

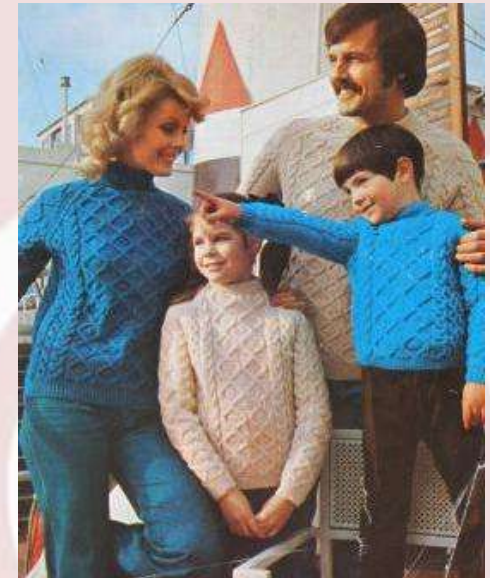
# **Building the capacity of non government drug and alcohol services to work with families**

**Presented by:**      **Robert Stirling (NADA)**  
**Linda Jackson (Triple Care Farm)**  
**Brendan McCorry (The Peppers)**

**NADA**  
network of alcohol & other drugs agencies

# *What we're going to cover today ...*

- Project background and rationale
- Challenges for services
- NADA's strategy for building capacity
- Case studies
  - Triple Care Farm
  - The Peppers
- The outcomes and the future



# Who is NADA?

- Peak organisation for non government drug and alcohol service in NSW
- Over 100 member organisations
- Services provided by members include:
  - Health promotion and education
  - Residential rehabilitation programs
  - Counselling programs
  - Detoxifications and withdrawal services
  - Outreach

# *Background*

*“A new direction in Mental Health”*



Aim: to improve the support offered to the families and carers of clients with mental illness that are accessing non government drug and alcohol services.

# Why engage with families?

Copello and Orford (2002) proposed that an increased emphasis on the role of families and wider social networks in routine service provision can:

- (i) assist in getting clients into treatment;
- (ii) improve both substance related outcomes and family functioning; and
- (iii) lead to the reduction of impacts and harm for family members and others affected, including children.

# Consultation

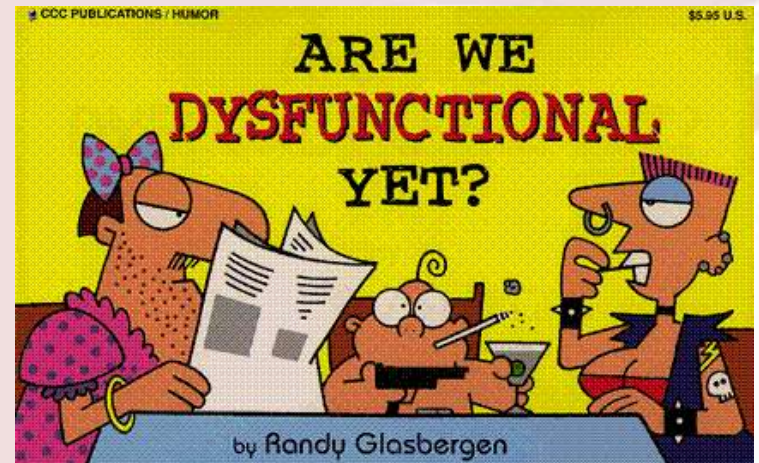
## Key findings

- The definition of family was broad.
- 52% of agencies considered their service to be family inclusive.
- 33% of agencies had a policy/strategy for engaging with families.
- 43% had no relationship with family support services.
- 6% always provided referrals to family support services.

Number of agencies: 33

# Challenges

- Geographical location
- Resources
- Staff confidence
- Competing priorities
- Legal issues
- Promotion
- Attitudes (family & service)



# NADA's strategy for building capacity

- Toolkit
- Workshops / Training
- Grants Program
- Support



# Tools for Change:

*A new way of working with families and carers*

## Includes:

- Service models
- Interventions
- Practice tips
- Resources
- CD-Rom



# Workshops

## Working with families & carers

- Explored the why, what & how of family inclusion
- Family members experiences of services
- Strategies to increase family inclusiveness
- Panel discussion – what services are already doing

# Training

## Single session work with families

- Expression of interest process
- Eight services involved
- 2 days face-to-face training
- 1 day booster session
- Monthly meetings to discuss implementation

# Grants Program

22 services received grants


Introduction to working with family and carers

*for services that currently do not, or have little engagement with family and carers*

Effective engagement with family and carers

*for services that already have strategies to engage and support family and carers but would like to increase their capacity to engage more effectively*

# Types of projects funded

- Education & support programs
  - Resources
  - Staff training
  - Accommodation & travel assistance
  - Research
- 

# CASE STUDY



# Family and Carer Program Triple Care Farm



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# BEFORE FAMILY CARER

July-December  
2008



In this period at the time of placement we had:

- 86% of students in stable accommodation on placement
- 32% of students in training and education
- 49% of students in employment



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# BEFORE FAMILY CARER

Jan – June 2009



In this period at the time of placement we had:

- 88.4% of students in stable accommodation
- 16.3% of students in training and education
- 25.6% of students in employment



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# DURING FAMILY CARER

July – December  
2009

On placement in this period  
we had:

- 100% of students in stable accommodation
- 27% of students in training and education
- 51% of students in employment



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# DURING FAMILY CARER

January – June  
2010



In this period we had:

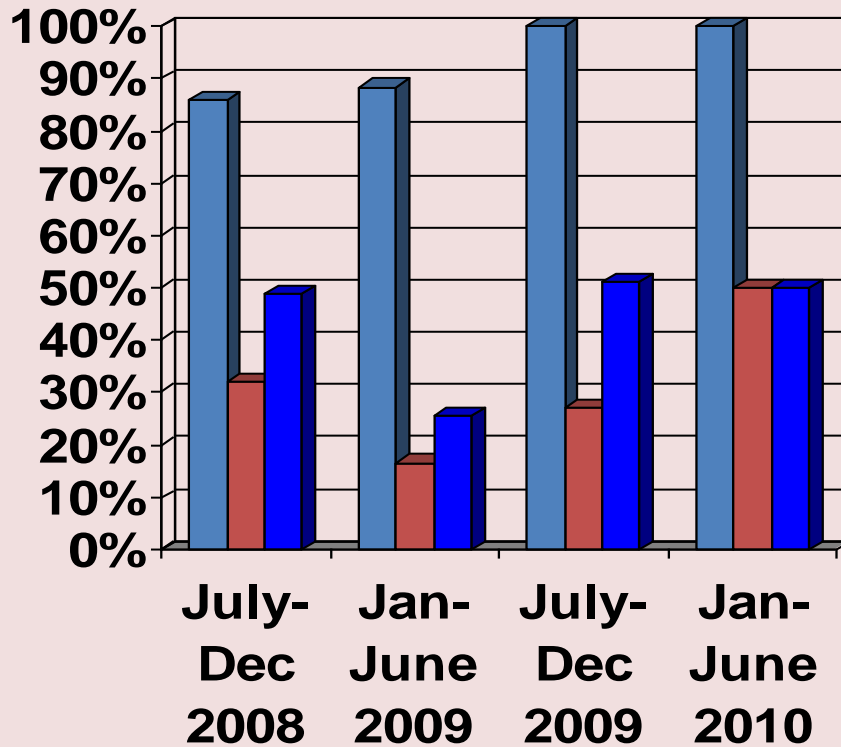
- 100% of students in stable accommodation
- 50% in training and education
- 50% in employment



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# Snapshot



# CHALLENGES



We did however come across some challenges with the program.

They included:

- Recruitment
- Location
- Transport
- Weekday accessibility
- Uptake from families, referring them and them not following through



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# HIGHLIGHTS



- Developing a working relationship with Family Drug Support.
- Sharing training opportunities with Neami, Schizophrenia Fellowship and ARAFMI

# HIGHLIGHTS



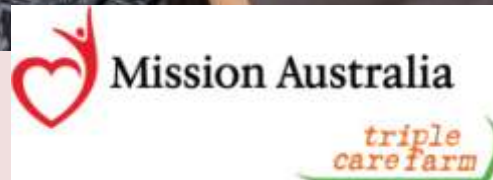
- Staff from other services attended our Open Days
- The Headspace MOU provides continued support for young people exiting TCF, alleviating pressure on families to be sole supporters of the young person.



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# Case Study



# CASE STUDY



Calvary Health Care Riverina

Alcohol and Other Drug Services

The Peppers

**The Peppers**

*Calvary Health Care Riverina*



THE FAMILY AND CARERS PROJECT:

EDUCATION GROUPS FOR FAMILIES AND  
CARERS



# The Peppers

*Calvary Health Care Riverina*



PEPPERS IN PROVIDING SERVICES TO FAMILIES AND CARERS FORMED A PARTNERSHIP WITH THE FOLLOWING MENTAL HEALTH SERVICES AT WAGGA WAGGA

- RICHMOND FELLOWSHIP
- CARERS ASSIST
- CATHOLIC HEALTHCARE WAGGA
- GREATER SOUTHERN AREA HEALTH SERVICE MENTAL HEALTH WAGGA.



# The Peppers

*Calvary Health Care Riverina*



The partnership model was adopted as both services had

- ✓ common client group. Clients who had both problems with mental health and substance abuse
- ✓ both services had different skills/knowledge that would contribute to a useful group education / support program for families & carers of people with mental health and drug and or alcohol related
- ✓ by working together it was hoped that staff at both services would increase their knowledge and understanding of services provided by each of the partner agencies.
- ✓ That families and carers of clients with both mental health and substance abuse would receive support and appropriate referrals from services involved in the partnership for both mental health and substance abuse problems.
- ✓ Allowed resource sharing to reduce the burden of service delivery falling on anyone agency

# The Peppers

*Calvary Health Care Riverina*



The creation of the partnership was a lot less complicated than envisaged. Everyone involved in the partnership were enthusiastic about being able to provide a service to family and carers of individuals with mental illnesses and drug and alcohol issues. The enthusiasm and energy of the partnership made the organisation and delivery of the project easier. Further the energy of the project allowed the partnership to overcome challenges as they arose.

- Combined training of staff from the partnership increased networking among the agencies involved
- Increased sharing of knowledge and skills
- Increased the understanding of the way each service operated
- Sharing of resources and training opportunities This sharing occurred outside the training directly related to the project
- For CAODS staff enjoyed the challenge of shifting the focus from the individual to include the whole family and or carers.
- Partnership is committed to providing ongoing work with families and carers.
- The partnership moved to explore other joint projects involving service delivery

# The Peppers

*Calvary Health Care Riverina*



- Agencies from the partnership agreed to and participated in weekly meetings at the commencement of the project to plan the project , organise the training and deliver the groups to family and carers
- The consortium worked with ARAFEMI Victoria to develop a tailored 4-day dual diagnosis training workshop to train workers as facilitators and train the trainers. 32 staff members from across five organisations and 3 carers participated in the training.
- Single Session Family Therapy 2-day workshop conducted by the Bouverie Centre. 18 staff members participated in the training.
- Advertising/promotion of the Family & Carers education group conducted, included radio, Television and Newspaper.
- Launch morning tea held with local service providers in the wagga community to promote the project with 40 people in attendance.
- First carers group conducted in the wagga community and facilitated over 8 weeks.
- Group evaluated and modifications made to original group format

# The Peppers

*Calvary Health Care Riverina*



- Advertising for second group program conducted. No response from local community. Decision made to provide the group in a two day work shop format in the rural township of Young, NSW
- Young was chosen to provide carer and family support groups as there was strong interest expressed in wanting the training
- 22 carers participated in the training in Young over 2 full days
- All carers provided with handouts and resources sourced through NADA funding
- All consortium members were provided with additional professional development resources to further enhance capability to effectively support individuals who experience dual diagnosis and their carers/family members.
- Program/project evaluation
- Consortium held meeting to determine future planning and consortium goals.

# The Peppers

*Calvary Health Care Riverina*



- While the first group program offered received numerous enquiries the second group received no responses from the Wagga community.
- The Mental health agencies of the partnership identified a number of smaller communities Who were extremely interested in attending the group program. In consultation with these Communities it was identified that at a minimum 20 + family and or carers were interested in attending.
- The original 9 week program was adapted to a 2 , 1 day workshops  
This was a successful format



## Some surprises

- **The demand for the family and carers group in communities outside of Wagga.**
- It was interesting to note the demand from smaller centres outside the wagga city. Also that once the decision was made to offer the group program outside wagga in Young that other towns also expressed an interest in having the group format.
- **The difficulty in attracting family and carers on an ongoing basis in Wagga which has a population of 65,000 people +**
- It was assumed that Wagga would have enough families and carers to make the group ongoing. It was surprising that after the initial strong interest from local families and carers that there were no families or carers expressing an interest in the second family group.
- **The partnership sharing resources and opportunities outside the project for example inviting staff to each agencies training opportunities. Peppers invited staff from the partnership to the No Bars Training. The other agencies invited Peppers staff to mental health training**
- The evolution of the partnership to share resources beyond what was needed was a great development. This included not only co operation and sharing around training but also exploration of other joint projects and the submission of a funding



## **The benefits off the partnership**

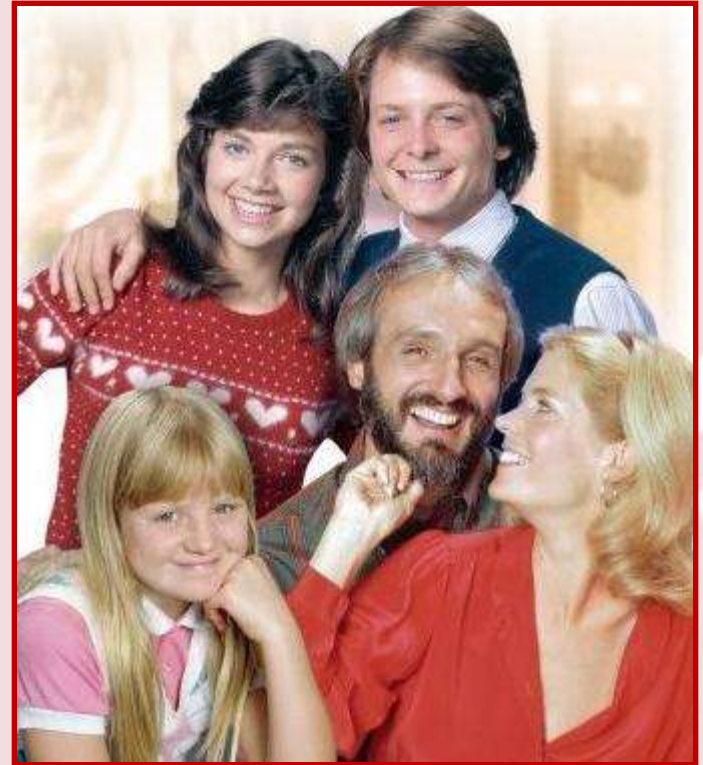
1. Resource sharing
2. Cross skilling of staff
3. Up skilling of staff
4. Reduced workload
5. Increased understanding of the families and carers experience
6. Increased understanding of family and carers needs
7. Increased confidence to work with family and carers
8. Can do approach to getting problems resolved
9. Other joint ventures
10. Increased opportunity for continuing the project and exploring opportunities for other joint service delivery.

# Outcomes

- Families and carers are being supported
- Effective referrals
- Strong partnerships
- Services and their staff are supported

# Towards the future

- Ongoing support
- Evaluation
- Sustainability



*Call it a clan, call it a network, call it a tribe, call it a family. Whatever you call it, whoever you are, you need one."*

*- Jane Howard*



# Thank you

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