Lighting Beacons: Implementation of family inclusive practices in the Victorian Alcohol and Drug Sector

September 2011

Prepared for

Mental Health, Drugs and Regions Division

Department of Health

Prepared by

Elena Tauridsky,
Project Coordinator/
Researcher

Shane Weir,
Manager Community Services
Program

Michelle Wills,
Project Coordinator/
Research Officer

Naomi Rottem
Team Leader Community
Services Program

and

Emily Nelson -Administrative Assistant

The Bouverie Centre - Victoria's Family Institute

La Trobe University

Contents

1 Contents

List of tables

List of figures

1 Executive summary

1.1 Background

In July 2008, the Department of Health approved The Bouverie Centre to deliver a 3-year broad strategy for workforce development in the Alcohol and Other Drug (AOD) sector that included an implementation framework through which to build sustainable practice changes from an individually focused sector to one that includes family and other people who are important in the life of the individual with problematic substance use. The Beacon Strategy aimed to increase the uptake and sustainability of family inclusive practices by providing organisations and clinicians with support to embed these practices in their work.

1.2 The Beacon Strategy: An implementation strategy to facilitate the uptake of family inclusive practice

The Bouverie Centre has developed the Beacon Strategy to assist organisations translate and embed evidence-based family inclusive practices into core service delivery. The Beacon Strategy is essentially a package of strategies or activities designed to effect change in different ecological levels of a service system, not just at the level of the individual worker, by employing an array of measures and encouraging participation from different groups and subgroups from within the system.

Whilst the strategy is customised to fit each particular service system, the core components include:

- Orientation and engagement
- Site selection
- Launching the project
- Training
- Clinical and implementation support groups
- Consultation to individual project sites
- Reflection and evaluation
- Promotion of project participants' efforts
- The Beacon implementation strategy essentially involves engaging services who want to translate a practice innovation into their core practice (Beacon sites). The Bouverie Centre provides foundational training (1-2 days) and then ongoing monthly follow-up implementation groups. As practice challenges arise in these groups, the Bouverie Centre

runs 'booster' sessions to address these difficulties. Because these sessions have been requested by the participants, they are seen as relevant and timely – hence engagement with the material is strong. As practice change begins to emerge, the work of people participating in the Beacon process is acknowledged and promoted using newsletter/ conferences etc. Over time, an infectious enthusiasm for the innovation grows as do practice change, implementation outcomes and innovation.

1.3 Project Consultation

1.3.1 Advisory Panel

An advisory panel was formed during the early stages of the project, comprised of 11 leaders in the Victorian AOD sector. The panel, which met on 6 occasions, guided the broad direction of the Beacon project.

1.3.2 Consultation Process

In 2008 The Bouverie Centre embarked on a state-wide consultation process with the AOD sector, in order to understand the needs of the sector's workforce development requirements in the area of family inclusive practice. Eight consultations were held across Victoria which included all metropolitan and rural regions; 74 participants took part.

The consultation process revealed that the principles of family inclusion were congruent with the values of most of the participants who were interviewed. The need to appreciate the needs of family members of substance using clients was reported as particularly important. However actual practices of engaging with family members varied considerably, with a number of workers reporting feeling ill-equipped to deal with often ad-hoc contact family members had with services. Participants in the consultations also articulated reservations about including families in their work because of limited resources and feeling unskilled to work with families. The consultation findings were used to develop of a comprehensive training and implementation support package designed to increase workers' skills and confidence to proactively engage families in the work with their primary clients, whilst also addressing organisational factors to maximise the potential for these practices to be sustainably embedded into practice.

1.4 Participating Beacon 'Sites'

An application pack was provided to everyone who attended the consultations and distributed electronically to all AOD funded agencies across Victoria. Many enquiries, primarily from senior managers of AOD services were fielded by the project worker and 36 applications were received in total.

Across the 3 year project, 27 AOD agencies became 'Beacon sites'. The project covers seven of the eight Department of Health Regions in Victoria, with both Metropolitan and Rural regions being well represented.

The agencies involved in the Beacon Project represent a variety of service types and locations; they include large, stand-alone and multi-sited AOD agencies delivering a comprehensive range of service types, such as residential, outpatient and community programs; they also include smaller AOD programs located within broader health settings such as regional and Community Health Services.

1.5 Training delivery and evaluation

The training sessions were designed to be accessible to workers from a variety professional backgrounds and educational levels. Foundation training in a range of family inclusive practices was developed, ['Single Session Family Work (SSFW), 'Behavioural Family Therapy' (BFT), 'Family Sensitive Practice' (FSP), and 'Family to Family Link Up' (F2F)] and delivered across the three years of the Beacon project. In subsequent years, SSFW was offered as the primary foundation training because of its fit and ease of implementation. Throughout the project, foundation training was complemented by targeted 'Booster' training which provided additional knowledge and skills to clinicians. These covered specific areas of skill development relating to family practice, including managing conflict, working with couples, engaging children and adolescents and compassion fatigue. These Booster topics were requested by the participants in the project, as they encountered difficulties when attempting to implement family inclusive practices.

In total, 37 training days in foundation training were provided as part of the Beacon project, involving 179 AOD workers. These included 1 BFT (5 days), 1 F2F (1 day), 4 FSP (2 days each) and 11 SSFW (2 days each) workshops.

Sixteen booster training days were delivered throughout the project to a total of 124 AOD workers from 18 participating agencies. These included 8 'Managing conflict in a family meeting' (1 day), 1 'BFT booster' (1 day), 2 'working with couples' (2 days each) and 2 working with children and adolescents' (2 days), and 1 compassion fatigue (1 day) workshops.

Training evaluations completed by participants at the conclusion of each training day indicated high levels of satisfaction with the training provided, both in course content and presentation style. The average rating of the foundation training was above 4.3 out of a possible score of 5. Qualitative responses to questions on the evaluation sheets indicated that participants appreciated having a clear and practical framework to apply in their work with families, coupled with specific micro-skills and techniques to utilise in particular situations. Participants also appreciated opportunities to integrate learning via demonstration and experiential activities such as role plays and valued having space to discuss implementation challenges and successes.

1.6 Implementation support

In addition to training, the core components of implementation support provided were:

- Regular monthly Cooperative Inquiry Groups (facilitated action research groups discussing implementation strategies);
- Individual agency consultations;
- Phone consultations on an 'as needs' basis;
- The 'Beacon' newsletter;
- The use of the specifically designed implementation Tree Questionnaire

Additional support was provided internally within each of the agencies involved. The nature of this support varied between agencies, depending on their existing mechanisms for supervision and management.

1.7 Project accomplishments

Throughout the Beacon project in AOD, data was collected from a range of qualitative and quantitative sources, with the aim of using this data to inform the ongoing development of the project to best meet its aim of supporting sustainable practice change.

Increase in worker confidence and perceived benefits

The overall comparison of pre and post implementation questionnaires completed by Beacon participants indicated positive results, with statistically significant gains achieved in dimensions measuring the confidence and knowledge of respondents in using family inclusive approaches in their work. Data shows that while general opinions about working with families did not change significantly, the participants' view of compatibility of family work with their preferred style of working increased. This correlates with findings from the consultation process, and reflects the recognition by participants that families are potentially important resources for clients; that families have needs in their own right and that the inclusion of families can add value in AOD treatment for individuals. Worker reports during the CIG meetings have also corroborated a general increase in confidence.

Workers and managers (interviewed in the CIGs and through telephone conversations) described seeing the benefits of increased family inclusive work. They also noted the secondary support benefits that can flow to other family members not directly engaged in treatment and how family members can also aid the treatment goals of individual clients.

Increase in family contacts

While there is no clear baseline data available on the amount of family work occurring in the AOD sector prior to the commencement of the Beacon project (due to limitations of DoH data collection in this area), the Bouverie Centre attempted to capture the changes by asking participants to keep some record of family contact occurring within their own agency. While these measures rely on self report, findings indicate that progress is being made in the implementation of family inclusive practice. Over time noticeable shifts began to occur in the attitudes towards and actual uptake of family inclusive practices being applied by project participants at both the individual clinician and agency levels. For example, during the period from October 2010 to April 2011, there was an increase in the number of family sessions reported to have been held by project participants from 997 to 1384. This represents an increase of 39% over a six month period.

Structures to embed practice

At least 11 agencies have now established policy and procedure documentation which formalises family work as core practice, with many more services having such documentation under development. Some services have gone on to explore broader family inclusive work and have

applied for funding to support these initiatives. Other agencies have formed ongoing working groups to ensure the ongoing development of family inclusive practice.

Service innovations

Other key developments in the area of family inclusive practice have also been reported by participating agencies. A number of services have developed opportunities for families to participate in group activities for example; breakfast and buffet opportunities, admission and discharge processes, post-treatment groups and childcare programmes.

Development of a family inclusive module in Cert IV

At present, a module for Certificate IV in AOD is currently being developed by AOD RTOs involved in the Beacon project. This venture was initially proposed through the Beacon Advisory Panel in 2009, and was then successfully brokered with the Department of Health. The development of this training module is being undertaken by three of the five RTOs, lead by Odyssey House, in consultation with The Bouverie Centre.

Promotional and dissemination activities

Throughout the course of the project The Bouverie Centre collaborated with Beacon Project participants to present at two national, one interstate and three state conferences or forums. This culminated in a specific Beacon conference which showcased fourteen presentations from Beacon participants to 131 audience members.

During the term of the project five publications of the 'Beacon' newsletters show casing the family inclusive practices of Beacon sites were produced and disseminated to the Alcohol and other Drugs and Gambler's Help workforce.

1.8 Conclusion

During the 3 year period of The Beacon Project in the Alcohol and Other Drugs Sector (2008 - 2011), significant practice changes have been observed amongst agencies who took part in the project. These changes have occurred at a range of levels, from the clinical practice of workers becoming more family inclusive, to organisational changes that reflect the values of family inclusion being more systematically embedded within the culture and structures of services.

The findings from the Beacon project indicate the importance of having a clear and practical framework for family interventions which,

- is applicable across a range of levels of skill and experience, and
- can be adapted to suit the requirements of a range of different client families and service types.

The achievements highlighted in the report underscore the importance of providing ongoing implementation support in conjunction with training, which assists participants to problem solve barriers and challenges as well as creating opportunities to build motivation and foster constructive practice initiatives. The CIG meetings, consults and newsletter provided opportunities for clinicians to maintain their interest and motivation and for organisations to promote and develop family inclusive practice overtime.

In order to further embed these changes within both the existing Beacon sites and across the sector more broadly, clinicians and organisations will require further access to training and implementation support to up-skill new workers, and develop more advanced practice skills amongst those who are already engaging families in their work. Clinicians will also benefit from having access to regular support and clinical supervision which can address specialist aspects of their practice with families, and which can continue to support them in developing skills and confidence in this aspect of their work.

Background

In July 2008, the Department of Health funded The Bouverie Centre to deliver a 3-year broad strategy for workforce development in the Alcohol and Other Drug (AOD) sector that included an implementation framework to build sustainable practice changes from an individually focused sector to one that includes family and other people who are important in the life of the individual with problematic substance use. The Beacon Strategy aimed to increase the uptake and sustainability of family inclusive practices by providing organisations and clinicians with support to embed these practices in their work. The coinciding release of the Victorian Department of Health AOD Services Blueprint[1] in 2008, in which family inclusion was identified as a key direction, supported a climate for change within the sector.

2 The Bouverie Centre Project Team

A team of professionals from The Bouverie Centre with skills and prior experience spanning family therapy, training and implementation consultation, project coordination and research was appointed to guide and support AOD service providers seeking to make improvements in their clinical practice. The team was headed by Director Jeff Young and included:

- Shane Weir, Manager Community Services Program
- Assoc Prof Amaryll Perlesz, Manager Research and Evaluation
- Elena Tauridsky, Project Co-ordinator (2008-2010) and Researcher (2008 -2011)
- Michelle Wills, Research Officer (2008-2011) and Project Co-ordinator (2010-2011)
- Carmel Hobbs, Research Assistant
- Tina Whittle, Naomi Rottem, Pam Rycroft, Brendan O'Hanlon, Peter McKenzie, Franca Butera-Prinzi, Sally Ryan, Julie Beauchamp, & Karen Smith, Trainers, Consultants and Co-operative Inquiry Group facilitators.

[1] 'A new blueprint for alcohol and other drug treatment services 2009-2013' – Victorian DHS, 2008

3 The Beacon Strategy: An implementation strategy to facilitate the uptake of family inclusive practice

The Bouverie Centre's extensive experience in the provision of professional development indicated that participation in training alone is usually not sufficient to incorporate learning into systematic change in service delivery. With this in mind, staff of The Bouverie Centre developed an approach to assist organisations to translate and embed evidence based family inclusive practices within their particular service cultures. The approach was informed by a large body of literature on Implementation Science[2] and incorporated a Participatory Action Research framework[3] .

The Beacon Strategy is essentially a package of strategies or activities designed to effect change in different ecological levels of a service system, not just at the level of the individual worker, by employing an array of measures and encouraging participation from different groups and subgroups from within the system.

Whilst the strategy is customised to fit each particular service system, the core components include:

- Orientation and engagement
- Site selection
- Launching the project
- Training
- Clinical and implementation support groups
- Consultation to individual project sites
- Reflection and evaluation
- Promotion of project participants' efforts

[2] Greenhalgh, T., Robert, G., MacFarlane, F., Bate, P. & Kyriakidou, O. (2004). 'Diffusion of innovations in service organisations: systematic review and recommendations.' The Milbank Quarterly, 82 (4): 581-629.
Rogers, E. (1995). Diffusion of Innovations. New York: Free Press.

[3] Heron, J., & Reason, P. (2001). The Practice of Co-operative Inquiry: Research with rather than on people. In P. Reason & H. Bradbury (Eds.), *Handbook of Action Research: Participative inquiry and practice* (pp. 179-188). London: Sage Publications.

- The Beacon implementation strategy essentially involves engaging services who want to translate a practice innovation into their core practice (Beacon sites). The Bouverie Centre provides foundational training (1-2 days) and then ongoing monthly follow-up implementation groups. As practice challenges arise in these groups, the Bouverie Centre runs 'booster' sessions to address these difficulties. Because these sessions have been requested by the participants, they are seen as relevant and timely – hence engagement with the material is strong. As practice change begins to emerge, the work of people participating in the Beacon process is acknowledged and promoted using newsletter/ conferences etc. Over time, an infectious enthusiasm for the innovation grows as do practice change, implementation outcomes and innovation.

In combination, these strategies aim to assist workers and managers to develop useful new skills and the motivation to incorporate purposeful Family Inclusive approaches in the work of their agency, whilst also attending to obstacles and challenges that can be encountered when implementing new practices.

This next section of the report will summarise the key activities undertaken as part of the Lighting Beacons project to promote the uptake and implementation of family inclusive practice innovations in the Victorian AOD sector.

4 Lighting Beacons: Key project activities/outputs

4.1 Orientation and engagement

Prior to the delivery of training and implementation support, time and effort was invested in developing an understanding of the service delivery context and identifying examples of best practice, as well as gaps in the practice of family inclusion within the AOD sector. Information was supplied to stakeholders about the project via different channels to raise awareness of the workforce development opportunity. The implementation plan was refined, where possible, in response to feedback about barriers to involvement in the project and to promote interest in participation.

4.1.1 Formation of an advisory panel

An advisory panel comprising leaders from the Victorian AOD field was established for the purpose of guiding the development of the project.

The terms of reference for the Lighting Beacons Advisory Panel were as follows:

- To contribute knowledge, experience and broad perspectives on the direction of workforce development in the AOD sector
- To make comment and advise on issues arising directly from the ongoing development of the project

Management of, and decisions related to the delivery of the project remained the sole responsibility of The Bouverie Centre.

The panel met with key members of the Bouverie project team on six occasions at regular intervals between November 2008 and July 2010. Subsequent consultations occurred with panel members on an individual basis as required.

Table 1 Advisory panel membership

Name	Position	Organisation
Silvia Alberti	Manager Sector Quality and Workforce Development, Mental Health and Drugs Division	DOH
Mary Bassi	Manager Allied Health and Public Health	Sunraysia CHS
Sam Biondo	Executive Officer	VAADA
Keith Edwards	Manager Client Services	Windana
Dr Stefan Gruenert	CEO	Odyssey:
Alan Murnane	Executive member FADNET, & Manager Health Innovations Program	FADNet / Inner South CHS
David Murray	CEO	YSAS
Assoc. Prof. John Pead	Associate Professor Clinical Alcohol	University of Melbourne
Dr Tiffany Reichert	Head of Psychosocial Services	Turning Point
Donna Ribton-Turner	Deputy CEO	Moreland Hall
Kathryn Wright	Director Bridge Services Victoria	Salvation Army

4.1.2 Initial site visits

During October and November 2008, The Bouverie Centre visited with AOD service providers across the state. This consultation process was undertaken with the view to:

- Scoping current attitudes to, and existing practices of family inclusion
- Understanding challenges and barriers to the implementation of family inclusive work in the sector
- Providing information to the sector about the 'Lighting Beacons' project

Eight consultation/information sessions were conducted in locations across Victoria. They were coordinated through regional AOD Program Advisors to encourage maximum participation from local services.

A total of 74 managers and clinicians from the AOD sector attended these sessions. The majority of those in attendance were from 4Cs, residential rehabilitation and youth programs, with a small number of AOD nurses also participating.

Table 2 Regional consultations in 2008

Region	Date of Consultation	Location	No. of Participants
Barwon South-West	Tuesday, 14 October	Camperdown	21
Gippsland	Thursday, 16 October	Traralgon	10
North West Metro	Wednesday, 22 October	Brunswick	16
Loddon Mallee	Wednesday, 29 October	Bendigo Mildura (via teleconference)	6 3
Southern Metro	Wednesday, 5 November	Dandenong	3
Eastern Metro	Wednesday, 5 November	Box Hill	5
Hume	Thursday, 6 November	Benalla Mansfield (via teleconference	3 1
Grampians	Wednesday, 12 November	Ballarat (inc. video conference with Stawell)	6
Total	**8 sessions**	**11 locations**	**74**

4.1.2.1 Findings from the consultation process

The consultation elicited a range of responses to the issue of family inclusion in the work of the AOD sector. The majority of participants indicated congruent values and tacit agreement with the principles of family inclusion, yet expressed some reservations about the expectations this might place on the sector as a whole.

Discussion about the term 'family' was initiated to uncover the ways in which it was understood within the sector. Participants described the term 'family' as encompassing a wider group of people than someone's biological or family of origin. People identified parents, children, siblings, housemates, friends, or employers. 'Family' was described, most frequently by those who attended the consultations, as anyone that the client identifies as a significant or trusted person.

> *'We believe that families are important. When we say 'families' we mean those people who care about you, or the people you turn to when things are tough'. (AOD worker, 2008)*

A broad appreciation of the value of family inclusion was discovered throughout the consultation process. Workers spoke of the need to ensure children are protected from the damaging impacts of parental substance use, and described the complexities of uncovering histories of multi-generational substance abuse, unemployment and family violence. Stories were shared about working to assist substance using clients and family members to unite around shared concerns, while others spoke of the work undertaken to support parents (particularly mothers) who contact AOD services in desperation about a family member's substance use.

Alongside these examples of family inclusive practice, many participants acknowledged that families often feel shut out of treatment services, but reported feeling constrained to provide adequate responses. While participants in the consultation process identified values congruent with the principles of family inclusion, many indicated they were unclear about their role or mandate in the provision of support to those affected by someone's substance use. Some of the concerns raised, included:

- That workers would be expected to embrace additional responsibilities without adequate skills, support and recognition
- That the inclusion of families would create unmanageable workloads that could potentially result in compromised services for their primary clients
- That inflexibility in funding guidelines, targets and statistical data packages would prevent agencies being able to accurately report on the work

At each consultation, workers revealed that much of their time engaging with family members of substance using clients went unrecorded. The complex support needs of family members reported included violence in the home, homelessness, anxiety and depression, exhaustion and despair. Workers spoke of frustrations with a data collection system that does not have a mechanism to record this work.

"By the time intake and assessment are done, information, support and resources have been provided, a crisis has been dealt with, and self advocacy has been increased, we think that's a lot of work and equals an episode of care. But, when it happens on one day, in one session, it is called 'brief intervention', or an 'occasion of care' and doesn't easily meet the criteria for a full Episode of Care." (AOD worker, 2008)

'*Supportive interventions that don't follow through to 'treatment' are too time-consuming to record. ADIS doesn't lend itself to recording family involvement.'* (AOD worker, 2008)

The examples of family involvement provided by workers attending the consultations largely identified that contact with family members tends to be reactive or ad-hoc. A number of workers provided examples of unplanned family inclusion that occurred because the client arrived for an appointment accompanied by a family member. Workers revealed that they did their best in these situations even when they felt they were working outside of their knowledge and skill level. They also acknowledged that while they could see the value in family inclusion, their capacity to respond to all the demands was limited and they did not usually initiate contact with family members.

"Feeling under-skilled or inexperienced means that you don't go looking for family work"

(AOD worker, 2008)

Representatives at the consultations highlighted specific AOD family work already being undertaken within the sector. These included:

- Family Alcohol and Drug Services funded to deliver family focused counselling by trained family therapists
- Evidence-based parenting and family programs such as BEST , BEST Plus and Triple P
- Family Drug Help (telephone counselling service and the ARC program helping family members to refocus on balance in their own lives)
- Parent/Family Support groups including the ARC program
- Family Support Services with limited funding for AOD work
- Parenting skills programs focused on parents with young children – (settings include residential rehabilitation and day programs)

- Youth agencies funded to deliver Reconnect Programs which work with families and young people
- Some of the AOD withdrawal nurses described family inclusion as a condition of 'home based' detox and therefore actively engaged and supported families through the detox process

Additionally, a number of workers described having an individual interest in the inclusion of family members in their work. A few of these workers identified they had some professional training in family therapy, or were counsellors with well established skills and experience, including work with families. In a few instances workers described thoughtful and creative responses in their work to include family members, and while they indicated an understanding of the positive effects of this, they downplayed the significance of these interventions and did not identify them as family inclusive work.

4.1.3 Recruiting interest in the Lighting Beacons Project

An application pack (see Appendix 1), which included information about the 'Lighting Beacons' project and the application process, was provided to everyone who attended the consultations. It was also distributed electronically to all AOD funded agencies across Victoria. Many enquiries, primarily from senior managers of AOD services were fielded by the project worker and 36 applications were received in total. As a result of the significant level of interest from the sector, the project team sought support from the Department of Health to enable 7 additional places to be offered in the project: from 14 (as initially proposed) to 21 Beacon sites.

4.2 Selection of Beacon sites

Recruitment to the first two phases of the project was by an application process (outlined below) while in phase three, agencies were targeted by invitation and discussion with senior management.

In the first phase applicants were chosen on their response to five questions over the page:

1. How would the Family Inclusive practice chosen be a valuable addition to your agency?

2. Please describe the commitment of your organisation's management to support and lead this initiative.

   (Please describe the resources you would be able to bring to this project. This will include a commitment to releasing core staff to attend all training and ongoing implementation group supervision/meetings as part of the project development.)

3. Please describe your organisation's experience in implementation of programs and/or other initiatives to enhance service delivery or experience in implementation of change in work practices / culture.

4. If you were successful, please provide a brief outline of your organisation's implementation strategy for this project.

5. Please comment on your agency's preparedness to share emerging knowledge and collaborate with the wider sector in a range of forums.

In phase two applicants were short listed and then interviewed by the project manager and co-ordinator.

The two agencies that were selected, in phase three, to participate were larger rural regional agencies that are multi-sited and seen to have some influence within their regions due to size and spread of services delivered. Phase three of the Beacon Project also saw a conceptual shift from a sole focus on AOD agencies, to the inclusion of other sectors in joint training and support activities. During the initial 18 months of the project a small number of non-AOD staff, such as generalist counsellors and family support workers at the larger community health services had joined AOD workers in the training, and this was formalised in Phase three due to the funding of a similar project in Gambler's Help (GH) counselling services through the Department of Justice. This new project sought to develop a greater capacity for family inclusive practice in GH services, as well as creating increased opportunities for collaboration between the two sectors (AOD and GH): a move that has been well supported by the agencies involved.

4.2.1 Participating AOD agencies

Across the 3 year project, 27 AOD agencies became 'Beacon sites'. The project covers seven of the eight Department of Health Regions in Victoria, with both Metropolitan and Rural regions being well represented.

The agencies involved in the Beacon Project represent a variety of service types and locations; they include large, stand-alone and multi-sited AOD agencies delivering a comprehensive range of service types, such as residential, outpatient and community programs; they also include smaller AOD programs located within broader health settings such as regional and Community Health Services.

Table 3 Summary of Beacon sites

Phase of Project	Date commenced	Characteristics of sites	No of AOD Beacon Sites
Phase One	February 2009	5 rural and 14 metropolitan sites – (incorporating large multi program agencies and small AOD specific services)	19
Phase Two	November 2009	4 rural and 2 metropolitan sites	6
Phase Three	July 2010	1 rural/regional and 1 regional site (large multi program community health services)	2
Total			**27**

Table 4 No. of Beacon Project sites by practice approach

Family Inclusive Practice Approach	No of Sites
Single Session Family Work	11
Family Sensitive Practice	8
Behavioural Family Therapy	2
Family to Family Link up	6
Total	**27**

4.2.1.1 Service types:

Participating agencies in the Beacon project are represented by a wide range of different AOD service types, with the majority of workers involved being employed in 4Cs programs. Other service types involved include:

- Residential Rehabilitation programs
- Family Alcohol and Drug Services
- Residential Detox
- Home-based Withdrawal
- Pharmacotherapy Program
- Youth Dual Diagnosis
- Family Support Services
- COATS (forensic work)

4.3 Launch of Beacon Project

The Beacon Project in AOD was officially launched at a forum held at The Bouverie Centre in February 2009. The forum was attended by 66 people, including representatives from the Department of Health (DoH), members of the advisory panel, and staff and managers from the newly established AOD Beacon sites across Victoria.

The program for the forum included presentations depicting an overview of the vision and structure of the Beacon Strategy, together with a summary of findings from the regional consultations undertaken in 2008. The launch also provided an opportunity for representatives from The Department of Health to respond to questions from participating AOD agencies about the capacity of the current data collection system to adequately count family inclusive work. Subsequent collaboration between DoH and AOD representatives resulted in some changes being made to the data collection program aimed at better capturing information related to family inclusion.

Phase Two of the Beacon Project was launched in November 2009 with a briefing session attended by representatives from the Department of Health who highlighted the focus on family inclusion as outlined in the 2008-2013 AOD Blueprint and provided an update on the Department's response to issues with statistical recording of family work. This was combined with a workshop for new participating agency representatives to support the development of agency implementation plans.

Phase Three of the Beacon Project was launched in September 2010 as a combined initiative between AOD and Gambler's Help (GH) services. The forum was an opportunity for representatives

of both sectors to come together to hear the findings from the state-wide consultation undertaken with the GH sector, and to share knowledge and enthusiasm about the implementation of family inclusive practices already underway in the AOD sector. With commitment to The Beacon Project spanning AOD, GH and Mental Health[4] (MH) sectors this phase opened the opportunity for workers from all three service areas to join together and learn from each other.

4.4 Delivery of training

Staff at The Bouverie Centre developed (with the exception of Behavioural Family Therapy) a suite of Foundation trainings in four different family inclusive practices. All four were delivered during Phase One of The Beacon Project, with the aim of increasing the capacity of workers to include families in a wide range of service delivery areas. The training sessions were designed to be accessible to workers from a variety professional backgrounds and educational levels. The program of Foundation training delivered in subsequent phases of the project was refined to maximise the potential for workers and organisations to implement sustainable family inclusive practices. 'Booster' training sessions were also developed in response to needs identified by project participants, for additional training in particular aspects of family work. Further information about training provided throughout the project is detailed below.

Foundation Training:

- **Phase 1:** Single Session Family Work (2 days); Behavioural Family Therapy (5 days); Family to Family Link-up (1 day); Family Sensitive Practice (2 days).
- **Phase 2:** Single Session Family Work (2 days); Family Sensitive Practice (2 days)
- **Phase 3:** Single Session Family Work (redeveloped to incorporate elements from both Single Session Work and Family Sensitive Practice training) (2 days)

Booster Sessions:

- Managing Difference and Conflict in Family Meetings (1 day);
- Working with Couples(2 days);

[4] The Mental Health sector joined the Beacon strategy in 2010, managed by a separate group within The Bouverie Centre as part of core funding from DoH.

- Working with Children and Adolescents (2 days - designed to address 2 different levels of practice)

4.4.1 Participant numbers

Over the course of the project, 179 AOD workers attended the foundation training, in Family Inclusive practices, provided by The Bouverie Centre. Additionally, 112 workers from other sectors attended alongside their AOD colleagues.

See tables below.

Table 5 No. of Foundation Training sessions and participants

Training Packages	Dates	Agencies represented by AOD participants	No. of AOD attendees	No. of other attendees
Behavioural Family Therapy (BFT) (5 days)	2 – 6 March 09	• DASWest • Odyssey House	**11**	**5**
Family to Family Link-Up (F2F) (1 day)	15 April 09	• AgenDAS – Anglicare EDAS/Monashlink • Merri CHS • North Richmond CHC Windana TC • YSAS - Reconnect	**16**	
Family Sensitive Practice (FSP) (2 days)	10 & 11 March 09 24 & 25 Nov 09 10 & 11 Dec 09 5 & 6 May 10	• Bridgehaven • Castlemaine CHS • Echuca Health • Moreland Hall • Northern District CHS • Primary Care Connect • SHARC • Sunraysia CHS	**49**	**13**
Single Session Work with Families (SSFW) (2 days)	27/3 & 3/4 09 7 & 14 April 09 18 & 19 Nov 10 28 & 30 April 10 24 & 25 May 10 12 & 19 July 10 2 & 3 August 10 9 & 10 Aug 10 17 & 24 Aug 10 28/2 & 1/3 11 28 & 29 Mar 11 22 & 23 June 11	• Barwon Health • Bendigo CH • DASWest • EDAS/EACH • Inner South CHS • Inner South CHS • Knox Community Health DAS • La Trobe CHS • Maryborough CHS • The Bridge Program • Voyage (ISIS PC) • Westcare • Windana • YSAS	**103**	**94**
Totals	**38 training days**	• **25**	**179**	**112**

Table 6 No. of Booster Training sessions and participants

Training Packages	Dates	Agencies represented by AOD participants	No. of AOD attendees	No. of other attendees
Managing Conflict in a Family Meeting (1 day)	21 July 09 27 July 09 31 July 09 11 May 10 18 May 10 21 September 10 19 October 10 18 April 11	• AgenDAS • Barwon Health • Bendigo CH • Bridgehaven • Castlemaine CHS • DASWest • Echuca Health • EDAS/IECHS • Inner South CHS • Maryborough Health • Moreland Hall • North Richmond CHC • Primary Care Connect • The Bridge Program • Voyage (ISIS PC) • Westcare • YSAS	**73**	**30**
BFT (½ day)	2 December 09	• Odyssey • DASWest	**8**	
Working with Couples (2 days)	10 & 17 Feb 11 23 & 30 March 11	• Bendigo CH • DASWest • Inner South CHS • Maryborough Health • The Bridge Program • Voyage (ISIS PC)	**19**	**16**
Working with Children and Adolescents (Level one: I day)	22 Feb 11	• Bendigo CH • DASWest • Inner South CHS • Maryborough Health • Voyage (ISIS PC)	**11**	**12**
Working with Children and Adolescents (Level two: 1 day)	17 March 11	• Bendigo CH • DASWest • Inner South CHS • Maryborough Health • Voyage (ISIS PC)	**11**	**9**
Compassion Fatigue (1 day)	3 March 11	• Primary Care Connect	**2**	**8**
Totals	**16 training days**	**18**	**124**	**75**

4.4.2 Evaluation of training by participants:

Evaluation forms were completed by participants at the conclusion of each day of training. BFT participants filled in a similar form at the end of Day Five (see Appendix 2 for an example). Participants were asked to rate the presentation style and content of each session, as well as the venue and the catering, using a 1 to 5 scale. A summary of the findings is provided below, with further detailed analysis of quantitative and qualitative data available on request.

Quantitative data analysis showed that on average, participants were very satisfied with the quality of the training provided. For example, the content of the four different types of foundation training and the manner in which they were delivered obtained overall mean ratings of 4.33 and 4.40 respectively (out of a total possible score of 5).

Qualitative data was obtained via a series of open ended questions that were asked to elicit participant feedback about the following areas:

1. Most valuable aspect of the day's program
2. Suggested improvements
3. What will be applied from the training

The content of the responses to these questions was analysed by training type to identify common themes, which have then been compared across the different workshops to summarise common elements.

Participants highlighted particular aspects of the training as being especially beneficial. These included:

- Opportunities to participate in experiential activities such as role plays, which enabled participants to integrate theory into practice, as well as experience being in the role of worker, client and observer.
- Demonstration of techniques by trainers or DVD examples.
- Usefulness of the model or framework; this included reference to both the structure of the framework itself, and the teaching methods which assisted participants to gain an understanding and confidence in its application.
- Particular techniques or micro-skills which could be taken away and applied in the room with families.

- Opportunities to engage with other participants and trainers to reflect on practice and discuss implementation.

This feedback was utilised throughout the Beacon project to further inform the development of training and to maximise the effectiveness of these opportunities for participants to integrate learning and begin the process of implementing the approaches in the work of their agency.

4.5 Implementation support

In addition to training, the core components of implementation support provided were:

- Regular monthly Cooperative Inquiry Groups (exploring implementation);
- Individual agency consultations (to overcome implementation blocks);
- Phone consultations on an 'as needs' basis;
- The use of the specifically designed implementation Tree Questionnaire (to measure progress and to provide ideas about where to focus energy)

Additional support was provided internally within each of the agencies involved. The nature of this support varied between agencies, depending on their existing mechanisms for supervision and management.

4.5.1 Cooperative Inquiry Groups

4.5.1.1 Workers

Cooperative Inquiry Groups (CIGs) were established at the commencement of the project; initially there was one CIG for each of the four family inclusive approaches that participants were trained in. Membership of the CIG was comprised of representatives who had trained and were embarking on implementing these approaches within their agency. Throughout the project CIG members came together on a monthly basis to discuss the clinical application and implementation of family inclusive work based on their own and their colleagues' experiences. Opportunities were provided to explore the challenges and barriers they were encountering. CIG facilitators fostered an atmosphere of mutual learning and respect, and provided support and motivation to develop the practices.

Over the life of the project, some of the CIG groups (BFT, F2F and FSP) were discontinued following a review with the participants which revealed this level of support was no longer required or where consultation with the advisory panel indicated that the model of practice was not gaining sufficient

traction within the sector. The remaining CIGs continue to operate have a focus on *Single Session Family Work*: a reflection of the evolution of the Beacon project that now focuses on foundation training in this model of practice. They currently include workers from AOD, Mental Health and Gambler's Help services, which enables cross-professional learning.

4.5.1.2 Middle managers

During the first year of the project, in response to feedback and consultation with managers revealed that middle managers are often the forgotten or neglected link in the chain of implementation. CEOs are keen for service-wide innovation and progress, workers receive the professional development benefits of training but the middle managers have to make the innovations work, usually within existing resources. Hence the Beacon team established a CIG specifically for middle managers to discuss issues related to the management of implementation. This group met on two occasions after which support continued to be provided to members of this group on an individual basis, primarily via telephone consultation, as needs were identified.

4.5.2 Individual agency consultations

A program of individual agency consultations commenced in 2009 and has continued throughout the project. These consultations were tailored to each agency's particular focus and need at the time. Consultants from The Bouverie Centre were able to bring their knowledge and skills as specialist family clinicians, trainers, consultants and CIG facilitators to these sessions to provide support and advice to agency representatives to address their particular strengths, needs, dilemmas and challenges.

In addition to these planned agency consultations were numerous phone consultations provided to workers and managers during the duration of the project. On a number of occasions, these related to clarification of data collection, while others related to implementation progress and built motivation to support ongoing implementation work. On some occasions, consultations also related to clinical applications of family inclusive practices.

4.5.3 Implementation Tree Questionnaire

The Bouverie Centre designed a questionnaire (see Appendix 3) to administer to teams at Beacon sites, which aimed to engage participants in the collection and representation of information about their implementation of family inclusive work. The Implementation Tree Questionnaire was purposefully designed to be a creative and interventive measuring tool that would:

- stimulate staff reflection on agency implementation activity
- identify gaps and guide further development activity
- monitor six-monthly progress of the sites involved in the project
- provide engaging visual feedback of organisational/program progress

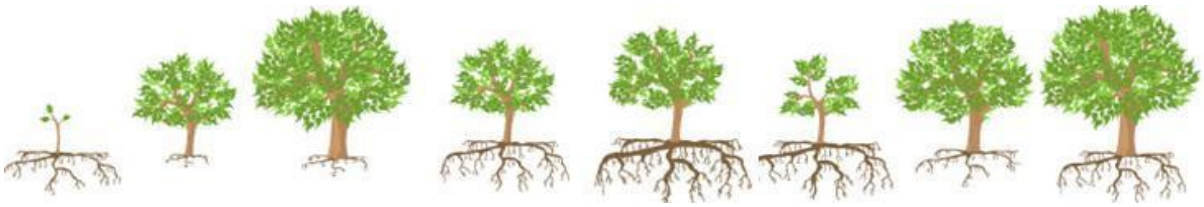
The image of a tree was used as a metaphor for the growth of family work. Questions related to root development were designed to capture those organisational activities that assist family inclusive practice to become embedded within agency culture. Additionally, questions related to canopy growth would illustrate activities of direct practice. AOD teams were encouraged to complete the questionnaires as a whole staff group (workers and managers together), to reflect, review and plan further implementation activity on a 6-monthly basis. Managers and workers reported that the "Implementation Tree Questionnaire" had a positive effect on influencing the uptake and sustainability of family inclusive practice.

> *'The questionnaire gave the team an opportunity to reflect on the work they've done so far, and gave us ideas of things we still need to do, and that we have planned to do in the next 6-12 months.'* (on handwritten note accompanying completed questionnaire)
>
> *'The tree questionnaire was really useful to do as a team exercise. We did it in a team meeting and it gave us a chance to focus on the implementation of family inclusive practice, not just the clinical work. We got a lot out of it.'* (AOD manager in phone interview)
>
> *'This reflection (ie. doing the questionnaire) has prompted action.'* (written comment from AOD team members on questionnaire)

Information to create these 'trees' for each agency, was gathered at three 6-monthly intervals, (from April 2010 – April 2011) via the Implementation Tree Questionnaire. At each data collection period, the trees generated from the information gathered, were grouped together as a fully de-identified 'forest', to represent the growth of family work within the AOD sector. It was anticipated that rates

of growth would vary between agencies: that some trees would steadily develop root structures and larger canopies, while others might experience periods of dormancy followed by spurts of growth.

Figure 1 Examples of tree development from the questionnaire



The high response rates of this carefully designed tool indicates that, project participants were engaged in the process of review and implementation of family inclusive practice in their organisation.

In October 2010:

- **18 of 19 responses** (agencies that remain actively involved in the Beacon Project)

In April 2011:

- **19 of 19 responses** (agencies still actively involved)

4.6 Promoting the work undertaken as part of the Beacon Project

The Bouverie Centre has promoted the work undertaken by organisations as part of the Beacon project through a number of means, including showcasing their work at conferences, and in 'The Beacon' newsletter.

4.6.1 Conference presentations

Representatives of Beacon sites have been supported by Bouverie Centre staff to showcase their work with a wider audience via a range of sector forums. These Beacon participants have taken the opportunity to share their experience of implementing family inclusive practices, and discuss the impact of these changes on their agencies and their clients.

The forums which participants have presented in conjunction with members of the Beacon project team include:

Beacon Strategy Conference – September 2011

Making a Difference: Family inclusion, innovation and integration.

This was a major project initiative that brought together 131 clinicians, managers and departmental staff from the Gambler's Help, Alcohol and Other Drugs and Mental Health sectors. The conference featured two keynote presentations from Dr. Paul Gibney and included 14 presentations from workers and managers involved in the Beacon project. The presentations were presented under the following streams; clinical applications of family work, implementation and integration – cross sector initiatives, leadership – making it happen, implementation and integration – whole of service responses, and indigenous family work in AOD. The opportunity for workers from the front line to present their work (and implementation progress) to colleagues also involved in implementing family inclusive practices created an energy amongst the audience akin to a large collaborative project group all working on the same task.

Other presentations included:

1. **Thinking Families conference – March 2010**

   Bouverie staff interviewed Beacon participants in front of the audience about their experiences of family work, and also interviewed a client's family members about their experience of being involved in sessions.

2. **Launch of Gambling Beacon – July 2010**

   Two AOD managers were interviewed in front of the audience about their experiences of leadership through the process of implementation of practice changes.

3. **Creating Synergy Conference – November 2010**

   Shane Weir presented information from the Beacon Project including interviews with participating organisations and consumers from New South Wales.

4. **Australia and New Zealand Family Therapy Conference – Melbourne, October 2010**

   This presentation showcased key learning from the Beacon project about assisting services such as AOD and mental health to move from an individual client focus to one of family inclusion.

5. **APSAD Conference – Canberra, December 2010**

   Five project representatives (including CEO, AOD managers and clinicians) were interviewed in front of the audience about their experiences of implementation of family work. This was followed by small group discussions led by the same project representatives.

6. **VAADA Conference –February 2011.**

   This workshop presentation included the identification of some key learning from the Beacon project, followed by a live interview with 4 project participants about their experience of implementing family inclusive practices. Small group discussions were then facilitated, inviting attendees to identify their own plans for taking family inclusive practice back to their agency.

4.6.2 'The Beacon' newsletter

The Beacon newsletter was developed to promote the work of the Beacon project both amongst project participants, as well as with a wider sector audience. Additionally the newsletter created opportunities for peer mentoring by showcasing examples of family inclusive practices being undertaken in the field. It also provided a mechanism for providing useful information about resources to assist project participants and organisations in their implementation efforts and was intended to foster active participation in the project by informing readers of upcoming project-related events.

A Beacon Project web page and forum was established in the first year of the project, however due to the limited use of this site by participants it was decided instead to focus resources on the development of the newsletter as a more effective way of fulfilling the functions of sharing information and connecting participants.

Five editions of 'The Beacon' were produced during the project period (see Appendix 5). The publication of this newsletter will continue with the support of Department of Justice over the next 12 months, and will be made available to AOD services throughout this time.

4.7 Development of family inclusive practice training modules

Over the course of the project period, representatives of the Bouverie Centre assisted with the development of a range of other family inclusive training modules, to help further embed family inclusive practices across the AOD sector. This was carried out by Beacon project team representatives consulting to a range of other key service providers and peak bodies responsible for the development and delivery of training. These included;

- The FADNet executive committee, and FADNet training sub-committee.
- The EDAS Family Focus Project steering group (quarterly meetings from 2009 – 2011).
- VAADA sector development 'Children and Families' Reference Group.
- Collaboration with AOD Registered Training Organisations (RTOs) on the development of competency based family inclusive training.
- Assisting DASWest and John Bamberg to redevelop the Bestplus program.

At present, a module for Certificate IV in AOD is currently being developed by AOD RTOs. This venture was initially proposed through the Beacon Advisory Panel in 2009, and was successfully brokered with the Department of Health. The development of this training module is being undertaken by three of the five RTOs, lead by Odyssey House, in consultation with The Bouverie Centre.

5 Lighting Beacons: Impact on workers and managers, and clinical practice

Evaluation of large-scale workforce development initiatives is a notoriously complex and is a resource intensive process. For instance, teachings are often applied in diverse ways, making it difficult to draw meaningful conclusions about the efficacy of a particular approach or the intervention strategy used to foster uptake of the new practice. The Bouverie Centre did not set any minimum standards or metrics of success that participating organisations were expected to achieve. Nonetheless, this next section of the report provides a brief insight into how project participants made use of the opportunity to participate in the Lighting Beacons Project; what they experienced as a result of taking part in the activities and the achievements that they accomplished.

It opens with a review of data deliberately gathered for the purposes of monitoring progress over time – pre and post questionnaires. It then goes on to present some of the keys themes to emerge with reference to project participants' experiences and achievements during the course of the

project. This discussion draws on a number of sources, including: training evaluations, monthly cooperative inquiry group meetings, individual agency consultations, feedback through the Implementation Tree Questionnaire, interviews and informal conversations with AOD workers and managers.

5.1 Pre and post evaluation: Self report questionnaires

A 37 item self-report questionnaire was administered to all participants of the foundational training at the commencement of day one (See Appendix 4). An identical follow-up questionnaire was sent to the 91 Phase1 & 2 Beacon training participants still employed by the various Beacon sites in March 2011. Phase 3 participants will not be issued with post questionnaires until March 2012.

Section one of the pre/post survey was designed to provide some indication of how knowledgeable, skilful and confident respondents feel when working with primary clients and the people in their support system. Section Two seeks to elicit attitudes and beliefs about family work and change. Section Three asks respondents for their views about various formal and informal aspects of their workplace which can serve to act as barriers or facilitators of change.

5.1.1 Profiling respondents who completed *both* the pre and post questionnaires

One hundred and twenty-five phase 1 and 2 training participants completed pre-questionnaires. Forty-one per cent of those sent post-questionnaires returned them to The Bouverie Centre.

Altogether, 36 participants completed ***both*** the pre and post questionnaires. These respondents comprised five males and 31 females. Respondents' years of experience as helping professionals ranged from 3 to 39, with an average of 15.41 years (N=33). Seventeen different Victorian AOD services were represented in the results (see Table 7).

Table 7 Organisations represented by participants who completed pre and post surveys

Region	Organisation
BSW	Barwon Health
EMR	Anglicare AGEnDAS EDAS
HUME	Primary Care Connect (Previously Goulburn Valley CHS)
LODDON MALLEE	Maryborough DHS Castlemaine District CHC Echuca Regional Health Northern District CHS Sunraysia CHS
NWMR	DASWest Moreland Hall Odyssey Voyage YSAS Fitzroy
SMR	Inner South CHS The Bridge Program SHARC

5.1.2 Response to the questionnaires

Pre and post evaluation data were analysed using SPSS for Windows. Paired-samples t-tests were conducted to compare overall responses to the survey at Time 1 (T1) and Time 2 (T2). A summary of the findings is provided below, with further detailed analysis of quantitative and qualitative data available on request.

The results from this particular cohort of Beacon participants sampled were positive. Comparison of overall pre and post responses indicates that participants made gains in a range of dimensions related to working in a family inclusive way. For instance, participants regarded their knowledge of conducting a family meeting and understanding of how to work collaboratively with a client's family more favourably at T2 in comparison to T1. Differences in the average ratings of efficacy items at T1 and T2 were statistically significant.

Analysis of the survey responses showed that opinions about working with families largely did not change significantly over time. There was one exception, with a statistically significant difference

observed in participants' view of the compatibility of family inclusive practice with the way in which they preferred to work, with the mean score increasing from 4.14 at T1 to 4.42 at T2. It is interesting to note that from the outset, average ratings of the statements in Section Two reflected a recognition by participants' that families are potentially important resources for clients; that families have needs in their own right and that the inclusion of families in AOD treatment can add value. Positive attitudes towards family work likely predated involvement in the project and this positivity did not waver over time. The main change was an increase in workers' confidence to put their pro-family inclusive attitudes into practice.

5.2 Increase in family contacts

When the Bouverie Centre first began engaging with the AOD sector in 2008 during the consultation process held prior to the commencement of the Beacon project, it was evident that there was widespread valuing of the notion of family involvement in the area of AOD service provision. However at the same time there was limited actual family work being carried out by most clinicians and when it did occur, it was generally not initiated by clinicians, and was not conducted in a planned and purposeful way. Notable exceptions to this were those relatively few workers with some background experience or training in family work, and those services who were already delivering family specific interventions such as support groups.

While there is no clear baseline data available on the amount of family work occurring in the AOD sector prior to the commencement of the Beacon project (due to limitations of DoH data collection in this area), the Bouverie Centre attempted to capture the changes by asking participants to keep a record of family contact occurring within their own agencies. While these measures rely on self report, findings indicate that progress is being made in the implementation of family inclusive practice.

During the initial period of engagement with the sector, the uptake of new family inclusive practices occurred slowly, with workers reporting numerous barriers and challenges to the application of family work, including limited resources, staff turnover, and workers not feeling sufficiently skilled or confident. During these early stages it was important to allow opportunities for workers and managers to explore these challenges so that they did not become insurmountable barriers to successful implementation.

Over time noticeable shifts began to occur in the attitudes towards and actual uptake of family inclusive practices being applied by project participants at both the individual clinician and agency levels. For example, during the period from October 2010 to April 2011, there was an increase in the number of family sessions reported to have been held by project participants from 997 to 1384. This represents a 38% increase in family sessions over a six month period.

'AOD staff at this service conduct, on average, 3 family sessions per week'

(Manager and staff at Agency consultation)

'Regular family sessions now occur. All families contacting intake are provided with phone support and information, are offered an appointment with counsellor and referral to the support group. (Senior AOD clinician)

5.3 Perceived benefits

Workers and managers have described seeing the benefits of increased family inclusive work. In particular, workers noted the secondary support benefits that can flow to other family members not directly engaged in treatment and how family members can also aid the treatment goals of individual clients.

'Originally (this service) was all around providing better support for the young person in our service and it was all directed towards them, but now we offer recovery opportunities for everyone involved. We try and link all the individual family members in with whatever appropriate service: give them options and information at least. So I guess what we're doing is that we've increased our capacity to provide opportunities of change to everyone involved in those meetings. And what they do with it, if they take it, well that's their business, but we do give that opportunity. We say just getting the family on the same page is incredibly helpful.' (AOD manager)

'Facilitating a family meeting with a client and parents. Seeing them all on the same page, hearing the client speak about what she wanted in her life, and hearing the parents share some of the differences they noticed between her a year ago and now. Just seeing them hear that she actually had a plan for her life. It was such a relief for them to see that, and they felt

more able to support her after. Even though she left the service before completing the program, they still supported her, whereas if they hadn't had the opportunity to get on the same page, she may not have done so well and would not have had their support.'

(AOD caseworker)

5.4 Service innovations

In addition to apparent increases in the actual number of family sessions being held by workers, agency representatives also reported a number of service innovations that were developed to include families more in the work of the service. Examples of such innovations include;

- One residential service hosts a weekly home-cooked breakfast for family and friends; the residents take full responsibility for planning, cooking and serving guests
- Staff and residents at another residential service have entertained families and friends of the residents at two buffet functions (also prepared by residents)
- An existing 'childcare programme' at one AOD service has been redeveloped into a 'family program'
- Three residential services (detox and rehab) are in various stages of establishing and implementing an admissions and an exit process that actively invites family/friend support to the client
- One detox unit has extended its post-detox group to include family/friends of the client.

5.5 Structures to embed practice

Through the project, a number of Beacon sites have established 'in-house' working groups focusing on family inclusive practice. These groups meet to fulfil a range of needs such as: identifying clients who might benefit from family work; discussing clinical issues in reflective group supervision; planning ongoing implementation work; and working together develop policy and practice guidelines.

'At first we just met to talk about family work generally, but the focus was a bit vague. When we decided to make it a "working group", we developed practice guidelines quickly and efficiently with everyone engaged and contributing to the process.' (AOD manager)

Many organisations involved have developed formal documentation to support the embedding of family inclusive practices as part of the core business of their service.

'The Strategic Plan articulates family inclusive practice … and has [this] on its 2010-13 Continuous Quality Improvement (CQI) plan.' (AOD Manager)

'Practice guidelines have been a big improvement – family work is very prominent' *(*AOD Manager)

'It is part of each PD, part of the interview process and staff selection, part of performance management and part of the team culture.' (AOD manager)

At least 11 agencies report that such documentation has already been developed, while the remaining agencies indicate some progress towards this or intention to work on these in the future.

5.6 Increased worker confidence

As agencies continued to work on embedding family inclusive practices, and workers gained more experience of conducting family meetings, reports began to emerge from workers of increased confidence in including families in their work.

'Clients often arrive at Rehab with a family member. In the past I never knew beforehand. I used to just show them a quiet place to wait, while I went through the admission process with the client. If they wanted to sit in I'd feel really anxious. Since the training, I've been ringing before admission and asking who the client would like to bring with them. When they arrive I meet with them together. It's been going pretty well. The clients seem to like it and so do the family members, and I'm starting to feel a bit more confident that I can handle situations like this, especially when it's planned. (AOD caseworker at CIG meeting)

'Workers are more confident. FSP is a more strongly embedded now than 6-12 months ago. It's been a natural progression. It (FSP) is normalised in workers'/colleagues' conversations.' (Comment from AOD manager)

A number of agencies involved in the Beacon project have also gone on to successfully apply for funding to support the development of other family inclusive projects.

> *'Family focus project (funded) has enabled organisational change. Senior manager has been given portfolio for embedding family inclusive practice.'* (AOD manager)

While these are not a direct outcome of the Beacon project, they do reflect broader shifts occurring in the sector, and more specifically, developments towards family inclusion which have occurred within those particular agencies.

6 Conclusion

During the 3 year period of The Beacon Project in the Alcohol and Other Drugs Sector, (2008 - 2011), significant practice changes have been observed amongst agencies who took part in the project. These changes occurred at a range of levels, from the clinical practice of workers becoming more family inclusive, to organisational changes that reflect the values of family inclusion being more systematically embedded within the culture and structures of services.

The findings from the Beacon project indicate the importance of having a clear and practical framework for family interventions which,

- is applicable across a range of levels of skill and experience, and
- can be adapted to suit the requirements of a range of different client families and service types.

In order to maximise the potential for such a framework to be successfully implemented it needs to fit with the values of individual workers and agencies, and the complement the existing services being offered to clients. Therefore, time engaging with participants around the rationale for including families in their practice context is well spent.

Combining initial training with ongoing opportunities for skill development and implementation support is likely to provide the greatest opportunity for family inclusive practices to be sustainably implemented by agencies. Training which imparts usable techniques and specific skills to employ in particular situations must be reinforced by structured opportunities for demonstration by skilled facilitators and practice opportunities for participants. This assists workers to develop confidence in the application of the framework to their practice within the service delivery context of their role.

The achievements highlighted in the report underscore the importance of providing ongoing implementation support in conjunction with training, which assists participants to problem solve barriers and challenges as well as creating opportunities to build motivation and foster constructive developments as a core component of workforce development initiatives. The CIG meetings, consults and newsletter provided opportunities for clinicians to maintain their interest and motivation and for organisations to promote and develop family inclusive practice overtime.

By engaging with the AOD sector over a 3 year period, and promoting the work of participating agencies, the Beacon project has sparked interest and enthusiasm in the sector for family work. This has been reflected in the continued demand for and interest expressed by representatives of the

AOD sector in family based training and requests for more support of family work more generally. Such requests have come from both representatives of 'Beacon sites' and from agencies who were not involved in the project, indicating broader family inclusive shifts occurring across the sector. These shifts have resulted in family work now occupying a significant place on the agenda of the AOD sector, which if given adequate resourcing and support over the coming period is likely to result in beneficial developments for substance using clients and their families.

In order to further embed these changes within both the existing Beacon sites and across the sector more broadly, clinicians and organisations will require further access to training and implementation support to up-skill new workers, and develop more advanced practice skills amongst those who are already engaging families in their work. Clinicians will also benefit from having access to regular support and clinical supervision which can address specialist aspects of their practice with families, and which can continue to support them in developing skills and confidence in this aspect of their work.

7 Appendices

7.1.1.1 Appendix One: Beacon application pack 2008

Request for Submissions

Including Families:
implementation of family inclusive practices in the AOD Sector

A. Application Form (Introduction)

Background:

A growing body of evidence shows that including families (and/or significant other people) in the care of those who have problems associated with their substance use, has a substantial benefit to both the person engaged with the AoD services and the family itself. Yet despite this knowledge and the availability of training and tools, it is often difficult to create the right organisational environments, or to have the confidence to undertake this challenging work.

The Aims:

- document existing Family Inclusive practices
- identify the gaps, challenges and barriers to undertaking this work
- provide training and implementation support to the organisiations that are chosen in year one of the project
- share the emerging knowledge and enthusiasm with the broader sector

We anticipate that the knowledge and wisdom gained by successful applicants will both stimulate and support the implementation process within each organisation, and will be shared with the wider AoD sector. We further imagine that through this work an enthusiasm for family work will spread throughout the sector, encouraging other organisations to become involved.

Family Inclusive 'Beacon' (Pilot) Projects

Please refer to the short descriptions of each practice approach (attached). For further information please contact Shane Weir (Project Manager) or Elena Tauridsky (project ???) on **9385 5100.**

The Bouverie Centre, La Trobe University invites organisations within the Alcohol and Other Drugs Sector to apply to participate in an innovative initiative to implement Family Inclusive practices within their service. Agencies can submit for more than one FI approach but separate applications addressing the key selection criteria are required. Applications will be considered from organisations of varying sizes, and from across the whole range of funded programs.

Timelines:

- Applications are to be submitted by: Friday, 5 December 2008
- Successful applicants will be notified by The Bouverie Centre by Tuesday 23 December 2008
- Further communication outlining the program through January – June 2009, will be sent to the successful organisations and will be communicated to the broader field through e-news
- The projects will commence in early February 2009

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

Request for Submissions

Including Families:
implementation of family inclusive practices in the AOD Sector

B. Application Form (Agency details)

Please complete the following:

Date:	
Name of Agency	
Name of Contact Person	
Position	
Contact details: • Phone:	
• Email:	
Which FI approach(es) are you interested in undertaking? **please refer to the more detailed description of each practice approach (attached)*	☐ **Single Session Work for Families** ☐ **Family to Family** ☐ **Behavioural Family Therapy** ☐ **Family Sensitive Practice – a whole of Agency approach**

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

Request for Submissions

Including Families:
implementation of family inclusive practices in the AOD Sector

C. Application Form (Selection criteria)

Guidelines:

The following criteria will be used for the evaluation of submissions

1	How would the Family Inclusive practice chosen be a valuable addition to your agency
2	Please describe the commitment of your organisation's management to support and lead this initiative. *(Please describe the resources you would be able to bring to this project. This will include a commitment to releasing core staff to attend all training and ongoing implementation group supervision/meetings as part of the project development)*
3	Please describe your organisation's experience in implementation of programs and/or other initiatives to enhance service delivery or experience in implementation of change in work practices / culture
4	If you were successful, please provide a brief outline of your organisation's implementation strategy for this project.
5	Please comment on your agency's preparedness to share emerging knowledge and collaborate with the wider sector in a range of forums

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

Request for Submissions

Including Families:
implementation of family inclusive practices in the AOD Sector

D. Application Form (Organisation agreement)

Declaration of Organisation Agreement to participate in Implementation Project

I..... as the representative of
..... (Name of Organisation)
agree to support the implementation of this project. I understand that this will include release of staff to attend training, implementation forums and Co-operative Inquiry Group meetings and to participate in Participatory Action Research (subject to Ethics Approval), that will support the development and implementation of these practices within the organisation.

Following the completion of the first year of training and support from The Bouverie Centre, we agree to participate in collaborative activities through a range of forums, to share emerging knowledge with the wider sector.

I would like future correspondence from The Bouverie Centre to be directed to the staff member named here:

Name: .....

Position: .....

Phone: .....

Email: .....

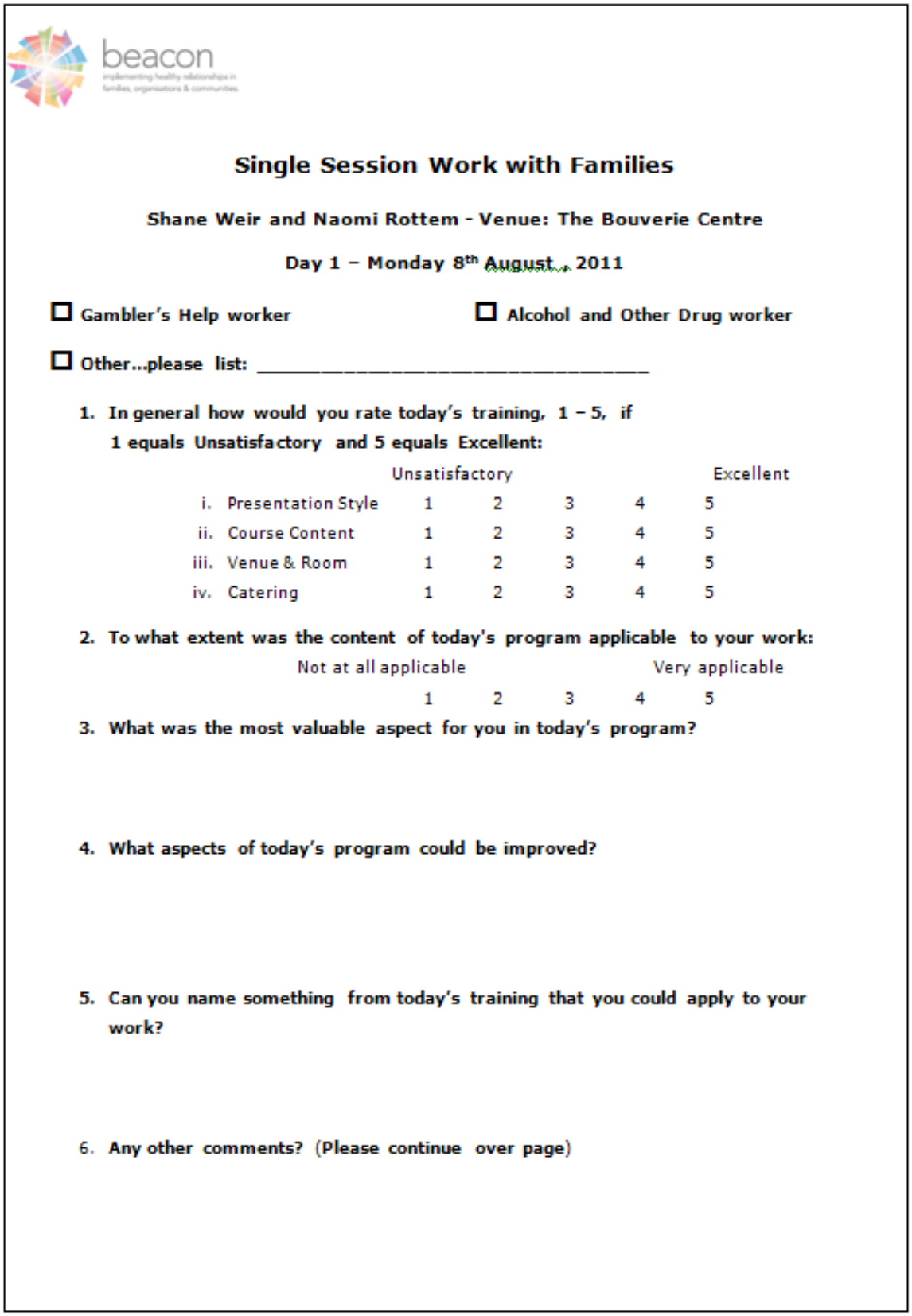
I sign this document as the delegated authority for the above mentioned organisation.

.....
Signature of Chief Executive Officer (on behalf of organisation)

Date: .....

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

7.1.1.2 Appendix two: Evaluation form SSW with families



beacon
implementing healthy relationships in families, organisations & communities

Single Session Work with Families

Shane Weir and Naomi Rottem - Venue: The Bouverie Centre

Day 1 – Monday 8th August, 2011

☐ **Gambler's Help worker** ☐ **Alcohol and Other Drug worker**

☐ **Other...please list:** _____

1. **In general how would you rate today's training, 1 – 5, if 1 equals Unsatisfactory and 5 equals Excellent:**

	Unsatisfactory				Excellent
i. Presentation Style	1	2	3	4	5
ii. Course Content	1	2	3	4	5
iii. Venue & Room	1	2	3	4	5
iv. Catering	1	2	3	4	5

2. **To what extent was the content of today's program applicable to your work:**

Not at all applicable				Very applicable
1	2	3	4	5

3. **What was the most valuable aspect for you in today's program?**

4. **What aspects of today's program could be improved?**

5. **Can you name something from today's training that you could apply to your work?**

6. **Any other comments? (Please continue over page)**

Single Session Work with Families

Shane Weir and Naomi Rottem - Venue: The Bouverie Centre

Day 2 – Tuesday 9th August, 2011

☐ **Gambler's Help worker** ☐ **Alcohol and Other Drug worker**

☐ **Other...please list:** _____

1. **In general how would you rate today's training, 1 – 5, if 1 equals Unsatisfactory and 5 equals Excellent:**

	Unsatisfactory				Excellent
i. Presentation Style	1	2	3	4	5
ii. Course Content	1	2	3	4	5
iii. Venue & Room	1	2	3	4	5
iv. Catering	1	2	3	4	5

2. **To what extent was the content of today's program applicable to your work:**

Not at all applicable				Very applicable
1	2	3	4	5

3. **What was the most valuable aspect for you in today's program?**

4. **What aspects of today's program could be improved?**

5. **Can you name something from today's training that you could apply to your work?**

6. **Any other comments? (Please continue over page)**

7.1.1.3 Appendix three: Implementation tree questionnaire (for October 2010)

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

The Implementation Tree Questionnaire

Background context

Implementation of change is an incremental and developmental process and rarely occurs quickly. We know that not everything changes at the same pace, so these measures are an attempt to show growth in different areas of becoming family inclusive as agencies work towards sustainable changes.

We also understand that much of this work has not been visible or valued in the past. This questionnaire will help reveal some of that work, and our hope is that, in turn, its importance will be both seen and valued.

The information collected through this questionnaire will be represented visually – as Trees - to help you see your implementation progress (growth). Some of this work is represented by canopy growth (ie. the things your agency does to be family inclusive), and others can be best seen in the growth of the root system, as it 'takes root' in the agency (eg. the development of agency structures and policies that enable these family inclusive practices to happen).

We hope the prompts below each of the statements in the questionnaire (based on research evidence about implementation) will help you identify areas that need attention, and help you develop your implementation plan further.

Aims

- to help agencies identify what they are doing already *(as a result of being part of Beacon project)*
- to measure and visually represent agency progress on a 6–monthly basis
- to collect information about sustainable AOD workforce development.

The Trees

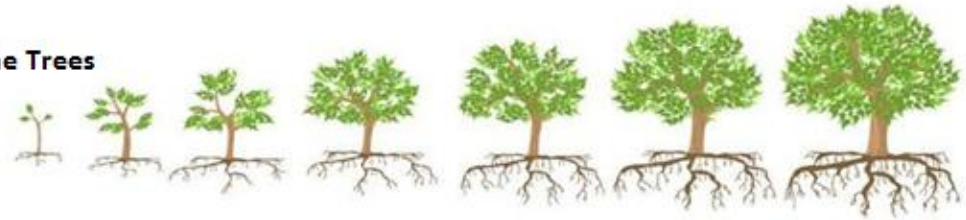


Figure 1: *linear representation of 7 stages of growth related to implementation.*

Figure 2: *examples of possible combinations of growth related to implementation.*

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

Guide to completing this questionnaire

NB: *The purpose of this survey is for you to reflect openly and honestly about a variety of areas related to the Beacon family inclusive work in your agency.*

Your responses need to be based on your consistent and purposeful application of Family Inclusion. Report on your activities only when they are well established.

- Set aside at least one hour as a team to complete this task
- Please remember to make a copy for your records, then return the completed questionnaire in the reply paid envelope provided.

In the spirit of participatory action research, we are interested in your feedback, about this measurement tool, so that we can make adjustments to ensure it is both helpful, and a way to collect information.

Other things to know

Confidentiality:

Your individual agency answers will be de-identified and will remain confidential in the care of the researcher. Twice each year you will be sent an individual agency image of your tree growth progress. This will be based directly on the responses to this questionnaire.

Displaying growth of the project:

Agency 'trees' will be grouped together and presented in the form of a ***fully de-identified*** forest on the Bouverie Website. Through this, you will be able to compare your progress with all other agencies participating in this strategy.

Learning from the Questionnaire:

There are no right or wrong answers. We hope that the prompts beneath each statement will help you identify things that your agency can do to progressively develop your work in this area, so that family inclusive practice becomes part of "business as usual" at your agency.

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

The Questionnaire

Today's date	
Agency	

Names of staff involved in responding to this questionnaire		

Instructions

The following pages present nine statements about implementation of family inclusive practices within your agency.

Using the **7-point Likert scale,** under each of the following ten statements, please circle the number that best describes the extent to which you agree or disagree with each of the following ten statements.

There are also a number of check boxes under each likert scale (*except question one).* Check those that reflect what you are doing in your agency.
These points are guides to help you think about your overall response and to help you plan.

In the top right hand corner of each page is an image to let you know whether this question relates mainly to root or canopy growth.

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully, and circle the number on the likert scale that best represents your response.)

1 To what extent do you think your service is currently family inclusive?

Not at all inclusive — Very inclusive

1 2 3 4 5 6 7

Additional comments: _____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Circle the number on the Likert scale that best represents your response, and then check the boxes to provide detail of your activities.)

2 **Sufficient resources have been allocated by this agency to support the implementation of family inclusive work.**

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

- ☐ *Adequate resources are allocated to ensure staff acquire the necessary knowledge and skills required to practice family inclusivity.*
- ☐ *Adequate time is allocated for staff to put into practice their new skills in family work.*
- ☐ *Adequate funds and resources have been allocated for adaptations (if necessary) to the physical environment that will make family work possible.*
- ☐ *Time is allocated for an in-house reference group to meet regularly to discuss implementation issues and progress related to family inclusive practice.*
- ☐ *Time is allocated for nominated 'champions' to regularly attend the Cooperative Inquiry Group (CIGs) meetings at The Bouverie Centre.*
- ☐ *There is flexibility in the budget and program to undertake work outside traditional office hours.*
  - ☐ *staff flexi-time is available according to agency 'time in lieu' policy;*
  - ☐ *penalty rates have been negotiated (if relevant);*
  - ☐ *staff security has been addressed.*

Additional activities: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Circle the number on the Likert scale that best represents your response, and then check the boxes to provide detail of your activities.)

3 **Staff in our organisation (program) are enthusiastic about working in family inclusive ways.**

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

- ☐ *Staff believe that family inclusive practice is relevant, and of value, in responding to the needs of our community.*
- ☐ *There is a culture of acceptance and support for the purposeful use of a family lens in our work with clients.*
- ☐ *Workers can be overheard informally speaking about issues related to family work.*
- ☐ *Workers make opportunities to support each other in developing skills in working with families. (eg through doing co-work or talking through issues as peers).*
- ☐ *Staff are sceptical about the current focus on family inclusive practice in the AOD sector, and question if it will continue once the 3-year Beacon project is finished.*
- ☐ *Workers who do not support the work towards implementing family inclusive practice, either outnumber, or are more strategically placed in the organisation, than those who support it.*

Additional comments: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Circle the number on the Likert scale that best represents your response, and then check the boxes to provide detail of your activities.)

4 **Management provides strong leadership to support the implementation and maintenance of family inclusive work in this agency.**

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

☐ *Senior management clearly communicates a vision for family inclusive practice as part of the broader agency agenda and future direction.*

- ☐ *workers are clear about the expectations of them in relation to family inclusive work.*
- ☐ *management encourages open and critical reflection about the processes of change and discussion of tensions associated with this.*
- ☐ *management helps resolve perceived conflicts with other agency goals and actively encourages persistence in implementation.*

☐ *The agency has designated a management position with responsibility to oversee the development of family inclusive practice in the agency. This ensures that:*

- ☐ *communication occurs between agency and Department of Health and / or Bouverie;*
- ☐ *staff are supported to attend implementation meetings (in-house and CIGs);*
- ☐ *resources are developed & maintained;*
- ☐ *supervision that addresses clinical and implementation issues is provided.*

☐ *Staff are not clear about who in management is responsible for the Beacon project.*

Additional comments: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Circle the number on the Likert scale that best represents your response, and then check the boxes to provide detail of your activities.)

5 **We have steps in place to ensure that family inclusive practice continues in this agency regardless of whether Beacon trained staff remain with the agency.**

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

☐ *Clear policy documents and practice guidelines outline this organisation's commitment to family inclusive practice.*

☐ *Formal planning (Corporate Plan, annual program plans/ individual work plans) and performance standards reflect family inclusive practice.*

☐ *Family inclusive practice is embedded in personnel processes.*

- ☐ *clear information, about the goals and functions of family inclusive practice, is written into new position descriptions;*
- ☐ *the agency actively recruits for skills and values congruent with family inclusive practice*
- ☐ *existing position descriptions have been updated to reflect the incorporation of family inclusive practices as a part of the workers' roles;*

☐ *Annual performance reviews directly address family inclusive practices.*

Additional comments: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Circle the number on the Likert scale that best represents your response, and then check the boxes to provide detail of your activities.)

6 We have a comprehensive system in place to evaluate our implementation progress in family inclusive work.

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

☐ *We have an agreed upon process for staff to document family work.*

- ☐ *staff follow the guidelines to maintain records of family work in client files;*
- ☐ *staff clearly understand how to document 'family work' related Episodes of Care;*
- ☐ *staff record this accurately and this is visible in the data received by Department of Health.*

☐ *We have ways to seek feedback about **the quality and impact of our work.***

- ☐ *we routinely ask clients and referrers for feedback about our clinical family work*

☐ *This agency regularly reviews the supports that enable workers to practise in a family inclusive way eg:*

- ☐ *professional development needs are reviewed with staff members;*
- ☐ *workloads are monitored;*
- ☐ *demand for after hours family appointments is tracked.*

☐ *Feedback received about family inclusive work in our agency is analysed and shared with staff.*

☐ *Work practices change in direct response to the feedback gathered.*

Additional comments: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Circle the number on the Likert scale that best represents your response, and then check the boxes to provide detail of your activities.)

7 We actively promote our service as being family inclusive.

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

☐ *Staff at this agency understand what we mean by family inclusion AND what we can offer family members.*

- ☐ *we share our understanding of a broad view of the term 'family' with clients, other agency staff and external referrers.*

☐ *We have a range of materials that promote family inclusion in AOD.*

- ☐ *information that promotes our family inclusivity is included in new agency publications;*
- ☐ *information is available in accessible forms (eg plain English /community languages /visual)*
- ☐ *information that promotes our capacity and interest to include families is openly displayed.*

☐ *We have a community reputation for being an AOD service where families are welcomed.*

☐ *We ensure our professional networks have information about our ability and willingness to meet with family members.*

☐ *We generally engage with a client first and then introduce our desire to include additional family members.*

Additional comments: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Circle the number on the Likert scale that best represents your response, and then check the boxes to provide detail of your activities.)

8 Supervision actively addresses issues related to family inclusive work.

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

☐ *During supervision, workers in this agency critically reflect on their work with families, including the constraints and issues that arise when engaging families.*

☐ *Clinical supervisors at this agency are well equipped to support workers as they face issues and sensitivities that arise in their work with families.*

☐ *Issues raised in supervision are attended to in a timely fashion.*

☐ *Supervision at this agency mostly deals with organisational and performance matters.*

☐ *Supervisors feel unsure about what is expected of them in relation to implementation of family work.*

☐ *Staff with experience in family work provide support to their co-workers.*

- ☐ *co-work in family sessions is encouraged;*
- ☐ *staff attending CIGs consult with team members about issues to raise and stories to share;*
- ☐ *staff attending CIGs bring back knowledge and ideas, AND share these with others in the agency.*

Additional comments: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Circle the number on the Likert scale that best represents your response, and then check the boxes to provide detail of your activities.)

9 The physical environment in our agency is family inclusive.

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

- ☐ *We have a private and welcoming room that is large enough to host a family session.*
- ☐ *Parents/carers of either gender are able to access baby change facilities at our agency.*
- ☐ *Our décor and furnishings reflect our intention to make our service a family welcoming place.*
- ☐ *There is a safe play area for children in our waiting room.*
- ☐ *We use a meeting room to see families, because that is the only space large enough to comfortably host them.*

Additional comments: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

(Please read the statement below carefully. Check the boxes to provide detail of your activities, and circle the number on the likert scale that best represents your response.)

10 **We actively invite clients to consider including family members in their sessions.**

Strongly Disagree — Strongly Agree

1 2 3 4 5 6 7

☐ *At first point of contact, potential clients are routinely provided with brief information about our capacity and willingness to include their family.*

☐ *We ask questions to establish a potential client's familial/social context and his/her interest in family inclusive work.*

- ☐ *we sensitively enquire about how someone's substance use might contribute to a range of stressors (financial, physical, emotional) for other people around them.*

☐ *We wait for clients to suggest the inclusion of a family member.*

☐ *We are curious about reluctance or refusal to allow family involvement.*

- ☐ *we respect a client's right to determine this for themselves, but we are also alert for potential changes from this position.*
- ☐ *if a client refuses an invitation to consider family work, we do not raise it again.*

☐ *We help clients explore how they might invite others to join in their care.*

☐ *We are alert to the possibility of abuse within families, and act in ways to maintain the safety of our client and family members.*

Additional comments: _____

_____

_____

_____

_____

Lighting Beacons Project: measuring progress – time 2

Growing Trees: a metaphor for implementation

i How many staff undertook family work sessions in the last six months? _____

ii How many family sessions did you provide in the last six months? _____

iii How many people generally attend a family session (inclusive of the prime client)?

- ☐ 2
- ☐ 3
- ☐ 4 or more

iv Which family members generally attend a family session? _____

_____

_____

v On average, how much time does a family session take? _____

How long did it take you to complete this questionnaire? _____

Thank you for taking the time to complete this questionnaire.

Please keep a copy for yourself and return the questionnaire in the enclosed postage paid envelope to: Elena Tauridsky

The Bouverie Centre – 8 Gardiner Street, Brunswick VIC 3056

7.1.1.4 Appendix four: Pre-implementation survey

Pre-Implementation Survey

Lighting Beacons: implementation of family inclusive (FI) practices in the AOD Sector

Dear Colleague,

Pre-Implementation Survey

As part of the research, we have prepared a questionnaire that focuses on the process of incorporating Family Inclusive work in your agency. Your responses will help us map changes in the Alcohol and Other Drug Sector.

Consent to participate in the research will be implied from completion of the survey. Your survey has been allocated a **code** which is known only to the researcher, for the purpose of comparison with a post-implementation survey that you will be asked to complete in 12 months time. All surveys will be fully de-identified.

The survey should take around 15 minutes to complete and **must be finished in one sitting**. Please respond to each question with the first answer that comes to mind (do not deliberate for too long). There are **no** right or wrong answers. Just give the answer that is most accurate for you.

On behalf of the research team, thank you in advance for taking the time to complete this questionnaire. Your contributions will play a valuable role in building a richer profile of family inclusive practices in the AoD sector.

If you have any queries or concerns please do not hesitate to contact us at any time – Elena Tauridsky, phone 9385 5113 or email e.tauridsky@latrobe.edu.au, or Shane Weir (Project Manager), phone 9385 5100 s.weir@latrobe.edu.au.

Yours sincerely,

Elena Tauridsky (Project Co-ordinator)

Sex / Gender	
No. of years experience as a 'Helping Professional' *(please include all your experience, not only your time in the AOD field)*	

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

Pre-Implementation Survey

Lighting Beacons: implementation of family inclusive (FI) practices in the AOD Sector

Using the 5-point Likert-scale below, please answer the questions on the following pages:

Disagree strongly	Disagree somewhat	Neutral	Agree somewhat	Agree strongly
1	2	3	4	5

NB: Please answer every question, regardless of whether you have performed the activity.

		Strongly disagree				Strongly agree
	Section 1: CONFIDENCE					
1	I possess adequate knowledge to conduct an interview with families / more than one person in the room.	1	2	3	4	5
2	I am clear about when and how I would invite other people into my individual client's session.	1	2	3	4	5
3	I understand how to work collaboratively with my client's family.	1	2	3	4	5
4	I am able to engage family members, who have different points of view, in a session.	1	2	3	4	5
5	I am able to work with conflict between family members.	1	2	3	4	5
6	I know how to manage a family so that safety outside the sessions is maximised.	1	2	3	4	5
7	I understand how to work with confidentiality in family work.	1	2	3	4	5
8	I have skills in engaging all family members.	1	2	3	4	5
9	When I work with families I can appreciate their individual perspectives at the same time.	1	2	3	4	5
10	I have confidence in my ability to work with families.	1	2	3	4	5

Strongly disagree — Strongly agree

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

Pre-Implementation Survey

Lighting Beacons: implementation of family inclusive (FI) practices in the AOD Sector

Section 2: ATTITUDE						
1	Family work assists individual clients in treatment.	1	2	3	4	5
2	Families contribute to the problem.	1	2	3	4	5
3	I am willing to try new things.	1	2	3	4	5
4	Families are important for the ongoing care and support of the person using substances.	1	2	3	4	5
5	Supporting families to reconnect with each other is important.	1	2	3	4	5
6	Family relationships are important.	1	2	3	4	5
7	Family members need support to cope with the negative effects of someone's substance use.	1	2	3	4	5
8	Family work is compatible with the way I like to work.	1	2	3	4	5
9	Families contribute to the solution.	1	2	3	4	5
10	Because of my work as a helper, I feel exhausted.	1	2	3	4	5
11	Promoting relationships is important.	1	2	3	4	5
12	My values relating to service provision are at odds with including families in my work.	1	2	3	4	5
13	I am sceptical about the benefits of including families in my work.	1	2	3	4	5

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

Pre-Implementation Survey

Lighting Beacons: implementation of family inclusive (FI) practices in the AOD Sector

		Strongly disagree				Strongly agree
	Section 3: IMPLEMENTATION					
1	Change is managed well in my workplace	1	2	3	4	5
1	Workers in my team are sceptical about including families in their work	1	2	3	4	5
2	There are opportunities for co-work (*working with a colleague)* in my team	1	2	3	4	5
3	Including families in my organisation is unnecessary due to a lack of demand	1	2	3	4	5
4	Including families in my organisation is not useful due to the client demographic.	1	2	3	4	5
5	My immediate supervisor communicates well with employees	1	2	3	4	5
6	Staff members in my team/program are unwilling to try new things	1	2	3	4	5
7	I feel overwhelmed by the amount of work I have to manage	1	2	3	4	5
8	Caseloads between individual and family work are balanced in my workplace	1	2	3	4	5
9	Family work fits well with the core values of my organisation	1	2	3	4	5
10	Stats reporting and other administrative tasks associated with family work are burdensome	1	2	3	4	5
11	There is a lack of cooperation and collaboration between staff in this organisation	1	2	3	4	5
12	We regularly ask clients for feedback about their experiences of coming to our agency.	1	2	3	4	5

LA TROBE UNIVERSITY

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

Pre-Implementation Survey

Lighting Beacons: implementation of family inclusive (FI) practices in the AOD Sector

13. What might help your organisation sustain Family Inclusive work?

_____
_____
_____
_____
_____

14. Please tell us about anything that we have missed that you think is important in understanding the work of including families in Alcohol and Drug Services?
Please use the box below to comment:

Thank you for taking the time to complete this questionnaire.

Please return to Michelle Wills – m.wills@latrobe.edu.au Phone: 9385 5100

7.1.1.5 The Beacon Newsletter, August 2009

VOLUME 1, ISSUE #1

THE BOUVERIE CENTRE
LA TROBE UNIVERSITY

THE BEACON

AUGUST 2009

INSIDE THIS ISSUE:

NEWSFLASH

Invitations for agencies to apply to join the project in Phase 2 will be announced soon.

Phone consultations with Middle Managers of current Beacon sites will commence soon.

Lighting the Beacons

Welcome ... to the first edition of our newsletter 'THE BEACON'... The project has been underway for a full 5 months—commencing with the Project launch (see page 2) and the Ethics approval for the research. The findings of the consultation undertaken in late 2008 were presented at the Department of Human Services (DHS) Service Providers' Conference in March, the training for the first round of projects was rolled out in March-April, and all the monthly Co-operative Inquiry Groups (CIGs) are now well underway.

It is a time of change — one which brings with it some apprehension about setting and meeting targets (let alone doing the work) with these newly adopted practices. Each agency is finding its own rhythm with implementation. So far, we have heard about the development of protocols and internal meeting structures, presentations to other staff and clients, and brochure development. And many workers are now beginning to report on their forays into purposeful family work.

'Making it happen' is not as simple as some might like to imagine. As we know from experience, despite best intentions, incorporating new approaches takes some doing. Competing work demands mean we often fall back to our 'default' practices: those ways of working that we know how to do easily. It requires commitment from all layers to work together: workers on the ground, managers and DHS - each with distinct responsibilities and tasks to enable the project as a whole to become successful.

With this in mind, we have shaped the project to include regular contact and consultation, in order to provide support and encouragement to bring the training to life, and to overcome the hurdles that can cause it to stall. The monthly CIGs are a key way to support collaboration between workers who are implementing similar approaches. In these meetings dilemmas can be shared, creative solutions generated and practice wisdoms gathered. We hope that a continuous loop of information is created between your agency and the CIGs, from which others in your team can benefit.

The CIGs are also the vehicle through which we are undertaking research on implementation with you as our co-researchers: to find out what it takes to implement newly developing skills and work practices, and to understand more about the kinds of organisational environments that help to make it happen. With our strong commitment to Participatory Action Research and co-operative inquiry, we will continue to listen to you throughout the project and respond in ways to support the issues that are raised. In this way we are putting the "plan...act...observe...reflect...re-plan...act...observe...reflect ...(etc)...cycle' into place.

This is an emerging area of work across the wider health and welfare sector, so it is exciting to work with each of you, and your agencies more broadly, in this co-operative and groundbreaking project.

Elena Tauridsky (Project Co-ordinator)

THE LAUNCH OF LIGHTING BEACONS

On 24 February 2009, Lighting Beacons was launched though a one-day Forum that brought together over 60 DHS funded Alcohol and Other Drugs (AOD) agency representatives from the 19 newly selected Beacon Projects (located in 16 AOD agencies across Victoria), together with DHS officials and staff from The Bouverie Centre.

Jeff Young, acting Director of The Bouverie Centre presented the overall vision of the Beacon Strategy and Shane Weir, acting Manager of the Community Services team, shared some of the enthusiasm for supporting implementation of new practices and outlined broadly how the project would look. Findings from the consultation undertaken with the AOD sector across Victoria in 2008, as the preliminary investigation to inform this project, were presented by the project co-ordinator, Elena Tauridsky, and an announcement was made that the Ethics approval had been granted for the Research aspect of the project to go ahead.

Paul Smith, Acting Executive Director of Mental Health and Drugs, spoke with heart about the value of including families in the work of AOD, and highlighted the recently launched AOD Blueprint which also articulates this in DHS policy direction.

Silvia Alberti, Manager of Sector Quality and Workforce Development, responded to the concerns that had been expressed during the consultation: that current data collection does not adequately capture work with families; and opened the door to collaborative discussions between DHS and AOD agencies to make tangible improvements to this. Interested participants were invited to meet with DHS and ADIS representatives, in a consultation to find a way to begin to count work with families in AOD (see page 4 for the DHS report on this).

In the afternoon participants met with each other and their Bouverie trainer/facilitator to form their Co-operative Inquiry Groups and the day concluded with a symbolic and yet lighthearted, 'egg-cellent' activity.

"... establishing family inclusion as a matter of practice ... not just a matter of opportunity."

(voice from the 2008 Consultation)

Representatives from the 19 newly established AOD Family Inclusive Beacon Project sites with Paul Smith, Acting Executive Director Mental Health and Drugs DHS (right) and Jeff Young, Acting Director The Bouverie Centre holding the Beacon Strategy collaborative signatories document.

AN EGG-CELLENT ACTIVITY

Page 3

The Activity:

Each group was given a raw egg, together with 20 plastic drinking straws plus 2 metres of masking tape . . .

. . . and asked to collaboratively create a protective coating around the egg . . .

. . . many ideas were shared and tried . . .

. . . and an array of designs were fashioned, to keep each egg safe . . .

. . . but one group cradled a very well hidden secret . . .

. . . till everyone went outside . . .

then . . .

dropped from a great height in brilliant sun, one by one some survived . . . some not

How it is happening at Bridgehaven ... by Hayley Lines

Being a small residential community for women and their younger children, and feeling slightly overwhelmed and a little apprehensive as to how we would successfully introduce and implement Family Sensitive Practice at Bridgehaven, we are now confident that we have achieved some real milestones for our service, and that our colleagues and clients alike are beginning to embrace the new initiative.

Since first launching FSP, which we did through Power Point slides and demonstration role-plays both for clients and staff, we have also put out a brochure aimed at family members, redesigned our foyer to include better resources for families and have successfully facilitated our first Family Meeting.

The family meeting was held at our service in Preston and was co-facilitated by two of our FSP working group and the client's case-worker was present as her support. It went really well and the feedback from the client and her family was extremely positive.

As we have had to have a subsequent launch of the initiative, due to our client group changing every 8 weeks or so, our next step is to begin working on a DVD resource that would showcase what a Family Meeting might look like. This will be done through a role-play utilising the talents of staff & clients from our service.

The progress has been really steady and the interest for Family Sensitive (and Inclusive) Practice is continuing to grow and we feel really positive about where it is headed.

If you would like to find out more about implementation of family inclusive practice at Bridgehaven please contact: hayley.lines@aus.salvationarmy.org

Capturing the data ...

(News from DHS)

DHS has been exploring ways in which the ADIS system can be used to capture some of the activities relating to the family inclusive practice being delivered at the Beacon sites.

During the launch of the Beacon sites, volunteers were invited to participate in a consultation to standardise the way that ADIS data is collected from the Beacon sites. The consultation was held in March 2009 and was an opportunity for DHS to consider some of the issues that people have experienced in using ADIS for capturing family inclusive practice.

The limitation of the current ADIS system is that the software that the system uses can no longer be edited; and therefore any changes to data collection need to be made using the existing fields. An interim approach will be trialled at the Beacon sites from July 2009. Agencies will be required to set up codes in ADIS in accordance with a coding methodology they helped to develop. This will enable future ADIS reports to identify activity relating to the Beacon sites.

For some agencies, undertaking new family inclusive interventions may have an impact on their ability to reach 'Episode of Care' targets for some service types. The data collected in ADIS will be reviewed as part of the ongoing evaluation of the Beacon site project and will inform future funding targets.

A bulletin explaining the process, including the coding methodology, has been sent to all of the participating agencies.

If you have any questions in relation to ADIS, contact Duncan Smart –

duncan.smart@dhs.vic.gov.au

PROFILES

Mike Bullen

Current role: Mike is employed at Maryborough and District Health Service as an AOD counsellor and Social Worker. In this role he co-facilitates a group for men who experience anxiety, depression and isolation.

Background and experience: With a background which begins with qualifications in Ceramics Mike established a 'Pottery' with people with an intellectual disability. He worked in that sector for over 20 years and has since completed a Bachelor of Social Work. Mike questions those models of therapeutic practice where the therapist is seen as the 'expert', and speaks of being influenced by Narrative ideas and the work of Michael White.

Family Inclusion interests: *'A lot of focus is on individuals but often the gaze misses what's going on at home.'*

Mike talks of the positive benefits of including the 'important people' in the care of an individual, and reflects on stories from his own family of origin

Personal quirks or interests: You'd be surprised what Mike knows about termites. He even admits to having eaten them raw, just to *'let them know who was boss'*.

On a musical note, he speaks of the joys and benefits of long time collaborations with fellow musicians: playing duets each Sunday with a friend and playing tenor saxophone with the 'Blackouts': a Rock and Roll band that also includes some musicians with an intellectual disability.

Tania Zapparoni

Current role: Tania is employed as an AOD Family Counsellor / Senior Clinician at the RAFT program based at Merri CHS (formerly Moreland) in Coburg.

Background and experience: After her initial registration as a psychologist in the early 90s, Tania undertook Family Therapy training and has used these skills in a variety of settings including the disability sector and community health. Her work in the AOD sector spans the past 11 years though she has maintained a range of other professional interests including a small private practice. Like many people, Tania describes 'falling into the AOD field' rather than entering it by design. She speaks with palpable warmth about the incredible richness of the work.

Family Inclusion interests: Tania observes that people do not live or operate in a vacuum and reflects on her experience of seeing change happen more rapidly when she is able to work with 1 or 2 other family members. *'For me to fully assist, it just makes sense to include family members. It feels like you are intervening at a different level'.*

Personal quirks or interests: While she says she is aware it might not be fashionable – Tania admits she loves Westerns, but specifies just those from the 1950s *'not the contemporary revisionist ones'*. In exploring her enjoyment of these simple old fashioned films, she refers to the simplicity of things being portrayed as either 'black or white', and finds that an interesting counterpoint to the ambiguities and layered greyer areas of clinical counselling practice. Ultimately, she enjoys the escapism they offer.

> "Intuitively, family work makes sense to me"
> – Tania Zapparoni

Naomi Rottem (facilitator f2f CIG)

Current role: Naomi is currently employed by the Bouverie Centre as a Family Therapist and facilitates Family to Family link ups as part of her role in the Acquired Brain Injury team.

Background and experience: After studying Social Work at University, she worked in a range of family and community health agencies. This included outreach work with homeless families which put her in contact with the myriad issues faced by families such as substance use, domestic violence, mental health issues and the many things that marginalise people.

Family Inclusion interests: Naomi's interest in families was piqued at an early age when she found herself growing up in one. With a family history that includes international migration and fleeing from war-torn countries, Naomi describes herself as having had a long appreciation of the impact of trauma and dislocation on the lives of people and families.

Personal quirks or interests: After her return from a year living overseas, where she discovered the joys of scuba diving and hidden underwater worlds, Naomi commenced Family Therapy training at The Bouverie Centre in 2005.

THEMES FROM THE CIGS

family 2 family : (from left) Liam, Marianna, Thuy, Emily, Jim, Naomi, Kylie, Deborah, Caron & Tania (inset)

family sensitive practice: Tina, Cath, Andrea, Robyn, Wendy & Heather (missing Hayley, Karen & Laura)

single session family work 1: Ros, Shane, Kerry, Jenny, Mary, Sarah, Louise & Mike (Right)

As you now know, the CIGs are a forum in which to bring forward your practice dilemmas and concerns as well as your stories of success, and are a place to share ideas with colleagues from other agencies; all designed to help progress implementation of family inclusive practices.

Getting together in this way helps to normalise the worries, about doing things well, that tend to get in the way of putting newly emerging skills into practice. The conversations at the CIGs can also energise or inspire people as they hear what others are doing.

As promised, we are listening carefully to what you are telling us, and have already taken action to respond to the things we hear through the CIGs, consultations and other contact with you. We have almost completed our first round of individual agency consultations, meeting with workers and managers together, to talk through specific agency issues.

Below is a snapshot of the things we are hearing:

single session family work 2: Julie, Cath, Dom, Rose, Shane, Jenni and Matt (missing Cathy, Rebecca and Melissa)

- **Theme 1:** *"getting started is difficult"* – Most agencies have commenced with the ground work required to establish family work in their service. Each CIG is exploring this in different ways according to the particular challenges raised. For some it is connected in part with concerns related to conflict arising ...

- **Theme 2:** *"help...what if they start fighting?"* - We have just completed booster training (3 dates in July) on "Managing Conflict in a Family Meeting" - a one day experiential workshop designed to support further skill development which was developed in direct response to the issues you told us about.

- **Theme 3:** *'caught in the middle'* – with a deepening acknowledgement of the often difficult role of the middle manager (MM) in implementation, we will undertake a phone consultation with AOD managers to find out what they think would be the most helpful supports in relation to implementation.

behavioural family therapy: David, Robyn Maria and Brendan

"Bag of Tricks"

What if:

- you hit a brick wall in the conversation?
- someone makes gender jokes or racist comments?
- the blame game is starting?
- people are starting to bitch?

We all have skills that we already use in our work when things do get tricky... and skills that we use to pre-empt and prevent tricky situations from emerging.

When you find yourself worried about how things could go pear-shaped... imagine having a 'bag of tricks' you can use.

The 'bag of tricks' (right), includes some ideas for helping a family 2 family session work well. It was developed by the f2f CIG in collaboration with their facilitator, Naomi.

For an extended version look on our website enter the link below to find an animated version in our newly developing resources section on our Web pages:
www.bouverie.org.au/programs/community-services-team/beacon-strategy/resources

Calling for your ideas

Whichever family inclusive approach you are using, we are interested to hear from you about the tricks you have found helpful (including the delightfully simple ones)... If you have other ideas to add to the bag and share, please email us at The Bouverie Centre:

c.hobbs@latrobe.edu.au

THE ADVISORY PANEL

Behind the scenes of the Beacon Strategy are eleven external Advisory Panel members. As a group, they bring with them many years of experience in the AOD sector, together with a passion for Family Work and an appreciation of the complexities of organisational change. We are extremely privileged to be able to bring project dilemmas and other questions to the table and draw from the robust conversations and ideas that are generated.

Unfortunately it is not always possible to get everyone together at the same time for a photo opportunity. We will however, introduce you to the members of our Advisory Panel over the next few editions of the newsletter.

In this picture are: Shane Weir (The Bouverie Centre); Elena Tauridsky (Bouverie); Silvia Alberti (DHS); Kathryn Wright (Salvation Army); Keith Edwards (Windana); Sam Biondo (VAADA); Stefan Gruenert (Odyssey); David Murray (YSAS) and Jeff Young (Bouverie).

Missing are: John Pead (University of Melbourne); Tiffany Reichert (Turning Point); Mary Bassi (Mildura CHS); Donna Ribton-Turner (Moreland Hall) and Alan Murnane (FADNET)

www.bouverie.org.au

THE BOUVERIE CENTRE
LA TROBE UNIVERSITY

8 Gardiner Street
Brunswick 3056
Australia

Phone: 03 9385 5100
Fax: 03 9381 0336
Email: e.tauridsky@latrobe.edu.au

Would you like to write something for the Newsletter?

Well... Now that you are reading this newsletter — you either know it is on our website ... or you have just received it as a hard copy.

This is our first edition and while we have included some things from you, we would like to invite you to create these newsletters with us as a way to share ideas and keep everyone in the loop of how the project is going.

Our ultimate hope is that the content will become more influenced and informed by those of you who are involved in any of the Beacon sites. We hope that you will use it to share what you are discovering about purposefully putting new ideas into practice as workers and how implementation happens in your agencies.

Stories of success and stories of overcoming challenges in your work are great to read...
they can inspire and energise

So if you have an idea and would like to share it—please contact us. And with a spirit of openness, we also welcome direct and thoughtfully constructive feedback. You may also be rung by one of us, to be interviewed for the Profiles Section, or you might be asked if you would like to submit a piece on something that is happening in your agency, or something that you have been thinking about in relation to implementing your particular beacon project.

Stay tuned ...

THE WEBSITE

The Bouverie Centre's website has recently been upgraded and now features pages dedicated to the Beacon Strategy! These pages include information about the project, electronic copies of newsletters and resources. For things subject to Copyright Legislation, we will include an abstract and if you are interested in reading more—please just get in touch with us for a full copy of the article.

We are also in the process of setting up:

- a Forum (message board) for all Beacon Strategy participants to directly share ideas with others (not just those who you know through your particular CIG); and
- a section where we will track how each agency is 'Making It Happen' on the journey of implementation of family inclusive practice.

These sections of the site will be functional soon.

How to find the website:

The Bouverie Centre website is 'www.bouverie.org.au'. From the homepage there are two ways to get to the Beacon Strategy pages.

- On the right hand side of the screen, towards the bottom, is a link called: 'Beacon Strategy'.

  Click on this to get directly to the pages.

- Alternatively, on the left side of the page click 'programs' then 'community services team' and then 'Beacon Strategy', to find our pages.

Contact us

If you have any questions, feedback, resources to share or suggestions for how to improve the website please contact:

Carmel Hobbs (Tuesday, Wednesday or Thursdays)

by phone (03) 9385 5100 **or**

by email c.hobbs@latrobe.edu.au.

7.1.1.6 The Beacon Newsletter, July 2011

The Beacon Project
in the Alcohol and other Drugs, Gambler's Help and Mental Health Sectors

A Bouverie Centre project

the bouverie centre FAMILY INSTITUTE

WHAT'S INSIDE

beacon

Implementing healthy relationships in families, organisations & communities.

Editor's Reflections

It's hard to believe that almost two and a half years have passed since the official launch of the "Lighting Beacons" Project in the Alcohol and Other Drugs (AOD) Sector.

The term 'slow burn' is often used by managers and Cooperative Inquiry Group (CIG) members from participating AOD Beacon sites, and by Bouverie trainers, to refer to this project and the process of making meaningful changes in service delivery. Middle management reshuffles, the loss of 'family trained' staff, numerous competing demands and scarce resources have stalled progress along the way making it still feel like early days for some of you. In spite of this, we know that you have invested much time and effort behind the scenes into driving practice change. Participation in CIG and internal party meetings, the the implementation of initiatives designed to persuade workers to trial the new practice and build their confidence together with the recruitment of management support have all been attempts by you to alter the workplace environment. We are keen for your hard work to be publically acknowledged by others and therefore invite you to showcase your wisdom at the upcoming Beacon Strategy conference – "Making a difference: Family Inclusion, Innovation and Integration" – September 13th at Jasper Hotel. Please refer to page 8 for further details.

This edition provides readers with a taste of what the conference has on offer as DASWest's Robyn Jackson and Helen Gilwa speak about their experience and involvement in the project and share their tips for incorporating family practice ideas into core business. (Page 2). We also hear from experienced problem gambling counsellor Trish Earle of The Salvation Army's Melbourne Counselling Service, Gambler's Help Program about the value she attaches to "keeping families in mind" and how she applies a "family sensitive lens" to her practice.

You may have a heard rumour that the formal aspects of the AOD research are coming to a close – this is correct. The data collection period is winding up and The Bouverie Centre continues to analyse the findings. We would like to reassure workers and managers from participating AOD Beacon sites that you are still welcome to continue attending our Beacon training events. You will be notified of upcoming foundational training and booster sessions via email as soon as the details become available. The Single Session Family Work (SSFW) cooperative enquiry groups at The Bouverie Centre and in Bendigo will carry on, with representatives from Beacon sites across the AOD, Gambler's Help and MH sectors welcome to attend meetings. Furthermore, if anyone has a question related to implementation, please telephone one of our facilitators (Shane Weir, Naomi Rottem or Karen Smith) or me (Michelle Wills, project coordinator) on 9385 5100 for further assistance.

Elena Tauridsky's part in the project came to an end June 30. The Beacon Project team at The Bouverie Centre would like to take this opportunity to acknowledge her enormous contribution to the project over the past three years. Many of you will be aware of Elena's previous experience as a manager and worker within the AOD field. Her insider knowledge, passion for the involvement of families in the work, commitment to understanding what facilitates real practice change whilst honouring the voices of workers, managers and clients alike, together with her enthusiasm and creativity have played a valuable role in the project. Thank you Elena for your hard work. We wish you well in your future endeavours.

Well that's all from me for another quarter. I hope the current issue of the newsletter proves useful for your work. As always, we welcome your feedback. Please email your comments, suggestions for articles or helpful hints to m.wills@latrobe.edu.au.

I hope you manage to stay fit and healthy in the cold months ahead. Cheers,

Michelle

the bouverie centre
FAMILY INSTITUTE

Profiling

DASWest's Beacon experience

Western Health

DASWest, a community based program of Western Health, provides a diverse range of services for individuals and families affected by drug and alcohol related problems. Its programs encompass Adult Services, Women's and Children's Services, Youth and Family Services and Community Residential Withdrawal Services. DASWest is also a leading provider of alcohol and other drugs training to health professionals.

DASWest has been involved in The Beacon Project since it officially commenced February 2009. Robyn Jackson, Manager of Community Programs, and Helen Gilwa, post withdrawal linkage worker and co-facilitator of a weekly group education program for substance users and family members, talk about their involvement in the project.

For a long time DASWest had been noticing adult clients making positive changes during their engagement with the service, particularly those participating in the rehab program, only to return home to life circumstances and family relationships that remain unchanged, challenging their continued recovery. In response to this, workers had begun doing some family work in an "unofficial capacity." According to Robyn, this was the context in which DASWest first became aware of the proposed Beacon Project. She says "When the opportunity to participate in Beacon came up, we actually thought it was a really great idea and that the Behavioural Family Therapy (BFT) and Single Session Family Work (SSFW) models would really fit in with our services."

Despite DASWest clinicians coming back enthused after the Beacon training, it soon became apparent that the service would need to think creatively in order for the project to succeed. As the Service does not have a dedicated counselling team, it took some thought, plus trial and error, to determine how the new approaches would best fit with existing programs. As many of their clients are engaged for only a brief period, BFT proved quite difficult to enact at DASWest. (BFT is described by its developers, Professor Ian Falloon and colleagues, as a practical, skills based intervention that usually takes 10 to 14 sessions to deliver to service users and their families). After coming to terms with this finding, DASWest began to invest their energy into the implementation of SSFW.

Firstly, the management team selected staff who had previously expressed an interest in working with families, to participate in the initial round of training because *'people who are really keen to do it bring it back, do it, talk about it and present on it ... which makes a big difference to the outcome. Because no matter what happens, even if there are problems or barriers along the way, people who are enthusiastic will find ways to work around them rather than giving up.'*

Another important element early on, according to Helen, was being encouraged as a worker to just 'give SSFW a go.' Robyn's gentle prompting and conviction about the benefits of the approach for clients persuaded Helen to trial the approach. *"I think it's infectious when you know that your management is really enthusiastic about it."* Robyn insists that "It has to be every level of management. It has to be your team leaders; everyone has to be on board. It can't just be a manager who holds a portfolio. You know, it's everyone within that team that's got to be on board." In the last quality plan, 'training every single clinician in the Adult team in SSFW within twelve months' was listed as a key performance indicator. Helen chipped in that "Robyn has been fantastic at keeping us all enthusiastic about it" and "alleviating anxiety". She notes that framing the session as 'a chance to sit down and have a chat' (as opposed to family therapy) and as a 'learning experience' not only helped reduce the pressure on clients and families, but further emboldened clinicians to take a risk and trial the framework. "You know you don't have to solve everything and make everyone feel okay. If it's not working, it's not working. You pull the pin and refer elsewhere." As Robyn puts it "... in drug and alcohol things go pear shaped all the time. It's just another thing that didn't work today that might work tomorrow." 'Each time you'll learn - what worked, what didn't work, what you would do differently ... it's good to debrief afterwards.' says Helen.

Continued on Page 3.

Profiling DASWest

Continued from Page 2.

From the outset, SSFW sessions at DASWest have been delivered by two clinicians – a primary facilitator and a support person. Helen says, 'It's good to have two clinicians because quite often you can get a bit stumped, so the other person can take the running for a while … it's particularly good if one person is not feeling confident. He/she can watch the session in action and learn from a trusted colleague." She recommends that solo practitioners 'try and link up with a colleague afterwards to process the session because despite the simplicity of the format of SSFW, one's adrenaline tends to surge anyway.'

Helen also finds "the framework of SSFW fits well with giving education and information to families." 'I often return to the structure and the skills taught in the SSFW training during home visits, when family members are often also present' 'Having the framework for single session to fall back on, it's just, for me, very reassuring.' She routinely makes families and clients aware that she is available for a chat prior to, or after, a client enters detox and explains how others have benefited from this opportunity. Some take Helen up on the offer before the detox process; others ring up a few months down the track and request a session.

The offer of this service is extended to participants of the group education program and candidates for SSFW are also identified by staff in the residential withdrawal service. They are educated about the process and are encouraged to consider participation post discharge.

Recently, the Women's Program recognised another use for SSFW: Workers have begun to utilise the framework as a tool to assist female residents in resolving problems that inevitably arise when people live together in close quarters.

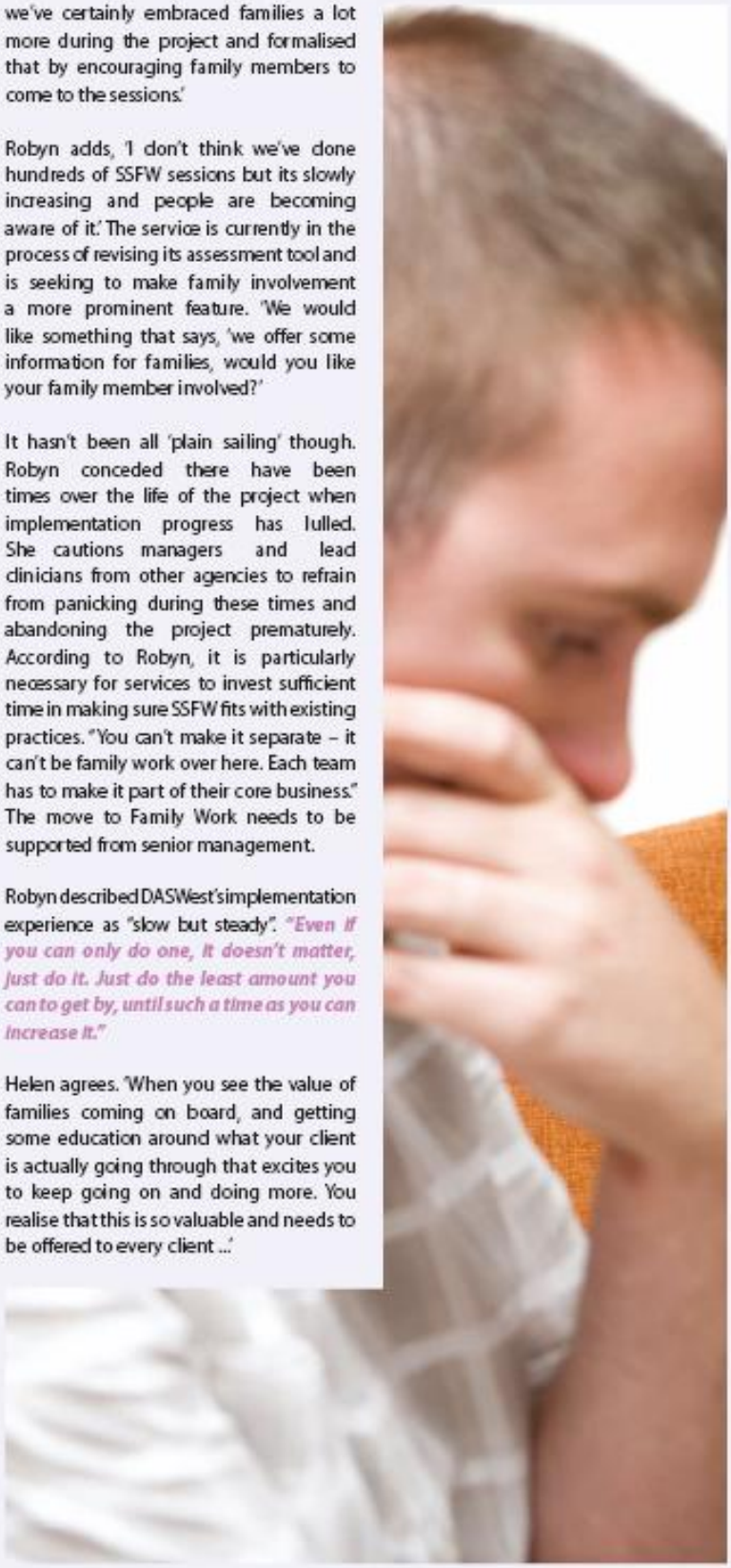
Many service users are now encouraged by DASWest clinicians to consider how they might benefit from family members, significant others or friends being involved in their treatment. In the past we might have said, 'Hang on, we are just going to see the client…' Helen reflects 'I think we've certainly embraced families a lot more during the project and formalised that by encouraging family members to come to the sessions.'

Robyn adds, 'I don't think we've done hundreds of SSFW sessions but its slowly increasing and people are becoming aware of it.' The service is currently in the process of revising its assessment tool and is seeking to make family involvement a more prominent feature. 'We would like something that says, 'we offer some information for families, would you like your family member involved?'

It hasn't been all 'plain sailing' though. Robyn conceded there have been times over the life of the project when implementation progress has lulled. She cautions managers and lead clinicians from other agencies to refrain from panicking during these times and abandoning the project prematurely. According to Robyn, it is particularly necessary for services to invest sufficient time in making sure SSFW fits with existing practices. "You can't make it separate – it can't be family work over here. Each team has to make it part of their core business." The move to Family Work needs to be supported from senior management.

Robyn described DASWest's implementation experience as "slow but steady". ***"Even if you can only do one, it doesn't matter, just do it. Just do the least amount you can to get by, until such a time as you can increase it."***

Helen agrees. 'When you see the value of families coming on board, and getting some education around what your client is actually going through that excites you to keep going on and doing more. You realise that this is so valuable and needs to be offered to every client ...'



Profiling

Trish Earle

Gambler's Help City – a program auspiced by the Salvation Army's Melbourne Counselling Service – commenced participation in The Beacon Project July 2010. In the following article, Trish Earle from the service kindly provides readers with insight into how she incorporates family inclusive practice ideas into her work.

1. Could you please tell us about your role, how you came to work at GH City and your previous experiences as a helping professional?

This year is my 10th year at The Salvation Army's Melbourne Counselling Service, Gambler's Help (City) Program, where I work as a Problem Gambling Counsellor and Family Services Portfolio Worker. My training is in psychology. My previous work at Quit and Gambler's Help Line and earlier association with Crisis Line and generalist face to face counselling has given me a solid and broad training, which has lead me to focus my interest on working with problem gambling. The work is complex and covers all aspects of psychological issues alongside the problem gambling matters. In short, it is never boring and always professionally challenging.

2. I believe that "keeping families in mind" when working with individual clients is not new to you, that you were applying this thinking prior to GH City's involvement in The Beacon Project. What is it about including families/ significant others in your work that appeals to you?

Yes, working with families in mind has always been part of my counselling practice. This is especially important when working with problem gambling to raise awareness of the impact of gambling not only on the individual who is gambling, but also on family and others. Counselling services are offered to the person gambling as well as affected others. Problem Gambling and Financial Counselling is offered as an integrated model and can stabilise people quickly when they are motivated for change. The appeal of this work is that it allows a holistic approach to a problem that generally flies under the radar of the general community but has such a profound and sadly disabling effect on individuals and families who absorb or pay the price for the resulting debt. Recovery is usually accelerated when affected other(s) are included in the counselling as a fuller picture of the problem and impacts can be worked through.

3. How do you go about introducing the idea of inviting another person to attend a session to your clients (or to be involved in some other aspect of their care) and when?

Problem Gambling is compounded by secrecy and shame for many of the people seeking counselling. At Intake, if the person gambling or the affected other talks about the partner or family members as being involved in conversations about the problem, they will always be asked if they would like to bring that person with them to counselling. If a person talks about the effect of the problem gambling on others, they are invited to bring that person(s) into counselling, or it may be suggested that the other can be supported by their own counselling, and information about how to make that happen is supplied. Otherwise, the person attending counselling may be encouraged along the way to bring in other(s) as counselling evolves and a trusting relationship has been established. Another opportunity occurs to invite in other(s) when the problem gambling is completely out in the open and the person is in recovery and working on healing the breaches or damages to relationships.

4. What do you do if your client recoils in horror at the mention of family involvement and shuts down? What is your process for "repairing the rupture"?

Reassure the person that they can access or continue with their counselling just for themselves. Discuss why it was suggested they invite other(s) to attend. And, give examples of how other clients have found this helpful and an aid to recovery from their problem gambling. And, bring it up again, and again, whenever appropriate to seed and feed the idea. Using the "internalised other" technique can also elicit compassion for the other and encourage disclosure.

***Internalised-Other Interviewing** is described by developer Karl Tomm as "a method to explore, enhance, and/ or modify a client's inner experience of another person's inner experience and potentially alter the virtual and lived relationships between the client and the other person" (p1: retrieved 2011)*

When using this technique, the counsellor invites his or her client to "try an experiment". The exercise is outlined and a brief rationale is given. If the client consents, the counsellor then addresses him or her by the other person's name and asks questions according to whatever is salient within the clinical situation. For instance, a counsellor who is working with a man who has abused his partner might ask the client's internalized partner about her experience of the abuse and what changes she would like to see in him. This might assist the client to "enter into" his partner's fear and pain, and help him more fully appreciate the consequences of his actions.

References:

Tomm, K. Internalised Other Interviewing, retrieved July 15 2011, <http://www.commonlanguagepsychotherapy.org/fileadmin/user_upload/Accepted_procedures/internalizedotherintervy.pdf >

Other helpful resources:

Lysack, M. (2002). From Monologue to Dialogue in Families: Internalized Other Interviewing and Mikhail Bakhtin. Pastoral Sciences, 21(2), pp. 219-244

Continued on Page 5.

Continued from Page 4.

5. We hear the clients often wish to keep their gambling secret. What strategies do you use to support clients as they consider whether to disclose the nature and extent of their gambling to the persons with whom they are in close contact?

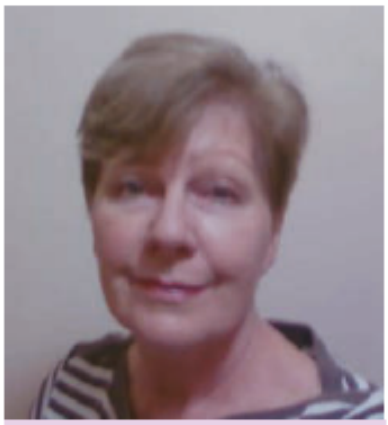
The reason behind clients wishing to keep their gambling secret is often compounded by the fact, that generally, by the time clients attend problem gambling counselling, the matter is extremely serious in terms of debt or lost savings. I talk about the fact that we communicate in a range of ways (our verbal communication being the least percentage of how we communicate to those around us), and that family and friends will already be noticing and worrying about the person who is gambling. It is helpful, and over time, motivates change, for the client to be reassured that it is often a relief for family and friends to hear what the actual problem is, and that they are generally supportive of the person in working to sort things out. The general experience of clients is that they recover more quickly when the problem is outed.

6. What are your top 3 tips for problem gambling counsellors who are thinking of applying the Single Session Work with Families training in their work for the first time?

Be open to the experience but have a general plan about what you want to achieve in the session to keep you on track. Think about it as an opportunity to provide a space for, and affirmation to, the family that they can talk about the issues for them and how it affects them and what they would like to see changed. Provide a psycho-educational context to the discussion to normalise and encourage them that what they are experiencing can be talked about and worked on, and things can get better.

7. Have you had occasion to use any of the teachings from the "Working with Children and Adolescents" Booster session? If so, what idea/s have you tried out?

No, I have not had an opportunity to work directly with an adolescent in the room, since that training. In the past, I have brought adolescents and younger children in for single sessions with the gambling parent, in order to assess the children's needs, and support the parent in accessing the supports they need to support their children. I continue working with parent-clients with their children in mind. I have used the "internalised other" technique, which came up in the 'children and adolescent' training and found it helpful in regenerating clients' compassion for other(s) in their relationships and mobilising the client toward disclosure of the problem(s) they are keeping secret.



TRISH EARLE

Events calendar

Important Beacon Project Dates . . .

For more information on the following events please email **m.wills@latrobe.edu.au**

Date	Training	Presenters	Venue
Monthly to Six-Weekly	Cooperative Inquiry Group (CIG) Meetings	Your Bouverie CIG facilitator	Groups meet in Brunswick, Bendigo
(Mon) July 25 & August 1	Working with Couples Booster Workshop	Julie Beauchamp & Sally Ryan	The Bouverie Centre, Brunswick
(Tues) August 23	No Bullshit Therapy	Karen Smith & Sally Ryan	The Bouverie Centre, Brunswick
(Tues) September 13	Beacon Strategy Conference	Various speakers from the field, keynote speaker Paul Gibney & Melbourne Theatre Company	The Bouverie Centre, 8 Gardiner St, Brunswick, VIC 3056
(Tues) September 20	Compassion Fatigue	Pam Rycroft & Sally Ryan	The Bouverie Centre, Brunswick

EDAS Family Focus Project – Innovations in Family Interventions and Resources!

by Janice Florent --

Eastern Drug & Alcohol Service (EDAS) Family Focus Project has explored the gaps in resourcing and treatment opportunities to families experiencing issues around substance abuse.

At the core of project were two questions:

1. What resources can we offer families in addition to our counselling service?
2. What do AOD clinicians need to embrace the idea of incorporating family into treatment and develop the confidence of doing it?

EDAS welcomes you to access the answers:

- FirstResponse – A 120min discussion/ education session for families with an emerging substance use issue. These forums were developed to address a service gap for families who may not be ready for therapy and wanting information, strategies and service referral pathways. Following each forum, participants are invited to a single session of therapy to further explore their issues.
- Family Fact Sheets – A collection of fact sheets including: Frequently Asked Questions; Encouraging Change; Family First Aid; and more!
- The Family Focus Self-Care Booklet – A resource to assist families to recognise when their own health and wellbeing might be suffering in the care of their substance-using family member.
- The Family Focus Toolkit - A collection of selected resources including screening tools, questionnaires, worksheets, and utility practice tools gathered from the sector, research and professional bodies. Designed to enhance AOD family inclusive practices.

For downloadable resources, head to the EDAS website http://www.edas.org.au/family_resources

Making a Difference - Family Inclusion, Innovation and Integration

Tuesday September 13th 2011

We are pleased to announce that Dr. Paul Gibney will be joining us as the keynote speaker at the upcoming Beacon Conference - September 13, 2011.

Paul is a psychotherapist and family therapist in private practice in Brisbane. He graduated in Social Work from the University of Queensland in 1980 and gained a doctorate from that institution in 1993. From 1995 to 2005, Paul had a senior lectureship in the Social Work Department at the University of Queensland, where he taught advanced case work, family therapy theory and practice, and advanced skills in interpersonal helping.

Continued on Page 7.

Continued from Page 6.

Paul, over the last seven years, has consulted extensively to government organizations and non-government organizations in the areas of staff supervision, child protection, residential care, youth and adult mental health and complex case supervisions.

Paul has lectured and presented workshops throughout Australia and New Zealand. His 2003 text "Pragmatics of Therapeutic Practice" is a set text in five Masters of Counselling Courses throughout Australia and he is the author of over twenty academic papers.

Melbourne Playback Theatre Company to Join the Celebration

Melbourne Playback Theatre Company will be rounding off our program for the day. One of the company's experienced performers will be facilitating the final session, helping us to reflect on our experiences of the day's events in an entertaining and thought-provoking way.

Visit http://www.melbourneplayback.com.au/about/whatwedo.htm to learn more about Melbourne Playback and their performances.

Capturing The Moment: An Inaugural International Symposium On Single Session Therapies And Walk-In Services

This residential symposium is for clinicians, managers, policy-makers, and anyone who is passionate, fascinated, or just plain curious and interested in exploring both clinical and implementation aspects of Single Session Therapy (SST) approaches, dedicated Walk-In services and other responsive client service models…

Many clinicians across the world have been influenced by SST ideas since the publication of Moshe Talmon's book: "Single Session Therapy" in 1990, and Arnie Slive and colleagues' article: "Walk-In Single Sessions: A New Paradigm in Clinical Service Delivery" in 1995. Departing from traditional modes of therapeutic service provision, SST has generated new possibilities for policy-makers and managers, at the same time as providing clinicians with practical frameworks for working collaboratively and responsively with clients. SST ideas have been implemented in many different service settings including: mental and community health, general hospitals, crisis team work, palliative care, sexual assault centres, disability services, family therapy centres, as well as in private practice amongst others.

It is intended that this symposium will give participants the opportunity to share the latest developments in clinical practice, research, service development and implementation strategies, as well as engaging in discussing the philosophy and history of these ideas. It will follow a non- traditional (free-flowing) format wherein participants from a wide range of settings here in Australia and across the world are encouraged to share, reflect and debate the core elements and key dilemmas associated with this inspiring and sometimes controversial approach to clinical work.

Special guests include:

- Moshe Talmon (Israel)
- Robert Rosenbaum (USA)
- Michael Hoyt (USA)
- Arnold Slive (Canada)
- Monte Bobele (USA)

(As well as a number of local and interstate Australian contributors)

Set in a retreat-style residential setting near Phillip Island, the symposium will provide the framework for participants to hear about some interesting implementation and advanced clinical practice ideas (challenges and successes), to talk together, create new connections and networking possibilities, as well as provide some fun and relaxation time in which we can enjoy the sea-side environment, as well as the fresh exchange of ideas.

For Beacon participants, this is a rare and wonderful opportunity to meet the clinicians who introduced these ideas, in an atmosphere that is planned to be relaxed, intimate and inspiring. We would love to see you there! You can register your interest in this symposium (no commitment required) and/or in the development of an International Single Session Network by using this link: ***http://latrobe.custhelp.com/cl/documents/detail/2/bc_symp***

Photos of the venue:

Making a Difference:

Family Inclusion, Innovation and Integration

The Bouverie Centre is pleased to announce the upcoming Beacon Strategy conference.

Tuesday September 13th 2011
Jasper Hotel – Melbourne
Cost: FREE
To register please visit:
http://www.surveymonkey.com/s/beaconconference2011

This conference will bring together clinicians and managers from the Alcohol and Other Drugs, Gambler's Help and Mental Health Sectors and provide an opportunity to showcase the innovative work being done in the area of implementing family inclusive practices.

The central themes of the conference are family work, implementation and integration. The program will include key note speakers, plenary sessions and concurrent sessions.

Enquiries: bouverie.beacon@latrobe.edu.au
Or contact Evonne Fletcher on 9385 5100.

Call for submission of abstracts

The Bouverie Centre is calling for submission of abstracts that address topics such as;

- Application of family work with individual clients
- Innovative approaches to family work
- Examples of cross sector collaboration in clinical practice or project work
- Case presentations of family inclusion
- Consumer experiences of family involvement
- Supervision of family work
- Manager's perspectives on supporting practice change
- Use of single session work

Presentations can be up to 30 minutes and there will be opportunities for questions and discussion

Mentoring and support is available for presenters

Limited funded accommodation places available for rural and regional participants

Deadline for submission of abstracts - July 17

JULY 2011

beacon

The Beacon Project Newsletter

A Bouverie Centre project.

the bouverie centre
VICTORIA'S FAMILY INSTITUTE

8 Gardiner Street, Brunswick,
Victoria 3056, Australia

T: +61 3 9385 5100,
F: +61 3 9381 0336
E: bouverie.centre@latrobe.edu.au
www.bouverie.org.au

LA TROBE UNIVERSITY