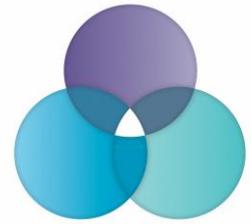


Capability and Capacity Snapshot

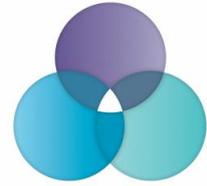
EMR mental health and alcohol and drug
catchment planning



The Capability and Capacity of the EMR Mental Health
and Alcohol and Drug Workforce with regard to the Key
Priority Areas in the Catchment Plan

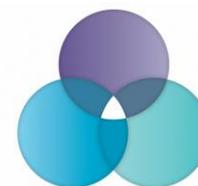
Final Report

July, 2017



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Executive Summary

A survey was conducted to compile a picture of the current capability and capacity of the community mental health services and alcohol and drug services workforce in the eastern metropolitan region in relation to the priority groups identified in the Catchment Action Plan 2017-18.

1. Aboriginal and Torres Strait Islander service users
2. Service users experiencing family violence
3. Service users with dependent children

Response to the survey

There was a good response to the survey. There were 75 respondents in total, with good representation from community mental health services (44) and AOD (25) services and dual diagnosis services (6).

Identification of, and engagement with, the priority groups

There was a strong acknowledgement of the importance of identifying and responding to the priority groups named in the Catchment Plan. Respondents were generally confident in their capability to respond to the needs of the priority groups.

Training and professional development

There is a large proportion – about 50% - of the workforce that has not participated in any training or professional development relating to the priority groups in the past three years. This is despite a large number of training providers and options.

Secondary consultation, access and referral to specialist services

A large proportion of the workforce reported that they did not have access to secondary consultation or to a specialist worker and that they did not have access to clear referral processes and pathways. This is despite identification of numerous specialist providers for all three priority groups.

Overall

The findings of this survey have been informed by the participation of a large sample of the workforce. They provide a useful snapshot of current workforce capability and capacity, and indicate a number of areas for further action.

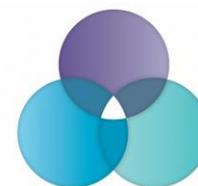
Areas identified for future action

Capability of the workforce:

- Improving the confidence of the workforce in responding to perpetrators of family violence
- Providing an adequate response to the needs of the children of service users

Capacity of the service system:

- Promotion of specialist and secondary consultation services
- Improved referral pathways and processes for accessing specialist services



1. Background

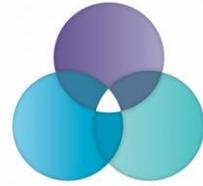
Since its inception in late 2014, the Eastern Metropolitan Region (EMR) Mental Health and Alcohol and Drug Planning Council has brought together regional stakeholders to strategically identify and respond to the service needs of community members with mental health and/or alcohol and other drugs (AOD) issues.

The Catchment Action Plan for 2017-18 outlines the various actions proposed to improve the regional service response to people with mental health and/or AOD concerns who are also Aboriginal and Torres Strait Islanders, parents with dependent children, and/or experiencing family violence.

The *Capacity and Capability Snapshot* has been undertaken with reference to actions specified in the Catchment Action Plan (as shown in Table 1). This report represents the completion and delivery of Step 1.2.2 and makes a contribution to Step 3.2.1.

Table 1: Extract from the 2017-18 Catchment Action Plan showing the steps that correlate to this report.

Domain	Action	Steps
1. Workforce capacity building and systems	<p>1.2. Build the capacity of the EMR AOD and MHCSS workforces to ensure they have the right skills and knowledge to enable timely and appropriate identification and response to:</p> <ul style="list-style-type: none"> ▪ Family violence risk ▪ Dependent children and their specific support needs ▪ Parenting needs of service users with dependent children ▪ Aboriginal and Torres Strait Islander cultural safety needs 	<p>1.2.2. Conduct a mapping exercise to understand the various types of capacity building activities (e.g. training, mentoring, etc.) that are happening across the region in AOD and MHCSS services, with regards to:</p> <ul style="list-style-type: none"> ▪ Family violence risk ▪ Dependent children and their specific support needs ▪ Parenting needs of service users with dependent children ▪ Aboriginal and Torres Strait Islander cultural safety needs
3. Cross-sectoral collaboration	<p>3.2. Establish a secondary consultation model between AOD and MHCSS and family services and family violence services</p>	<p>3.2.1. Examine various models for secondary consultation programs (including the one implemented by the Eastern Dual Diagnosis Service), and identify opportunities for collaboration and resourcing</p>

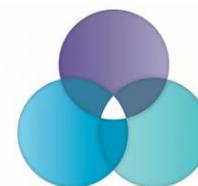


2. Aim

The purpose of the Capacity and Capability Snapshot was to gather a comprehensive picture of current workforce capability and organisational capacity to support service users who are:

- Aboriginal and Torres Strait Islanders
- Experiencing family violence
- Experiencing parenting difficulties
- Parents or guardians of children who have support needs of their own

The Snapshot is intended to be used to identify strengths and gaps in the region's current workforce capability and organisation capacity. The findings from this mapping exercise will inform the development of a regional workforce capacity building strategy to ensure that the needs of people in the priority groups above, are met in a timely, appropriate and proactive manner.



3. Methodology

All staff in Alcohol and Drug and Community Mental Health organisations were invited to complete an online survey. The invitation was distributed via email to key Planning Council contacts for all relevant organisations in the EMR. The distribution list is presented in *appendix A*.

An information sheet (*Appendix B*) was used to inform participants of the purpose of the survey and how the data would be used. A description of the survey design is provided below.

Survey results were collated and analysed by the catchment planning team at EACH and are presented in this report in chapter 4.

Survey Design

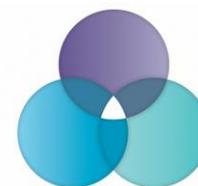
The survey was divided into five sections relating to:

1. The person responding to the survey
2. Aboriginal and Torres Strait Islander service users
3. Service users who are experiencing family violence
4. Service users with dependent children
5. Final comments

In each of the sections relating to the Catchment Planning priority groups (sections 2, 3 & 4), respondents were asked questions relating to:

- Identification of, and engagement with, the priority group
- Training and professional development
- Secondary consultation, access and referral to specialist services

The full survey design is outlined in *Appendix C*. Questions were mainly multiple choice with a number of opportunities for respondents to provide more detailed comments.



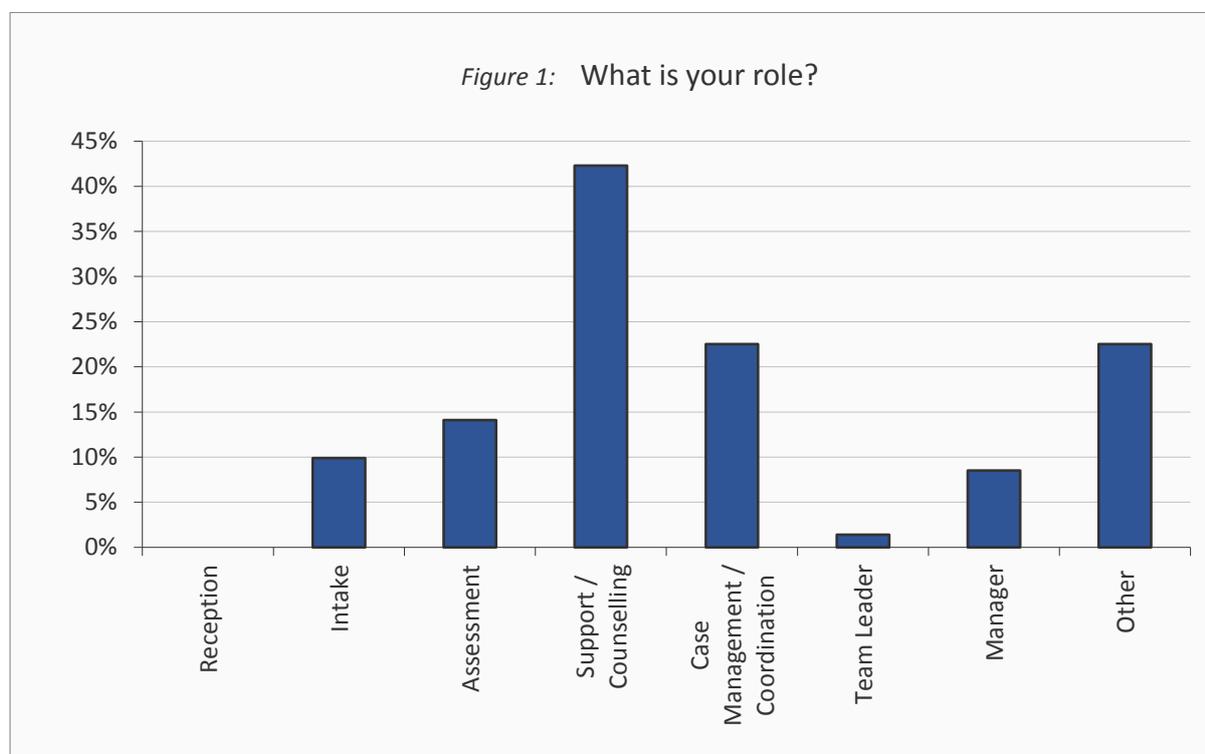
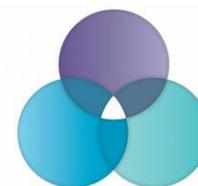
4. Survey Results

4.1 Survey Respondents

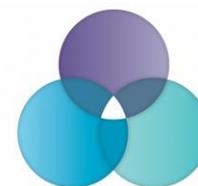
As shown in table 2 there were a total of 75 responses to the survey. Of these, 44 respondents identified as working for a community mental health service, 25 identified as working for an alcohol or drug service and 6 respondents identified as working for a dual diagnosis service.

Table 2: Composition of survey respondents

Organisation	Community Mental Health	Alcohol and Drug	Dual Diagnosis
Access Health and Community	-	4	-
Anglicare	-	2	-
EACH	24	5	3
Eastern Health	2	10	1
Inspiro	-	1	1
Link Health and Community	0	-	-
Neami	14	-	1
Prahran Mission	2	-	-
SalvoCare Eastern	-	0	-
YSAS	-	2	-
Other	2	1	-
Total	44	25	6

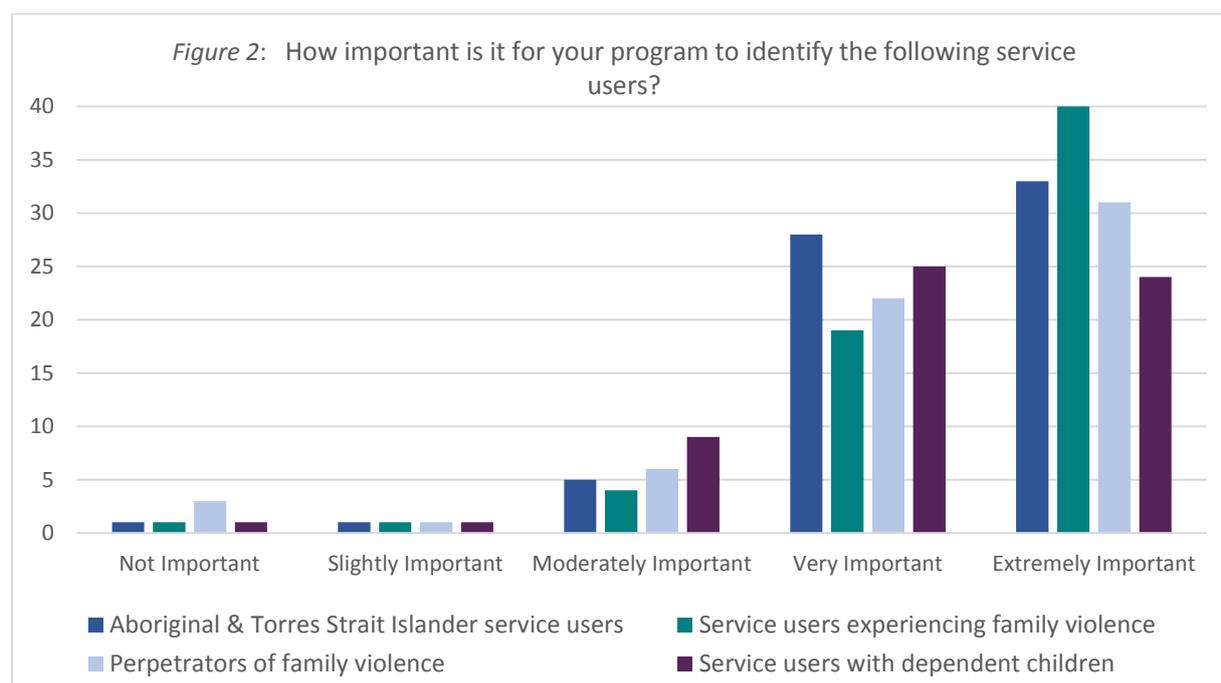


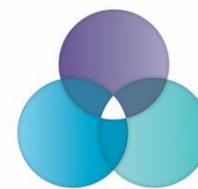
As shown in figure 1, the most common role was that of a 'support/counselling' role, followed by a 'case management/coordination' role. Six respondents were in a manager role. A significant number (16) of respondents selected 'other' for this question – 6 of these then identified as a 'support' worker and 5 identified as nurses.



4.2 Identification of, and engagement with, the priority groups

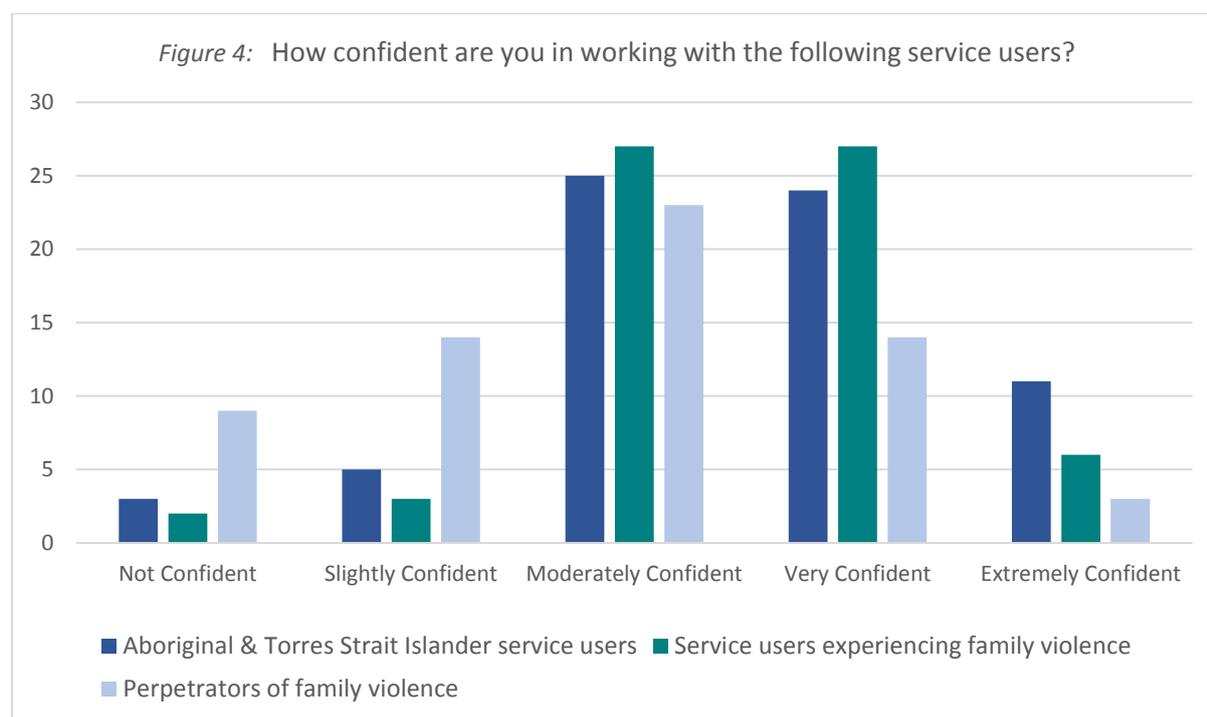
There was a clear acknowledgement that identifying service users in all of the priority groups was mostly 'very' or 'extremely' important for programs (figure 2) and for the most part, respondents reported that their programs were successful in achieving this (figure 3). Programs were considered most successful in identifying service users with dependent children and least successful in identifying perpetrators of family violence.

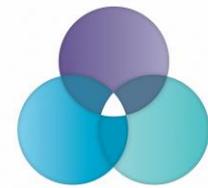




Most respondents were at least moderately confident in their capability to work with Aboriginal and Torres Strait Islander service users and service users experiencing family violence (figure 4).

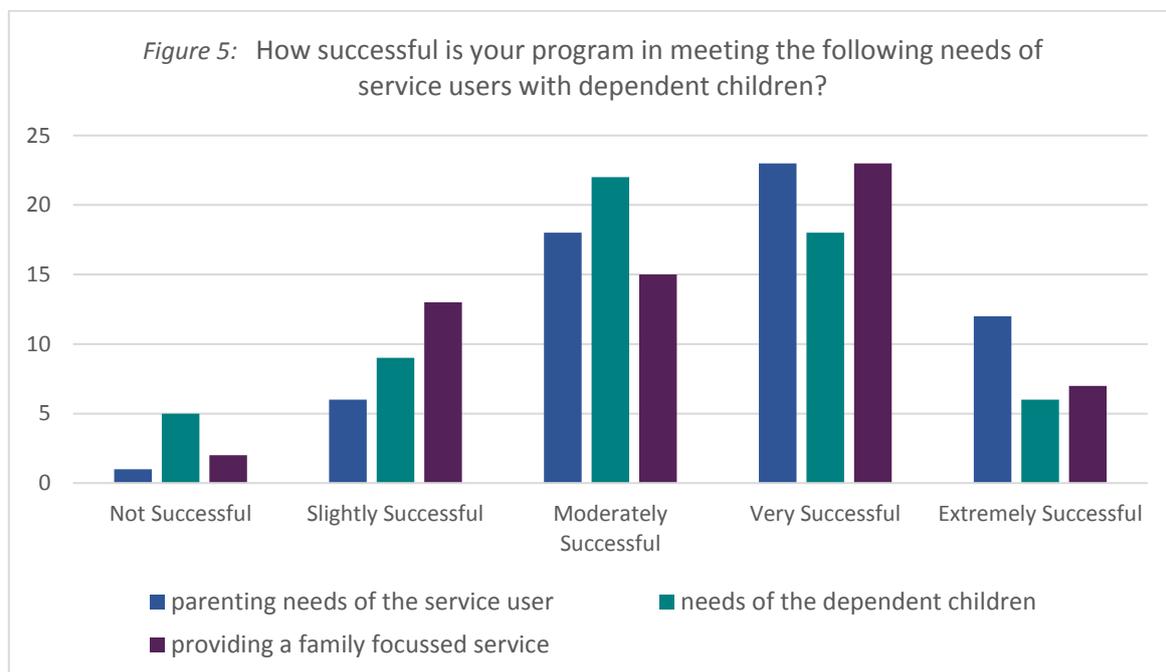
Respondents reported they were less confident in their capability to work with perpetrators of family violence.

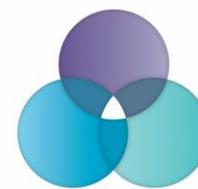




Survey participants were asked a set of three questions about how successful their program was in meeting specific needs of service users with dependent children (figure 5).

Programs were considered successful in terms of identifying and supporting the parenting needs of service users but less successful in identifying and supporting the needs of the children, themselves. There was also considerable variation in responses to how successful the program was in providing a family focused service

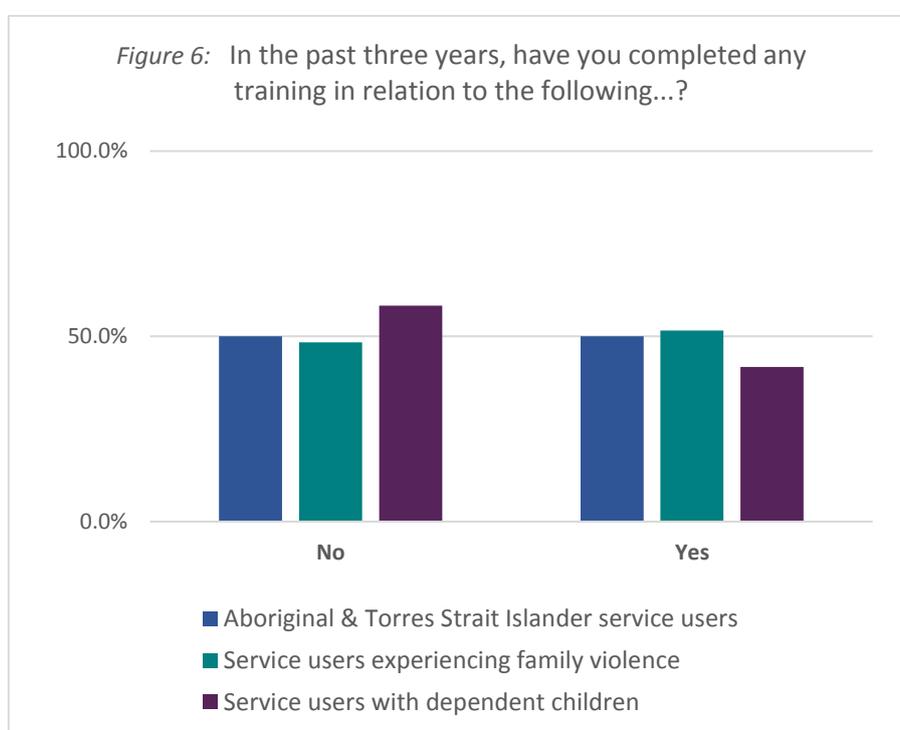


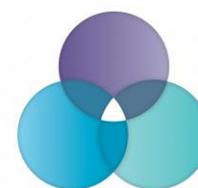


4.3 Training and professional development

In the past three years, approximately half of all respondents had undertaken some form of training and/or professional development in relation to working with the priority groups (figure 6). There was very little variation with regards to the different priority groups.

No respondents had received training in all three areas and only 10 respondents reported that they had received no training in any of the areas.





Aboriginal and Torres Strait Islander cultural competency training

Twenty one respondents were able to name the organisation which provided them with cultural competency training (table 2). A further 8 respondents reported that they had received cultural competency training, but could not recall the provider.

Table 2: Number of respondents who have completed cultural competency training

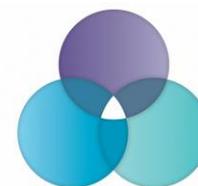
Cultural competency provider	Number of respondents
VACCHO - Victorian Aboriginal Community Controlled Health Organisation	9
Centre for Cultural Competence Australia	4
VACSAL - Victorian Aboriginal Community Services Association Ltd	3
Koori Heritage Trust	3
Victorian Aboriginal Health Service	2

Family violence training

Of those respondents who had completed family violence training in the past three years, the most common topic was identification and risk assessment, particularly the use of the Common Risk Assessment Framework (CRAF) (Table 3).

Table 3: Number of respondents who have completed family violence training with the following providers

Family violence training course	Number of respondents
Common Risk Assessment Framework (CRAF) DVRCV	23
Identifying family violence and risk DVRCV	8
Working with men who use family violence No to Violence	5
Recognising and responding appropriately to family violence - DVRCV	3
Case notes, family violence and the law DVRCV	3
Family violence hurts kids too DVRCV	1

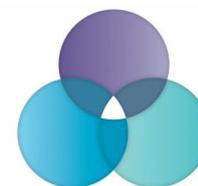


Service users with dependent children - training

Of those respondents who had completed training or professional development in the past three years in relation to service users with dependent children, the most common provider of training was the Bouverie Centre, followed by Children of Parents with a Mental Illness (COPMI) and Families where a Parent had a Mental Illness (FAPMI) (Table 4). Other providers included the Australian Childhood Foundation, the Royal Children’s Hospital and Carers Victoria.

Table 4: Number of respondents who have completed family violence training with the following providers

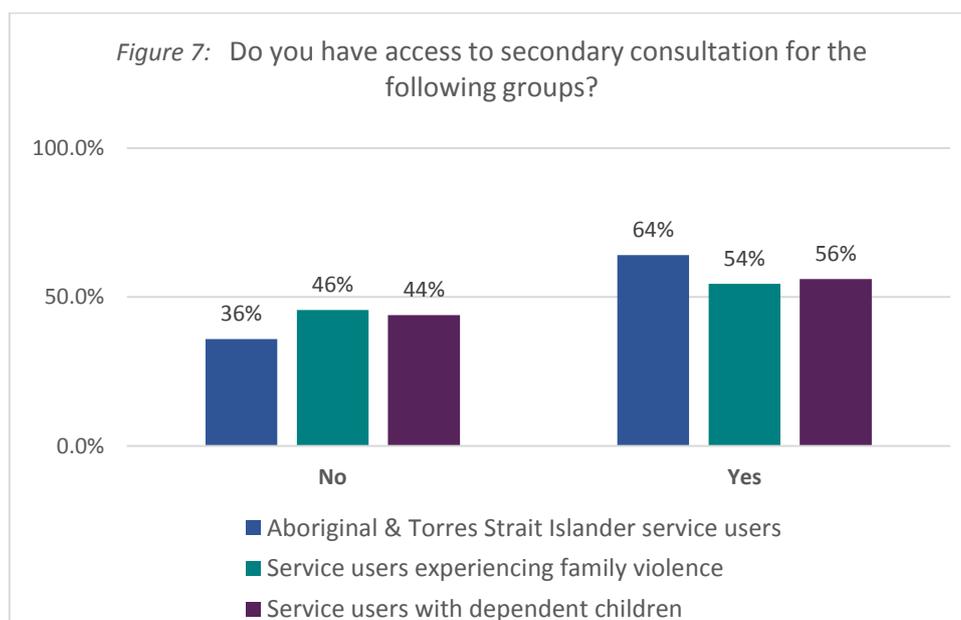
Provider	Number of respondents
Bouverie Centre	31
Children of Parents with a Mental Illness COPMI	11
Families where a Parent had a Mental Illness	7
Others	7



4.4 Secondary consultation, access and referral to specialist services

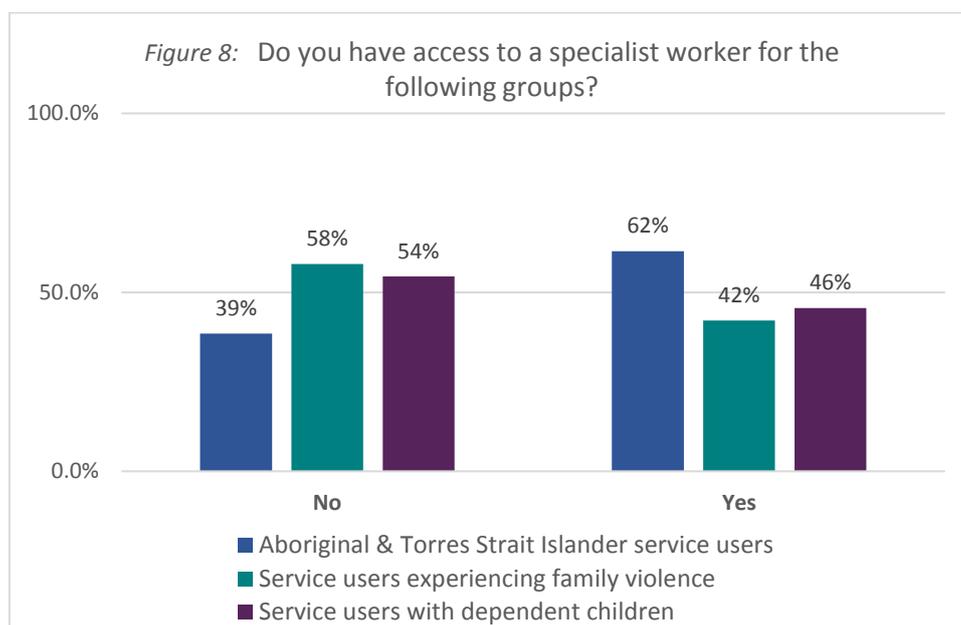
A large number of survey respondents reported they did not have access to secondary consultation (figure 7).

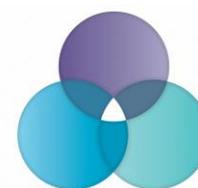
(For the purposes of this survey, secondary consultation was defined as ‘a consultation about a specific service user, from a specialist agency or service provider’)



Similarly, a large proportion said they did not have access to a specialist practitioner (figure 8).

(for the purposes of the survey, specialist practitioners were defined as practitioners who have ‘specialist knowledge of working with particular service users’)





Source of secondary consultation - Aboriginal and Torres Strait Islander service users

For Aboriginal and Torres Strait Islander service users, the most common sources of secondary consultation are shown in (Table 5).

Table 5: Percentage of respondents who access secondary consultation from the following organisations

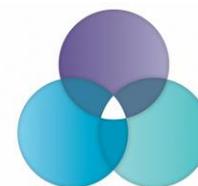
Organisation / Service	Respondents
Aboriginal Liaison Officer (internal)	65 %
Victorian Aboriginal Health Service	16 %
Ngwala Willumbong	5 %
VACCHO	5 %
Mullum Mullum Indigenous Gathering Place	5 %
Boorndawan Willam	3 %

Source of secondary consultation - service users experiencing family violence

For service users experiencing family violence, the most common sources of secondary consultation are shown in (Table 6).

Table 6: Percentage of respondents who access secondary consultation from the following organisations

Organisation / Service	Respondents
EDVOS	41 %
Colleagues	26 %
Anglicare	11 %
Safe Futures	11 %
Other	11 %



Source of secondary consultation - service users with dependent children

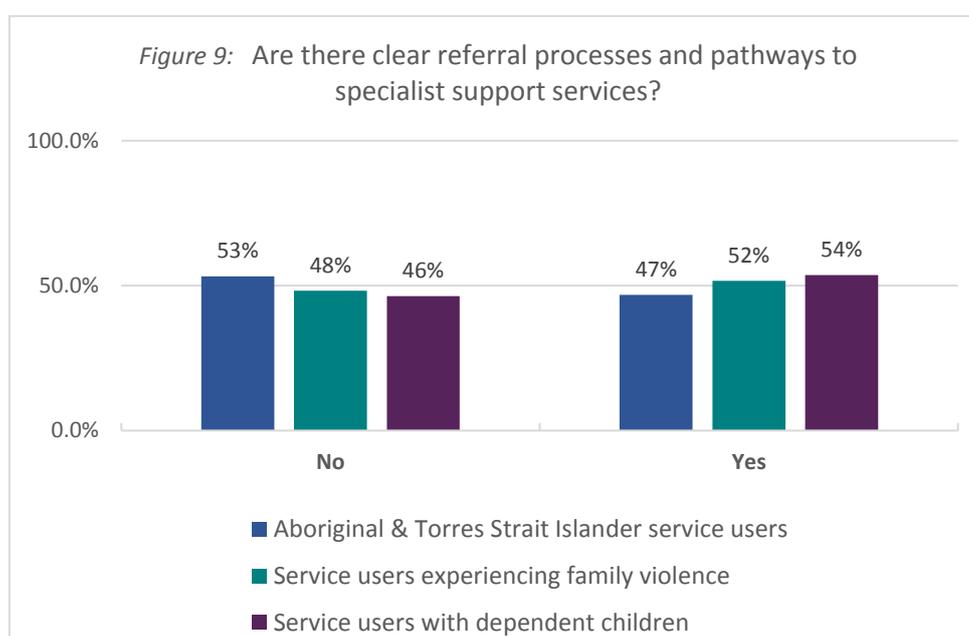
For service users with dependent children, the most common sources of secondary consultation are shown in (Table 7). There was a large number of ‘other’ services listed for this priority group, reflecting the wide ranging issues encountered by the group and a large number of diverse specialist providers.

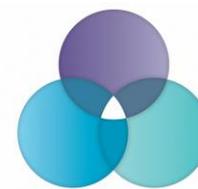
Table 7: Percentage of respondents who access secondary consultation from the following organisations

Organisation / Service	Respondents
Child FIRST / Family Services	44 %
Child Protection	13 %
Youth Services	7 %
Cradle to Kinder	7 %
Other	28 %

Referral processes and pathways

Approximately half of all respondents reported they did not have clear referral processes and pathways (figure 9). Comments indicated that these pathways, where they existed were often informal and relied on initiating contact with a specific worker (particularly in relation to Aboriginal and Torres Strait Islander service users). There were many respondents who reported being unsure of the process for making a referral.





5. Discussion

The capability and capacity survey sought to gather an overall picture of how the current community mental health and alcohol and drug workforce in the eastern metropolitan region of Melbourne responds to the key priority population groups identified in the Catchment Action Plan 2017-18:

4. Aboriginal and Torres Strait Islander service users
5. Service users experiencing family violence
6. Service users with dependent children

For the purposes of the following discussion, the term *capability* refers to how capable the workforce is in terms of individual knowledge, skill and practice, whereas the term *capacity* refers to how well the service system performs in terms of integration, collaboration and responding to need and demand.

Response to the survey

There was a good response to the survey with 75 respondents in total, representing community mental health services (44), alcohol and drug services (25) and dual diagnosis services (6). Survey respondents undertook a range of activities in their work including intake and assessment, support work, counselling, case management and program management.

Identification of, and engagement with, the priority groups

There was a strong acknowledgement of the importance of identifying and responding to the priority groups named in the Catchment Plan. For the most part, respondents indicated that programs were successful in identifying service users belonging to these priority population groups, although there were some reports that programs weren't completely successful in identifying the perpetrators of family violence

Respondents were generally confident in their capability to respond to the needs of the priority groups. The two areas, however which may require more focussed attention were:

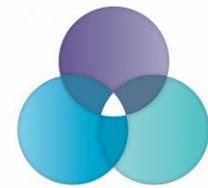
- The confidence of the workforce in responding to perpetrators of family violence
- Responding to the needs of the children of service users

Training and professional development

In relation to each priority group, there is a large proportion – about 50% - of the workforce that has not participated in any training or professional development in the past three years. This is despite there being a large number of training providers and options in each priority area.

The training and professional development opportunities on offer are largely generic in nature and not specifically designed for mental health and alcohol and drug services.

There is an opportunity to work with providers to design training that is more tailored to the needs of the workforce.



Secondary consultation, access and referral to specialist services

A large proportion of the workforce reported that they did not have access to secondary consultation and even more reported that they did not have access to a specialist worker. Similarly, a large proportion of respondents reported that they did not have access to clear referral processes and pathways.

These findings are despite the fact that a number of specialist providers for all three priority groups were identified in the survey.

This suggests that there needs to be more work done in this area to:

- promote specialist and secondary consultation services
- clarify the services offered and the circumstances in which these services should be accessed, and
- formalise access pathways and processes.

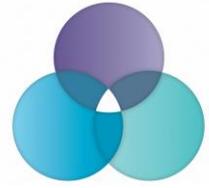
Overall

Overall, the survey findings show that there is very little difference in workforce capability and capacity between the priority population groups. There are, at least, two possible explanations for this finding.

1. The factors that determine workforce capability and capacity are more general in nature and that the results of this survey reflect a larger over-arching pattern
2. The factors that determine workforce capability and capacity are specific and common to the three priority groups, reflecting their status as key priority areas in the Catchment Plan.

The extent to which of these explanations is the more accurate will likely determine the approach taken to address the gaps and opportunities identified in this survey.

However, regardless of how the findings of this survey are explained, they have been informed by the participation of a large sample of the workforce and therefore provide a useful snapshot of current workforce capability and capacity, and indicate a number of areas for further investigation and development as the Catchment Action Plan 2017-18 is delivered.

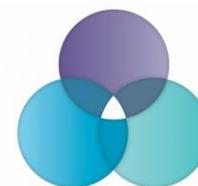


Appendix

Appendix A: Survey Distribution List

Appendix B: Survey Information Sheet

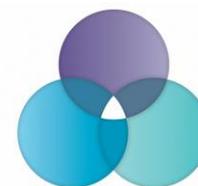
Appendix C: Survey Questions



Appendix A

Survey Distribution List

Organisation	Name	Contact
EACH	Bernie Durkin	bdurkin@EACH.com.au
	Michael Jansen	mjanssen@each.com.au
Anglicare	Paul McDonald	paul.mcdonald@anglicarevic.org.au
YSAS	Andrew Bruun	abruun@ysas.org.au
Eastern Health	Barbara Kelly	Barbara.Kelly@easternhealth.org.au
	Anthony Denham	AnthonyD@turningpoint.org.au
Link Health and Community	Philip Moran	pmoran@linkhc.org.au
	Carmel Fox	cfox@linkhc.org.au
Inspiro	Karyn McPeake	Karyn.McPeake@inspiro.org.au
Access Health and Community	Tamsin Short	tamsin.short@accesshc.org.au
Neami	Peter Warden	peter.warden@neaminational.org.au
Pahran Mission	Silvia Alberti	silvia.alberti@pahranmission.org.au
	Janet Charalambakis	janet@pahranmission.org.au



Appendix B

Survey Information Sheet

What is the purpose of this survey?

This survey aims to gather a comprehensive snapshot of the eastern metropolitan region (EMR) mental health and alcohol and drug workforce.

In particular, the workforce's capability and capacity to identify and respond to service users who are:

- Aboriginal and Torres Strait Islanders
- Experiencing family violence
- Parents with dependent children

Who is conducting this survey?

The survey is being conducted on behalf of the EMR Mental Health and Alcohol and Drug Planning Council. The Council has identified the above groups of service users as key priority areas in their 2017-18 Action Plan.

Who should complete the survey?

The survey should be completed by all staff who work for a community-based mental health service, or an alcohol and drug service, in the EMR. This includes front-line staff, practitioners, team leaders and managers.

What will I be asked?

The survey asks a number of questions about each of the above priority areas including: how you identify and support these service users, the training you have received, and the ways in which your organisation supports your practice.

How long does the survey take to complete?

Allow 10 to 15 minutes.

How will the survey data be used?

The data will be used to identify strengths and gaps in the region's service system.

The findings will inform the development of a regional workforce capacity building strategy to ensure the needs of the priority groups are met in a timely, appropriate and proactive manner.

Is the survey anonymous?

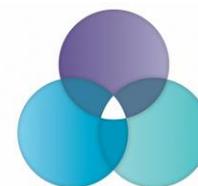
Survey responses are anonymous.

You will, however, be asked to identify the agency you work for. This information assists with analysing the data, but will not be published in any publicly available reports.

Who can I contact?

For more information, please contact the Catchment Planning Team

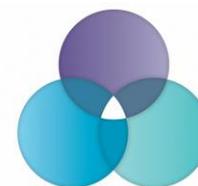
Catchmentplanning@each.com.au



Appendix C

Survey Questions

Section	Question
About you...	What type of program/service do you work in?
	Which organisation do you work for?
	What is your role?
Aboriginal and Torres Strait Islander Service Users	How important is it for your program/service to accurately identify Aboriginal and Torres Strait Islander service users?
	How successful is your program/service in identifying Aboriginal and Torres Strait Islander service users?
	How confident are you working with Aboriginal and Torres Strait Islander service users?
	Do you have any additional comments on the above questions?
	What I know about working with Aboriginal and Torres Strait Islander service users, I have mostly learned from...
	In the past 3 years, have you completed any training or professional development on working with Aboriginal and Torres Strait Islander service users?
	Have you completed any Cultural Competence Training?
	In your work with Aboriginal and Torres Strait Islander service users, do you have access to secondary consultation?
	In your work with Aboriginal and Torres Strait Islander service users, do you have access to specialist practitioners?
	Do you have clear referral processes and pathways to access specialist Aboriginal and Torres Strait Islander support services?
Service users experiencing family violence	How important is it for your program/service to identify service users who are experiencing family violence?
	How successful is your program/service in identifying service users who are experiencing family violence?
	How confident are you in working with service users who are experiencing family violence?
	How important is it for your program/service to identify service users who are perpetrators of family violence?
	How successful is your program/service in identifying service users who are perpetrators of family violence?
	How confident are you working with service users who are perpetrators of family violence?



	<p>Do you have any additional comments on the above questions?</p> <p>What I know about working with service users experiencing family violence, I have mostly learned from...</p> <p>In the past 3 years, have you completed training or professional development on the following topics?</p> <p>In your work with service users experiencing family violence, do you have access to secondary consultation?</p> <p>In your work with service users experiencing family violence, do you have access to specialist workers?</p> <p>Do you have clear referral processes and pathways to access specialist family violence support services?</p>
Service users with dependent children	<p>How important is it for your program/service to identify service users who have dependent children?</p> <p>How successful is your program/service in identifying service users who have dependent children?</p> <p>How successful is your program/service in identifying the parenting needs of service users with dependent children?</p> <p>How successful is your program/service in identifying and supporting the needs of the dependent children of service users?</p> <p>How successful is your current program/service in providing a family-focused/family-inclusive service?</p> <p>Do you have any additional comments on the above questions?</p> <p>What I know about working with service users with dependent children, I have mostly learned from...</p> <p>In the past 3 years, have you completed any training or professional development on family-focused/family inclusive practice?</p> <p>In your work with service users with dependent children, do you have access to secondary consultation?</p> <p>In your work with service users with dependent children, do you have access to specialist workers?</p> <p>Do you have clear referral processes and pathways to specialist child and family support services?</p>
Final comments	<p>Do you wish to make any further comments on workforce capability and capacity in relation to the following priority groups?</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islanders • Service users experiencing family violence • Service users with dependent children

