



**Response to Future Directions. A five year plan.
Consultation Document**

August 2008

Submission from

Dr. Chris Jones

Chief Executive Officer

Anglicare Tasmania

GPO Box 1620

Hobart 7001

Phone: (03) 6231 9602

Fax: (03) 6231 9589

Email: c.jones@anglicare-tas.org.au

Introduction

Anglicare Tasmania welcomes the opportunity to contribute to the debate about the future direction of the alcohol, tobacco and other drug (ATOD) service system in Tasmania.

The comments expressed in this submission are based on research undertaken by the Social Action and Research Centre (SARC) at Anglicare Tasmania during a six month period from January to June 2008. Anglicare will be publishing the full research report in October. The full report can be made available to the Future Directions consultation process pre-publication on request.

About Anglicare

Anglicare Tasmania is a non-government organisation (NGO) that has been working for the Tasmanian community for the past 25 years. Since its establishment it has grown into a state-wide service responding to issues faced by Tasmanians such as financial crisis, homelessness, unemployment, the adverse health, social and economic consequences of alcohol and other drug use, and the challenges faced by people with physical and intellectual disabilities or mental health problems. Anglicare delivers two targeted alcohol and drug treatment services:

- Glenorchy Illicit Drug Service providing information and counselling about alcohol and other drugs for young people and their families; and
- participation in the Court Mandated Diversion of Drug Offenders Program providing specialist assessment, care planning and counselling to offenders who have committed drug related crimes and their families.

Anglicare also provides a range of accommodation, counselling, mental health, employment, disability and support services which regularly encounter alcohol and drug issues among their clients. It is therefore well placed to have a perspective on the difficulties Tasmanians have in accessing the services they need and to engage in intervention work around alcohol and drug issues.

The Research

In late 2007 SARC initiated research which aimed to provide a clear account of the actual and potential role of non-ATOD funded Tasmanian NGOs in responding to the needs generated

by substance use across a broad range of services (Hinton, forthcoming). In particular the research aimed to:

- profile the nature and extent of alcohol and drug issues presenting to NGO services;
- assess the costs and impact on NGO service delivery of alcohol and drug issues and shortfalls in specialist services
- highlight approaches and gaps in service provision to clients presenting with these issues and what this means for the wider ATOD sector; and
- formulate recommendations about how best to improve the quality of response to these clients.

Although the research is relevant to service delivery across the health and human services field, it describes the work of one NGO, Anglicare, in order to address these issues in detail. It also focuses on front line service delivery from both a worker and client perspective. It involved:

- interviews with 120 Anglicare staff across the state about their experiences of dealing with ATOD issues and the impact it has on effective practice. This included staff from accommodation support services, counselling and family support, employment support, mental health services and disability support services – a total of 38 different programs and services;
- a snapshot survey to quantify these issues. A two page survey form was developed with staff to monitor all client contacts in appointment based services over a two week period in April 2008. Data was collected on 1306 client contacts about the prevalence of problematic ATOD issues along with basic information about client characteristics and service responses including worker time involved in making direct interventions around ATOD use;
- in-depth interviews with 11 Anglicare clients exploring pathways into services and perceptions of service responses as well as views on the kind of assistance they would like to see available; and
- interviews with other relevant stakeholders, including other NGOs.

The project was guided by a reference group with representatives from the Alcohol and Drug Service, the Alcohol, Tobacco and other Drugs Council (ATDC), Centacare, frontline workers and an Anglicare service manager.

The Research Findings

The research showed that working with people who have ATOD issues is a large part of the work of non-specialist NGOs¹. In particular it showed that:

- approaching half (46%) of all client contacts in appointment based services in Anglicare involve issues associated with the problematic use of alcohol and other drugs;
- given the stigma attached to problematic ATOD use and dependency these were not issues clients presented with, rather they emerged as relationships developed with workers. This means that these figures are likely to be an underestimate;
- a significant percentage of this population (59%) could be described as pre-motivational. Either they did not identify themselves as having a problem or if they did they were not ready to take action to change their behaviour;
- the impact of ATOD issues severely compromised clients' accommodation and employment options, strained budgets and relationships and exacerbated mental health problems;
- workers spent up to one fifth (18%) of their contact time with ATOD affected clients making interventions directly around substance use including establishing a positive rapport, stabilising crisis situations, providing information, promoting the motivation to change, harm minimisation and referring on to other services;
- workers struggled to provide an effective response. They were often unable to provide the intensive support many clients needed, lacked the training and skill levels required to provide effective interventions and were limited by the shortfalls in access to specialist expertise and services as well as appropriate accommodation options. They also found it difficult to develop collaborative relationships with the treatment sector to improve client outcomes. Dealing with these issues could produce high levels of frustration and feelings of helplessness among many workers;
- clients who participated in the research highlighted the importance of positive relationships with workers. They described how this assisted them, not only to address crisis situations, but also by providing a 'vehicle for hope' so that they were able to believe that change was still possible. They reported positively on the assistance they had had to think differently about their current situation, assess their options and to access specialist services.

¹ Non-specialist NGOs refers to NGO programs and services which are not funded through ATOD monies.

The research clearly demonstrates the current role of frontline NGO workers in both moderating the impact of alcohol and drug issues on clients' lives whilst simultaneously working to promote clients' motivation to change. In most cases this work is being undertaken without recourse to specialist ATOD services and in an environment where there are shortfalls in the time, resources and skills available to workers to engage in this role. They are attempting to provide an appropriate response to a large reservoir of need which does not necessarily translate into a visible demand for specialist ATOD services.

Implications for Future Directions

Frontline non-specialist NGO and other human service organisations have a vital role to play in constructing a coherent ATOD sector. They can be ideally placed to develop a good rapport with clients, address problematic and high risk use before it becomes entrenched, to work with clients to promote and sustain behaviour change and to ease the path into specialist services. They can work holistically providing multi-faceted interventions which address housing, employment, financial and relationship issues. Specialist services concentrate on the severe end of the spectrum whereas NGO services can reach those populations who may be less seriously affected but for whom problematic use is having a negative impact on their lives. Currently they are also containing and working with some of the most severely affected clients who are unwilling to engage or re-engage with specialist services and they are doing this without any additional resourcing.

Large numbers of people with problematic ATOD use do not make contact with specialist services and only a minority require highly specialist interventions delivered by specialist treatment services. We also know that it is necessary to address issues of social exclusion like unemployment, poverty, discrimination and homelessness alongside substance misuse if outcomes are to be effective and sustainable. This means that Anglicare would like to see a mainstreaming of responses to problematic ATOD issues in Tasmania so that they are more inclusive. Given the right skills, resources and better integration of services non-specialist NGOs could be working more effectively with this population.

The current Future Directions Consultation Document, although acknowledging the important role played by non-specialist NGOs and the need for treatment services to work closely with other sections of the health and human services sector, fails to provide a clear strategy for moving forward in this area. Outside specialist services there is a focus on skilling up the acute health and primary health care sectors to deal with ATOD issues. Anglicare would like

to see this extended to embrace NGOs and government services who are working with disadvantaged groups where there is a high prevalence of problematic ATOD use with a focus on service integration and workforce development.

Recommendations

Joined up Working

The proposed four-tiered model of service delivery in the Future Directions plan places non-government community-based services in Tiers 1 and 2 together with primary health care. It is anticipated that the tiered approach will promote the integration of services, clear linkages, role delineation and partnerships with providers in other tiers. Yet currently NGOs are rarely seen as an integral part of this spectrum of services and the research highlighted the difficulties they experience in trying to access appropriate training and develop effective collaborative partnerships with specialists.

Recommendation 1: That the Future Directions process fully acknowledges the significant role played by non-specialist NGO services and other human services systems in addressing ATOD issues.

Recommendation 2: That the Department of Health and Human Services, through the Future Directions Plan, invest in additional resourcing to support collaborative practice across the specialist and non specialist ATOD sector. This will entail:

- *instigating a cultural shift to promote joint working between specialists and non-specialists and the building of local partnerships to improve client outcomes;*
- *ensuring that time to network is recognised and resourced as integral to the delivery of better quality outcomes for clients;*
- *informing clinical staff about the role of NGOs in working with ATOD issues and how to engage in collaborative practice;*
- *ensuring that confidentiality and privacy issues do not become a barrier to effective joint working;*
- *implementing a monitoring and reporting mechanism to ensure this is achieved.*

Achieving collaborative practice across sectors is challenging. One way forward is to identify a senior position within the DHHS to lead on these issues and promote initiatives. These initiatives might include exploring opportunities for government and non-government sectors

to meet as well as ensuring participation by NGOs in any DHHS induction processes for new departmental employees in order to foster better understandings.

Workforce Development

Staff in NGO services have an important role in identifying whether substance use is an issue, raising awareness about its impact, encouraging change and promoting access to specialist services. However they are limited in this role by skill levels. The research found that what workers needed were short courses of practical relevance which could arm them with strategies about how to raise these issues with clients and then how to initiate and sustain behaviour change. These findings are consistent with work carried out by the National Centre for Education and Training on Addiction (NCETA, 1998) to identify the education and training needs of frontline professionals in responding to ATOD problems. Yet the absence of a comprehensive framework to support and guide ATOD training or workforce development means that currently training is delivered in an ad hoc manner with more consideration to the needs of specialist alcohol and drug workers than the needs of those delivering generic welfare services.

Ultimately what may be required is work to define core competencies along with practice standards for working with clients with ATOD issues in non-specialist services and programs. However in the shorter term a significant impact on client outcomes could be achieved by raising workers' skill levels in assessment, motivational interviewing, harm minimisation and relapse prevention. These are not high level skills nor would they be costly to promote. Training workshops recently conducted to give rural community health and human service providers a basic introduction and practical skills in working with substance using clients were positively evaluated (DEN, 2007). The cost was approximately \$525 for a workshop with 18 participants, excluding venue, catering and overnight accommodation costs for the facilitator.

Although training itself does not have to be costly, supporting workers to access training can be expensive for organisations. It means back-filling posts and managing training budgets. Additional costs are incurred when it is set within the broader framework of workforce development, recruitment and retention in order to ensure that any training investments are fully utilised.

Recommendation 3: That the Department of Health and Human Services through the Future Directions Plan develop a comprehensive workforce development strategy

applicable to all non-ATOD funded agencies working with clients with problematic ATOD use.

Recommendation 4: That the Department of Health and Human Services through the Future Directions Plan conduct a state wide survey of non-specialist workers' training needs specific to ATOD use to guide and inform future service planning and provision.

Recommendation 5: That the Department of Health and Human Services through the Future Directions Plan invest in supporting non-specialist NGOs to access appropriate ATOD training and skill development.

Recommendation 6: That the Department of Health and Human Services Quality and Safety Framework incorporate skills development in the ATOD workforce as a core component of improving client outcomes.

There is currently some discussion about the establishment of an education and training unit to lead training strategies in the ATOD sector. This could provide an important focal point for implementing a comprehensive education and training strategy for non-specialist NGO workers, remove wasteful competition in provision and explore the value of adapting resources developed in other jurisdictions. There are questions about where such a unit would be located – in the government or non-government sector – which should be the subject of on-going debate. However Anglicare would fully support such an initiative as an important step towards improving skill levels in the sector.

Good Practice in Service Delivery

Whatever collaborative relationships are developed between NGOs and the specialist sector there will continue to be a population who are reluctant to use specialist services but who can benefit from interventions delivered by workers with whom they have developed a rapport. These can be delivered opportunistically. Discussions with both workers and clients who participated in the research identified a number of key factors in delivering a quality service to clients with problematic substance use. These are:

- a positive relationship with staff who are non-judgemental, well trained, committed and approachable;
- person-centred, flexible and informal service delivery which fosters client choice;
- continuity of staff;

- an holistic response which can respond to multiple and complex needs including ATOD issues;
- a one stop shop approach with smooth pathways between services; and
- support to access and make effective use of specialist services.

As well as boosting the capacity of the workforce to deliver this through training and skills development the research highlighted potential strategies which would provide a firmer base for workers to become more proactive in working with alcohol and drug issues. The Future Directions Plan should encourage NGOs to implement the following recommendations.

Recommendation 7: That NGOs review all policies and procedures relating to clients with alcohol and drug issues including the approach to intoxicated clients and supervision and debriefing mechanisms for staff engaged in this work.

Recommendation 8: That NGOs undertake a staff skills audit to identify where skills are located in the organisation in dealing with ATOD issues that other staff can draw upon.

Recommendation 9: That NGOs ensure that a basic introduction to ATOD issues is incorporated into any induction processes.

Some sub-groups among NGO service users have particularly high rates of problematic substance use; including people with mental health problems, young people, people who are homeless and Aboriginal and Torres Strait Islanders. This research found that Indigenous service users had higher rates of problematic use than non-Indigenous users (62% as opposed to 45% of all client contacts in the snapshot survey).

Recommendation 10: That NGOs encourage staff to take up training and improve their skill levels in working with Aboriginal clients with alcohol and drug issues.

Secondary consultation

Anglicare welcomes the intention to establish a consultation liaison service across Tasmania supporting Acute Care Services and the recognition that there is a high demand among other health and human services for access to specialist alcohol and drug support and advice. We would like to see such a service established and extended to embrace non-specialist NGOs as a matter of urgency. Certainly workers who participated in the research wanted to see easier access to specialist workers and to be able to draw on their expertise in working with clients.

They described models where the presence of a specialist alcohol and drug program within the organisation had enabled easy access to a pool of expertise and smooth referral pathway when responding to substance using clients with complex needs. These models would be of value across the sector.

Recommendation 11: That the Department of Health and Human Services through the Future Directions Plan and, as a matter of urgency, establish a mechanism for providing consultation liaison services including specialist advice, guidance and on-call support to non-specialist NGOs working with clients with ATOD issues. This should include the ability to offer on site consultancy, a community training element and on-going staff mentoring in the ATOD field.

Consumer Participation

The service system is currently marked by an almost complete absence of consumer participation in the developmental stages of services and in the delivery of services. Existing models of consumer feedback are typically passive – for example post-service feedback questionnaires. This undermines the effectiveness and legitimacy of the ATOD sector.

It was particularly valuable to access the views of clients with ATOD issues during the course of this research. Anglicare would like to emphasise the importance of investing in building consumer and carer advocacy by developing an appropriate model so that the views and experiences of consumers can be routinely taken into account in the planning, development and delivery of policy and services.

Recommendation 12: That the Department of Health and Human Services through the Future Directions Plan resource the development of a model of consumer advocacy for people with alcohol and drug issues so that their experiences and views are routinely taken into account in the planning, development and delivery of policy and services.

References

Drug Education Network. 2007 *Introduction to working effectively with alcohol and other drug issues and Participant Needs Assessment*. DEN.

Hinton, T., 2008. Managing Alcohol and Drug Issues. Social Action and Research Centre, Anglicare Tasmania. Forthcoming.

National Centre for Education and Training on Addiction, 1998. *Education and Training Programs for Frontline Professionals Responding to Drug Problems in Australia*. Summary Report. NCETA.