



Drug and Alcohol Office  
Government of Western Australia



Dr Brian Gordon  
Principal Research Officer  
Community Development and Justice Standing Committee  
Legislative Assembly  
Parliament House  
PERTH WA 6000

Dear Dr Gordon

### **SUBMISSION TO THE INQUIRY INTO COLLABORATIVE APPROACHES IN GOVERNMENT**

The Drug and Alcohol Office (DAO) is pleased to provide a submission to the Inquiry into Collaborative Approaches in Government being undertaken by the Community Development and Justice Standing Committee.

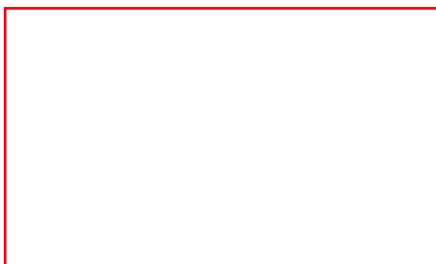
Collaboration and partnership are an integral part of DAO's strategic approach to addressing government priorities and community issues in relation to alcohol and drug use.

DAO fosters and facilitates a broad range of relationships for a variety of purposes. A number of these strategies and the factors that make them successful have been provided as examples in the submission. Inherent in these, is acknowledgement that the difficulties associated with improving service collaboration and integration are regarded not as barriers but as challenges that are to be resolved to achieve good outcomes.

Should you require further information regarding any of these strategies, please contact

I look forward to receiving the outcomes of the Inquiry.

Yours sincerely



31 March 2008



# DRUG AND ALCOHOL OFFICE

## SUBMISSION TO THE INQUIRY INTO COLLABORATIVE APPROACHES IN GOVERNMENT BY THE COMMUNITY DEVELOPMENT AND JUSTICE STANDING COMMITTEE

MARCH 2008

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### **Background**

The Drug and Alcohol Office (DAO) is the lead government agency responsible for alcohol and other drug (AOD) strategies and services in Western Australia (WA). DAO provides or contracts a statewide network of services relating to treatment, prevention, professional education and training, and research activities.

DAO coordinates whole-of-government policies and strategies in conjunction with state and commonwealth agencies including implementation of the *WA Drug and Alcohol Strategy 2005-2009* and works closely with the non-government sector and community to ensure the ongoing implementation of appropriate programs and services.

DAO aims to provide effective, integrated and coordinated services and programs of a high quality. This is achieved in part, through its development and maintenance of strong partnerships with other government departments, the non-government sector and community.

The majority of issues in the community, including AOD related problems require a range of responses from different organisations and DAO is committed to a coordinated and collaborative approach.

### **Importance of partnerships**

Partnerships are identified as a major part of collaborative systems of governance and approaches to joined-up working in government. Effective partnerships are critical to the success of achieving government policy outcomes and creating more integrated and localised solutions to problems.

Such an approach can provide better and more integrated care for clients, avoid duplication and wasted resources, provide economies of scale and improve the credibility and quality of work.

Developing partnerships and working collaboratively is a complex process and there are a number of factors that contribute to its success. What works depends on many variables and different approaches are required for different purposes, situations and contexts.

The following are some examples of the variety of partnerships DAO is involved in and key elements to their success. Challenges and barriers identified in a 2004 research study of DAO partnerships are also presented.

## 1) WHOLE OF GOVERNMENT APPROACH

### **The WA Drug and Alcohol Strategy 2005-2009 Senior Officers Group**

The purpose of the Senior Officers' Group is to provide a whole-of-government approach to addressing AOD issues within WA in line with the Western Australian Drug and Alcohol Strategy (WADAS) which provides a broad strategic framework for addressing issues relating to AOD use in WA.

The group is chaired by DAO and consists of senior representatives from a range of key government departments including

- Department of Community Development
- Department of Education and Training (including SDERA)
- Department of Health
- Department of Housing and Works
- Department of Indigenous Affairs
- Department of Corrective Services
- Department of Local Government and Regional Development
- Department of the Premier and Cabinet (including Office of Road Safety; Office of Crime Prevention)
- Department of Racing Gaming and Liquor
- Western Australia Police.

The key functions and responsibilities of SOG are to:

- a. Work across government to comprehensively address drug and alcohol issues in WA.
- b. Form collaborative working relationships with stakeholders and share relevant information with other SOG members.
- c. Enable high-level, across government advice and guidance for shared AOD issues.
- d. Develop, coordinate and monitor agency activities in support of WADAS.
- e. Collate information for the WADAS annual report.
- f. Highlight areas for future focus of activity.

### **Success factors**

- Structure of the group reflects the determinants of alcohol and drug use
- Seniority of members enables decision making at a strategic level
- Provides a forum for open information sharing between agencies
- Executive support is provided to ensure coordination of tasks, communication and secretarial support
- Terms of Reference outline agreed roles, responsibilities, expectations and accountability
- Supported by overarching policy environment and strategic priorities of each organisation
- Mutual gains exist for all agencies involved
- A feasible schedule of meetings and reporting expectations outlined in advance to ensure understanding of level of commitment required
- Reporting requirements provide a structure for agencies to achieve objectives

- A collaborative decision-making process is used with a commitment to achieving consensus
- Adequate organisational capacity is available from each agency
- Regular reflection, learning and review is conducted
  - Members are committed to attending meetings and communicate any decisions made to staff in their own organisations
  - Members encourage commitment within their own agency to the AOD agenda.
  - Active commitment by members to foster an environment that is open to new ideas and different perspectives and where diverse opinions are welcome
  - Members provide support to other agencies as appropriate

As a result of the collaborative working relationship achieved through SOG, better bilateral relationships have been fostered with each agency and additional opportunities for partnership approaches have been identified. These include participation on other agencies Senior Officers Groups (e.g Strong Families Monitoring Group) and provide the opportunity to practically respond to issues at the local level.

## **2) PARTNERSHIPS WITH RURAL COMMUNITIES**

DAO provides state-wide service delivery and recognises that regional, rural and remote communities face particular challenges. DAO endeavours to foster formal links with regional areas to ensure an understanding of regional issues is used in planning and decision making.

### **Fitzroy Crossing Alcohol and Other Drug Management Committee**

The Fitzroy Crossing Alcohol and Other Drug Management Committee was established in October 2007 to focus on issues related to excessive AOD use, and includes representatives from WA Police, DAO, WA Country Health Services, Department of Communities, and local non-government organisations Nindilingarri Cultural Health Services, Marninwarntikura Women's Resource Centre, and Kimberley Aboriginal Law and Culture Committee.

The purpose of the group is to ensure that the implementation of activities designed to address AOD issues are done so in a strategic, integrated and coordinated manner to the greatest benefit of the community.

The committee provides the Fitzroy Valley communities with a single voice when addressing AOD issues, aims to reduce duplication of services and resources and provides a single point of entry for outside agencies and groups.

### **Success factors**

- Partnership emerged out of a recognised need and was community driven
- Mutuality of aims and main objectives by all parties involved
- Recognition of the advantages of collaboration over individual approaches
- Commitment to ensuring resources and services not duplicated
- Clear priorities and strategic direction have been established through development of Terms of Reference

- Commitment and willingness by all involved to achieve outcomes and be open to suggestions to improve services
- Respect and trust established between different interests and recognition and validation of experience fostered
- Provide knowledge and share information within the group and with the people they represent
- Clear boundaries have been established between activities of the partnership and those of the organisations involved and what the committee is or is not
- Process for managing difficulties developed
- Establishment of strong connections with the community enable responsiveness to changing needs
- Recognition and consideration of geographic boundaries and limitations
- Consultation and strategies to keep the broader community informed are utilised
- Clear roles for members identified and include a chairperson and a coordinator to lead and facilitate meetings.

### **3) INTEGRATED APPROACH USING LEGISLATIVE, ORGANISATIONAL AND ENVIRONMENTAL INITIATIVES**

#### **Alcohol Accords**

Alcohol accords are local voluntary agreements between licensees, police, Local Governments, health and community representatives that focus on minimising and preventing alcohol-related problems in the community.

The specific roles and responsibilities of partners under an Accord are dependant on the circumstances, setting and resources available.

#### **Success elements**

- Agreement is born from recognition that a partnership approach is more effective than relying on one individual strategy to achieve success
- Shared mandate and agenda identified between organisations involved are consistent with priorities of each
- Established processes encourage accountability and self regulation and build collaboration and cooperation
- Accord agreement is complementary to relevant policies and plans
- Realistic expectations for outcomes are set (for example acknowledgement that the Accords operate as one part of a range of strategies to reduce alcohol problems).
- Strategic planning and annual reporting tools ensure the agreements remain practical and action oriented, with a focus on setting realistic goals
- Clear plans and roles and responsibilities are outlined
- There is commitment to a focus on sustainability of outcomes and maintaining involvement in the partnership
- Provision of administrative or other in-kind support where possible assists management and delivery of outcomes
- Reporting processes are maintained through regular meetings, information sharing and data collection to inform the development of initiatives
- Other stakeholders are engaged through monitoring and review to ensure actions are effective

- Continual information provided to the executive of the organisations involved on the purpose of the accord and progress made
- Adequate time allowed to build the partnership and gain trust of partners.

#### **4) PARTNERSHIPS WITH UNIVERSITIES**

DAO has established partnerships with 3 of the leading WA universities – University of WA, Curtin University and Murdoch University for a variety of research and learning purposes including clinical placements, joint conferences and teaching supervision of postgraduate students.

##### **Curtin University**

Partnerships with Curtin University include

- Joint appointment of an adjunct professor to undertake supervision of students, conduct collaborative, externally funded research, develop education modules, review and incorporate relevant research in teaching material and assist academics with issues in relation to research on AOD issues.
- Volunteer addiction counsellor training program has been running since 1989 as a joint project between DAO and the School of Psychology at Curtin. The program focuses on: selection, training, placement and supervision of volunteer counsellors to respond to the immediate and long-term needs of clients with alcohol and other drug-related problems.
- Joint board representation between the National Drug Research Institute and DAO to work collaboratively on research and prevention initiatives.

##### **Success factors**

- Recognition by both organisations of the value of a strategic partnership
- Agreed mutual benefits including ongoing sustainability and appropriateness of information
- Development of a shared vision of what might be achieved and commitment of key interests through a clear and open process
- Development of compatible ways of working, and flexibility
- Good communication
- Acknowledgement that benefit of participation in the partnership outweighs the barriers.

#### **5) BILATERAL AGREEMENT**

##### **Bilateral Agreement on Indigenous Affairs 2006-2010**

The Commonwealth and Western Australian Governments, through the Bilateral Agreement on Indigenous Affairs 2006-2010 (the Agreement), have committed to work together on a range of issues central to improving social, economic and cultural outcomes for Indigenous West Australians.

The Agreement contains three priority areas: Early childhood, Safer communities and Building Indigenous wealth, employment and entrepreneurial culture. Flowing from the three priorities are six key outcome areas that include:

- Law and order and safe places for people
- Skills, jobs and opportunities

- Healthy and strong people
- Sustainable environmental health and infrastructure
- Land, sea and culture
- Strong leadership and governance.

#### **Success factors**

- Agreed benefits and efficiencies associated with the adoption of the Agreement by both Governments
- Charter developed that sets out the governance arrangements for the Agreement
- Clearly defined accountabilities of the various parties with an emphasis on shared responsibility
- Monitoring and reporting requirements established that assist with the performance management of the Agreement
- Principles, priorities and key outcome areas are clearly identified and are consistent with National policy
- Ministerial leadership and membership by senior officers with capacity to make decisions
- Regular and agreed meeting schedule and coordination by appropriate agency
- A Senior Officer Group (SOG) established to progress actions against each of the Agreement's key outcome areas
- Processes for two-way communication between the Bilateral Agreement governance structures and regional staff of both State and Commonwealth agencies articulated
- Action plans developed for partners key outcome areas
- Agreed set of performance indicators to assess outcomes developed
- Quarterly monitoring of the progress of actions
- Effectiveness of collaborative processes regularly assessed through examination of issues such as:
  - Joint planning and administrative arrangements including frequency of meetings; level of representation by each government; degree of involvement in key decisions affecting Bilateral Agreement implementation
  - commitment to Information sharing and reporting
  - dispute resolution process.

## **6) STRATEGIC CROSS GOVERNMENT PARTNERSHIP**

### **Partnership between the Office of Aboriginal Health (OAH), Office for Aboriginal and Torres Strait Islander Health (OATSIH) and DAO**

The Office of Aboriginal Health (OAH), the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and DAO commenced a partnership in 2004 to work in a strategic and coordinated manner in reviewing, planning and funding AOD programs for Aboriginal and Torres Strait Islanders in WA.

Through the partnership, the agencies agree to:

- work in a strategic and coordinated manner in reviewing, planning and funding drug and alcohol programs that service predominantly Aboriginal people in Western Australia (WA);

- ensure that drug and alcohol program development and delivery is based upon current evidence based practice that is culturally secure, cost effective and sustainable;
- work collaboratively to improve the quality of drug and alcohol services for Aboriginal people provided by Aboriginal Community Controlled Organisations, Non-Government Organisations (NGOs) and Government funded services in WA;
- work collaboratively to develop the Aboriginal and non-Aboriginal drug and alcohol workforce in WA to better address to the alcohol and other drug related health issues of Aboriginal people; and
- assist funded organisations to work in a coordinated and collaborative manner to better support individual drug and alcohol workers, and to improve resource sharing within the sector.

Due to the positive outcomes gained from the partnership since it's inception, an Agreement has continued to be signed each year by the agencies since commencement.

### **Success factors**

- Regular meetings are held to discuss any issues relevant to the focus of the partnership agreement and the AOD sector in general including improved coordination of funding
- Chairing and minute taking duties for meetings are rotated
- The agencies jointly fund and organise initiatives such as annual Aboriginal drug and alcohol state workshops where all organisations who deliver alcohol and drug services to predominantly Aboriginal people throughout WA are invited.
- Smaller working parties are established where required to conduct discrete projects or work on specific issues of relevance to the focus of the partnership and to report back to the group
- Agencies collectively consider recommendations/outcomes of planning processes that occur within each region of the state and link them with broader health planning activities
- There is acceptance that working collaboratively achieves more than working independently.

## **7) PARTNERSHIP WITH A NON GOVERNMENT SECTOR PEAK BODY**

### **Western Australian Network of Alcohol and other Drug Agencies**

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the AOD education, prevention, treatment and support sector in WA.

WANADA is an independent, membership driven not for profit organisation that seeks to advocate on AOD service sector issues in WA, and provide support to effect real changes.

Through a service level agreement, DAO provides funding to WANADA to provide networking, consultation, sector planning, representation and service enhancement on behalf of members and the sector.



### **Success factors**

- Recognition of the contribution that the non-government sector can make in both service delivery and policy development
- Commitment to evidence based approaches and practice wisdom input to policy and practice to advance service delivery to the community
- Development and enhancement of mutual respect between agencies
- Shared goals of cost efficient sector capacity building, strengthening and implementation of best practice
- Performance expectations are developed and delivered
- Governance and management practices in place to maximise organisational efficiency, transparency, effectiveness and ensure accountability
- Agreed measures for expected outputs and outcomes
- Organisation and individual capacity adequate to deliver upon agreed outcomes
- Clear decision making processes outlined and authority of representatives sufficient to make decisions
- Effective communication processes in place
- Demonstrated leadership by both organisations
- Project planning undertaken to ensure timely achievement of actions
- Actions build and maintain trust between partners.

## **8) INTEGRATED SERVICE PROVISION PARTNERSHIPS**

### **a) Community Drug Services**

In the metropolitan area, integration of services is underway to enable single site provision of comprehensive and specialised medical and counselling services.

In each of the North, North East, South and South East metropolitan regions the treatment and prevention services provided by the former Community Drug Services Teams (CDST) and DAO's Next Step have become integrated to form the new Community Drug Services (CDS).

Development of this initiative has required strong working relationships between DAO, Next Step and the NGOs providing management of the existing CDSTs (Palmerston, Mission Australia, Cyrenian House and Holyoake Institute).

### **Success factors**

- Steering group established to oversee the integration of the services
- Process facilitated by regular meetings both within each region and across all metropolitan services
- A number working parties address operational tasks
- A series of MOUs were developed with the partnered agencies.
- High level support received across government and the parent NGO bodies
- Contract managers within DAO provide support to the integration processes and are available to deal with problems as they arise
- Commitment to common goal of providing a one stop shop model for patients and freeing up resources to enable additional sites to be opened

- Common understanding of aims and objectives
- Strong leadership provided to facilitate the process.

#### **b) Aboriginal Beds**

A partnership between government and non-government agencies (including Aboriginal services) has developed dedicated Aboriginal beds staffed by Aboriginal staff in inpatient detoxification and residential rehabilitation services.

The aim of the project is to provide supported culturally secure treatment services for Aboriginal people in a way that will provide seamless transition through detoxification and into residential rehabilitation.

The partnership includes:

- Aboriginal Alcohol and Drug Service (AADS) who provide assessment, referral and support services and has an advisory role.
- DAO who provide the inpatient detoxification service (four beds) through Next Step inpatient services. DAO also has a coordination role in the planning, development and ongoing management of the services.
- Non-government agencies Cyrenian House and the Palmerston Centre who provide residential rehabilitation service (12 beds).

#### **Success factors**

- A steering committee guided the development of the project. Input from AADS and the Aboriginal programs area within DAO was central to this process
- Service delivery is informed by MOUs between the various partnered agencies
- Supported at an executive level
- Identified as a key service area in the DAO business plan
- Provision of beds is included in the agency service level agreements and as such is subject to the normal reporting requirements
- Service providers receive ongoing support from their contract managers.

#### **c) Mental Health Partnership**

The State Strategic Dual Diagnosis Planning Group (SSDDPG) is an expert planning and advisory group of key senior and consumer and carer representatives from the Mental Health and AOD sectors in WA. The role of the group is to facilitate the development, implementation and evaluation of effective and appropriate service delivery for people with alcohol and drug and mental illness comorbidity throughout WA.

Under the auspices of the SSDDPG formal MOUs are being developed that will provide coordinated care and shared care arrangements between local alcohol and drug and mental health services. The aim of the project is to improve service delivery to those patients experiencing mental health and drug and alcohol comorbidities.

The first phase of the rollout of MOUs is nearing completion. It is planned that the roll out of the second phase, which will include a broader range of services, will commence once this phase has been completed.

### **Success factors**

- The development of MOUs is supported at senior executive level.
- The development of MOUs and strong service linkages is included in the service level agreements of the alcohol and drug agencies.
- The roll out of the agreements is being facilitated by DAO contract managers with support from mental health services.
- Rollout is supported with training provided throughout the state.
- Commitment by individual agencies to develop the MOUs, actively implement improved service linkages and participate in training.

### **d) Integrated Youth AOD Service**

DAO provides an Outpatient Youth Service and Mission Australia provides a Youth Respite and Withdrawal Service (YWRS) which offers low medical detoxification and respite care. Mission Australia also provides YIRRA, which is an intensive residential rehabilitation service, located in Carlisle. Young people are regularly referred between these services.

In November 2005 discussions commenced to integrate services to improve access to youth specific alcohol and drug treatment services and to provide continuity of care to young people affected by alcohol and drugs. An MOU was developed with a goal to work towards integrated service provision that:

- Focuses on client needs to guide service structures and operations
- Provides a seamless continuity of care
- Provides flexible and responsive services
- Does not duplicate effort and demonstrates clear differentiation between services, and
- Maintains clear mental health linkages and pathways.

### **Success factors**

- Working Party and Steering Committee established to progress issues
- Process of developing operational models and procedures determined
- Terms of Reference developed for the Steering Committee
- Steering Committee included the most senior staff from both organisations
- Project officer employed two days a week to take carriage of the project
- Regular meetings with the working group (fortnightly)
- Communication strategy developed to keep staff informed of progress and a full day workshop was run with all staff from both services
- Next Step employed a senior officer to work as the Integration Manager across the range of integration projects
- High level of expertise between all the key members, in relation to AOD content knowledge and management expertise.
- Consideration given to operational management structures to compliment one another and provide clear reporting lines
- Pre-existing positive relationship between services involved
- Involvement of key stakeholders in the significant decision making points
- Senior staff understand the operations of both services.

## CHALLENGES TO EFFECTIVE COLLABORATION AND PARTNERHSIPS

In considering what makes a successful partnerships a number of barriers or challenges can be identified that may hinder or limit the development of a collaborative approach<sup>1</sup>. Examples include:

- Constituency of the group
- Limited individual or organisational capacity
- Limited power to make decisions and effect change
- Lack of clear aims, objectives, roles, responsibilities or shared vision
- Unrealistic timelines or insufficient time to develop the partnership
- Lack of individual or organisational accountability - People not doing what they say they are going to do
- Changes in management or agency commitment
- Lack of adequate or available budgets
- Onerous reporting requirements
- Changes in organisational structure or capacity
- Competing priorities
- Poor leadership and/or ineffectual coordination
- Under resourcing in terms of staff, time and funds
- Inappropriate size and/or structure of partnership
- Problems with policy development/implementation or lack of a supportive policy environment or direction
- Confusion in roles
- Poor communication
- Imbalance of power between members
- Apathy
- History of conflict between those involved or hidden/different agendas
- Differences in organisational culture and philosophy
- Fragmentation within agencies, particularly with large organisations/networks
- Lack of support for cross-agency working
- Lack of respect or trust
- Limited sustainability.

## SUMMARY

Collaboration and partnership is an integral component of DAO's strategic approach to addressing alcohol and other drug issues in WA. As has been outlined, there are a number of factors that facilitate an effective, cooperative relationship including good leadership, clear goals and plans, effective communication, supportive and respectful environments, organisational and individual capacity, clarity of roles and responsibilities and regular reflection and review.

There are many recognised benefits of collaboration and DAO will continue to foster and improve it's relationships with a variety of agencies and the community into the future.

<sup>1</sup> Browne, Myra, 2004. *Partnerships and Cross Agency Initiatives: a case study in the WA pubic sector*.