehensive reform includes the 2014 Victorian Government reform of the alcohol and drug treatment system as a key part of a broader, whole-of-government strategy to decrease Victoria's alcohol and drug toll[41].  The AOD sector is still recovering from the impact of this reform.

More recent reforms affecting the AOD sector include:

- The introduction of the National Disability Insurance Scheme (NDIS)
- The introduction of Primary Health Networks (PHN) responsible for planning and commissioning local MH and AOD services
- The introduction of a new data collection system, the Victorian Alcohol and Drug Collection (VADC)
- The introduction of a significant number of DHHS frameworks and procedural changes.

In addition to the reforms, some agencies have recently undergone or are currently undergoing organisational restructuring.   On the horizon is a range of recommendations stemming from the Victorian Mental Health Royal Commission.  This is likely to bring with it some level of change to the AOD sector.

## 6.6 Family Violence Service access may need improvement

VAADA has engaged with AOD consumer consultations as part of the development of resources in relation to information sharing.  These consultations also provided understanding of consumer perspectives of managing family violence within AOD services. Some insights included:

- Recognition that substance use and mental health issues increase the change of family violence

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[41] State Government Victoria, Department of Health, New directions for alcohol and drug treatment services, A framework for reform

- Recognition that family violence is an issue for elderly parents supporting their adult children
- Acknowledgement that family violence is part of a series of issues and the desire to deal with issues in a holistic way within one services
- Barriers for accessing family violence services for AOD service consumers include embarrassment and fear of being stigmatised[42].

Also during the interviews with SFV Advisors in May and June interviewees, the matter of service access was raised. The consumer statements align with observations of the SFV Advisors that AOD service consumers do not identify with the family violence sector and vice versa.

In addition, some SFV Advisors feel that AOD service consumers who are family violence survivors may not recognise the levels of violence within their relationships as unusual. The Census of Workforces that Intersect with Family Violence included related feedback on this matter as indicated in the text box below.

> "Most people are uninterested when you mention family violence, it makes it hard to engage people to either get support for themselves or support others. Clients often decide to live with ongoing violence and use substances as a coping strategy."
>
> Interview Specialist Family Violence Advisor, May-June 2019

In an attempt to build connections between the two sectors, all SFV Advisors reported efforts in building relationships across sectors. Some SFV Advisors report an increase of referrals made into the family violence sector. However, they express concerns about:

- Long waiting times
- Logistical barriers, such as distance
- Lack of financial resources for transport

> "System itself is an obstacle, concerns are raised that consumers will be re-traumatised as a consequence of systemic abuse." Census of workforce that intersect with family violence, 2017

In the interviews where successful collaboration was reported, factors included:

- Services are co-located in the same building
- Existing relationships with staff.

## 6.7 Information sharing barriers remain

The interviews with SFV Advisors provided important detail about some of the barriers for the implementation of the Information Sharing Schemes. This is also relevant for the implementation of the Capability Framework, highlighting the importance of a clear process, and a context that is understood by the sector.

> "When they need to respond to a request, clinicians panic." Interview Specialist Family Violence Advisor, May-June 2019

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[42] APSU; Summary of Consumer Input for Family Violence Information Resource, June

Themes that describe barriers to sharing information include:

- Supervision is not regular, this is not a pathway of embedding new practice
- The training required for Information Sharing Schemes appears complicated
- How information sharing interacts with existing privacy legislation is not understood
- Even though information sharing is legislated since Sept 2018, people prioritised education around screening and risk assessment.  In order to align with the updated requirements, people have been waiting for MARAM to become available.
- Staff are waiting for organisations to structurally implement information sharing schemes
- AOD clinicians have an institutionalised understanding of confidentiality and build rapport around confidentiality, which represents challenges to clinicians in the new environment of open information sharing
- Information Sharing Schemes are perceived as yet another change process
- Resistance within AOD practice to engage with legislation on the basis that it is not in line with harm minimisation practice and may further punish the client.

"I feel like I am on MasterChef; I have been given some ingredients, but have to make up my own recipe."

Interview Specialist Family Violence Advisor, May-June 2019

# 7. Opportunities that can be leveraged

This section examines national and international practice frameworks, toolkits and capacity building resources which may provide a solid starting point to develop or augment Victorian AOD sector resources for family violence informed practice.

They include tools for general capacity building in the AOD context, to assess organisational readiness, and to address identified gaps in practice or research. A comprehensive resource package is clearly useful to support the development of practice at the interface of AOD and family violence in Victoria. As noted previously SFV Advisors in different regions are utilizing several of these tools and training modules across Victoria. It is understood that there is no overarching plan for evaluation of their utility in the Victorian AOD context.

## 7.1 AOD FV specific resources
### Domestic and Family Violence Capability Assessment Tools for Alcohol and Other Drug Settings (DFVCAT)

The Alcohol Tobacco and Other Drug Association (ATODA), the peak body for the AOD sector in the Australian Capital Territory (ACT), have developed a suite of family violence resources specifically for the AOD sector. Released in 2018 in the context of the ACT AOD Safer Families Program it was designed with national applicability in mind.

Production of the resources followed an intensive co-design process with collaboration from across the ACT AOD service sector and input from experts including contributors from Victoria and NSW, consumers and the family violence sector, the tools have received limited field testing to date.[43]

Of note the development of the ACT Safer Families program included a strong emphasis not only on joint design of the suite of tools. Tailored training for both AOD staff in practice addressing family violence and for staff in AOD practice was also proposed to enhance their mutual understanding and preparedness for change).[44]

Three resources were developed:

1. The DFVCAT
   Based on the widely implemented Dual Diagnosis Capability in Addiction Treatment (DDCAT) index, the DFVCAT was designed as a benchmarking tool for use by specialist AOD organisations from all AOD practice settings including residential and community based programs. It can be used to measure capacity in AOD services to respond to consumers who use or experience family violence. It can also be used to assist in planning to enhance capacity.
2. Scope of practice in family violence for AOD workers
   Scope of practice was developed to assist AOD organisations and individual workers to plan safe and effective responses to family violence within the scope of their specific role, responsibilities, training and discipline-specific standards and codes of conduct.
3. Practice Guide: for Responding to Domestic and Family Violence in Alcohol and Other Drug Settings (Practice Guide)

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[43] See further ATODA website http://www.atoda.org.au/dfvtools/
[44] Alcohol Tobacco and Other Drug Association ACT (ATODA). (2017). ACT Alcohol and Other Drug Safer Families Program 2017 – 2021: Design, Model, Implementation Plan and Evaluation Framework. Canberra: ATODA http://www.atoda.org.au/wp-content/uploads/2018/10/ACT-AOD-Safer-Families-Program-2017-2021-FINAL-REPORT.pdf

The Practice Guide was informed by a systematic review of literature on the management of family violence in AOD settings. Practice recommendations were developed through established standards for evidence-based guides.

VAADA commissioned 360EDGE to assist in determining the suitability and feasibility of implementing the tools in the Victorian AOD system. In summary, the DFVCAT is essentially compatible with the Capability Framework and covers the same issues, although categories and language differ somewhat. The DVFCAT service level benchmark categories are well placed to describe an organisation's status in relation to the expectations of the Capability Framework. However as noted previously several SFV Advisors are encouraging use of the DFVCAT in their regions.

The main areas of variance of the ACT tools from the Victorian context relate to:

a. Gender: The Capability Framework pays specific attention to the gendered nature of family violence. The gendered nature of family violence is acknowledged in the definitions and discussion in the ATODA Practice Guide, however overall it places less emphasis on gender than the Capability Framework.
b. Intersectionality: while the ATODA Practice Guide highlights the relationship between family violence and vulnerable population groups it does not speak specifically to intersectionality.
c. Aboriginal service users: the Capability Framework places a greater emphasis on the needs of Aboriginal services users then the AOTDA tools.
d. Advocating for policy and practice reform: The DFVCAT does not explicitly state capability expectations in this regard.

360Edge consulting presented their findings in relation to the ATODA tools at the VAADA AODFV network Forum in February 2019. The full report is found [here](https://www.vaada.org.au/wp-content/uploads/2019/07/360Edge-VAADA-principles-brief-report-28-June-2019.pdf)[45].

## 7.2 International tools

A range of international resources and tools are identified that assist social services sectors respond to family violence. Several are relevant for the intersection of AOD and family violence in particular. These resources will support resource development for the Victorian AOD sector.

### Mapping the Maze[46]

Mapping the Maze is a collaboration between AVA (Against Violence and Abuse) and Agenda, the alliance for women and girls at risk in the UK. It aims to map services provision specifically for women facing homelessness, substance issues, poor mental health, offending and complex needs in England and Wales. In addition, drawing together information from academic research public bodies, service professionals and the women themselves the project also looked to identify a model of good practice and what makes a good service for women. Mapping the Maze includes a number of resources, including the *Complicated Matters: A Toolkit Addressing domestic and Sexual Violence, Substance se and Mental Health (2012)[47],* a comprehensive guide to working with survivors and

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[45] https://www.vaada.org.au/wp-content/uploads/2019/07/360Edge-VAADA-principles-brief-report-28-June-2019.pdf
[46] https://www.mappingthemaze.org.uk/map/
[47] AVA: Complicated Matters: A Toolkit Addressing Domestic and Sexual Violence, Substance Use and Mental Health (2012) https://www.mappingthemaze.org.uk/wp/wp-content/uploads/2017/08/Complicated-Matters-A-toolkit-addressing-domestic-and-sexual-violence-substance-use-and-mental-ill-health.pdf

perpetrators of domestic and sexual abuse who have also been affected by problematic substance use and/or mental health issues.

## Safe & Together

Safe & Together is a family violence practice model to enhance the safety and wellbeing of children. The goal is to support proficient professional practice for all services that interface with families experiencing family violence.

While the model originated in the United States, an action research project has commenced at the University of Melbourne that draws upon the Safe and Together approach to child welfare and will build worker and organisational capacity in working with families at the intersection of family violence, AOD and mental health. The project will be conducted in NSW, Queensland and Victoria and conclude in December 2019.[48]

The framework provides a shared language and approach that can improve outcomes for families, e.g. when everyone is sharing a perpetrator behaviour-pattern approach, it makes processes more effective and efficient. The responsibility of the perpetrator as parent is central to changing practice. This touches on wide range of issues including gender double standards and general gaps in practice with fathers.

Safe & Together has a pragmatic and non-judgmental approach. This in combination with the language used in the model is in line with AOD practice in Victoria. The model has been adopted in child and family organisations including Berry Street and Anglicare. Several AOD agencies are planning to implement the model, such as Odyssey House Victoria and TaskForce.

VAADA understands that Child Protection Victoria is practicing along the principles of the Safe and Together model through the "Tilting Practice" training.

A small number of Specialist Family Violence Advisors have started to introduce the model in their regions and others have indicated their intention to participate in training to adopt the model soon.

## Intimate Partner Coercion in Mental Health and Substance Use Toolkit [49]

The United States Department of Health and Human Services National Centre on Domestic Violence, Trauma & Mental Health has developed a toolkit addressing intimate partner coercion in the context of mental health and AOD.

The toolkit was designed to address the role of coercive control in the development and exacerbation of mental health issues or substance use issues. It similarly aims to address the dearth of research on the way family violence perpetrators use mental health and substance abuse diagnoses and treatment to further control their partners. [50]

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[48] ANROWS website STACY – Safe and Together Addressing Complexity (undated) https://www.anrows.org.au/project/stacy-safe-and-together-addressing-complexity/ accessed July 2019

[49] National Center on Domestic Violence, Trauma & Mental Health: Coercion Related to Mental Health ad Substance Use in the Context of Intimate Parnter Violence: A Toolkit for Screening, Assessment and Brief Counselling in primary Care and Behavioral Health Settings. Carole Warshaw, MD and Erin Tinnon, MSW, LSW March 2018 http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/03/NCDVTMH_MHSUCoercionToolkit2018.pdf

[50] *"Abusive tactics targeted towards a partner's substance use as part of a broader pattern of abuse and control. This often involves the use of force, threats, or manipulation and can include forcing a survivor to use substances or to use more than they want, using a survivor's substance use to undermine and discredit them with sources of protection and support, leveraging a survivor's substance use to manipulate police or influence child custody decisions, deliberately sabotaging a survivor's recovery efforts or access to treatment, and/or engaging substance use stigma to make a survivor think that no one will believe them, forcing a partner into withdrawal, among many other tactics."* National Center on Domestic Violence, Trauma & Mental Health, Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence Toolkit, March 2018, USA

## 7.3 Other opportunities that may be leveraged

The table below draws together existing sector mechanisms identified throughout consultations with key stakeholders that may provide opportunities to embed the Capability Framework. These are identified at different levels in the sector:

- Government
- Sector
- Organisational

| Departmental mechanisms | Sector mechanisms | Organisational mechanisms |
|---|---|---|
| Inclusion of family and child inclusive practice in outcomes framework | Victorian AOD comprehensive assessment tools & process | Clinical supervision policies and allowance |
| Inclusion of Framework capabilities in Victoria's Alcohol and Other Drug Workforce Strategy | Cross sector relationship building | Reflective supervision policies and allowance |
| Audit requirements | Best practice guidance / manuals | Staff position description |
| Funding agreements that allow for family and child inclusive practice as well as shared case management activities | Agreed shared case management practice | Recruitment processes |
| Include in minimum Qualification standards | Agreed organisational readiness assessment tools and process | Induction processes |
| If operationalising: review of the MH AOD Capability Framework | Sector training | Risk assessment policies, procedures and tools |
|  | Review SFVA program guidelines to include the Framework | Confidentiality policies, procedures tools and client facing resources |
|  |  | Case management processes and procedures |
|  |  | Professional development policies and requirements |
|  |  | Secondary consultation policies and procedures |
|  |  | Clinical review policies and procedures |

*Table 3: AOD mechanisms that can include the Framework capabilities*

The identified opportunities that may be leveraged for embedding family violence capabilities can potentially find a place in family violence organisational readiness assessment processes and will be explored further in the second half of the year of the project.

# 8. Best practice implementation approach

This section looks at the lessons learned from the literature as to what works in implementing system-wide practice change in social service settings in Australia. Further it provides some suggestions as to how good practice in change management might support the translation of the FV Capability Framework in the AOD sector, summarizing a range of features known to support successful management of complex change.

## 8.1 Learnings from the literature

Learnings from the literature reinforced the need for concurrent attention to the experience of family violence amongst many AOD clients. The literature scan also noted that the Victorian Royal Commission into Family Violence emphasised the role of workplaces (i.e. including AOD services) as key settings within which views about both gender equality and violence against women can be influenced.[51] The Commission recommended workplace action to ensure gender equality, as action that has a preventive effect on family violence in the broader community and is therefore also critical to changing the story.

Further the literature reviewed highlighted that the complexities of family violence in the AOD sector demand a sensitive and well-considered response, a point stressed by the Family Violence Implementation Monitor in his most recent report.[52] Implementation of that response will be assisted by adoption of many of the features of contemporary program and change management, noting that this is itself an evolving field.

Features that support the management of complex change in the AOD sector emerged as lessons from the literature. They highlighted:

1. That development of the Roadmap should allow for deep deliberation on the outcomes desired from action with the opening question being: *What will success look like?* This promote confidence that the FV Capability Framework will be implemented across the sector in a sustainable way.
2. That the roadmap for change will ensure clients in the AOD sector who have experienced or have perpetrated family violence (or both) are met with effective, appropriate and evidence-based responses.
3. That development of a roadmap for the AOD sector that will embed the FV Capability Framework requires both strong understanding of program and change management.
4. That a broad understanding of the transformative nature of the change proposed is required. This means that workforce development is vital and needs to be understood as encompassing change at multiple levels – sector wide to organisational as well as at the level of individual workers.

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[51] State of Victoria (2016) Op cit See for example recommendation 192
[52] Cartwright T, (2019) Report of the Family Violence Reform Implementation Monitor - As at 1 November 2018, Government of Victoria, Melbourne https://fvrim.vic.gov.au/report-family-violence-reform-implementation-monitor-1-november-2018#what-weve-seen-2

5. A sustainable approach will allow for an adaptive approach allowing for the testing of small scale pilots that can be modified in response to feedback before broader roll out.

6. A collaborative approach including joint training with the family violence sector and co design involving all stakeholders (including AOD clients who have experienced family violence) will be invaluable.

7. Leadership will gain credibility by demonstrating a focus on prevention of family violence as well as response, in preparing for change.

8. Capturing knowledge with evaluation from the outset is fundamental to 'benefits realisation' in larger programs of change.

9. Finally, important leadership roles that a peak body such as VAADA must play to ensure the successful implementation of sector wide change include advocacy raising the visibility of the interaction between family violence and AOD in the lives of the sector's clients and highlighting that positive outcomes demand both issues are dealt with where they co-exist.

10. Along with leadership in the development of a roadmap that will support the sector to achieve this goal, the report recognised VAADA's existing expertise in change management to address co-existing mental health and AOD conditions, and proposed that it would assist the sector if VAADA were to develop a team to serve as the backbone to drive sector wide implementation of agreed reforms.

The full report commissioned by VAADA from Meredith Carter & Associates can be viewed here.

# 9. Next Steps

In the final stage of this project, it is proposed that VAADA continue to act as a central coordination point for the AOD sector building on the AODFV Network.

As outlined in the project plan the key focus will be the design of a cohesive roadmap for sustainable implementation of the Capability Framework that is well integrated with other concurrent reforms particularly as they relate to family violence in the AOD sector. Undertaken in partnership with advice from DHHS and FSV representatives as well as other identified key cross-sector stakeholders this would be:

- o   Inclusive and cohesive
- o   Speak to varying needs and requirements within the AOD sector
- o   Have a logical sequence
- o   Transparent and agreed reporting requirements
- o   Include an outcomes framework and evaluation strategy
- o   Include regular review of progress and enables adjustment of strategy

## 9.1 Preliminary features of the roadmap

A preliminary sketch of the implementation strategy identifies two main pathways for the implementation of the Capability Framework:

- Technical change: organisational processes and procedures
- Practice change: Practice by frontline staff

To support these change processes, implementation will also require strong project governance, a communications strategy and a phased timeline identifying key milestones and phase gates.

Technical change will require further review of the capability framework to ensure the knowledge and skill indicators are fit for purpose in the AOD sector, and consideration of including AOD skills in the framework.  It also requires the development and acceptance of a Capability Assessment Tool. This tool for will form the basis for AOD agencies to map and review their capabilities against the Capability Framework.

A fit-for-purpose capability assessment tool, that accurately reflects the Capability Framework, will allow each unique AOD agency to apply the tool and assess where they meet or exceed a skill or knowledge indicator, and where they can focus additional resources.

Practice change centers on AOD sector staff ensuring they have the awareness, familiarity and capacity to implement the framework.

The table below provides insight in implementation pathways and indicative activities as well as estimated timelines. Activities outside the timeframe of this project have not been costed or resourced.

| Change Domain | Implementation pathway: | Indicative Activities: | Indicative Timeline: | Sustainable Outcomes: |
|---|---|---|---|---|
| **Technical change** | Review Capability Framework to ensure it is ready to be implemented and is fit for purpose | Make recommendations on additions and subtractions to the framework including AOD capabilities | 2019 | Capability Framework is embedded in the systems of AOD service agencies |
| | Develop or refine organisational Readiness Assessment tool to ensure alignment with the Capability Framework | With members of AOD/FV network, review current applied assessment tools and processes | 2020 | |
| | | Create with the AOD sector a Victorian AOD Organisational Family Violence Readiness Assessment Tool | 2021 | |
| | | AOD agencies are provided with the Victorian AOD Organisational Family Violence Readiness Assessment Tool to identify systemic changes required | 2021 | |
| **Practice change** | SFV Advisors Capacity Building Program | DHHS reviews program guidelines to include the Capability Framework | 2019 | AOD staff is proficient in practicing aligned with the Capability Framework |
| | | DHHS reviews SFV Advisors position description to include the Capability Framework | 2019 | |
| | | DHHS provides the Advisors with Train the Trainer course | 2020 | |
| | | Develop training modules aligned with the Capability Framework | 2020 | |
| | | SFV Advisors train AOD staff in their region | 2021 | |
| | Practice guidance | Develop AOD-FV resources | 2019 | |
| | | Develop a guide for agencies for the implementation of the Capability Framework | 2021 | |
| | | Provide training to the sector through face to face forums | 2019 | |

*Project structures required:*

| Communication strategy: | Project governance: | Schedule: |
|---|---|---|
| • Online resources<br>• Regular newsletters<br>• Basecamp<br>• Face to face forums | • Cross sector Advisory Committee<br>• Maintain risks and issues register<br>• Evaluation strategy | • A timeline with clear KPI's |

*Table 4: Design of a cohesive roadmap for sustainable implementation of the Capability Framework; a preliminary sketch of the implementation strategy. NB. Domains and activities are suggestions only and subject to change with further research and refinement.*

## 9.2 Systemic enablers for structural barriers

Throughout the report a number of structural barriers for the implementation of the Capability Framework have been identified. Table 5 below outlines three barriers, systemic enablers, short term outcomes, stakeholders and the desired sustainable outcome.

| | Barrier: | Systemic enabler | Short term outcome: | Stakeholders: | Sustainable Outcome: |
|---|---|---|---|---|---|
| 1 | Fragmented roll out of reforms causes confusion and frustration. | Whole of reform approach | Greater cohesion and clarity of how the different reform activities connect | DHHS<br><br>FSV | Limits the risks of development gaps |
| 2 | Multiple reform activities being overseen by multiple agencies with multiple accountabilities to different governance groups and government business units. | Whole of system approach | Engage all stakeholders involved in the different reform activities | Across Government: DHHS and FSV<br>Across Peaks: VAADA, DVVic, NtV<br>Across support services | Maximises impact of resources and investments |
| 3 | Lack of clear governance structures for the phase 2 AOD SFV Advisors | Established SFV Advisors Governance | Established DHHS project lead | DHHS | Supported Advisors who work according agreed state-wide outcomes with agreed reporting requirements |
| | | | Phase 2 Work plan endorsement | VAADA<br>DVVic | |

*Table 5: Structural and systemic enables of the implementation of the Capability Framework in the AOD sector*

## 9.3 Upcoming activities

Leading to December 2019, VAADA continues to work with the AOD sector to further develop and refine the roadmap for the implementation of the Capability Framework in the AOD sector.

VAADA will make recommendations on additions and subtractions to the framework including AOD capabilities.

Maintaining an action research approach, VAADA will continue to work with the AOD sector through the AOD –FV network and facilitate face to face forums, in Melbourne as well as in regional Victoria.

We will increase the awareness of the Capability Framework to the sector through continued AOD-FV newsletters through VAADA's e-news as well as the development of a number of sector resources and for the AOD-FV network through Basecamp.

VAADA will, together with members of AOD/FV network, review current applied organisational assessment tools and processes.

A final report in December 2019 will have further defined and developed the design of the roadmap and will include a proposed approach to evaluation of the project outputs and outcomes.