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## **Submission to the Education and Health Standing Committee's Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia**

The Alcohol and other Drugs Council of Australia (ADCA) is the national non-government, not-for-profit peak body for the alcohol and other drugs (AOD) sector, providing an independent voice for people working to reduce the harm caused by alcohol and other drugs. As the national peak body, ADCA occupies a key role in advocating for adequate infrastructure support and funding for the delivery of evidence-based alcohol and other drug (AOD) initiatives. In this regard, ADCA represents the interests of a broad group of AOD service providers and individuals concerned with prevention, early intervention, treatment, supply reduction, and research.

ADCA wishes to inject a national perspective to a number of matters addressed in the ToR. ADCA is aware that the AOD peak organisation for Western Australia, the Western Australian Network of Alcohol and other Drug Agencies (WANADA) will in its submission comprehensively address the ToR in a State-specific context. In relation to sections (b) and (c) in the ToR, ADCA wishes to specifically comment on the following aspects: evidence-based practice and policy-making, accessibility of treatment services and ensuring integrated care, education and training of the AOD workforce, funding and reporting arrangements, and quality and accreditation. ADCA endorses the recommendations made by WANADA in relation to matters addressed in section (a) of the ToR.

### **Evidence-based practice and policy-making**

ADCA considers it vitally important that AOD policy making at all levels is informed by comprehensive evidence and urges governments at all levels to resource the collection and evaluation of data to inform best practice as well as policy and program development. While large amounts of data seem to be compiled, the subsequent evaluation of this data to inform policy development often seems to be lacking. WANADA in its submission specifically identified the need to resource data collection to develop evidence based programs for remote Indigenous services in Western Australia.

### **Accessibility of treatment services and ensuring integrated care**

ADCA draws the Committee's attention to one of the key findings of the *Australian Community Sector Survey 2008* by the Australian Council of Social Service (ACOSS), namely that "long-term housing and health services (including mental health and drug and alcohol services) were clearly identified as the services and supports most needed by the clients of community services and welfare agencies" (p.16). Despite this high and increasing demand of social services, it seems that funding arrangements between governments at all levels and not-for-profit organisations often have not been revised in order to equip the latter more sufficiently to meet the increased demand and enable integrated care.

Latest research shows that people with comorbidity experience higher rates of homelessness, social isolation, infections and physical health problems, suicidal behaviour, violence, antisocial behaviour, and incarceration (Teeson and Proudfoot 2003). AOD service providers were increasingly confronted with and expected to address a whole range of issues when treating people with complex needs, an expectation that often was not met by additional funding, resulting in no additional staff being employed to meet the increased workload.

Another impact on AOD service providers' staffing and funding situation is the increasing belief that treatment of people with substance abuse issues should not occur in isolation but that services should be provided to all family members who are affected by the situation. The importance of intervention and of addressing substance abuse in conjunction with aspects of family life has been highlighted in recent research evidence (Barnard 2007; Ashenberg Straussner and Huff Fewell 2006). AOD treatment services need to be in a position to address the need of all family members affected by substance abuse, and ADCA endorses the recommendations made by WANADA regarding this matter.

ADCA is deeply concerned about the fact that from 2005-06 to 2006-07, the number of people who were eligible for a service, but were turned away due to limited capacity increased by 24%. One person in every 25 people subsequently did not receive the services they needed, and ADCA urges governments at all levels to take this figure as an incentive to increase funding for social service providers. The figure of 77 083 people across Australia being turned away from services they often desperately need, is simply unacceptable.

In the *Australian Community Sector Survey 2008* by ACOSS, 52% of the 682 respondents stated that inadequate funding or insufficient resources are major issues facing their service (ACOSS 2008, p.21). Furthermore, a significant 81% of the respondents reported that Government funding was not adequate to cover the true cost of delivering services (ACOSS 2008, p.23). ADCA argues that the fact that governments contracted out areas of service provision and increasingly depend on NGOs to deliver social services obliges them to provide NGOs with the adequate amount of funding in order to enable them to operate most efficiently and effectively. If current funding situations are not addressed, many NGOs will have no other option than declining access to their services due to staff and budget constraints.

## **Education and training of the AOD workforce**

The Community Services Sector is not only faced with serious budget constraints, but also a serious workforce crisis which will become even more serious if not met by funding increases for service providers to enable them to invest in and remunerate staff appropriately. ADCA strongly believes that the pay disparity between community service providers in the non-government sector and their counterparts employed by government needs to be addressed in order to attract the appropriately qualified staff. If attractive salary packages and career development opportunities can not be provided, then people will continue to leave the sector.

The workforce of the community services sector is not only shrinking but also aging. According to a survey conducted by the National Centre for Education and Training on Addiction (NCETA) on *Satisfaction, Stress & Retention among Alcohol & other Drug Workers in Australia*, as of 2006, almost half of the respondents (48%) were aged 45 and over. This revealed the community services sector's failure to attract younger people entering the workforce and it may continue to do so if the contribution of people working

in the not-for-profit sector is not appropriately acknowledged, reflected in both salaries and public recognition of the sector's contribution to the Australian community. If these objectives are not realised, then it is inevitable that the sector's problem of attracting and retaining qualified staff will become even more apparent. Facing a shrinking workforce, the sector would increasingly struggle to deliver its services which would have major implications for community service provision in Australia.

ADCA believes that for NGOs, investing in the provision of career incentives and skills development opportunities for employees is inevitable in order to retain and attract qualified personnel. ADCA does, however, acknowledge that NGO funding situations presently may not enable them to do so and urges funding bodies to take training and other career development opportunities for staff into account when reviewing funding arrangements. At the same time, the AOD/ NGO sector needs to strengthen its own training provision in order to improve staff qualifications as well as providing some career development opportunities to attract people to join the NGO workforce. Presently, the provision of AOD related courses for example in TAFEs and tertiary institutions is highly deficient and urgently requires improvement. Incentives for joining the AOD/ NGO workforce would be portability of long service leave and qualifications when moving from employment in the public sector to the non-government sector as well as appropriate training and skills development opportunities to ensure a highly qualified workforce.

## **Funding and reporting arrangements**

### **A move from short-term to long-term funding**

ADCA recommends that funding arrangements between AOD service providers and Commonwealth or State/ Territory Governments respectively be designed on a longer-term basis to provide security and opportunities for longer-term financial and operational planning. Across Australia, many NGOs in the AOD sector are currently faced with short-term funding arrangements that present serious impediments to them as they generate uncertainty, inhibit innovation, make it difficult to retain staff, render longer-term financial planning and proper investment extremely difficult, and stop organisations from pursuing more holistic strategic and organisational goals. ADCA considers a consistent and secure funding stream is vital for ensuring the effectiveness and sustainability of not-for-profit organisations' services and operations, and recommends that all funding agreements be designed on at least a three-year basis as this would enable longer-term approaches and outcomes.

### **A move away from competitive tendering processes**

ADCA recommends a move away from competitive tendering processes as for many small to medium-sized not-for-profit organisations, moving key personnel off-line to complete complex funding applications and enter highly competitive tendering processes lies outside their capabilities. Competitive tendering processes should be substantially reduced so that service providers can solely focus on delivering their services efficiently and effectively, and grants should be given to service providers based on a qualitative assessment of their service provision.

### **Addressing red tape**

ADCA draws the Committee's attention to a survey undertaken by the Australian National Council on Drugs (ANCD, 2009a) on *The burden of submission writing and reporting for alcohol and other drug non-government organisations* which shows the extent to which

not-for-profit organisations in the AOD sector are overburdened with red tape and that they indeed spend an extraordinary amount of time reporting back to funding bodies as well as seeking additional funding. Extensive reporting requirements force many NGOs to sacrifice frontline staff in order to appoint administrative staff to meet reporting requirements. Many not-for-profit organisations report back to multiple funding bodies, all with different funding requirements, and the compliance load increases when organisations have to report back to multiple funders (Ryan, Newton, and McGregor-Lowndes 2008).

Often, there is not only no consistency across government agencies, but there is also little consistency within particular government departments (Flack and Ryan 2005, p.72), as shown in a case study of a youth and family service organisation in Queensland which receives \$4 million in grants from Commonwealth, State, and Local Governments and had to report back on 37 separate grants (Flack and Ryan 2005, p.72). These regulatory requirements are especially hard to fulfil as “unfortunately, [...] government funding of non-profits is not informed by a coherent approach. Each government department and often each program have their own rules for these relationships” (ANCD, 2009b, vi).

The overall volume for reporting requirements that not-for-profit organisations are facing leads to an imbalance between delivering the projects and services that the organisations have been funded for and the regulatory requirements. It is the responsibility of the funding bodies to streamline and standardise these requirements and to reduce the frequency of reports. ADCA believes that annual reporting requirements are in most cases sufficient for exercising accountability and transparency for expenditure of government funds.

#### **‘One size does not fit all’**

At the same time, ADCA supports WANADA’s argument about “one size does not fit all” and that funding arrangements need to acknowledge the diversity of services provided across Australia to ensure the most effective responses to both mental health and AOD issues. ADCA asks governments at all levels to recognise the diverse needs of consumers, the different types of service models, and the diverse range of organisations providing community services, and to investigate funding and reporting arrangements that not only acknowledge diversity, but also enhance efficiency and effectiveness for those NGOs providing AOD services across Australia.

In a recent submission to the Productivity Commission’s study on the contribution of the not-for-profit sector, ADCA recommended the development of a new accounting framework which would allow not-for-profit organisations to conduct single annual reporting to a separate agency established to monitor the acquittal and management of reporting on behalf of all government departments. This would decrease the regulatory burden imposed on not-for-profit organisations and eliminate the duplication caused by not-for-profit organisations having to report back to multiple funding bodies under different reporting requirements. ADCA believes that some level of standardisation of reporting requirements and establishment of efficiency benchmarks would allow comparing different not-for-profit organisations’ performance and expenditure patterns and thus evaluating the efficiency and effectiveness of their operations.

This proposal does not imply a “one size fits all” funding approach but allows for the diversity of services to be reflected in the funding arrangements while aiming to streamline reporting arrangements for AOD/ NGO service providers. ADCA subsequently supports WANADA’s recommendation that funding for AOD agencies and subsequent

reporting requirements should fit the needs of the agency, not the agency fitting the needs of government funding and reporting requirements.

## **Quality and Accreditation**

To ADCA's knowledge, there are two major organisations responsible for Quality Improvement and Accreditation in Health and Community Services on a national basis: the Quality Improvement Council of Australia and the Australian Council of Health Care Standards. ADCA is aware of the existence of the Western Australian Alcohol and Other Drug Sector Quality Framework Version 1 (QF) as a mean of entrenching the concept of Continuous Quality Improvement (CQI) into the sector, and that WANADA is advocating for a QF option to get to nationally recognised quality accreditation. As the national peak for the AOD NGO sector, ADCA is in no position to comment on the specific situation in WA.

ADCA supports WANADA's recommendation that adequate funding must be provided to AOD agencies for them to engage in, and work towards, gaining Quality Accreditation. The responsibility should not be on not-for-profit alcohol and other drug agencies to shoulder the on-going costs associated with meeting the quality requirements of governments. ADCA is aware that in a number of States/ Territories, accreditation is voluntary but, at the same time, a government requirement to be eligible for government funding. This requirement implies that accreditation is by no means voluntary but rather essential for those AOD service providers who wish to explore all possible funding streams. If accreditation is a presupposition to receive additional project funding, then adequate core funding must be provided to AOD agencies to allow them to gain quality accreditation should they wish to do so. ADCA agrees with WANADA that the responsibility should not be on not-for-profit AOD agencies to shoulder the continual costs associated with meeting the quality requirements of governments.

On 26 June 2009, ADCA held an inaugural meeting of the ADCA Policy Forum which comprises the ADCA Board, a representative from each State/ Territory AOD peak organisation, and the Chairs of ADCA's expert Working Groups (WG). At the meeting, the ADCA Board tasked the Workforce WG to investigate workforce development issues in the broadest sense to help to progress advocacy around issues of quality improvement and accreditation. The ADCA Board was asked to consider the establishment of a Quality Improvement/ Accreditation WG. ADCA also identified a need to further consult with the State/ Territory AOD Peaks on this matter.

ADCA recommends that national quality standards specific to AOD services should be developed in consultation with AOD Peaks in all jurisdictions and ADCA to ensure relevance to the AOD sector and to the State and Territory contexts. The Western Australian Alcohol and Other Drug Sector Quality Framework Version 1 (QF) could serve as a model for a continuous quality improvement process for AOD services. ADCA noted WANADA's concerns about AOD service providers being required to adopt a one size fits all quality accreditation process, and agrees that any discussion around quality improvement and accreditation, whether at State/ Territory or national level, need to take into account and do justice to the diverse range of service types, sizes, and locations that can be found within jurisdictions and across Australia.

ADCA would be pleased to assist the Education and Health Standing Committee further in its Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia, and to expand on any of the issues addressed in this Submission.

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**References:**

Ashenberg Straussner S and Huff Fewell C 2006 eds. 2006, *Impact of Substance Abuse on Children and Families: Research and Practical Implications*, The Haworth Press Inc, New York.

Australian National Council on Drugs (ANCD) 2009a, *The burden of submission writing and reporting for alcohol and other drug non-government organisations*, survey, Canberra.

Australian National Council on Drugs (ANCD) 2009b, *Non-government organisations in the alcohol and other drugs sector – issues and options for sustainability*, ANCD research paper no 17, Canberra.

Australian Council of Social Service (ACOSS) 2008, *Australian Community Sector Survey Report 2008*, ACOSS Paper 154, June 2008.

Barnard, M 2007, *Drug Addiction and Families*, Jessica Kingsley Publishers, London and Philadelphia.

Duraisingam V, Pidd K, Roche A M & O'Connor J 2006, *Satisfaction, Stress & Retention Among Alcohol & Other Drug Workers in Australia*, Australia's National Research Centre on AOD Workforce Development (NCETA), Flinders University, Adelaide.

Flack T and Ryan C 2005, 'Financial Reporting by Australian Nonprofit Organisations: Dilemmas posed by Government Funders', *Australian Journal of Public Administration*, 64(3), pp. 60-77.

Ryan C, Newton C and McGregor-Lowndes M 2008, *How long is a piece of red tape? The paperwork reporting cost of government grants*, Working Paper

No. CPNS 39, The Australian Centre for Philanthropy and Nonprofit Studies, Queensland University of Technology, Brisbane.

Teeson, M and Proudfoot, H Eds. 2003, National Drug and Alcohol Research Centre, *Comorbid mental disorders and substance use disorders: epidemiology, prevention and treatment*, prepared for National Drug Strategy, Published by Commonwealth Department of Health and Ageing.